

This paper is signed by:

Academy of Medical Royal Colleges Wales
British Dietetic Association
Chartered Society of Physiotherapy
College of Paramedics
Faculty of Dental Surgery
Faculty of Intensive Care Medicine
Royal College of Anaesthetists
Royal College of Emergency Medicine
Royal College of Midwives
Royal College of Nursing
Royal College of Occupational Therapists
Royal College of Ophthalmologists

Royal College of General Practitioners
Royal College of Pathologists
Royal College of Paediatrics and Child Health
Royal College of Physicians
Royal College of Podiatry
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Speech and Language Therapists
Royal College of Surgeons of Edinburgh
Royal College of Surgeons of England
Royal Pharmaceutical Society
Society of Radiographers

Bringing the clinical voice to the conversation | July 2022

Twenty-four (24) royal colleges and allied health professional (RCAHP) bodies in Wales have established a multi-disciplinary external advisory group on workforce planning, service transformation and other shared priorities. We aim to engage with and offer support to Health Education and Improvement Wales (HEIW) and the Welsh government and develop stronger ongoing relationships with strategic and operational leads in national organisations.

We welcome the recent creation of the wider HEIW stakeholder reference group as a means of disseminating information, but we believe that genuine two-way engagement could be improved by this RCAHP group working together with HEIW in a more formal way by meeting regularly at an operational level to agree shared, minuted actions, minimum timeframes for consultation, and collaborating on pieces of work where appropriate.

Royal colleges, faculties and societies are keen to work in partnership with HEIW to improve how we educate, attract and retain health and care professionals in Wales, while redesigning the future workforce. We see HEIW as the national strategic workforce body for the health service in Wales, and we see ourselves as national bodies that represent the clinical voice of thousands of health and care professionals in Wales and across the UK. We believe that urgent action is required to help the system meet rising patient need and changes in working patterns, eg more people working flexibly and less-than-full-time.

Key asks

On engagement and collaboration:

- We would welcome improved ongoing engagement and genuine collaboration with HEIW, especially around developing and implementing workforce, education and training plans. This would include regular meetings, minuted actions, minimum timeframes for consultation, and joint working where appropriate.

On data collection and workforce planning:

- We would welcome a national, clinically led, strategic and patient-centred approach to NHS workforce planning, led by HEIW in collaboration with the new NHS Wales executive.
- We would welcome the opportunity to support HEIW in strategic health and care workforce planning in the context of the implementation of the national clinical framework and the establishment of the new executive and the national clinical networks.
- We would welcome more comprehensive and transparent data collection around workforce, collected by health boards and published regularly by HEIW and DHCW. The [2020 HEIW-SCW workforce strategy](#) acknowledges that this will help to measure trends and better inform long-term workforce and financial planning.
- We would welcome an update on progress made in establishing the centre of excellence for workforce intelligence for health and social care in Wales.
- We would welcome the publication of regular, independent and publicly available assessments of current and future workforce numbers to inform strategic long-term decisions about funding, workforce planning, regional shortages and skill mix.

Our offer to HEIW

As the strategic workforce and education body for NHS Wales, HEIW should be well placed to address strategic and specialist workforce issues that individual NHS Wales bodies cannot address on their own. We would welcome more collaboration and engagement on workforce planning between HEIW and external bodies, including royal colleges, allied health professional bodies and third sector organisations. We believe this would improve transparency and accountability and create a mutually beneficial working partnership.

Furthermore, it is often said that there can sometimes be a disconnect between national policy and local delivery in Wales – the so-called ‘implementation gap’. RCAHP bodies can help to bridge this gap with a clear understanding of the operational reality for our membership working in health and care in the context of national legislation and policy set by the Welsh government.

RCAHP bodies can help HEIW and other NHS organisations to:

- develop strategic health and care workforce priorities
- advise on workforce planning and transformation
- identify workforce gaps and longer-term objectives
- suggest changes to student and trainee numbers
- recommend levels of investment in workforce education and training.

'Currently [workforce] information is collected in different ways, and direct comparison across health and social care is difficult ... However, there are opportunities to build on this at local, regional and national level, to inform future plans.

'We have made this a key action of the strategy which will be progressed with urgency.

'We recognise that we need to improve our understanding of our workforce, not only nationally but regionally and locally. We will need to develop analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity across health and social care. Some of the fundamental steps we will need to take will be to agree standardised data sets, develop a shared understanding of workforce data and jointly develop reporting arrangements, so that we turn our information into robust intelligence that will underpin decisions relating to our workforce ...

'Better workforce information and intelligence will support us to measure changes and trends, to enable us to better plan and react to these changes.

*'28 [We will] create a **centre of excellence for workforce intelligence for health and social care in Wales**. This will use high quality standardised data sets, analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity. This will facilitate benchmarking and opportunities to improve efficiency.*

'29 [We will] build capacity and capability in workforce planning and development across health and social care, underpinned by a standardised methodology. This will be based on a six-step inclusive methodology for workforce planning across health and social care.

