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# Workforce Analysis

## 1.1 Wales Population Estimates

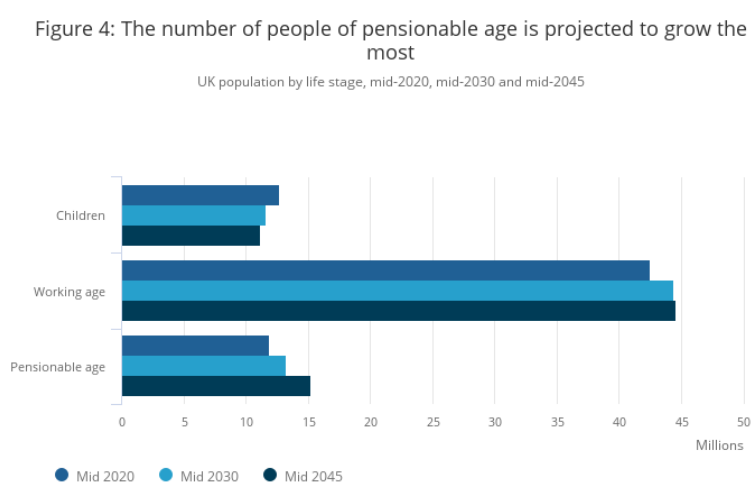
It was anticipated that the information from the Census 2021 would be published in Spring 2022 and therefore available to inform this plan, however, due to the impact of the pandemic, this has now been delayed until at least July 2022. This means that Census 2021 information has not been able to be included within this plan and will be presented as part of next year's plan.

The population of Wales is estimated to be just over 3 million as at June 2020 and population projections indicate that the population of Wales is continuing to grow and is projected to increase by 2.7% to 3.22 million by 2028<sup>1</sup> and by 3.7% to 3.26 million by 2043. There will continue to be increases in the proportion of the population aged over 65, accounting for a fifth of the population by the middle of this decade and there will be more people aged over 65 than aged under 15 meaning that there will be less economically active people.

In 2020, 2.5% of the UK population was aged 85+ and by mid-2045, this is projected to have nearly doubled to 4.3%. The increase is fuelled by the baby boomers from the 1960s reaching 80+, as well as general increases in life expectancy.

By mid-2030, the number of children aged 0-15 is projected to decrease by 8.8%. Conversely, the number of people of pensionable age is projected to increase by 11.3%<sup>2</sup> and the number of working age people is projected to increase by 4.5%.

By mid-2045, the number of working age people and children is projected to remain around the mid-2030 levels, however during the same period, the number of people of pensionable age across the UK will grow to 15.2 million, an increase of 28% on the level in 2020. This will impact on both demand for healthcare and the availability of workforce to meet this demand.



Source: Office for National Statistics – National population projections

<sup>1</sup> [Mid year estimates of the population: 2020 | GOV.WALES](#) (accessed 17.05.22)

<sup>2</sup> This takes into account the planned increases in State Pension age to 67 years for both sexes

## 1.2 Labour Market Intelligence

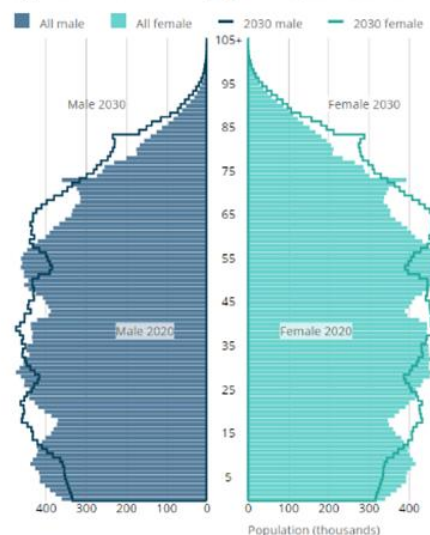
The May 2021 Labour Market Overview for Wales indicates that the employment rate in Wales was 74.0%. <sup>3</sup>The UK employment rate was 75.2%. The unemployment rate in Wales was 4.4% as compared to the UK unemployment rate of 4.8%. The Institute of Employment Studies (IES) <sup>4</sup> states that unemployment across the UK has fallen to its joint lowest since 1974 and is masking a continued decline in the size of the labour force. It estimates that there are now 590,000 fewer people in work in the UK than before the pandemic and 490,000 more people economically inactive - this growth is driven by fewer older people in work and more people out of work due to long-term ill health. The IES has estimated that, across the UK, there are now 1.17 million fewer people in the labour force than pre-pandemic coupled with a record level of vacancies and job turnover higher than pre-pandemic levels, with firms struggling to fill posts.

As the Wales population continues to grow, the balance between those aged 65+ and those aged 15 is estimated to widen, meaning that there is likely to be a continued decline in the size of the available labour force as people retire from work and if those workers choose not to remain in the workforce.

The proportion of older workers grew between 2003 and 2018; the numbers of people aged 50–64 in employment increased from 56% to 69%. During this period, the number of people aged 65+ in employment rose from 5% to 10% (StatsWales May 2019). *Age Friendly Wales: Our Strategy for an Ageing Society* recognises that it is economically imperative that employees in Wales are supported to adapt their skills to fit emerging new technologies and the changing jobs market. This can be achieved in part by equipping the workforce with the skills they will need across their working lives, but it will also require employers to provide more flexible working policies and environments.

Figure 3: There is a growing number of older people in the UK

Age structure of the UK population, mid-2020 and mid-2030



Source: Office for National Statistics – National population projections

## 1.3 Changes to working behaviours

Our working behaviours are also changing with a reduction in working hours across the workforce in the Human Health Sector. In the decade before the Covid-19 pandemic average working hours for full-time workers (in their main job) increased from 37 hours per week in 2010 to 37.6 in 2014, then declined overall in the following years to an average 37.3 in 2019.

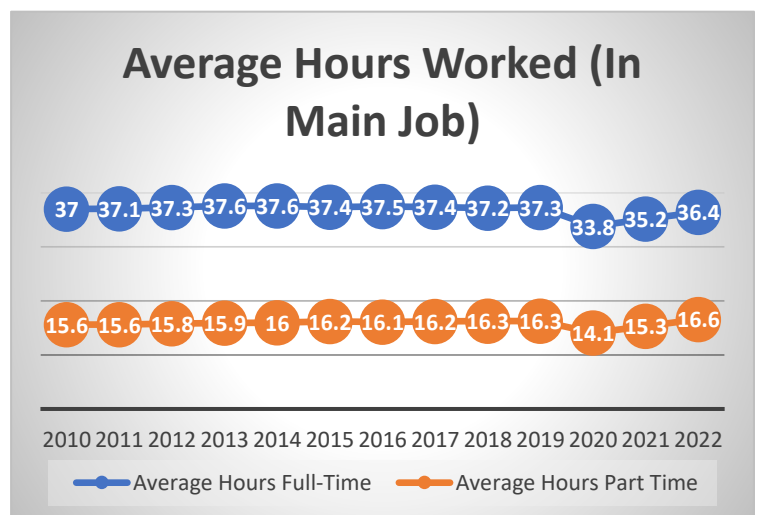
<sup>3</sup> [Labour market overview: May 2021 | GOV.WALES](#)

<sup>4</sup> [Labour Market Statistics, April 2022 | Institute for Employment Studies \(IES\) \(employment-studies.co.uk\)](#)

There were marked reductions in 2020 to 33.8 and 2021 to 35.2 average hours per week due to the impact of the pandemic. There has been a subsequent increase to 36.4 hours in 2022, which is still below the pre-pandemic level of 37.3.

Men in Wales worked an average of 34.8 hours per week and females worked an average of 26.6 hours per week<sup>5</sup>.

For part-time working the picture is different, since 2010 there has been a gradual increase from an average 15.6 hours per week to 16.3 hours per week in 2019. Whilst the part-time working hours show the same decline between 2020 and 2021 during the Covid-19 pandemic. The 2022 figures show an increase on previous years to 16.6 which is higher than the pre-pandemic figure of 16.3 hours.



Source: [HOUR01 SA: Actual weekly hours worked Wales Human Health Sector \(seasonally adjusted\) - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peopleinwork/workinghours/bulletins/hour01-sa-actual-weekly-hours-worked-wales-human-health-sector-seasonally-adjusted)

The CIPD<sup>6</sup> has identified an increase in homeworking following the Covid-19 pandemic rising from about 5% to 19%, but there has not been a similar rise in other forms of flexible working. CIPD report that the number of workers in a job-share, working flexi-time, compressed hours, part-time hours, term-time working, annualised hours and zero-hour contracts has decreased or remained stagnant.

Pension changes over recent years, including the McCloud judgement (2018) and changes to the ages at which people can retire and draw their full pension entitlement, may lead to changes in retirement behaviours. The average age of retirement currently within NHS Wales is 63 for males and 64 for females, however, future changes to pensions and state pensionable age may change the average age of retirement. This will need to continue to be monitored to explore whether the recent changes to pensions and pension flexibilities have any impacts on retirement behaviours especially given the numbers still due to reach 60+ within our workforce and whether this impacts on the participation rates of older workers.

#### 1.4 Analysis of Integrated Medium-Term Plans and Workforce Planning Questions

This year, organisations were required to submit three-year IMTPs and HEIW requested organisations to respond to 5 high level workforce planning questions that would support organisations' education commissioning requests and provide additional, focussed workforce information in regard to retirement, recruitment, part time working, workforce transformation and development of the multidisciplinary team. The organisations have identified a number of common trends, concerns and challenges and a number of workforce challenges, including:

- Workforce shortages across 5 staff groups, both current and future.

<sup>5</sup> [Labour Market Overview, April 2022 \(gov.wales\)](https://www.gov.wales/labour-market-overview)

<sup>6</sup> [Trends in flexible working arrangements | Reports | CIPD](https://www.cipd.com/resources/reports)

- High level of retirements over the next 5 years in roles where there are high levels of vacancies, including nursing and smaller specialisms such as podiatry, neurophysiology, medical physics and cardiac physiology.
- Development of new roles within existing multi-disciplinary teams e.g. first contact roles such as Physiotherapy, Dietetics and Audiology within primary care.
- Increasing the introduction of new roles including Physician Associates, Anaesthetic Associates and Nurse Therapists.
- Increasing skills sets of the existing workforce including the development of the skills of Healthcare Support Workers and Assistant Practitioners and providing routes for Assistant Practitioners to develop into roles such as Nursing, Diagnostic Radiographer and Pharmacy Technicians and for Healthcare Support Workers to support the shortage of Dental Nurses.
- Recruitment challenges and skills shortages across a range of roles.
- Increased numbers of leavers with organisations citing reasons for leaving include work-life balance.
- Staff retention is fundamental alongside the need to understand why people leave.
- Increased requests for part time working.
- Need to build workforce planning skills for managers.
- Need to improve data analysis to enable longer term workforce planning.
- The continued impact of Covid-19 pandemic on the workforce across NHS Wales, including wellbeing of staff.
- Despite the pandemic abating, patient demand and workload increase with organisations reporting widespread pressure on diagnostics, cancer and mental health services as backlogs are tackled.

There is consensus across IMTPs of the need to develop a better long-term workforce strategy, enabled by access to better quality and reliable data and improved management skills to identify, plan and prepare the future workforce. The emphasis within the IMTPs is less about the numbers, and more about the shape of the future workforce, coupled with the real need to build skills of managers and leaders to undertake long-term workforce planning as an integral part of their role. HEIW will continue to develop training and supporting resources to enable the development of workforce planning skills and competence for service managers.

Recruitment across organisations continues to be challenging, with significant national shortages and longstanding gaps in specialist professional roles which are impacting on the delivery of key programmes of work including cancer and mental health. Whilst many of the organisations are developing attraction plans for targeted services, building international pipelines and considering innovative recruitment methods, all are recognising the need to develop the existing workforce (including recognising the contribution of the unregistered workforce), the need to reduce turnover and emphasis on “growing your own” via apprenticeship routes and widening access.

All organisations state their ambition to work differently, transforming traditional roles, promoting development, advanced practice and top of license working. The development of new roles features across the IMTPs, including Physician Associates, Anaesthetics Associates and Assistant Practitioners and extended roles, including Mental Health Practitioners and Community Pharmacists.

In terms of key pressures and specialisms requiring the most urgent attention, the IMTPs made repeated references to the same clinical areas:

- Improving diagnostic capabilities to meet referral demands in endoscopy and radiology through rapid diagnostic centre models and by increasing capacity.
- Pathway improvements in cancer services to reduce waiting times and increase cases identified through early diagnosis.
- Improving clinical outcomes in circulatory diseases including stroke and heart disease.
- Reviews of mental health services to ensure services can match increasing levels of demand.
- Improving community/at-home care through increasing SDEC, ambulatory and palliative care to shift resources from acute to community based-care.
- Expansion of dental training to combat increasing pressures on existing services.
- Support to reduce ophthalmology cases, including increasing demand for cataract surgery from an ageing population.
- Extensive delays for orthopaedic referrals & treatment.
- Need to focus on the sustainability of unscheduled and critical care.
- Focus on increasing use of technology (including AI) to reshape professions and the shape of the workforce and to enable working differently and further agile working specially to tackle turnover hotspots (Healthcare Scientists).

