

# Health Education England

## HEE Workforce Planning and Strategic Framework (Framework 15)

### 2015/16 Call for Evidence

In 2015/16 we are inviting organisations for submissions which address not only immediate workforce planning and education commissioning but which look further ahead and cover wider workforce strategy. For this reason the 2015/16 form covers not only 'conventional' supply and demand concerns, but invites organisations to comment on the wider context of drivers of change and the strategic response. It is organised as follows:

Section 1: Current and future workforce demand and supply

Section 2: Drivers of service demand change

Section 3: Patients and population

Section 4: Models of care

Section 5: Future workforce characteristics

Section 6: Any other evidence

**Submissions should be completed and returned to HEE, using this form, by 30th June 2015 (see below for more information).**

We acknowledge that this is a bigger task than in previous years, and it may entail a higher level of internal deliberation and consultation for your organisation. This is deliberate: we want to learn as much as we can about what organisations are thinking about the long term and the big picture, while simultaneously gathering thinking about the here and now and the more immediate future which will be influenced directly by HEE's commissions in the short term.

### Making your submission

- We ask that, to maximise input, your submission is completed and returned to HEE by **30th June 2015**
- To submit your evidence please, complete this form. You can provide extracts of reports into the free text boxes below, or submit whole reports. Where an extract is provided, please reference the source.
- In submitting evidence you are invited to take into account the following:

HEE's workforce planning guidance	HEE Planning Guidance. Due to the restrictions around the election we have not yet received permission to put the planning guidance on our web site. It has been widely circulated but please contact <a href="mailto:mandy.knowles1@nhs.net">mandy.knowles1@nhs.net</a> if you do not have a copy.
HEE's strategic framework (Framework 15)	<a href="http://hee.nhs.uk/2014/06/03/framework-15-health-education-england-strategic-framework-2014-29/">http://hee.nhs.uk/2014/06/03/framework-15-health-education-england-strategic-framework-2014-29/</a>
The NHS Five Year Forward view	<a href="http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf">http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</a>

- Once you have completed the form and/or prepared your 'pack', please embed it in an email and return it to [hee.workforceplanning1@nhs.net](mailto:hee.workforceplanning1@nhs.net) and in the subject heading please use this convention:

**HEE CFE 2015/16 from Paediatric Pathology SAC Royal College of Pathologists**

Please note, it is not *compulsory* to complete all sections for you to submit a response, but **in order to maximise the value of your submission in informing HEE's 2015/16 education commissions, section 1 should be completed and returned by the 30<sup>th</sup> June 2015.** Later submissions are not wasted as we draw on Caffe for Evidence returns throughout the year for a variety of purposes.

**Your contact details**

Before completing the form below please submit your contact details here:

Name	Professor Neil Sebire
Job title/role in organisation	Chair of the Specialty Advisory Committee in Paediatric Pathology
Organisation (in full please)	Royal College of Pathologists
Contact email	<a href="mailto:Neil.sebire@gosh.nhs.uk">Neil.sebire@gosh.nhs.uk</a> / <a href="mailto:Fiona.addiscott@rcpath.org">Fiona.addiscott@rcpath.org</a>
Contact number	020 7829 8663 / 020 7451 6726
Submission version (if you resubmit at any point)	1
Date	30/06/2015

**Data Protection and Freedom of Information**

The information you send us may be made available to wider partners, referred to in future published workforce returns or other reports and may be stored on our internal evidence database.

Any information contained in your response may be subject to publication or disclosure if requested under the Freedom of Information Act 2000. By providing personal information for this review it is understood that you consent to its disclosure and publication. If this is not the case, you should limit any personal information provided or remove it completely.

## **Section 1 – Current and future workforce demand and supply**

Use this section to input evidence into the forecasting of future workforce numbers. Report here your perspectives on either;

- i) the high level indicators; supply, demand, and any forecast under / over supply or if available
- ii) the more granular components of these three components e.g. retirement rates, output from education relative to attrition

### **1.1 Summary forecasts**

- Forecast Workforce Demand
- Forecast Workforce Supply and Turnover
- Forecast Under / Over Supply

Paediatric pathology remains a shortage speciality with consultant posts unfilled.