(HEIW and Social Care Wales: [A healthier Wales: Our workforce strategy for health and social care](#), 22 October 2020)

Learning from elsewhere

Best practice case study: AHP professional bodies forum in England

A professional bodies forum chaired by the national AHP lead for Health Education England meets fortnightly to discuss shared priorities and opportunities to work together across AHP groups (a recent example being the development of enhanced care apprenticeships).

Best practice case study: Developing the mental health workforce plan in Wales

Royal colleges lobbied HEIW to be more involved with the plan, pointing out the unique perspectives of different professional groups within mental health. The royal college mental health expert advisory group (RCMHEAG) was established in July 2021 and has helped to raise collective issues and opportunities while allowing follow up action with individual organisations. The plan has been strengthened and promoted by royal college involvement, and the RCMHEAG believes that HEIW now better understands the role of the royal colleges in developing workforce strategies. HEIW has committed to work in partnership with key organisations and recognises that the plan must be 'owned' by everyone. The group provides a single point of contact for HEIW and NHS organisations and allows HEIW to access the independent clinical voice in a more accessible and transparent way.

Best practice case study: Quality management visits in Scotland

To improve the quality of postgraduate medical education and training in Scotland, NHS Education for Scotland (NES) organise quality management visits to assess the training provided by local education providers or within a particular training programme. Royal colleges actively participate in these visits, with representatives identifying and promoting areas of good practice as well as shaping the introduction of measures to develop and improve training.

For more information, please contact:

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How do RCAHP bodies collect workforce from their membership?

The **Royal College of Anaesthetists** do a full census roughly every 5 years. [The last one was in 2020](#). They are currently running a mini census covering some headline questions for clinical directors for anaesthesia. They recently published [a State of the Nation report](#) which includes workforce projections by nation up to 2040.

The **Royal College of Emergency Medicine** is currently running a census in Wales based on emergency department data and responses from clinical leads, asking about staffing numbers, shift patterns, expected retirements, unfilled posts, locums, and ideal staffing levels for the future etc. This is the first Welsh census, and they hope to run it every two years. Data will be published in a report. The head of school for emergency medicine sits on the RCEM Welsh national board.

The **Royal College of General Practitioners** runs an annual tracker survey that is sent to all GP members across the UK. They also run occasional additional surveys on an ad-hoc basis.

The **Royal College of Nursing** produces a yearly [nursing in numbers report](#), which provides information on the nursing workforce in Wales, and a yearly UK labour market review which analyses trends in the UK nursing workforce. The RCN biennial employment survey has been running since the 1980s and provides an insight into nursing stratification and working conditions. The RCN also produce a biennial 'last shift' survey that provides further insight into the nursing workforce. Both survey findings are broken down by nation.

The **Royal College of Occupational Therapists** carries out a survey every year and has sent in FOI requests for workforce numbers in the past. However, they have concerns that the data gathered by NHS organisations is not comprehensive or detailed enough for effective workforce planning.

The **Royal College of Physicians** runs an annual census of consultant physicians and higher specialty trainees (soon to cover SAS doctors) across the UK (broken down by nation) in collaboration with the Royal College of Physicians in Edinburgh and the Royal College of Physicians and Surgeons of Glasgow, and they run an annual census of physician associates on behalf of the Faculty of Physician Associates. The RCP medical workforce unit works with the GMC, Health Education England and specialty societies to ensure data is as accurate as possible and they [make census data available on their website in toolkit form](#) for anybody to use. They survey trainees who have completed their higher specialty training on an annual basis to find out about the transition from trainee to consultant and they run ad-hoc snapshot membership surveys (including monthly surveys during the height of the pandemic). Their long-term aim is to work more closely with NHS Wales bodies.

The **Royal College of Psychiatrists** undertakes a workforce census every two years, most recently reporting in December 2021. They also run national clinical audits, commissioned by HQIP through their college centre for quality improvement (CCQI). The CCQI also regularly collects workforce and service review data as part of the standards and QI network programme. The head of school of psychiatry is a member of the Wales executive committee.

The **Royal College of Radiologists** runs annual workforce censuses for clinical oncology and clinical radiology at a health board level. Most of their data is accessible through their website. They also share data with various stakeholders – cancer charities, networks, NHS etc. They have a relationship with their HEIW head of school.

The **Royal College of Speech and Language Therapists** is currently investing in new software which will enable them to share data at a health board/local authority level (updated annually) with HEIW. They have carried out surveys in the past, and they have worked with the [Health and Care Professions Council](#) (HCPC) and the [Higher Education Statistics Agency](#) (HESA). They have a strong relationship with higher education institutions (HEIs) and local health boards.

The **Royal College of Surgeons of Edinburgh** works with the Joint Committee on Surgical Training (JCST) to collect data on trainees. They run an annual membership survey and monthly snapshots with members and fellows. They have no formal links with their HEIW head of school or the executive team.

The **Royal College of Surgeons of England** is in the early stages of planning a workforce audit.

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