Through our Education & Training Plan and IMTP, we will support organisations to address these pressures.

## 1.5 The Impact of Covid and post-Covid workforce

As outlined in the last HEIW Education and Training Plan, the Covid pandemic continues to impact on the workforce and will continue to do so for years to come. Some of the longer-term trends and impact on the workforce, including potential changes in workforce behaviours are yet to emerge and will need to continue to be monitored. There remain a number of concerns of potential key impacts on the workforce:

- Increased turnover including increased or earlier retirements
- Staff wellbeing impacting on fatigue and its impact on retention
- Increased applications for flexible working/reduced hours

The pandemic saw many services experiencing reduced referrals, only to result in the creation of sizeable backlogs of patients now needing diagnoses and treatment plans. During the pandemic services had to innovate, integrate and collaborate at pace and there is no appetite to return to the previous ways of working within the IMTPs. The IMTPs report that the pandemic led to different ways of working, shifting from reactionary and short-term to a position where organisations have taken stock, reflected and have started to develop future-focussed workforce plans which can drive recovery, embrace the increasing use of technology and reduce patient waiting lists.

An increase in requests for flexible and part time working was identified as a key workforce trend following the pandemic and the CIPD identify that the increase in homeworking following the COVID-19 pandemic is continuing (rising from about 5% to 19%), however, there has not been a similar rise in other forms of flexible working. In fact, the number of workers in a job-share, working flexi-time, compressed hours, part-time hours, term-time working, annualised hours and zero-hour contracts has decreased or remained stagnant<sup>7</sup>.

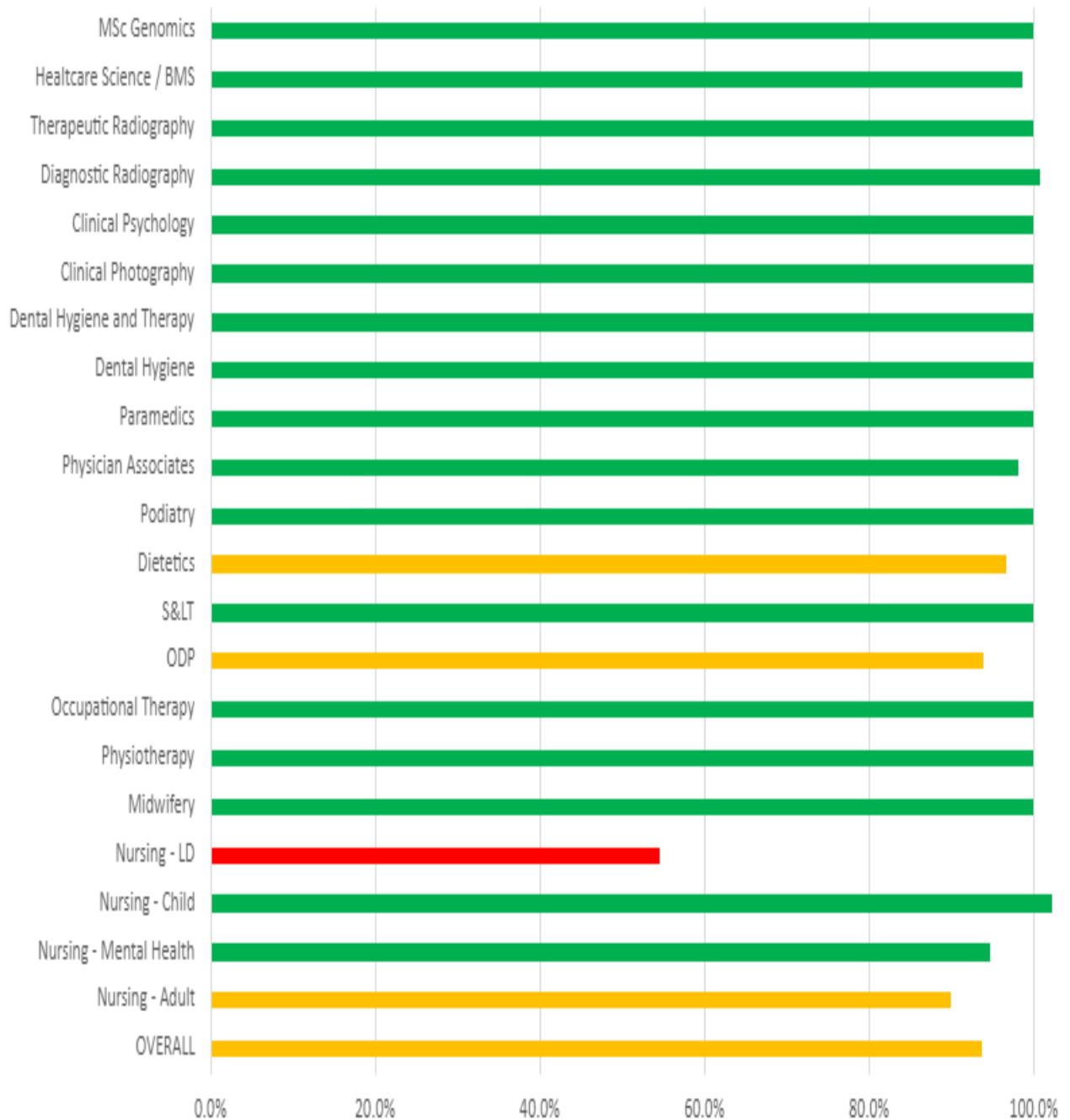
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<sup>7</sup>CIPD Trends in Flexible Working, <https://www.cipd.co.uk/knowledge/fundamentals/relations/flexible-working/trends>

# Education and Training Recommendations Further Information

## 1.1 Commissioning Fill rates by course 2021-22 intake

Commissioning Fill rates by Course -2021/22 Intake



## 1.2 Nursing and Midwifery

### Routes into nursing

There are five well-established routes into nursing within Wales;

- 3-year pre-registration programme.
- A 2-year graduate entry accelerated education programme leading to registration.
- A 2-year Healthcare Support Workers (HCSW) accelerated pre-registration programme.
- Route for HCSW (this includes existing and new HCSW) to complete nurse education on a part time basis (over 4 years) while they continue to be employed by their existing NHS employer.
- A distance-learning programme for existing and new HCSW, which will take on average 4 years to complete. Staff will be employed by the NHS.

Over the past two years we have commissioned more places on the part time employed routes. These routes are an excellent route for HCSWs to progress their careers and provide a much-needed workforce of local people who want to train and stay in Wales to work on completion of the programme. We propose a continuation of the increases the commissioned places for these programmes. This will provide a number of benefits, which include:

- Providing widening access to the local workforce.
- Support career development for HCSWs currently employed in NHS Wales, which will promote recruitment and retention within the NHS Wales workforce.
- Increase supply of nurses from the local population.
- HCSWs are a valuable supply source for the recruitment to pre-registration programmes and therefore this will contribute to a solution to the recruitment challenges currently faced.
- Increase the opportunity to make places available to care home providers.

The additional investment in three of the nursing fields as identified below should be considered against the following:

- The potential impact of Brexit on the available nursing workforce.
- The potential impact of Covid on the number of people seeking to leave the profession or taking the opportunity to retire.
- Health Board need to comply with the requirements of the Nurse Staffing Levels (Wales) Act (2016) which came into full force from 6<sup>th</sup> April 2018.
- Nursing remains a shortage profession.
- Ongoing recruitment difficulties across the UK.
- Changes in work patterns – increasing levels of part time working.
- Agency nursing costs and the need to invest now to prevent an escalation of the agency expenditure in the medium/long term.

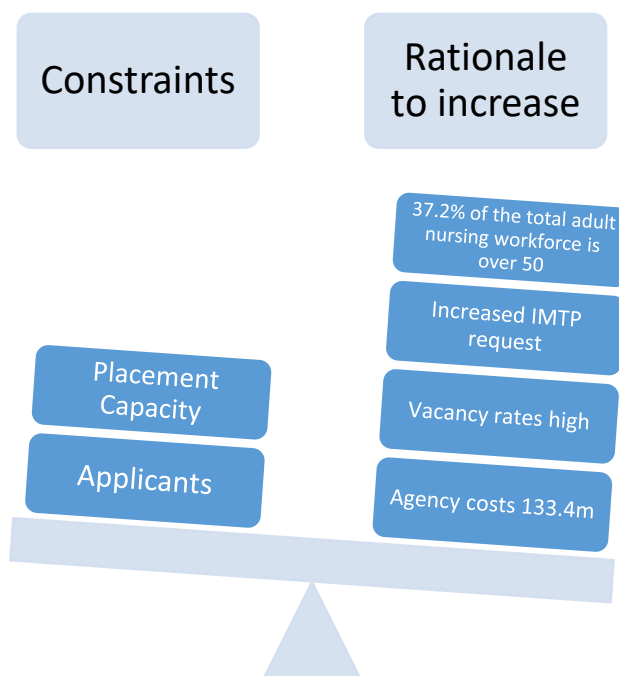
Following a strategic review of Health Professional Education in Wales and the award of new education contracts, we are able to commission more nurse pre-registration education places in Wales. In recent years the HEIs in Wales have struggled to meet the target commissioned pre-registration places in some fields. The number of applicants has not dropped but the number of training places increased. From 2022 we are commissioning two more Adult Nursing programmes in Wales that will help to attract people who previously may

not have been able to access this training. There will be a full-time programme to service HDUHB North and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

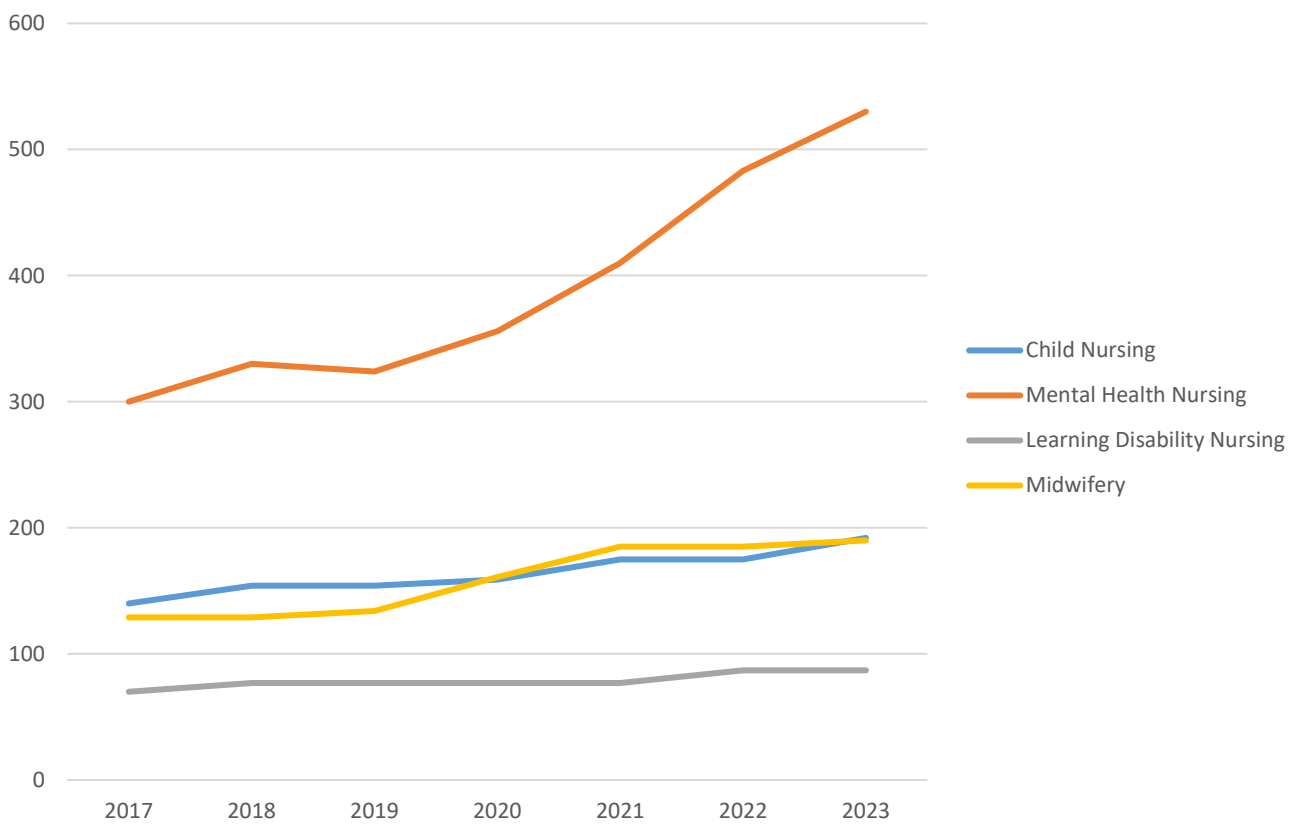
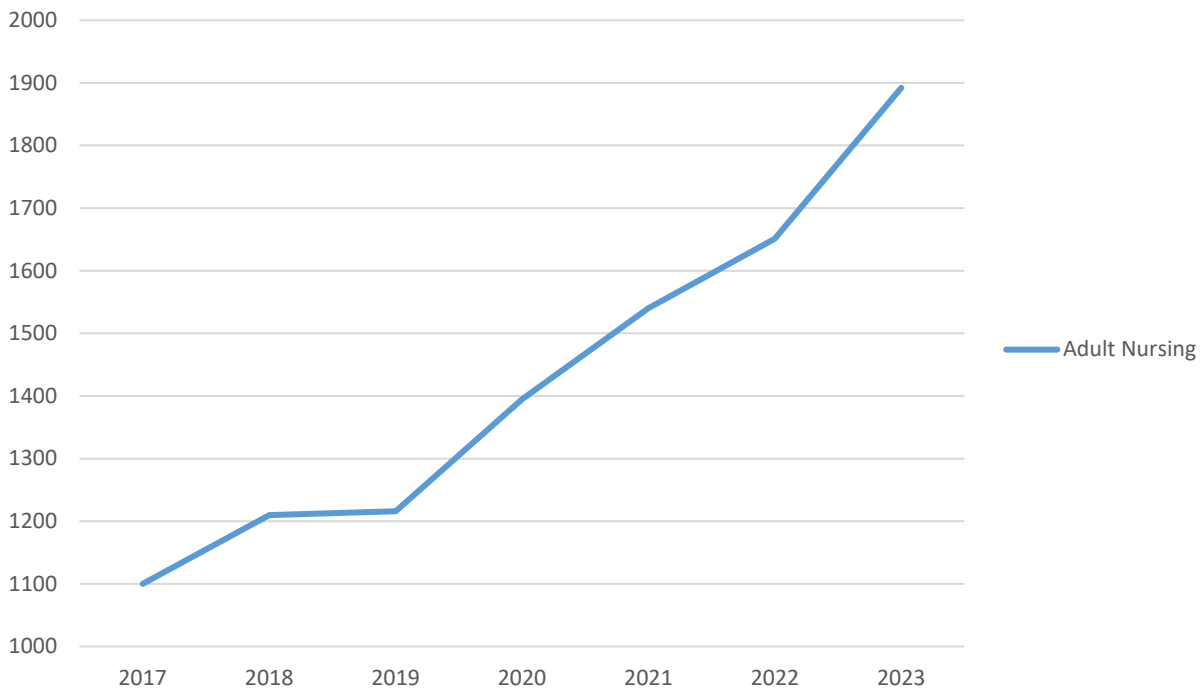
We added to the distance learning commissions with a small pilot of pre-registration adult nurse training for care home HCSW. The progression of this pilot is currently being evaluated. We will look to increase the number of places available through this route once the first cohort of students have completed the first year of study.