Overall there are 51 paediatric pathology consultants in post in England, most in specialist centres (39 full time; 12 part time, including 2 academic posts).

11 current consultant posts vacant with 10 current trainees in post.

3 trainees appointed spring 2015 round (at least 4 further current training posts remain unfilled due to lack of quality applicants).

A 6-9 further retirements expected in next 2-5 years.

6-9 further trainees are required in next 5 years to cover existing posts.

Therefore there is current short term undersupply of consultants but once the next 5 years' posts are replaced then annual estimated turnover of 1-2/year based on natural losses (retirements/illness, etc.). Trainee takes 2-3 years to train in paediatric pathology (entering at ST3) therefore will need to appoint approximately ½ per annum annually once this period of undersupply is resolved.

## 1.2 Detailed / Component forecasts

### Forecast Workforce Demand

- Service Demand drivers
- Change in use of temporary staff
- Addressing historic vacancies
- Skill Mix / New Roles
- Workforce Productivity

Workload includes paediatric surgical pathology and autopsy pathology.

Current demand unlikely to reduce but demand likely to increase gradually due to the following reasons:

- increasingly specialised paediatric oncology / surgery
- NHS focus on reducing perinatal and infant mortality may increase role of autopsy investigation
- NHS focus on patient experience in conjunction with new developments (e.g. post-mortem MRI and less invasive autopsy), likely to increase overall autopsy workload since increased acceptability

Skill mix also likely to change in next 5 years with increasing expectations for involvement in molecular pathology and support for projects such as the [100,000 genome project](#), and inclusion of new skills to allow interpretation of PM imaging and performance of less invasive autopsy approaches.

Productivity increases not possible without large scale changes to service delivery, such as real time digital pathology and virtual slides etc, which are not yet part of standard widespread NHS practice, and for which many of the benefits to productivity remains unproven.

### 1.3 Forecast Supply from HEE commissioned education

- Assumed training levels
- Under recruitment
- Attrition
- Employment on completion of training

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Currently, all trainees gain employment as NHS consultants in the United Kingdom.

#### 1.4 Forecast Supply – Other Supply and Turnover

- From other education supply
- To/from the devolved administrations
- To/from private and LA health and social care employers
- To/from the international labour market
- To/from other sectors / career breaks and ‘return to practice’
- To/from other professions (e.g. to HV or to management)
- Increased / decreased participation rates (more or less part time working)
- Retirement

Highly specialised area and separate GMC speciality hence currently almost no recruitment from other areas.

Few other countries have established paediatric pathology services and hence little scope for recruitment from abroad to the standard expected by the NHS.

Future consideration might be given to ‘modular’ accreditation of other professionals (e.g. obstetricians) for specific skills such as fetal autopsy etc.

## Section 2 - Drivers of service demand change

Timescale/time horizon		
Framework 15 message:	Longer term – to 15 years	Shorter term to 5 years
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the <b>longer term</b>	Please detail your evidence about the <b>shorter term</b> , specifically:
We believe that our population is <b>getting older</b> , and that for our workforce, preferences for a change in patterns in working is increasing.	Aging population unlikely to have significant effect on paediatric pathology practice or demand	Aging population unlikely to have significant effect on paediatric pathology practice or demand
The influence of technology is growing in healthcare and beyond, with staff and patients using it to <b>increase personalisation and control</b> in their life. What will be its possible impact in healthcare in the years ahead? The influence of <b>genomics and research</b> will also play a vital part.	Technology unlikely to affect paediatric pathology demand. Genomics/proteomics etc will significantly change diagnostic approach in paediatric pathology as for general pathology.  Increasing realisation that great opportunities for research in paediatric pathology but without formal structures and recent marked reductions in research time within NHS jobs and academic posts.	Genomics/proteomics etc will significantly change diagnostic approach in paediatric pathology as for general pathology, with implications for training. Research will need to be included as a mandatory component of training as research becomes embedded within NHS activity.
Wider factors are creating global pressures to <b>constrain the cost</b> of publicly funded healthcare, with the wider concept of wellness increasingly taking root which people will expect health service to respond to.	Wellness / prevention not likely to affect paediatric pathology practice but demonstrating prevention strategies based on pathology findings will become important to demonstrate impact of the service.	Cost pressures will affect paediatric pathology as for other diagnostic services. As small and highly specialised specialty over NHS cost implications or savings from paediatric pathology as extremely small.
Patients are going to want <b>high quality services anytime, any place, anywhere</b> , with a more equal (and challenging ) relationship with staff, but one still based on care and a better work life balance.	Paediatric pathology unlikely to be affected. Surgical pathology departments provide existing 24/7 or out of hours cover. Possible future need for autopsy services at weekend with patient demand.	Paediatric pathology services are regional and specialised and emphasis should be on quality and access rather than availability 24/7.

