

**Agenda Item 6 (2)**

**Enclosure 4**

**Paper ETC37/02**

## **Education and Training Committee**

**HUMAN RESOURCES (H. R.) IN THE N.H.S. PLAN**

**From : The Executive**

**for information**

## **Executive Summary**

This paper has the status of an announcement by the Secretary of State for Health and is not a consultation paper. It relates to England only.

It contains several references to HPC and the regulated health professions in the contexts of commissioning education and training (and workforce planning), modernising and extending regulation.

It does not, however, extend the scope of the original announcements made in the NHS Plan in July 2000.



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## HR in the NHS Plan

### Introduction

The *HR in the NHS Plan* is not just a document for Human Resources (HR) departments. All NHS staff can contribute to its aims and benefit from its outcomes.

The *HR in the NHS Plan* builds on the commitments set out in the NHS Plan, a ten year reform programme that was published in July 2000. It outlines how the NHS should become the employer of choice (a model employer) and offer a model career to staff and proposes a strategy on how to achieve that vision. Many of the ideas it contains are not new - in fact many of the initiatives outlined are already happening in parts of the NHS. The aim now is to make them all happen in every part of the NHS.

The NHS plan set two major and challenging workforce objectives: to achieve a significant increase in staff numbers together with a major redesign of jobs.

To meet these challenging objectives the *HR in the NHS Plan* is built on four pillars:

- Making the NHS a model employer
- Ensuring the NHS provides a model career through offering a *Skills Escalator*
- Improving staff morale
- Building people management skills.

### More staff working differently

Increasing the number of NHS staff is key to improving patient care. The NHS Plan set out a series of workforce targets to be achieved by 2004:

- 7,500 more consultants than in 1999
- 20,000 more nurses
- 2,000 more General Practitioners (GPs)
- 6,500 more therapists and other health professionals.

We are already on the way to delivering these but *Delivering the NHS Plan* published after the April 2002 budget announcement set further expectations saying that by 2008 the NHS will have at least 15,000 more consultants and GPs, 35,000 more nurses, midwives and health visitors, and 30,000 more therapists and scientists than in 2001.

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Delivering these targets will require concerted action both nationally and locally where Workforce Development Confederations have a key role to play. As well as increasing the numbers of staff in training we need to recruit more staff both at home and from abroad to work in the NHS. We also need to retain the staff who already work in the service. To do this we need to make the NHS an attractive place to work and enhance its reputation as an employer. More than 40,000 people responded to last year's recruitment campaign for new and former staff and this year's campaign targeting returners has been very successful. Recruiting from overseas has also been an important way of filling the gap in numbers needed in recent years.

Modernising the way services are delivered means redesigning jobs around the needs of patients. Redesigning roles means encouraging all staff to review current ways of working to ensure that the patient's needs are met as well as making the most effective use of the skills of staff. Examples of re-designing roles include a new grade of assistant practitioner, trained to undertake some tasks currently carried out by radiographers, which is being piloted within the National Breast Screening Service and radiography services.

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**HR in the  
NHS Plan**

**More staff working differently**

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# Foreword by the Secretary of State for Health

Two years ago the *NHS Plan*<sup>1</sup> was published and this Government committed itself to an ambitious programme of reform in the NHS. All of us recognise that world class health care requires investment and the Government's continued commitment to the Health Service is demonstrated not least by the recent increase in NHS funding announced in April.

The Budget secured the position of the NHS. After decades of lagging behind our continental neighbours, the NHS is now the fastest growing healthcare system of any major European country.

This stability is offered at a time of change, but a change that is necessary. The NHS cannot be run from Whitehall yet it can – and should – be run by those at the very heart of delivering healthcare. While the Department will continue to set the strategic framework and national standards, the real power and resources will move to the NHS frontline.

Increasing resources, based on the 'something for something' principle, will help the health service implement a sustained programme of expansion. We need to work together to get the staff, the buildings and the equipment that the NHS needs and that patients deserve.

There is still much to be done to ensure that we see a return on this extra investment but it is very encouraging to see that just two years into our ten year reform plan, substantial improvements are being made. Last year saw the biggest

<sup>1</sup> The NHS Plan. Published 2000.

increase in the nursing workforce on record. Waiting times are down and the largest building programme is underway.

Workforce underpins the modernisation agenda. That is why the *HR in the NHS Plan* is both important and timely. The document lays out clearly the significant contribution that human resources management can make to patient care. In addition for the first time, the *HR in the NHS Plan* brings all the workforce initiatives together and explicitly links the benefits to be had by staff and patients alike.

For frontline staff, this document outlines how and why employers should ensure that all staff are offered both a model career and model employment practices. For managers, this document represents a challenge.

The benefits of delivering the principles outlined in this document are plain to see.



**Alan Milburn**  
**Secretary of State for Health**



# Introduction by Andrew Foster Director of Human Resources

*The NHS Plan* set out a vision of what the NHS must become over the next ten years, with faster, more accessible services based on patient needs. Delivering this depends crucially on the efforts of the biggest workforce in Europe – the more than one million people employed by the NHS.