Some key figures:

	Adult Nursing	Mental Health Nursing
<b>% of workforce over 50</b>	<b>34%</b>	<b>34%</b>
<b>Participation rate</b>	<b>88%</b>	<b>92%</b>
<b>Estimated graduates 2022</b>	<b>851</b>	<b>225</b>
<b>Estimated graduates 2023</b>	<b>859</b>	<b>220</b>
<b>Estimated graduates 2024</b>	<b>980</b>	<b>242</b>



## Increases In Nurse & Midwifery Commissions



## Adult Nursing: Case study

### 2022

- 1,651 places were commissioned.
- Against an identified Service (IMTP) need of 2,502.
- Therefore, 66% of the total identified need has been commissioned.

Compared to **2021** this was an increase

- We commissioned 1,540 against a need of 2,452. This represents commissioning 57% of the need.
- Commissions have increased from 2021 to 2022 by 7.2% from 1,540 to 1,651.
- Commissions have increased from 2020 to 2021 by 10% from 1,400 to 1,540.

Whilst the numbers commissioned are significantly below the IMTP numbers it must be noted that the trend, since the inception of HEIW has been to,

1. **Commission more each year and**
2. **Commission a higher percentage of the IMTP identified need**

Opportunities to continue increasing include blended and simulated learning opportunities meaning less pressure on the estate and therefore on maximum cohort size. Additionally, the procurement of new pre-registration education contracts has increased the number of training places available enabling recruitment of students from the more rural areas of Wales.

Streamlining for nursing has demonstrated **there is no shortage of posts** and more nurse graduates **will reduce the impact of the agency bill**. Course attrition remains below the UK national average.

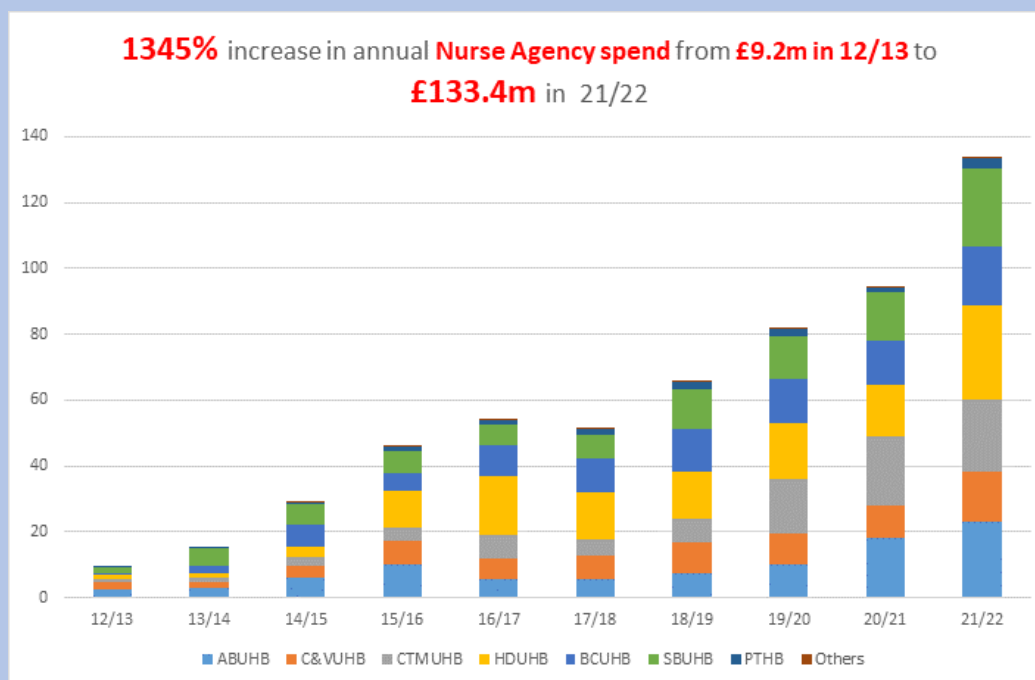
The main **issue** relating to increasing commissioning numbers surrounds the **availability of placements** that provide a rounded educational experience and there has been a commitment from Health Boards and Trusts (outlined in the 2022/23 E&T Plan), to work with us and the Universities to develop more placement capacity and innovative solutions for the additional student nurses and their employment upon graduation in 2025.

**Therefore, the growth has been challenging but achievable due to collaborative work across the system. Our increased focus, development and leadership across Practice Education Facilitator roles will assist in increasing numbers further.**

### **Other factors to consider when determining 2023 Adult Nurse commissioning numbers:**

- In 21/22 Universities struggled (in the January – March cohorts) to fully recruit to the commissioned places. A collaborative deep dive meeting with universities was held in May to understand the reasons for under-recruitment and to produce an action plan to address these issues in time for the 2023 January – March intake.
- Current vacancy rates in adult nursing. There are currently in excess of 2,000 (awaiting confirmation) adult nurse vacancies across Wales.
- Age profile of adult nursing workforce
  - Of the 19,722 adult nurses (headcount) identified in ESR @ dec'21:
    - 1,696 (8.6%) are over the age of 60
    - 2,590 (13.1%) are between the ages of 55-59
    - 3,053 (15.5%) are between the ages of 50-54
    - 37.2% of the total adult nursing workforce (7,339) are over the age of 50
    - 50 is an important age in terms of pensions as all staff over 50 are able to retire, with full pension at the age of 55. Therefore, with 37.2% of staff at or approaching retirement age this presents a significant risk over the next 5 years.
- Participation rates (i.e. part-time % of time staff work)
  - Between the ages of 30 and 54 adult nurse staff have a participation rate of approx. 90% (i.e. 4.5 days in a 5 day working week)
  - The average participation rate for staff between 55 and 59 is 79% i.e. just under 4 days
  - For staff aged 60 and above this falls to 66% i.e. 3.3 days

- Therefore, in addition to the risk of staff retiring, there is an additional risk that
  - the 3,053 staff between 50-54 will reduce their working week from an average of 4.5 days per week to 4 days and
  - the 2,059 staff between 55-59 will reduce their working week from an average of 4 days per week to 3.3 days and
  - This – even with no retirements – could lead to a reduction of 130,588 days work per annum (based on 44 weeks per annum). It would take 594 nurses (based on 220 day 7.5 hour shifts) to replace the lost hours
- Nursing agency costs continue to increase:
  - Nurse Agency costs are increasing year on year. The graph below shows the increasing agency spend from £9m in 2012 to approximately £134m in 2021/22)



## 2023 need analysis

- The IMTP's have identified a need for **2,866** adult nurses to be trained. This is 364 (14.5%) above the 2,502 identified in 2022.
- The maximum number in the new contracts is 1,651.
- However, HEIW reserves the right under the contract to go above this figure by 20% without provider agreement (they have signed up to this in the contract).
  - This provides potentially up to 330 more places that could be commissioned
  - The max (+ the allowable 20%) is therefore 1,981
  - Note: we can go above this level but only with provider agreement.
- The number of adult nurses commissioned in 2022 is 1,651
- To commission 66% of the IMTP numbers (as in 2022) **we would need to commission 1,892** (66% of 2,866)
  - This is 241 more than 2022 (equivalent to a 14.6% increase in commissions)
- This is within the contract boundaries but,
  - The cost will be significant (finance to provide figures) however given the nurse agency costs in Wales the costs should be justified
  - Placements will be a significant pressure and consideration will need to be given to ensuring that all students will be able to undertake safe and quality placements where they can acquire all the required learning outcomes and accumulate the necessary hours
  - The deep dive into recruitment needs to yield positive outcomes

# Strategic Nursing Workforce Plan for Wales

Lead and develop a sustainable national workforce plan for nursing, to achieve a better match between demand and supply in Wales.

## Approach - we need to understand

- **Current baseline** (pooling current wf intelligence and information)
- **Demand** (forecasting and foresight, scenarios – short, medium, long term)
- **Supply** (to meet gap between the current baseline and demand)
- **Investment**

## Approach - we need to align with

**National Nursing Workforce Group**  
**WODD/EDoNS**  
**Royal Colleges**  
**Demand Modelling Exercise** led by WODs peer group for local organisations, linked with IMTPs, to inform a consolidated national position on what is needed over next 3 – 5 years.

