Interim NHS People Plan: the future medical workforce

Our vision

Over the next five to 10 years we will build a medical workforce that meets changes in demand for healthcare and the expectations of patients about the ways services are delivered, reflecting the digital changes they have seen in other aspects of their lives. There will be a sustainable supply of doctors as a result of a sufficient flow of additional medical trainees and improved retention of doctors at all stages of their medical training and career, through improved working lives, flexible training options and rewarding careers and conditions. Doctors will be trained to exploit real-world evidence for rapid evaluation of innovations and to engage confidently with artificial intelligence (AI) and other emerging technologies. Technology-supported doctors will be a critical element of a wider team of healthcare professionals working across networks of providers in integrated care systems (ICSs) to improve the health of their local populations.

We will have a clear vision of the general practitioner led care model of the future, considering the evolution of individual practices and primary care networks and the role of the expert generalist/consultant in primary care and general practice at the heart of a community-based, multiprofessional team. The introduction of the new five-year GP contract will better enable new ways of working for the whole primary care workforce.

Alongside primary care, we will explore and define the scope and ways of working of the secondary care multiprofessional team in the context of ICSs and new care models outlined in the *NHS Long Term Plan*.

We will develop further the interim plans below as part of the full People Plan later this year.

Supporting all doctors

We will ensure the system provides an attractive and fulfilling career offer to our doctors in training and our trained medical workforce through:

- working with the General Medical Council (GMC) to support the proposed roll-out of medical credentialing, which will enable doctors to develop a broader range of skills and more easily shift careers and address patient safety requirements

- providing better support to specialty and associate specialist (SAS) doctors and making these roles a more attractive career choice for doctors who may not wish to become consultants or GPs and a more fulfilling option for those who wish to pause their training while continuing to contribute to service delivery
- recognising expertise gained while not in a formal training role and introducing a reformed associate specialist grade to provide opportunities for progression within the SAS career
- working with providers to improve the working experience and wellbeing of doctors in training in both primary and secondary care settings, including ensuring they have appropriate support and supervision, appropriate induction, much greater flexibility in training, an improved mental health support offer, community spaces, clear and timely rota plans, and streamlined recruitment processes
- increasing flexibility of work scope and workload intensity for our senior doctors by scaling up the NHS workforce retention programme and Health and Wellbeing Framework, modernising the consultant contract and supporting the government in developing a proposed new pension flexibility
- supporting our senior doctors to continue providing educational supervision and teaching, acknowledging their valuable clinical experience, and bringing this experience into senior leadership positions
- promoting the value and time for roles within clinical academia to support vital research and innovation in developing the future workforce, as well as delivering research to improve care.

Reforming undergraduate medical education

Building on the 'Future doctor' work of Health Education England (HEE) and the GMC's 'Outcomes for graduates', we will undertake a consultation to define what the NHS and patients require of the future medical workforce. This will inform medical Royal Colleges and the medical schools of the changes the NHS needs to see in curriculum delivery at undergraduate and postgraduate levels to ensure that future doctors have the range of skills required to meet patient and service needs, engage productively with new technologies and have clear expectations of their future career within new models of care. This more co-ordinated and strategic NHS input will better support the work of the GMC in discharging its statutory responsibilities for undergraduate and postgraduate medical education.

We will introduce contestability in a proportion of medical school places to be allocated periodically, allowing us to adjust to the changing needs of the NHS. Through this process, there will be targeted and measurable strides in improving access to medical school for under-represented groups and in widening access to medical degrees, including through part-time courses and accelerated degrees.

We will seek funding to allow a further phased expansion in undergraduate medical education in the range of 1,000 to 1,500 places. This will enable us to deliver the *NHS Long Term Plan* ambitions, particularly those for primary care and commitments in the new GP contract, keep pace with the changing working patterns and new roles of the medical workforce, and re-balance the supply of doctors across geographies and specialties. We will develop and refine these expansion plans to take account of the impact of multiprofessional working, new roles and technology. Over time, these factors will help reduce pressures on workload and retention across the medical workforce.

Reforming postgraduate medical education

Over the course of the *NHS Long Term Plan*, we will work with partners across the UK to reform the postgraduate medical training system to better support the aspirations of doctors in training to have greater flexibility and choice of location, specialty, pace, opportunities to take breaks, and opportunities to work and train less than full time. This system will also support the aspirations of NHS providers to have the flexibility to better manage their workforce to help provide safe care for all patients. A reformed medical education system will:

- provide much greater flexibility in training pathways and enable skills and capabilities gained by doctors who step out of training pathways to be taken into account when they step back in
- enable doctors to move between training pathways, taking with them 'credit' for competencies gained, without having to start again, building on the Accreditation of Transferable Competences introduced in GP specialty training
- define broad families of specialties and identify elements of shared curricula, allowing easier transferability between specialties
- identify entry and exit points for doctors to step in and out of training that align with service and patient need and appropriate career stages
- provide clarity on quality in associated trust posts to consolidate skills while out of formal training programmes
- provide appropriate assessment and support packages to facilitate return to training, reflective of the experience and skills gained
- enable trainees to develop wider skills and competencies needed by the NHS by encouraging organisations to develop – and the GMC to approve – relevant credentials or via approved training elements gained in other curricula
- develop GP specialty training as 'place-based training' around local training hubs
- work with the GMC and partners across the UK to provide an inclusive educational system allowing overseas doctors and SAS and trust doctors to access training pathways to develop specific skills needed by the NHS through credentialing, or

re-enter training pathways to develop broader skills and gain a Certificate of Completion of Training (CCT).

In implementing the recommendations of Health Education England's review of the foundation programme, over the next five years we will preferentially distribute training places in the geographies and specialties where the NHS most needs them and in alignment with the specialty priorities of the *NHS Long Term Plan*. Foundation priority programmes will better attract and retain trainees in remote and rural and under-doctored areas; provide enhanced exposure to shortage specialties, including general practice and psychiatry; and support widening participation programmes and the development of a future academic workforce. Collectively, these initiatives will start to address historic distribution imbalances and reflect future patient and service needs set out in the *NHS Long Term Plan*.

To address this imbalance in the short term, we will establish a cross-system National Programme Board to consider the redistribution of existing postgraduate training posts in England in tandem with exploring incentives to address distribution issues in the trained and training medical workforce.

We will build on Health Education England's *By choice – not by chance* and the Royal College of General Practitioners' emerging vision for general practice to highlight general practice career offers and support more entrants into GP training.