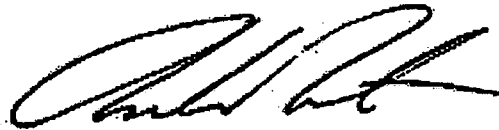
*The HR in the NHS Plan* builds on the *NHS Plan*, setting out a comprehensive strategy for growing and developing the NHS workforce to meet the challenges in the NHS Plan.

Achieving this will depend on the concerted efforts of everyone who works in the NHS, from frontline staff to management and board members to NHS stakeholder organisations. HR professionals have their part to play managing, motivating and developing staff but providing the highest possible standards of care and patient experience is everyone's business.

The strategy includes a number of outline action plans that sketch out the action needed to turn the rhetoric of the strategy into reality. But these outline plans are high level and do not yet have resources attached to them. These will become clearer later in the year and in the Autumn we will publish a further document, "*Delivering the HR in the NHS Plan*," setting out firm action plans for delivery.

It is clear, however, that although delivering the principles in this document does not just rely on the efforts of HR professionals, they will not be delivered unless the status of HR is raised within the NHS. HR management should be at the forefront of delivering this document – demonstrating "HR with Attitude."

Many of the features of this strategy are already happening in some NHS organisations. We want to see them happening everywhere, delivering consistently excellent standards in every part of the NHS. I hope that managers and staff alike see this document as setting the direction for what we need to achieve if we are to build an NHS that is a first class employer, offering first class care to patients.