**Baseline Mapping** – data complete  
Identification of Key issues in progress

**Investment appraisal**

**Demand modelling** –Commission Long Term scenario planning  
(Population / service model / technology, multi professional)

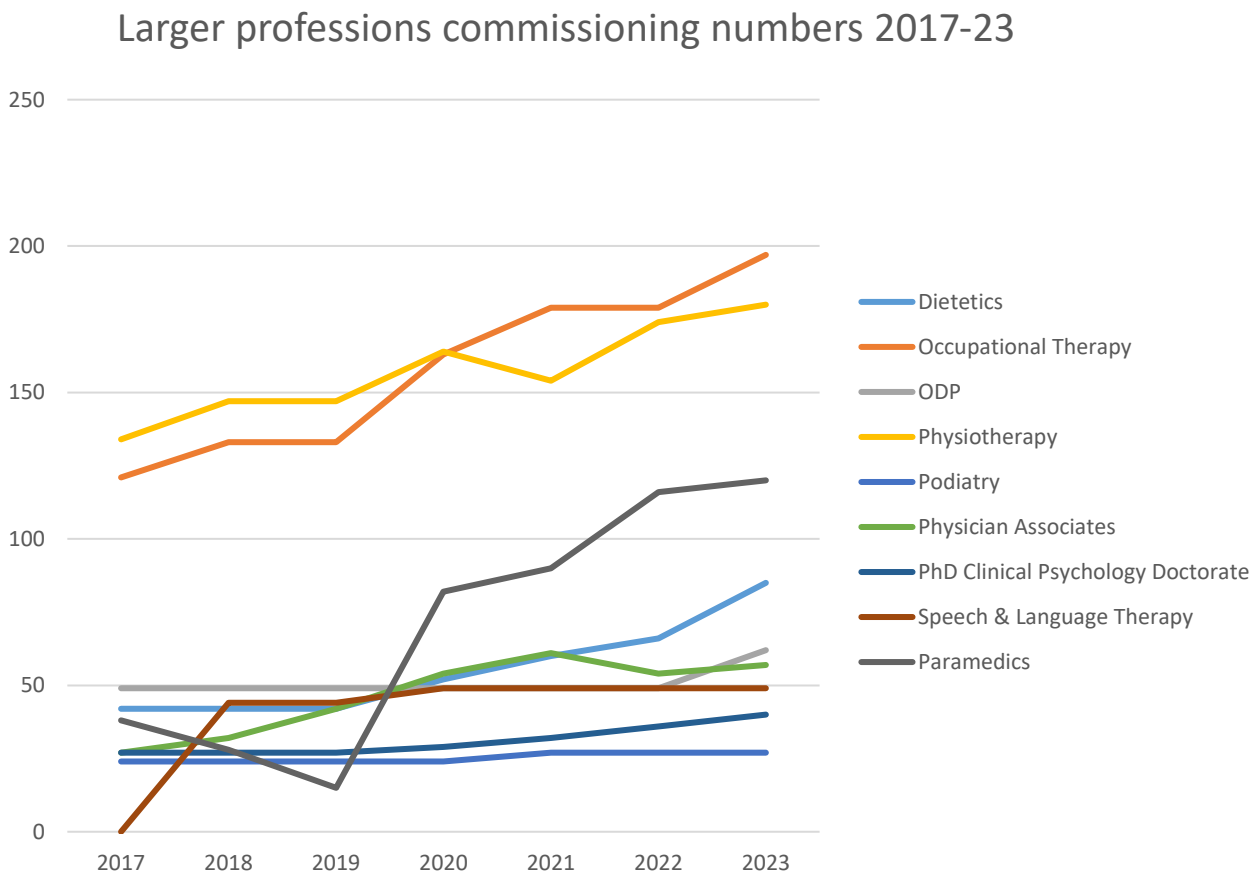
## Supply Solutions - Key planks will include

- **Workforce supply and shape** – increasing commissioning, deployment, roles, models, delegation
- **Engaged, Motivated and Healthy** – take up of wellbeing support/ resources/ mentorship /supervision
- **Attraction and Recruitment** including international Career development opportunities
- **Retention** – Supporting preceptorship and early years in the profession, Return to practice / reservists
- **Seamless workforce models** – Unique role of the nurse in the team around the patient. New ways of working.
- **Digitally Ready** – Clinical informaticists, culture and new ways of working supported by digital
- **Education and Learning** through flexible approaches – Enhanced, Advanced and Consultant Practice, CPD Framework
- **Leadership and succession** – Talent pipeline at local levels

Supported with cross cutting actions from WFS seven key themes

Supported with research, best practice, innovation and engagement

## 1.3 Healthcare Professional Education



### Dietetics

#### Modelling and Profiling:

- IMTP need: PG Dip – 41 - additional 16 from previous year – a huge increase.
- IMTP need: BSc – 51 - additional 12 from previous year.
- The contract numbers are between the range of 64 and 75 and within that, the range of 17 to 20 for PG Dips.
- 66 were commissioned this year.
- Considering workforce needs the commissions should increase above the 66 towards the top of our contract level.
- Age Profile – 85 are 50 - 54 = 25%; 36 are 54 – 57 = 8%. No glut of retirements.
- Participation Rate: doesn't drop until it gets to 60 plus. Fairly consistent from 40 plus.

There has been a huge demand on a small workforce. There has been a large increase in the remit of dieticians and in the complexity of Service User needs, i.e. the public health agenda is growing quickly in addition to pressures on secondary care, for example, malnutrition, requiring tube feeding, cancer, diabetes, etc.

Access to the workforce information from primary care is still limited but there is a growing need for dieticians and other therapists within primary care.

## Occupational Therapy

Course provision is a mixture between FT, PT and PGDip.

### Modelling & Profiling:

- IMTP need: B.Sc OT F/T – overall additional 10 = 103
- IMTP need: B.Sc OT P/T – additional 5 = 29
- IMTP need: PG Dip – down by 9 = 11
- Age Profile – 25% of the workforce are over 50 years old
- Participation rate – decreasing as the workforce get older
- Minimum numbers in the contract is – 163
- 35% Increase in FT from Sept 2021 - 2028

Commissioning numbers to remain the same. Similar to Physiotherapy we will ascertain more information from organisations through the workforce planning questions, not only on OT department demands but where they are going to be developed in other areas.

## Physiotherapy

Course provision is a mixture between FT, PT and PGDip.

### Modelling & Profiling:

- Age Profile – younger workforce (103 over 55)
- IMTP need: B.Sc Physiotherapy F/T – 131 (same as last year)
- IMTP need: B.Sc Physiotherapy P/T – 34
- IMTP need: PG Dip – 34
- Over the next 6 years the workforce will increase by 80 a year
- 80%+ of graduates will join the workforce.
- Minimum number in the contract is 168 for all the different routes

More work needs to be undertaken next year through the workforce planning questions that organisations are asked to gain a better understanding of the pull factors on physiotherapy. This will enable organisations to identify where the demand is from other departments, primary care and state what they think demand is so that we can get a picture between what physio is requesting for the traditional services and where we think there is a demand for other physiotherapy services across the Health Board region.

The need to provide CPD to develop non-traditional services needs attention and will form part of Strategic Review Phase 2.

## Podiatry

There is a decrease of 5 this year with IMTP commission numbers of 19 compared to last year's 24. However, this is a reflection of Health Board need only and does not factor in the pressures facing the independent and private sector in Wales. There is an issue with health boards requiring higher skills sets than Band 5 resulting in many graduates having to go into private practice. Podiatry was included in streamlining this year and out of 23 graduates only 10 were employed by the NHS in Wales. Graduates also struggled to find places in the private sector. Students have indicated a preference to come into the NHS, but a gap needs

to be addressed to upskill graduates to meet the demands of changing and complex Service developments requiring more advanced skills. Podiatry plays a big prevention role for keeping people out of hospital particularly with the rise of diabetes.

## **Speech and Language Therapists**

### **Modelling & Profiling:**

- IMTP need: Bsc SLT + Welsh Language combined - 44
- Last year commissioned - 49
- Minimum numbers in the contract is - 48
- Age Profile – relatively young
- Participation rate – predominantly p/t workforce

**Welsh Language** – There is a need to produce Speech and language therapists who can deliver care through the medium of Welsh. There are now two providers going forward, North and South. A number of Welsh speakers are specified in the contract with North Wales, so this needs to be commissioned and delivered.

## **Doctorate in Clinical Psychology**

Demand is increasing across the service due to enhanced pressures on mental health services, this has been exacerbated by the pandemic. The mental health workforce plan identifies a need to grow the workforce. Workforce data also shows that there is an ageing workforce with the risk of a third retiring within the next 5 years. The number of trainees has been rising year on year in Wales but only by very small margins, due to placement capacity. Commissions have increased from 27 in 2019 to 36 in 2022 but Service demand far exceeds this.

Placement availability - where trainees can acquire the HCPC & BPS learning outcomes in a safe and quality environment has traditionally been a barrier to growth - thus the incremental growth. However, the Clinical Supervision expansion - covered in the CAAPs costs will also open up new and innovative placement opportunities for Clinical Psychology Trainees. Therefore, increases of 4, 8 and 18 additional places are recommended to be commissioned in 23/24, 24/25 and 25/26 academic years respectively. This will result in 54 annual commissions in 2025/26 - an increase of 100% from 2019 levels.

## **Paramedics**

The value of paramedics in keeping Service Users out of hospital has significant value – not just in financial terms – but also has a wider impact on the patient, family and NHS.

Commissions will be reflective of need and have been agreed with WAST and the Ambulance Commissioner as it was vital that the Service can sustain the placement pressures necessary for all under-graduate and Advanced Ambulance Paramedic students / trainees. Application rates for Paramedic courses are buoyant. Across Paramedics there is a high participation rate (above 95%) up to the age of 60.

Paramedic commissions are recommended to be:

- BSc Paramedics 80
- EMT Conversions 40
- APP MSc 15

- Bridging Modules 15

Whilst there is a need for more prescribing Paramedics and advanced practitioners, it will have an impact on pre-reg numbers if agreed and the service will need to be maintained.

## **Operating Department Practitioners**

### **Modelling and Profiling:**

- IMTP need: Bsc ODP – additional 31 from previous year – 89.
- 62 is the maximum number in the contract although there is flexibility of +20% above that. top end of our contract.
- Age Profile: 33% over the age of 50 years old – retirements may be sooner due to huge service demands.
- There are three regional ODP education providers enabling additional capacity to increase providing safe and quality placements can be identified.
- We will be commissioning aesthetic associates and ODP's would be a typical feeder supply into that role too.
- Increases needed to assist high number of theatre vacancies.

A step to approach to increasing would help with building the capacity.

## **1.4 Pharmacy**

Since last years plan, there has been a significant step related to the funding for the Pharmacy Undergraduate Clinical Placements Business Case. For 2023-24 the number of placements in the business case increases to 7,560 as the number of students engaging with clinical placements increases. Welsh Government have accelerated delivery of the pharmacy vision through implementation of new Community Pharmacy Contractual Reforms and publication of, 'A New Prescription: The future of community pharmacy in Wales'. The contract requires a pharmacy workforce with a consistent 'person-centred' skillset to deliver expanding clinical roles through community pharmacies.

A nationally directed prescribing service has been introduced to improve the consistency of service delivery for citizens across Wales. We are planning for the increased demand for Independent Prescribing courses and training supervision by designated supervising Prescribing Practitioners (DPPs). In May 2022, GPhC made the long-anticipated announcement that pharmacists can begin independent prescriber courses whenever they have "the relevant experience and awareness". This removes the previous minimum of 2 years 'in practice' and will increase (the rate of) engagement with IP training.

In the new pharmacy contract, Welsh Government applied new financial incentives for recruitment and training of pharmacy technicians, including those qualified to accuracy check prescriptions. The incentives signal the high value given to the pharmacy technician role and support a more diverse skills mix to deliver community care. Pharmacy technicians are responsible for delivering more services supporting the transition of care from sectors for example hospital Discharge Medicines Reviews. We are planning for increased engagement with the pharmacy technician role in community pharmacy from pre-registration to advanced level.

Pharmacy: Delivering a Healthier Wales (PDaHW) highlighted that pharmacy professionals do not routinely have protected learning time which poses a particular challenge, given the extent

of the essential workforce development required to deliver the new pharmacy contract. Commissioning the required learning programmes is an investment which will need to be met with the resource of 'time to develop'. At the time of writing this plan, conclusions from an evaluation of 3 different models of providing protected development time for community pharmacy teams is eagerly awaited. Future plans must include a practical and sustainable way for the pharmacy workforce to take up much needed HEIW commissioned programmes.

Our commissioning recommendations are designed to continue support for pharmacy services in hospitals and NHS specialist services. This is through academic qualifications and medicines procurement, manufacturing, leadership and digital skills development which are essential to constantly take forward the shape of the everyday services which the pharmacy family lead. As part of the planned COVID recovery, more pharmacy professionals must be pulled through HEIW leadership development programmes so that pharmacy is better equipped to lead, from within clinical teams, to transform medicines services.

### Key commissioning priorities for the pharmacy workforce for 2023-24

Priority	Purpose
Embed the <b>'Access to' Programme</b> for healthcare support staff to gain the necessary entry criteria for the Level 4 Pre-registration Pharmacy Technician course.	Delivers on the 'Made in Wales', route to a registered health care profession. Supports employers to retain and develop existing staff.
Increase the number of <b>Pharmacy Undergraduate Clinical Placements.</b>	Part of the step-wise implementation of the IETS 5-year transformation programme.
Embed the <b>Post-registration Foundation Programme</b> for pharmacists.	With pharmacists on the Home Office Shortage Occupation list, this is an important retention tool for employers in all sectors. This includes a prescribing course to bridge the development gap for new registrants, until the IETS are fully implemented in 2026.
Increase annual numbers of <b>independent prescribing courses</b> to the <b>maximum deliverable.</b>	Support delivery of new Welsh Government contracted services and PDaHW. Upskill the existing workforce in advance of newly qualified pharmacist prescribers registering from 2026.
<b>Sustain current access to advanced and extended practice funding</b> across all sectors.	Prepare the existing multi-sector workforce for more person-centred care closer to home.
Increase the introduction and development of scientist roles into medicines manufacturing units in Wales.	Deliver a prudent workforce with more new opportunities for scientists and a reduced demand for shortage pharmacy professionals.