### Section 3 – Patients and population

Timescale/time horizon		
Framework 15 message:	Longer term – to 15 years	Shorter term to 5 years
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the <b>longer term</b>	Please detail your evidence about the <b>shorter term</b> , specifically:
With people living longer with more people living with <b>multiple and complex conditions</b> (and with our workforce being currently predominantly trained to treat distinct and different disease in isolation after a health crisis has occurred). How can we educate/train the workforce to support the prevention of ill health and, where ill health occurs, support staff to work across organisational boundaries to support high quality care for people with a range of health needs (across physical, mental health and social care)?	Not likely to affect paediatric pathology.	Not likely to affect paediatric pathology.
Our patients and population are likely to be at different stages of being <b>informed, active and engaged</b> in their own healthcare (including using for example, data and online records), with our challenge being to support the development of a workforce which can support high quality care for all patients.	Consultants need to ensure reports are phrased in such a way as to be suitable to be read by patients and healthcare providers. If the Government opens patient records to the patients, it is inevitable that there would be a huge uptake.	Not likely to affect paediatric pathology greatly but increasing PPI required to determine service developments and configuration of services.



Timescale/time horizon		
Framework 15 message:	Longer term – to 15 years	Shorter term to 5 years
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the <b>longer term</b>	Please detail your evidence about the <b>shorter term</b> , specifically:
Patients will increasingly be members of a <b>community of health</b> , with the number of carers projected to rise significantly in the years ahead. Five Year Forward View highlights four ways in which we can engage with communities and citizens in new ways, to build on the energy and compassion that exists in communities across England, namely: <ul style="list-style-type: none"> <li>• better support for carers</li> <li>• creating new options for health-related volunteering</li> <li>• designing easier ways for voluntary organisations to work alongside the NHS</li> <li>• using the role of the NHS as an employer to achieve wider health goals</li> </ul>	Not likely to affect paediatric pathology.	Not likely to affect paediatric pathology.
Developing <b>substantial community provision</b> to bring about a substantial reduction in the numbers of people with learning disabilities placed inappropriately in institutional care is a central part of Sir Stephen Bubb's report in 2014 ( <i>Winterbourne View – time for change</i> ).	Not likely to affect paediatric pathology.	Not likely to affect paediatric pathology.
<b>Parity of esteem for Mental Health</b> will be supported through delivering improvements in areas such as integration, waiting and access targets and in the area of psychiatry liaison	Not likely to affect paediatric pathology.	Not likely to affect paediatric pathology.

Timescale/time horizon		
Framework 15 message:	Longer term – to 15 years	Shorter term to 5 years
	<p>Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15?</p> <p>Please detail your evidence about the <b>longer term</b></p>	<p>Please detail your evidence about the <b>shorter term</b>, specifically:</p>
<p>Five year forward view draws attention to the NHS being committed to making <b>substantial progress</b> in ensuring that the boards and leadership of NHS organisations better reflect the diversity of the local communities they serve, and that the NHS provides supportive and non-discriminatory ladders of opportunity for all its staff, including those from black and minority ethnic backgrounds.</p>	<p>Equality and diversity and non-discriminatory ladders of opportunity are integral to our workplaces and to RCPATH.</p>	<p>Equality and diversity and non-discriminatory ladders of opportunity are integral to our workplaces and to RCPATH.</p>