## 1.5 Dental

At the heart of Welsh Government policy direction is a whole-system change approach in dentistry to facilitate a step-up in needs-led preventive care to improve outcomes for patients as detailed in '*A Healthier Wales: The Oral and Dental Services Response to A Healthier Wales*'. Within this are ambitions to ensure a sustainable supply of the dental workforce and investing in the teams who deliver dental care to the people of Wales.

The dental workforce is complex and composes of multiple roles that provide oral health care to patients: dentist (generalists and specialists); dental hygienist; dental therapist; dental nurse are the principle clinical roles that will be familiar to many and that HEIW is involved in commissioning or training. There are other roles beyond this (dental technician; clinical dental technician and orthodontic therapist) that also play a part in the care provided to patients and HEIW works with those providing training to these professions also.

We commission undergraduate dental hygiene and dental therapy training and have increased the numbers commissioned in recent years, expanding existing training provision in Cardiff university with training in North Wales via Bangor University.

There are several existing routes for Dental nurse training in Wales and we are working with stakeholders to increase the provision of quality training through Welsh Government funded routes for Wales to ensure a sustainable supply of this essential workforce.

Along with improving the supply into the various dental roles, retention is key to ensuring the workforce is sufficiently retained to operate effectively and safely and we are working to develop career pathways and opportunities as well as ensuring the workforce is appropriately supported with wellbeing and peer support and workforce development opportunities aligned to system reform principles.

Dental Contract Reform – the dental contract offer encourages new ways of working including focussing on prevention and increasing access for patients. There are opportunities for primary care dental practices to develop new ways of working to increase the use of skill mix and the wider dental team in providing care to patients. This is aligned with the principles of Prudent health care and ensuring career opportunities and pathways for all members of the team to improve retention.

We have worked with colleagues and stakeholders across the system in Wales to review the dental specialty training provision within the contexts of patient need, training capacity and future planning. The proposals are detailed in the table below. Where no increase is recommended these will be considered in the annual review next year.

Speciality	2018	2019	2020	2021	2022	Projected 2023
						<i>New (pending agreed funding)</i>
Dental Public Health	1	1	2	1	1	1
Dental Max-fac Radiology	0	0	0	0	0	1
Oral Medicine	1	1	1	1	1	1
Oral Pathology	0	0	0	0	0	1
Oral microbiology	0	0	0	0	0	0
Oral Surgery	1	1	2	2	2	2
Orthodontics	9	9	9	10	9	3
Paediatric Dentistry	3	3	3	4	4	0
Restorative Dentistry	2	2	0	2	3	0
Special Care Dentistry	4	4	4	3	3	3
<b>Total</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>23</b>	<b>23</b>	<b>12</b>

## 1.6 Medical Workforce

### Methodology & approach

For 2023/24 the approach to workforce planning for the medical workforce has focused on several key themes:

- Urgent and Emergency Care
- Cancer Care
- Planned Care
- Diagnostic Specialties/Health Promotion & Prevention
- Mental Health

Following a decision on the specialties for review for 2023/4 a series of review meetings took place, with membership comprising the Postgraduate Medical Dean and other leads within HEIW, to review workforce intelligence and data submitted by Training Programme Directors alongside relevant data available from Royal Colleges and any other relevant sources in the following areas:

- Description of the demographics of the current medical workforce in the specialty including data and trends over time.
- Predicted regional and national demand for the future workforce.
- Current supply routes for the workforce.
- Impact on quality of training programme if places were increased/decreased.
- Opportunities for changes to service delivery e.g. upskilling other healthcare professionals.
- Recruitment and retention trends within the specialty.

This systematic approach has enabled a detailed review of a large number of medical specialties (Table 2), further developing our ambition to provide a comprehensive, responsive and consistent modelling approach to medical workforce planning.

**Table 1 2023-24 Recommendations**

<b>Urgent and Emergency Care</b>		
Intensive Medicine	Care	Increase of 3 higher Training Programme posts (fifth successive year of increases).
Higher Medicine	Emergency	To increase by 4 higher posts for 2023, 4 posts for 2024 and 2 posts for 2025. The increases for 2024 and 2025 are required to ensure the pipeline via ACCS EM established in previous workforce plans is aligned to the higher programme.
ACCS Medicine	Emergency	To increase by 4 posts for 2023 (2 in North Wales and 2 in South Wales) and by 2 posts for 2024 (South Wales).
Geriatric Medicine		To increase by 5 posts each year for 3 years commencing in 2023. These recommendations will be reviewed on an annual basis and increased if high recruitment levels into the programme are sustained.
Internal Medicine		To increase by 12 posts for 2023 to maintain the pipeline created following expansion in 2021 and 2022.
Foundation		To increase the number of Foundation Year 1 posts by 39 and Foundation Year 2 posts by 30 for August 2023 as detailed in the Foundation Expansion Business Case.

<b>Cancer Care</b>	
Clinical Oncology	Increase by 4 additional Higher Training posts implementing year 3 of the proposal to expand by 4 posts per year for 5 years.
Medical Oncology	Increase by 3 additional Higher Training posts implementing year 3 of the proposal to expand by 3 posts per year for 5 years.
Palliative Medicine	To increase Palliative Medicine training by a further 2 posts for August 2023 as recommended in the 22/23 plan.
<b>Planned Care</b>	
General Surgery	Increase by 7 higher posts for 2023.
Trauma & Orthopaedics	To increase by 5 posts in 2023 and then by a further 5 in 2024 and in 2025 (to be reviewed and dependent upon training capacity).
Higher Anaesthetics	Increase of 6 Higher Anaesthetics posts.
Dermatology	To increase by 3 posts in 2023 and by 3 posts in 2024.
Rheumatology	To increase by 2 posts for 2023 as recommended in the 22/23 plan.
Neurology	To increase by 3 posts for 2023.
Diabetes & Endocrinology	To increase by 1 post in 2023 and a further post in 2024.
<b>Diagnostic specialties &amp; Health promotion/prevention</b>	
Medical Microbiology/ Infectious Diseases	Increase of 3 Medical Microbiology/Infectious Diseases posts implementing year 4 of a plan to increase posts every year for 5 years.
Clinical Radiology	To support the recommended expansion as required to appoint 20 trainees for the 2023 intake into the South Wales programme.
Clinical Neurophysiology	To increase by 1 post in 2023 and then by a further post in 2024.
Public Health Medicine	To increase by 3 posts as recommended in the 22/23 plan.
Clinical Pharmacology and Therapeutics (CPT)	To increase by 1 post in 2023.
<b>Mental Health</b>	
Child and Adolescent Psychiatry	No increase to the higher programme for 2023 but to monitor demand and act accordingly.
Old age psychiatry	To increase by 2 posts for 2023 and a further 2 for 2024 as recommended in the 22/23 plan.
General Adult Psychiatry	To increase by 2 posts in North Wales in 2023. Increases will be recommended for South Wales in the 24/25 plan if current vacancies are filled.
Forensic Psychiatry	To increase by 1 post for 2023 to enable the creation of a North Wales programme.
Core psychiatry	To increase by 8 posts in 2023 and a further 8 posts in 2024 to maintain the pipeline created through the initial expansion in the 22/23 plan.

**Table 2 – Medical specialties considered for 2023/24**

Urgent and Emergency Care		
Intensive Care Medicine	Emergency Medicine & ACCS	Geriatric Medicine
Internal Medicine	Foundation programme	
Cancer Care		
Clinical Oncology	Medical oncology	Palliative Medicine
Planned Care		
General Surgery	Trauma & Orthopaedics	Anaesthetics
Rheumatology	Neurology	Dermatology
Clinical Neurophysiology	Diabetes & Endocrinology	
Diagnostic specialties & Health promotion/prevention		
Medical Microbiology/ Infectious Diseases	Clinical Radiology	Public Health Medicine
Clinical Pharmacology & Therapeutics		
Mental Health		
Child & Adolescent Psychiatry	Old Age psychiatry	Forensic Psychiatry
General Adult Psychiatry	Core Psychiatry	

Recommendations to commission training posts as outlined in this paper were agreed following an analysis of the key data as highlighted above alongside consideration of the recruitment and retention rates and historical trends within the specialty to determine appropriate levels of change (see Table 3 for the Workforce planning 2023/24- Criteria with supporting data).

The medical workforce planning process and its recommendations is not undertaken in isolation from the process for other healthcare professionals. It is increasingly important to understand how new roles and new ways of working might support delivery of service in areas which were traditionally considered the remit of the doctor. Cross sectional collaboration within HEIW is undertaken to explore future needs in this context and ensure clear understanding for establishing new roles in other healthcare professionals, which could impact on the recommendations for medical training posts.

**Table 3 –Workforce planning 2023/24- Criteria with supporting data**

Specialty	Longstanding consultant vacancies/ understaffed departments	Significant consultant /SAS retirement projected for next 5 – 10 years	Significant increase in demand	Curriculum changes/ Training shortage	Impact of part time working on training output and consultant WTE	Royal College recommendations
Intensive Care Medicine			✓			✓
Emergency Medicine/ACCS EM	✓	✓	✓		✓	✓
Geriatric Medicine	✓	✓	✓	✓	✓	
Internal Medicine (Core)				✓		
Clinical Oncology	✓	✓	✓			✓
Medical Oncology	✓	✓	✓			
Palliative Medicine		✓	✓	✓	✓	
General Surgery		✓	✓			
Trauma & Orthopaedics		✓	✓			
Anaesthetics	✓	✓	✓	✓	✓	✓
Dermatology	✓	✓	✓	✓		✓
Rheumatology	✓	✓	✓	✓		
Neurology		✓	✓	✓		
Diabetes & Endocrinology		✓	✓	✓		
Medical Microbiology/ID	✓	✓	✓			
Radiology		✓	✓			✓
Clinical Neurophysiology	✓	✓				
Public Health Medicine			✓			
Clinical Pharmacology & Therapeutics		✓	✓			✓
Child & Adolescent	✓	✓	✓			
Old Age Psychiatry	✓	✓	✓			
General Adult Psychiatry	✓	✓	✓			
Forensic Psychiatry		✓	✓			
Core Psychiatry				✓		

## **Urgent and Emergency Care**

Urgent and emergency care are seeing increased demand as a consequence of long waiting lists. The supply and demand analysis for Emergency Medicine and Intensive Care highlights a need to increase training post numbers just to maintain current levels but also to increase output to futureproof services against projected consultant retirements. Each of these specialties have seen expansion agreed through recent workforce plans however further expansion is required.

### Emergency Medicine

To maintain the current rota requirements in Welsh EDs approximately 12 consultants are required. If Wales were to meet the RCEM standards a further 70 consultants would be required as a minimum. Approximately 7 trainees CCT per year. Continued expansion in EM is required to:

- Address the deficit of consultants across Wales Eds.
- Mitigate the rapid increase in the proportion of trainees (approximately 40%) and consultant workforce choosing to work part time particularly via portfolio positions.
- Maintain the Emergency Medicine trainee pipeline i.e. a need to align the output of the Acute Care Common Stem (ACCS) programme with the higher Emergency Medicine programme.

### Acute Care Common Stem (EM)

The main feeder programme for emergency medicine higher training is the Acute Care Common Stem (ACCS) pathway. Although recruitment directly into higher training in Emergency Medicine is feasible, this has traditionally not been a successful route in Wales. The focus therefore needs to be on ensuring that the ACCS programme can deliver what is needed in terms of a pipeline for future EM consultant numbers.

### Intensive Care Medicine

The UK standards published for critical care multi-disciplinary staffing state that in general the consultant/patient ratio should not exceed a range between 1:8–1:12, and the ICU resident/patient ratio 1:8. Due to a National shortage of ICM consultants, no critical care unit in Wales meets these standards 24/7, seven days a week, although UHW has seen a recent uplift in consultant appointments and is nearly fully compliant. A recent HEIW survey of Welsh Intensive Care hospitals (data obtained from all sites excluding CVUHB) suggest there are currently 14 Consultant rota gaps within Wales with 19 retirements predicted over the next 5 years. Current training numbers will not fill the current shortage of ICM consultants projected and won't meet any increasing demand.

### Geriatric Medicine

A HEIW-led census of consultant geriatricians in 2022 has shown that the number of WTE consultant geriatricians in Wales has increased by 50% over the last 8 years with increases in Stroke consultants and those with an interest in Trauma & orthopaedics. The development of front door frailty services within the MEAU/A&Es across Wales continues with clear signalling that this is a major area for expansion and with an ageing population it is likely that demand for Geriatric medicine services will continue to increase. There has been little change in numbers working in community services, but it is understood that many Health Boards intend to expand these to improve flow through services and strengthen hospital avoidance schemes. There are currently 29 unfilled consultant posts in geriatric medicine and 40 retirements expected over the next 10 years with 21 of these expected in the next 5 years. Current training output will not meet this projected deficit especially given that over

one third of current trainees in Geriatric Medicine are working less than full time with significant numbers planning to maintain this as a consultant. The current expansion level is recommended following last years success at recruitment with our highest fill rate in many years and assumes this level will be maintained going forward.