**Section 4 – Models of care**

Timescale/time horizon		
Framework 15 message:	Longer term – to 15 years	Shorter term to 5 years
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the <b>longer term</b>	Please detail your evidence about the <b>shorter term</b> , specifically:
<p><b>Five Year forward View</b> outlines a number of possible future service models including</p> <ul style="list-style-type: none"> <li>• multispecialty community providers (MCPs), which may include a number of variants</li> <li>• integrated primary and acute care systems (PACS)</li> <li>• additional approaches to creating viable smaller hospitals</li> <li>• models of enhanced health in care homes</li> </ul> <p>The <b>expertise to support</b> the piloting and introduction of these models need to be considered. Existing NHS services and areas of the healthcare workforce may work with others in new and different ways (e.g. community pharmacy).</p>	Not likely to affect paediatric pathology, highly specialised and regional and likely to remain so or even become more specialised centres.	Not likely to affect paediatric pathology, highly specialised and regional and likely to remain so or even become more specialised centres.
Services are likely to become <b>increasingly integrated</b> in the future, enhanced through policies such as the Devolution of Local health and social care budgets, the integrated care pilots and integrated personal commissioning. Partnerships will become increasingly important, including with partners beyond NHS and social care.	Not likely to affect paediatric pathology, highly specialised and regional and likely to remain so or even become more specialised centres.	Not likely to affect paediatric pathology, highly specialised and regional and likely to remain so or even become more specialised centres.

Timescale/time horizon		
Framework 15 message:	Longer term – to 15 years	Shorter term to 5 years
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the <b>longer term</b>	Please detail your evidence about the <b>shorter term</b> , specifically:
We may increasingly see <b>centres of specialisation</b> in some specialties in some areas.	Paediatric pathology already highly specialised and regional and likely to remain so or even become more specialised centres.	Development of regional centres and networks
We will see the ongoing development of services in the area of <b>urgent and emergency care</b>	Not likely to affect paediatric pathology, highly specialised and regional and likely to remain so or even become more specialised centres.	Not likely to affect paediatric pathology, highly specialised and regional and likely to remain so or even become more specialised centres.
Five Year Forward View highlights new developments such as the <b>evidence based diabetes prevention service</b> and <b>encouraging new capacity in under doctored areas.</b>	Not likely to affect paediatric pathology	Not likely to affect paediatric pathology

## Section 5 – Future workforce characteristics

Timescale/time horizon		
Framework 15 message:	Longer term – to 15 years	Shorter term to 5 years
<b>Below are the 5 future workforce characteristics set out in Framework 15</b>	In your evidence please highlight any or all of the following: <ul style="list-style-type: none"> <li>- Are these workforce characteristics still valid?</li> <li>- Any evidence you are aware of work which is underway and which contributes to the achievement of the workforce characteristics</li> <li>- Any gaps you are aware of</li> </ul> Please detail your evidence about the <b>longer term</b>	Please detail your evidence about the <b>shorter term</b> education and training needs required for the current workforce to meet these characteristics:
The workforce will include the informal support that helps people prevent ill health and manage their own care as appropriate.	Not likely to affect paediatric pathology	Not likely to affect paediatric pathology
Have the skills, values and behaviours required to provide co-productive and traditional models of care as appropriate.	Not likely to affect paediatric pathology, specialist service	Not likely to affect paediatric pathology
Have adaptable skills responsive to evidence and innovation to enable ‘whole person’ care, with specialisation driven by patient rather than professional needs.	Not likely to affect paediatric pathology	Not likely to affect paediatric pathology
Have the skills, values, behaviours and support to provide safe, high quality care wherever and whenever the patient is, at all times and in all settings.	Not likely to affect paediatric pathology, specialist centres not required in the community	Not likely to affect paediatric pathology, specialist centres not required in the community
Deliver the NHS Constitution: be able to bring the highest levels of knowledge and skill at times of basic human need when care and compassion are what matters most.	Care around bereavement important, to deliver will require adequate time allocation	Care around bereavement important, to deliver will require adequate time allocation

**Figure 1**  
Consultant total by region