### Foundation Expansion

In 2019 a Business Case was shared with Welsh Government outlining a need to expand training posts at Foundation level to address to training pipeline challenges we have now and in the future with expanded Medical School output and increases across Specialty Training Programmes as detailed in this and previous Education and Workforce plans. The paper recommended a phased expansion programme commencing in August 2020 with increases to Foundation Year 1 and Year 2 posts required over a 5-year period as detailed in Table 4.

**Table 4 - Foundation Expansion Programme**

	Number of F1 posts	Number of F2 posts
August 2020	351 (+12)	339
August 2021	381 (+30)	351 (+12)
August 2022	411 (+30)	381 (+30)
August 2023	450 (+39)	411 (+30)
August 2024	450	450 (+39)

### Internal Medicine

Within this paper recommendations have been included to increase the number of higher medicine programmes (Clinical and Medical Oncology, Rheumatology, Dermatology, Geriatric and Palliative Medicine and Diabetes and Endocrinology). Recruitment into Internal Medicine has previously been a challenge however following curriculum changes and a move to a three-year programme instead of two years has enabled a redistribution of posts across the three years. This however has reduced the number of trainees progressing through the Internal Medicine Programme which in turn will reduce the output of the programme and trainees eligible to apply for and progress into Higher Medical Training. The ratio is currently 1:1 in terms of numbers completing Internal Medicine training and posts advertised for Higher Training however as expansion continues across the Higher programmes this ratio will reduce in future years.

## **Cancer Care**

### Clinical and Medical Oncology

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020) with incidences of new cases rising by approximately

1.5% a year and set to rise by at least 2% a year for the next 15 years<sup>8</sup>. Both Clinical and Medical oncology are projected to see a significant workforce shortfall in future years due to increase in demand and projected consultant retirements.

### Palliative Medicine

With a recognised increased lifespan of patients with advanced disease and comorbidities requiring longer periods of specialist palliative care and a need to support the provision of palliative care services in hospital, care home, and community with particular focus on community provision out of hours, the demand for end-of-life care has increased significantly. Projected consultant vacancies in Palliative Medicine over the next 5 years will not be met by the current projected supply of trainees on the training programme.

## **Planned Care**

### General Surgery

As identified in the Welsh Government planned care report<sup>9</sup> General Surgery is amongst those with the greatest number of patients waiting for their first outpatient appointment making this a priority area for further investment. Alongside this, workforce data suggests that there are likely to be significant retirements from within the consultant workforce with highly specialised roles such as gastrointestinal and endocrine surgery being hardest hit as it is difficult to recruit to the roles from outside of Wales. It is, therefore, essential that we look to train our own consultant workforce in these areas.

### Trauma & Orthopaedics

Post-pandemic there are now significantly more people listed for outpatient appointments, diagnostic and treatment services than before. Waiting lists are at their highest levels ever recorded with over 60% of people on the waiting list waiting for their first outpatient appointment. Trauma and orthopaedics has one of the longest waiting lists alongside an increased demand for orthopaedic trauma specialties seen through the establishment of the Trauma Network in Wales. With 49% of the consultant workforce being over 50 it is projected that the current number of trainees will not replace planned retirements and service the recovery/Planned Care agenda.

### Anaesthetics

Royal College of Anaesthetists (RCOA) published its document 'The Anaesthetic Workforce: UK State of the Nation Report' in February 2022, where it reports a current shortage of at least 1,400 Consultant and SAS anaesthetists across the UK with 94 Consultant and 54 SAS grade unfilled posts in Wales alone. Anaesthetists are vital to addressing the NHS waiting list crisis, as most operations cannot take place without an anaesthetist. Anaesthetists are involved in the care of two-thirds of all hospital patients, therefore many areas of the NHS in Wales could not function without anaesthetic services i.e. maternity, emergency unit, trauma, radiology, critical care and pain services, are just a few. Alongside this Less than Full time working is a challenge across Anaesthetics programmes with over 1/3 of trainees training part time with plans to continue this into consultant roles.

### Dermatology

There is a national shortage of dermatologists. Even before the Covid-19 pandemic waiting lists were lengthy. Wales currently fall considerably short of the Royal College of Physician's

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<sup>8</sup> Welsh Cancer Intelligence & Surveillance Unit (2015) Cancer in Wales: 2001-2013.

<http://www.wcisu.wales.nhs.uk/sitesplus/documents/1111/WCISU%20Official%20Stats%20Report%20Final%20English.pdf>

<sup>9</sup> [Our programme for transforming and modernising planned care in Wales and reducing the waiting lists \(gov.wales\)](#) April 2022

recommendation of consultant dermatologists per head of population with longstanding vacancies in key areas and services supported by intermittent locum consultants and a pooling of waiting lists for urgent cancer referrals. Projected retirements over the next 5-10 years is likely to exacerbate this further particularly in certain areas such as North Wales this retirement level is as high as 75%.

### Rheumatology

Across the UK it is estimated that 40% of Rheumatology posts are unfilled with a high turnover of jobs in some areas, including parts of Wales with longstanding vacancies. The demand for rheumatology services is increasing and consultant expansion is progressing in other parts of the UK to meet this demand alongside initiatives to improve waiting times. Several centres in Wales have explicitly outlined the need to expand their consultant workforce and there are long standing vacancies in other centres in Wales. The service need has been accentuated as trainees have been required to dual train with general medicine for the last few years and more are opting to support general medicine services as consultants thus reducing the proportion of their time to support rheumatology service delivery.

### Neurology

The permanent neurology consultant workforce in South Wales is spread across the three main centres with a hub and spoke model in place to support Cwm Taf and Hywel Dda. Retirement projections suggest at least 12 retirements in the next 5-10 years and the current projected trainee output will not be sufficient to meet this requirement or any expansion plans. Demand for services continues to increase (20% of acute medical admissions are for a neurological problem (including stroke)) along with an increase in age-related neurodegenerative diseases such as Alzheimer's and Parkinsons. The Welsh Government Neurological Conditions Delivery plan (2014) set out a clear expectation that all hospitals would have access to Consultant-led acute neurology services Monday to Friday, and eventually 7-day acute neurology services. No hospitals have a seven-day service, and no district general hospital outside the three centres has a Monday to Friday consultant-led acute neurology service. To achieve the target to deliver services closer to people's homes a significant expansion in new Neurology departments will be required.

### Diabetes & Endocrinology

Consultant recruitment into Diabetes and Endocrinology remains high however over the next 5 years approximately 40% of the current workforce are projected to retire and even with a reduction in training time arising from a change in the curricula training output will not meet this deficit.

The demand for Diabetes and Endocrinology services is increasing with higher rates observed in Wales both in the community and hospitalised populations. The epidemiology of Type 1 diabetes has changed with rises in paediatric and adult diagnoses.

## **Diagnostic specialties & Health promotion/prevention**

### Medical Microbiology & Infectious Diseases

Demand for Medical Microbiology and Infectious Diseases continues to increase, a need further highlighted by the Coronavirus pandemic. There is a recognised national shortage of trained medical microbiology/infectious diseases staff and these shortages are also present for nursing and scientific staff in this specialty area. Across the current establishment of consultants in this area in Wales approximately 30% of posts are currently vacant and projected retirements over the next 5 years will exacerbate this.

### Clinical Radiology

The 5-year Clinical Radiology training programme has seen a significant expansion in recent years resulting from recommendations in previous workforce plans. The expanded numbers of radiology trainees will result in an increased output of CCT holders from 2023 on. The expansion was driven by the stated needs from UHBs in Wales and it is essential UHBs begin to plan for this output and commit to appointing them as consultants. The most recent Royal College of Radiologists census report highlighted continued issues with the radiology workforce in Wales with 25% of the consultant workforce predicted to retire by 2024. To ensure the training programme continues to sustain an intake of 20 per year in South, Mid and West Wales further expansion is required for 2023 in line with the Imaging Academy Workforce recommendations; this will bring the South Wales programme to a total of 100 posts reaching the initial target set.

### Clinical Neurophysiology

Clinical Neurophysiology is a small specialty with a small number of consultants spread across Wales. There are long term consultant vacancies reported across most Health Boards. The training programme currently comprises one training post. Across the UK there is a significant demand for Clinical neurophysiology consultants. With further consultant retirements projected there is a finite window available to invest now in the future of this specialty to ensure sustainability.

### Public Health Medicine

The COVID-19 pandemic response has highlighted long-standing challenges within Public Health Medicine highlighting the work of health protection and epidemiology alongside broader work of the specialty in terms of determinants of health inequalities. The need for public health medicine to address the post-pandemic impact on health, wellbeing and inequalities will keep the demands on the specialty elevated for very many years and will necessitate expansion in the workforce.

### Clinical Pharmacology and Therapeutics

The Clinical Pharmacology Skills Alliance submitted evidence to HM Treasury in September 2021. This document provided evidence to support investment in CPT training. Specifically, it recommended that 57 new StR posts be created within the UK in CPT and 148 new consultant posts<sup>10</sup> and identified Wales as a 'CPT endangered' area. Projected consultant retirements in the next five years will make this specialty unsustainable without additional investment at this point in time.

## **Mental Health**

Mental Health has been a priority area and with increased levels of depression and anxiety compared to pre-pandemic estimates and longer waiting times for services investment in new posts covering Core Psychiatry, Old Age, Forensic, General Adult and Child and Adolescent psychiatry is essential. The supply and demand analysis for Higher Psychiatry training and associated services highlights a need to increase training post numbers to address current shortfalls in consultant numbers, projected consultant retirements and future service demand.

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<sup>10</sup> Clinical Pharmacology Skills Alliance. Clinical Pharmacology Skills Alliance representation to the Spending Review 2021. 30<sup>th</sup> September 2021. Accessed at [https://www.bps.ac.uk/getmedia/32c8a088-f07b-440f-80ea-1dd90ef809d8/Final\\_-CPSA-spending-review-representation-\(including-appendices\).aspx](https://www.bps.ac.uk/getmedia/32c8a088-f07b-440f-80ea-1dd90ef809d8/Final_-CPSA-spending-review-representation-(including-appendices).aspx)

Child and Adolescent, Old Age, General Adult Psychiatry all report significant workforce challenges now and in the future. Forensic Psychiatry, however, has a stable NHS consultant workforce with young consultants and with good recruitment and retention in the specialty however the creation of a North Wales training post would be hugely beneficial for the NHS in North Wales and wider. Whilst significant expansion is needed within the Higher General Adult Psychiatry training programme, this is not currently recommended and only expansion in North Wales is recommended for 2023 as recruitment to the current establishment remains challenging with ongoing vacancies. Recruitment into Higher Psychiatry Specialty training remains a challenge following successive years of low fill rates in the Core Psychiatry programme (the feeder stream); a range of incentives have seen an increase in recruitment to core psychiatry over the last few years and we are reviewing the impact of this on recruitment to higher psychiatry training.

Workforce challenges persist across mental health and finding ways of attracting and retaining the right staff is key to delivering sustainable services.

To ensure a sustainable pipeline into these higher psychiatry programmes over the next 5-10 years, expansion across the three-year Core Psychiatry Programme will also need to be maintained. The first increased cohort will commence in programme in August 2022 and expansion will need to continue for 2023 and 2024 to ensure opportunities are maximised.

### Medical Workforce challenges

Training Capacity remains an issue across a number of programmes. Anaesthetics novice opportunities are currently limiting our ability to expand the ACCS Emergency Medicine pathway to the rate required to produce sufficient applicants for the Higher Emergency Medicine programme to meet future consultant workforce demands. We continue to monitor this and have developed a plan to convert ACCS Acute Medicine posts to ACCS Emergency Medicine to support this.

Likewise, within Histopathology there is a clear workforce need to expand training numbers within this specialty, however, training capacity, particularly in the South, continues to limit Wales' options to deliver this. It is anticipated that with changes being introduced now we will in a position to expand the programme for August 2024. If required for August 2023 we may use the vacant and frozen Paediatric and Perinatal post to recruit an additional trainee in Histopathology.

**Fragile specialties** – The ability to expand training posts in Paediatric and Perinatal Pathology is currently limited due to insufficient training capacity - the outcome of the UHB's consultant recruitment process will determine when training can be restarted in this small specialty. The Occupational Medicine programme is also on hold due to limited sustainable training options. These small fragile programmes require a detailed review to ascertain the most appropriate action to inform future workforce and delivery plans for Wales.

**Table 4 Medical Specialty Training Posts and Changes**

Specialty	Proposed August 23 increase	August 2022 post numbers	Changes August 2022	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017

<b>Anaesthetics/ICM</b>								
Core Anaesthetics Training/ACCS Anaesthetics		131	+9 <sup>11</sup>					
Higher Anaesthetics	+6	143	+3	+3	+3			
ACCS Intensive Care		14						
Higher Intensive Care Medicine	+3	35	+4	+4	+4	+2		+4
<b>Emergency Medicine</b>								
Acute Care Common Stem - Emergency Medicine	+4	27	+4	+2				+4
Emergency Medicine (includes PEM & PHEM)	+4	54		+5	+7	+4		+2
<b>Medicine</b>								
Internal Medicine Training/ACCS Acute Medicine	+12	271	+12	+15	+13			
Acute Internal Medicine		14		+2				
Audiovestibular medicine		1						
Cardiology		38						
Clinical Genetics		7	+2					
Clinical Neurophysiology	+1	1						
Clinical Oncology	+4	24	+4	+4				
Clinical Pharmacology and Therapeutics	+1	2						
Dermatology	+3	16			+3			
Endocrinology & Diabetes	+1	23						
Gastroenterology		27	+1	+2				
Genito-urinary Medicine		4						
Geriatric medicine	+5	52						+3
Haematology		18						
Immunology		1						
Medical Oncology	+3	12	+3	+3				
Neurology	+3	17						
Palliative Medicine	+2	15	+2					
Rehabilitation Medicine		2			+1			
Renal medicine		17						
Respiratory Medicine		31		+2				
Rheumatology	+2	12	+2					
<b>Surgery</b>								
Core Surgical Training		100						
Cardio-thoracic surgery		7						
General surgery	+7	58		+4				
Neurosurgery		7		-1				
Ophthalmology		40					+4	
Oral and Maxillo-facial Surgery		11	+2					
Otolaryngology		18						
Paediatric Surgery		2						

<sup>11</sup> 5 posts for ACCS Anaesthetics to be in Emergency Medicine and Acute Medicine and 4 posts for the Core Anaesthetics programme

Plastic surgery		15		+2				
Trauma & Orthopaedic surgery	+5	45				+4		
Urology		20		+4				
Vascular surgery		9						
<b>Pathology</b>								
Chemical pathology		4						
Histopathology		21	+1					+2
Infectious diseases		2						
Medical Microbiology and Infectious Diseases	+3	19	+3	+3	+3			
Paediatric & Perinatal pathology		1	-1					+1
<b>Psychiatry</b>								
Core Psychiatry Training	+8	93	+8					
Child and Adolescent Psychiatry		16	+4					
Forensic Psychiatry	+1	6						
Old Age Psychiatry	+2	13	+2		+2(not filled)	+2		
General Psychiatry	+2	29						
Psychiatry of Learning Disability		5						
<b>Imaging and Radiology</b>								
Clinical Radiology	+5 <sup>3</sup>	107	+15 <sup>12</sup>	+10	+ 10	+4	+7	+11
Interventional Neuro Radiology		1	+1					
Nuclear medicine		1						
<b>Women's Health</b>								
Obstetrics and gynaecology		95		+2				
Community Sexual & Reproductive Health		4	+2					
<b>Paediatrics</b>		153	+4	+6				
<b>Public Health Medicine</b>	+3 <sup>4</sup>	23	+2 <sup>13</sup>					
<b>Foundation Training</b>								
Foundation Year 1	+39	411	+30	+30	+12			
Foundation Year 2	+30	381	+30	+12				

## General Practice

### GP Specialty Training Profile

<sup>12</sup> Estimated number based on current projections of trainees completing in order to maintain an intake of 20 for August 2022 and 2023

<sup>13</sup> This will not increase the posts numbers beyond 23 however it will maximise the use of these posts which is not currently the case.

There are 11 GP Training Schemes in Wales covering all areas, including rural areas such as Powys and socially deprived areas such as the Gwent and Rhondda Valleys. GP trainees that undertake their training in Powys and areas that have traditionally had shortages of GPs attract the Targeted financial incentive of £10k paid to the trainee during training and a second £10k payment made if the doctor remains working in a substantive GP post in a targeted area post CCT.

The GP Specialty Training programme also has high numbers of trainees that are LTFT with 23% at 1<sup>st</sup> April 2022.

The proposed GP Integrated Care Fellowship specifically targets practices that are struggling to attract doctors. The other part of the fellowship includes delivery of a secondary care specialty close to the community, specifically addressing the need for care closer to home.

### **GP Integrated Care Fellowship Proposal**

In terms of post CCT opportunities we have a business case in development for a Wales wide GP Integrated Care Fellowship Scheme for between 6 and 14 GP Integrated Care Fellows. This Scheme aims to bolster general practice in both rural and deprived urban settings where practices are under particular pressure.

In addition to working in General Practice, the Fellows would work part of every week in a secondary care specialty or GP specialty, which lends itself to being delivered close to local populations, in keeping with the aims of “A Healthier Wales”. Secondary care specialties suitable for such an approach, for example, include dermatology, musculoskeletal medicine and diabetes. GP specialties suitable could include prison medicine, urgent primary care, health inclusion services (homeless, asylum seekers, violent patients), sexual health care, academic practice, population health and leadership roles.

## **Appendix C**

### **Strategic Review of Health Professional Education Phase 1 & 2**

In June 2021 we successfully concluded a review of undergraduate healthcare education in Wales, working in partnership to shape the future of healthcare education in Wales.

### **Key benefits**

The move from All Wales provision to, when economically viable, more regional, and local delivery is a key theme in the Strategic Reviews. The focus on closer partnership working and collaboration between the Health Boards, Higher Education Institutions (HEI's) and HEIW as commissioners has been welcomed by stakeholders during extensive engagement. Whilst all Health Boards and NHS Trusts will benefit from this approach, there are specific tangible benefits to the three Health Boards of West, Mid and North Wales.

The change to more local and regional provision provides a benefit for graduates to progress into roles in Wales. By recruiting higher numbers of local students who understand the local population and community needs and are able to undertake their academic learning and placements more locally, there will be more opportunities for Health Boards to fill their vacancies from Welsh University graduates. Particular emphasis is given to recruit students from disadvantaged areas of Wales and from hard to reach communities, whereby a financial incentive is incorporated to enable greater support to be given to those students.

There are also increased opportunities, and challenging targets, for more support workers to enter pre-registration education. In addition to two outputs per annum for pre-registration nursing and physiotherapy, the new contracts will deliver two outputs per annum of midwives to ease recruitment into Service.

### **Betsi Cadwaladr UHB**

More Health Professional education will be delivered in BCUHB. Currently, the four fields of pre-registration nursing, midwifery, diagnostic radiography, occupational therapy, physiotherapy and physician associates' education is delivered in North Wales. From 2022, this will be increased with the addition of speech and language therapy, dental hygiene, paramedics, dietetics and operating department practitioner training. In addition, an academic hub will be created in the St. Asaph area, thus providing BCUHB with health professional education delivery in the west, central and east, close to each district general hospital.

### **Hywel Dda UHB**

Three specific nursing contracts have been developed for Hywel Dda UHB. This will result in academic delivery in both Carmarthen and, for the first time, Aberystwyth. A dispersed nurse education contract, specifically targeting Hywel Dda residents that enables the flexibility of learning and undertaking placements close to home. A new LD nursing field course has been created for South West and West Wales that should provide opportunities for more local residents to access nurse education, thus alleviating some of the pressures on application rates to this specific nursing field. For AHP's and Healthcare Science "All Wales" and South Wales provision has been diversified to, where appropriate, create contracts for South West and West Wales. These include occupational therapy, physiotherapy, ODP and diagnostic radiography. This will provide education in or closer to the Health Board and provide the opportunity for more local residents to undertake health professional education.

### **Powys UHB**

Powys UHB will also benefit from a new dedicated dispersed nurse education contract and additionally a proportion of the distance learning places will be commissioned on behalf of Powys – and open to Powys residents only. HEIW is investing in strengthening placement education facilitators in Powys to open up new, safe, quality and multi-disciplinary placement opportunities. In addition, Powys is identified separately in the relevant contract awards (for nursing, AHP's and healthcare sciences) which generates additional accountability and transparency for the Health Board in securing its workforce for the future.

The **Welsh language** is a key theme identified and the new contracts have specific Welsh language requirements for HEIs as well as additional measures that support our student body to learn and utilise the Welsh language.

These principles are now also being extended by working in partnerships with colleagues in the Deanery, and for undergraduates coming under the auspices of the Schools of Medicine, Dentistry and Pharmacy at Cardiff and Swansea Universities. Benefits include,

- Basing the requirement on the current Welsh Language Standards;
- Assessment of Students' Welsh Language Skills Levels
- Simple Online Welsh Awareness Course
- Health based online simple greetings learning for all
- Encouragement of all students to sit the Coleg Cymraeg's Language Skills Certificate

Further All Wales benefits include;

- Increased and strengthened placements opportunities in **Primary, Social and Community care**
- Delivery of a more **Local / regional approach** to commissioning
- Embedding **technologies** to enhance teaching, student support and placement preparation
- Integrating the **digital environment** into learning
- An enhanced approach to **inter-professional education**
- More **flexible and part-time routes** across many professions and more parts of Wales
- Closer **Regional Collaborative Education Consortium** working arrangements
- **Compassionate Leadership** embedded in all pre-registration education

The new **Socio-Economic Duty** came into effect on 31<sup>st</sup> March 2021 and the new Education contracts fully embrace better decision-making, ensuring more equitable outcomes. A full Equality Impact Assessment was produced in relation to this procurement in March 2020 and all elements have been addressed including:

- Supporting students from disadvantaged backgrounds
- Creation of a socio-economic funding stream and set targets to attract and support students from the most deprived areas of Wales
- Focus on contextual admissions recognising
  - Applicants that have been in care
  - Applicants who are young carers
  - Applicants residing in areas of high socio-economic deprivation
  - Applicants whose parents are not educated at Higher Education level
  - Applicants with protected characteristics underrepresented in Higher Education
- Introduced a guaranteed interview scheme
- Increased access to education in rural areas

- Increased opportunities for more support workers to enter pre-registration education
- Enhanced Student Wellbeing Services

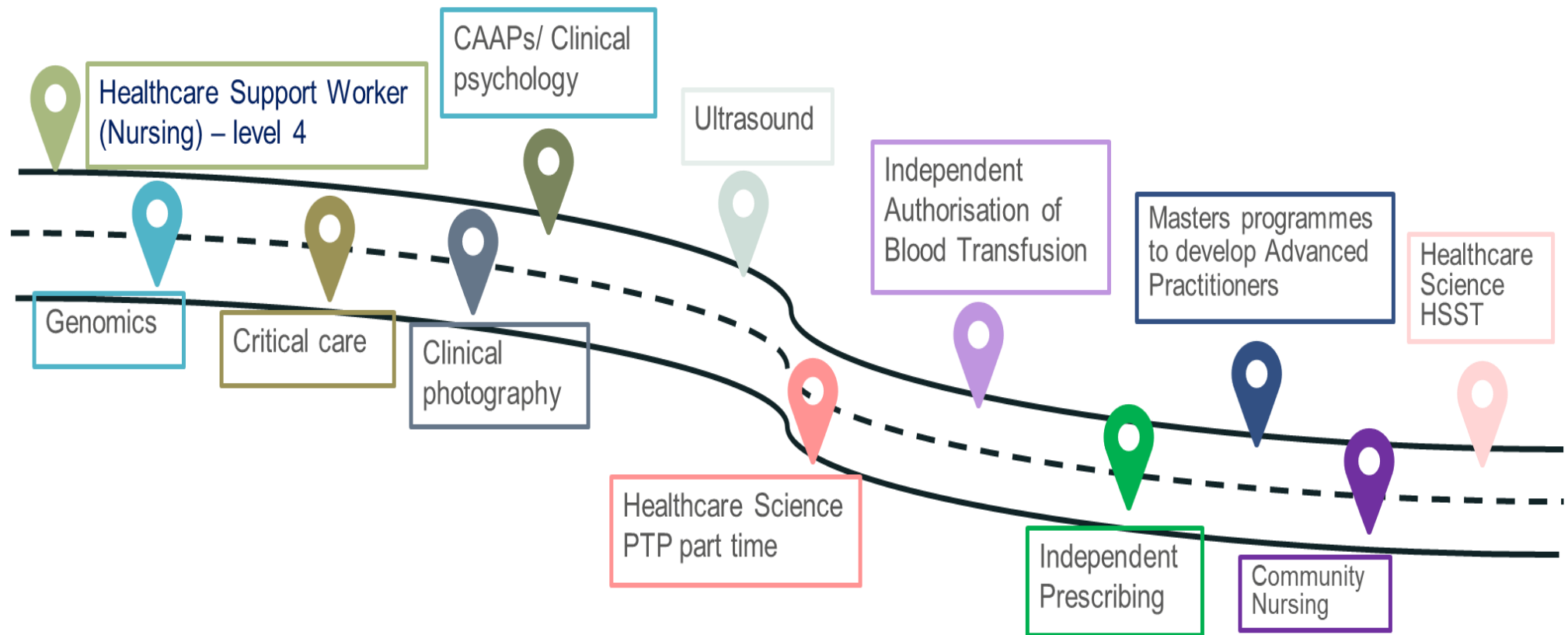
In addition, **Quality Management** has been further improved around:

- Student selection
- Embedding a stronger role for HEIW surrounding placements and the management of placement quality
- Opportunity to develop a quality framework within HEIW to cover Health Professionals, Medical trainees, Pharmacy, Dental, Optometry
- Placements
  - Quality issues
  - Opening up new placements
  - Multi-disciplinary approach
  - Opportunities in Primary Care & the community
- Enhanced Contract performance measurements, KPI's and benchmarking
- Emphasis on Return on Investment / Measuring value and impact
- Supporting new graduates assimilate into roles
- Maximise potential for usage of all education facilities within the Health Boards

HEIW believe that these aims are best achieved by working in partnership with Health Boards, NHS Trusts, Social Care Wales, Health Service Providers and with high quality, committed, and sustainable Education providers. This procurement programme is therefore designed to select high quality, appropriate Education Providers who can demonstrate delivery of quality and partnership working with the Service Providers that will allow them to meet the needs of patients.

## **Strategic Review Phase 2**

Going forwards, we are working on phase two of the strategic review of healthcare education for Wales. This will include developing contracts for healthcare support worker education and a range of postgraduate programmes. The diagram overleaf summarises the roadmap of implementation.



### Summary of Engagement Undertaken

The agreed approach for this year's plan included integration of robust stakeholder engagement. We have engaged extensively with our staff, the NHS and our wider stakeholders, including Welsh Government, in the development of this plan.

Presentations on the Education and Training Plan were made to members of HEIW's Stakeholder Reference Group (SRG), Education Commissioning Quality Committee (ECQC), Board, NHS Director Peer Group Meetings and Welsh Government Policy leads.

A summary of activity is provided below:

<b>Date of Presentation</b>	<b>Forum</b>
23 <sup>rd</sup> Feb	ECQC
25 <sup>th</sup> April	SRG
3 <sup>rd</sup> May	HEIW Board Development Session
17 <sup>th</sup> May	ETP Engagement Session for SRG members
6 <sup>th</sup> June	SRG
10 <sup>th</sup> June	Directors of Therapies
10 <sup>th</sup> June	Directors of Planning
17 <sup>th</sup> June	Medical Directors
17 <sup>th</sup> June	Directors of Finance
17 <sup>th</sup> June	Workforce and Organisational Development
21 <sup>st</sup> June	NHS Chief Executives
24 June	Council of Deans
24 <sup>th</sup> June	Directors of Nursing
27 <sup>th</sup> June	Welsh Government Policy Leads Session
6 <sup>th</sup> July	Welsh Partnership Forum
19 <sup>th</sup> July	NHS Leadership Board

Members of HEIW's SRG and ECQC were invited to provide written feedback on the working draft of the plan between 17-30 June. A total of 21 responses were received from 18 Organisations:

- Academy for Healthcare Science
- Betsi Cadwaladr University Health Board
- British Dietetic Association
- British Medical Association Cymru Wales
- Cardiff and Vale University Health Board
- Chartered Society of Physiotherapy
- Company Chemists' Association
- Community Pharmacy Wales
- Council of Deans of Health Wales
- Institute of Biomedical Science
- National Pharmacy Association
- Royal College of Nursing

- Royal College of Paediatrics and Child Health
- Royal College of Podiatry
- Royal College of Speech and Language Therapists
- Therapies and Health Science/Hywel Dda/DoTHS HEIW Strategic Partnership
- The College of Optometrists
- Social Care Wales

We have captured this feedback to action within the plan as appropriate, to support our ongoing engagement with our partners and to support the development of future plans. Opportunities have also been taken to engage with our staff on the purpose of the plan and the development process, with a presentation at our Staff Forum in May which was well-received.

## Feedback Themes

We received positive feedback on the levels of engagement on the plan, the new structure with associated content and the opportunity to work more closely with our stakeholders on its future development. The engagement displayed positive elements regarding the plan, such as the structure, focus, and the plans overall aims and objectives.

Key themes that arose from the feedback included some concerns regarding maintaining the commissioning numbers for several professions. It was also highlighted that the demand for services is expected to rise due to the effects of the COVID-19 pandemic, and, therefore, this will impact the commissioning numbers required.

The table below shows a summary of the feedback received and the action we have taken in response. Additionally individual feedback will be provided to each stakeholder who has submitted a written response.

Strengths	Areas to Improve	Actions Taken
<ul style="list-style-type: none"> <li>• This is a different plan this year which reads well and is well constructed.</li> <li>• Several broad stakeholder meetings were held.</li> <li>• Welcome the focus on wellbeing and on diversity and inclusion.</li> <li>• A robust document which clearly demonstrates HEIW's intent.</li> <li>• Well-structured.</li> <li>• Sufficient background and detail to ensure</li> </ul>	<ul style="list-style-type: none"> <li>• Disappointment in the numbers proposed for Podiatry, SLTs, Paediatrics, Learning Disability nursing and AHPs.</li> <li>• Emphasis on grow your own focus for recruitment.</li> <li>• Need to be explicit re what specialties/professions we are training in Wales and the balance between training, retention and recruitment.</li> <li>• Information to understand how staff will be trained and upskilled in the area of Equality, Diversity and Inclusion.</li> <li>• Invest and develop the nursing workforce's ability to prescribe.</li> <li>• Invest in access to CPD.</li> </ul>	<ul style="list-style-type: none"> <li>• The need for earlier engagement with partners in the process of developing the recommendations has been captured.</li> <li>• Additional information included to outline the gap between requested IMTP numbers and commissioned numbers to aid understanding.</li> <li>• Inclusion of the planning approach and process to</li> </ul>

<p>understanding of the context and the proposals.</p> <ul style="list-style-type: none"> <li>• Provides a useful reference point within the overall workforce strategy.</li> <li>• Clear, focused, and well-integrated.</li> <li>• Appreciation for the amount of work involved in the creation of the plan and represented in the plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Career pathways available for registered nurses to advance within their career.</li> <li>• Ensure infection prevention and control (IPC) education is valued.</li> <li>• Work with Stats Wales to improve the quality of NHS workforce data.</li> <li>• Spending displayed by professional group.</li> <li>• Nursing and midwifery education lead be included in planned education stakeholder activities.</li> <li>• It could be clearer whether the NHS Workforce numbers referenced on P7 are headcount or FTE.</li> <li>• Speech and language therapy HCSW included in priority funding.</li> <li>• Risk section is light and undeveloped. Make clear previous shortfalls, set in the context of recruitment challenges to lead to risk calculation in terms of future workforce shortages.</li> <li>• Educational Supervision not covered in detail.</li> <li>• Duplication in ETP and IMTP discussing issues of diversity, widening access and career frameworks. Could utilise the six strategic aims within IMTP further.</li> <li>• Wider analysis of workforce trends is required.</li> <li>• More explicit reference to the anti-racist action plan and more than Just words relevant recommendations.</li> </ul>	<p>contextualise the recommendations.</p> <ul style="list-style-type: none"> <li>• Enhanced the Foundational Economy section.</li> <li>• Inclusion of a dedicated section on the Digital agenda.</li> <li>• Adjustment of terminology e.g., ODPs taken out of the AHP section, Optometry amended to Eyecare.</li> <li>• Risk section enhanced and strengthened.</li> <li>• Equality, Diversity and Inclusion section enhanced.</li> <li>• CAAPs section reviewed.</li> <li>• Career pathways for nursing added to the appendix.</li> <li>• To discuss further in stakeholder meetings the areas of education and training that HEIW are responsible for and those where responsibility sits with others.</li> </ul>
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## Members of the Stakeholder Reference Group

Health Board/Trust Director of Nursing
Health Board/Trust Director of Therapies and Healthcare Science
Health Board Chief Pharmacist
Deputy HB Chief Pharmacist
Health Board /Trust Director of Planning
Health Board / Trust Chief Operational Officer
Health Board / Trust Director of Finance
Representative from the Council of Deans
Representative from Wales Health Student Forum (WHSF)
Representative from Wales Health Student Forum (WHSF)
Pharmacy Trainee
Dental Trainee
RCN - Representative from Welsh Health Partnership Forum (WHPF)
RCM - Representative from Welsh Health Partnership Forum (WHPF)
CSP - Representative from Welsh Health Partnership Forum (WHPF)
BAOT - Representative from Welsh Health Partnership Forum (WHPF)
SOR - Representative from Welsh Health Partnership Forum (WHPF)
Social Care Wales
Colleges Wales - Colegau Cymru (Merthyr)
Coleg Cymraeg Cenedlaethol
Coleg Cymraeg
Diverse Cymru
Welsh Council for Voluntary Action
HEFCW
Medical Schools
BMA
College of Optometrists
Royal Pharmaceutical Society
Council of Pharmacy Deans
RCSLT
RCOT (Royal College of Occupational Therapists)
RCOT (Royal College of Occupational Therapists)
RCOT (Royal College of Occupational Therapists)
CSP (Chartered Society of Physiotherapy)
BDA (British Dietetic Association)

# Developing the Strategic Mental Health Workforce Plan



**33 Actions linked to the 7 Themes of the Workforce Strategy**

1. Increased specialist MH Workforce.
2. Scenario plans to shape specialist MH workforce for the next 10 years.
3. Ensuring WFS data quality improvement projects address the needs of MH workforce.
4. Developing workforce planning tools and resources under WFS and ensuring they're fit for MH purposes.
5. Ensuring supply of trained professionals to undertake new and existing legal roles.
6. Commission work to identify and define impactful volunteering roles to inform workforce planning, education and training.
7. Implement a specialist AHP pathfinder model.

8. Commission a MH workforce survey across health & social care
9. Establish a national support service for the MH workforce.
10. Establish a network of mentors to be hosted on 'Gwella' to set a standard for MH staff mentoring.
11. Establish standards for supervisions across the wider MH team
12. Implement an accredited team manager development programme across MH service.

13. Targeted attraction campaign programmes for MH workforce
14. Use Careersville to promote MH careers aimed at all ages.
15. Implement recommendations relating to careers pathways
16. Develop guides, tools and resources to facilitate improved worklife balance and increase staff retention across health and social care.

17. Develop and roll out MH literacy training
18. Design an All -Wales resource for implementation of new, expanded and extended roles into MH multi-disciplinary teams including a peer support model for Wales
19. Initiate a project to capture the experience of people with lived experience to inform development of seamless care.
20. Increase capacity of community and primary care teams to support MH services.

31. Develop and implement an inclusive and targeted talent management pipeline for MH leadership roles.
32. Develop clinical & professional leadership solutions that align to leadership strategy for health and care in Wales and reflect the MH workforce requirements
33. Establish a MH leaders' network on Gwella and improve access to compassionate and collective tools and resources for all staff.

23. Redesign psychiatry education & training programmes.
24. Review quality frameworks for commissioned MH education & training.
25. Review qualifying training for social workers to include opportunities in MH specialisms.
26. Commission professional bodies to assess interprofessional education & training opportunities for specialist MH workforce.
27. Commission evidence-based, multiprofessional education and training frameworks in priority and specialist areas.
28. Establish a national investment fund for post-qualifying education.
29. Provide targeted national CPD across the MH workforce.
30. Develop a MH support worker education framework.

21. Assess current digital capability in the MH workforce, against the national digital capability framework to inform training needs.
22. Create a network of digital champion roles to influence and lead digital workforce transformation.



## BUILDING THE NHS WALES IMAGING STRATEGIC WORKFORCE PLAN

### Focus Area 1: Creating a strong, resilient workforce

A workforce with the capability and capacity to meet current and future demand.  
 Attractive and inclusive recruitment, retention, and employment opportunities.  
 Staff have effective IT/work station environments and support.  
 Appropriate learning and development opportunities, at all levels.

### Focus Area 2: Supporting staff to deliver services well

Flexible and seamless working models, valuing the Welsh Language.  
 An engaged, supported and valued workforce.  
 A workforce and infrastructure that is digitally ready.  
 Efficient career pathways, with staff and technological development embedded.

### Focus Area 3: Delivering a sustainable future for imaging services

Raising the profile of imaging services at all stages of the patient pathway.  
 Future knowledge and skills gaps identified through strong leadership and active succession planning.  
 A continuous training programme that future-proofs the workforce.  
 Education and learning commissioning opportunities for all levels of practice.

**RADIOLOGY FEEDBACK**  
 Get the basics right, and build an imaging workforce which is sustainable, resilient, efficient and valued.



Before Covid-19 Radiology was in a challenging position, they were seeing large increases in demand, with unsustainable or temporary capacity to meet current demand. Local IMTP Plans for Radiology were primarily short term and generally unfunded past 1 year. To coproduce a plan for the future of imaging, we developed a roadmap and ran workshops to ask the workforce their views. From these 3 focus areas emerged, with 4 key themes for each.