**Andrew Foster**  
**Director of Human Resources for the NHS**

# Aims and Objectives

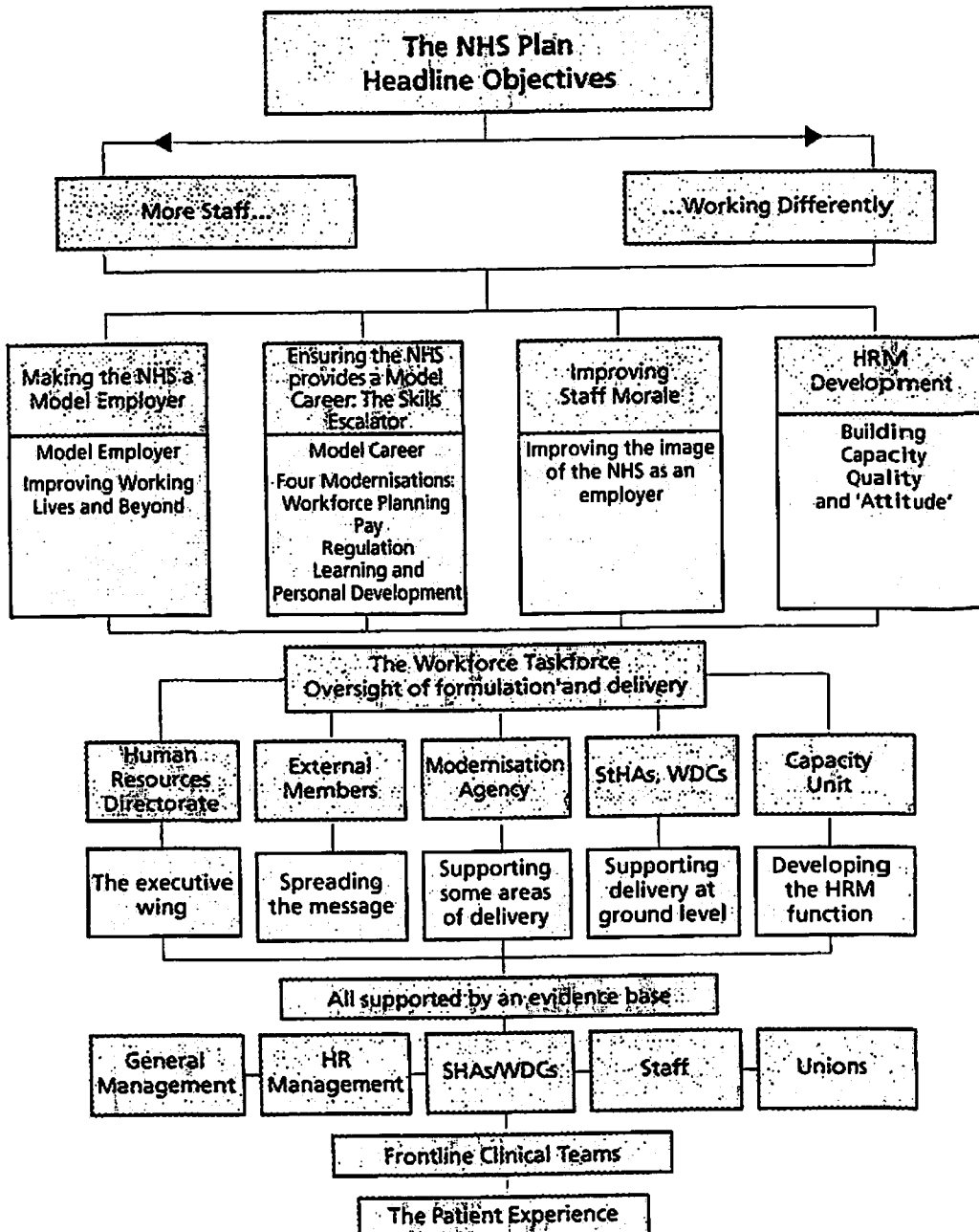
## Aims and Objectives

- 1.1 Two overarching and ambitious objectives underpin both the NHS Plan and this strategy: a major expansion in staff numbers and a major redesign of jobs. Both of these objectives are challenging. Unemployment is at its lowest for over a quarter of a century, and many employers, in both the public and private sectors, are recruiting. The NHS' public image has been unfairly mauled in the media, yet we must persuade huge numbers of young people that the NHS does offer a very attractive career. We need to be able to demonstrate that working for the NHS gives staff stimulating and varied careers and that as employers we will treat them well.
- 1.2 Redesigning jobs will be equally challenging. We need to build jobs round patients, rather than round professions and to reduce the '*Procession of Faces*' the patient sees, by creating smaller integrated teams, specialising in their particular patient or disease treatment.
- 1.3 To meet these challenging objectives the *HR in the NHS Plan* is built on four pillars:
  - Making the NHS a *model employer*
  - Ensuring the NHS provides a *model career* through the concept of the *Skills Escalator*
  - Improving *staff morale*
  - Building *people management skills*

- 1.4 The *model employer* must embrace best policies, practices and facilities.
- 1.5 A *model career* is one in which there is an expectation of lifelong learning and development, with opportunities for advancement and progression. The *Skills Escalator* encapsulates this approach. Staff are encouraged and assisted to move up the escalator by renewing and extending their skills and knowledge. At the same time roles and workload are delegated down the escalator, generating efficiencies and skill-mix benefits.
- 1.6 Improving *staff morale* is too often regarded as unnecessary or impossible. Poor morale stems from many factors – for instance, increasing workloads, poor management, fear of litigation and growing patient expectations – but much can be done to understand the causes and take steps to tackle them.
- 1.7 Good human resources management is crucial to delivering cultural change. We intend to develop *people management skills* by building the capacity and skills of the human resources function. The aim is not just to develop human resources knowledge and skills but, as David Ulrich<sup>2</sup> describes it, to have ‘Human Resources with attitude’, a function with the confidence to insist on people-based solutions to NHS problems.
- 1.8 Finally, the *HR in the NHS Plan* will not succeed unless it connects directly with staff and involves them in its implementation. There must be strong long-term partnership with the unions, regulatory, educational and other staff and professional organisations to reach frontline clinical teams. Promoting learning, leadership and devolved management to small teams is the major factor in organisational effectiveness. We intend this to be the hallmark of the NHS.

<sup>2</sup> David Ulrich, Professional of Business Administration, University of Michigan

## Schematic of the HR in the NHS Plan



# More Staff – Working Differently

- 2.1 Health and social care has changed radically in recent years with a huge increase in patient numbers and patient expectations. Delivering improved patient access and choice, shorter waiting times, and improved standards of care needs more staff working in different ways.
- 2.2 We have already made considerable progress in delivering this but there is more to be done.

## More staff

- 2.3 The NHS Plan set targets for staff increases in key groups by 2004.
- 7,500 more consultants and 2,000 more GPs;
  - 20,000 extra nurses and over 6,500 extra therapists;
  - 5,500 more nurses and midwives trained each year;
  - 4,450 more therapists and other key professional staff trained;
  - 1,000 more medical school places on top of the 1,100 already announced (by 2005);
  - 550 more GP Registrars and 1,000 more specialist registrars.
- 2.4 We are already well on the way to delivering these – indeed we have hit the 20,000 more nurses target two years early. *Delivering the NHS Plan*<sup>3</sup> has now set

<sup>3</sup> Delivering the NHS Plan. Next steps on investment, next steps on reform. Published 2002.

further ambitious targets for staff increases, that by 2008 the NHS will have at least 15,000 more consultants and GPs, 35,000 more nurses, midwives and health visitors, and 30,000 more therapists and scientists than in 2001.

- 2.5 Delivering these targets will require concerted action both nationally and locally and Workforce Development Confederations have a key role to play. To help with this we need to ensure that the NHS is seen as an attractive place to work. We need to ensure that all our current staff are ambassadors for the NHS. We need to enhance the reputation of the NHS as an employer committed to equality and positive recognition of diversity to attract people from a wide range of backgrounds and communities into, or back into the service. And we need to invest in retaining existing staff. Becoming a model employer with a model career is central to these objectives.
- 2.6 As well as increasing the number of staff we train – and providing more flexible arrangements for training – we will need to continue to recruit staff from overseas, building on our current successful initiatives. It will, of course, be important that we are sensitive to the needs of developing countries and our code of international recruitment practice, published last October, is now internationally recognised as the model approach.<sup>4</sup>
- 2.7 We need to ensure that staff we train move quickly into permanent jobs. We are developing a range of measures to improve the rate at which GP registrars convert to GPs as well as encouraging others to return to practice. And we are working with the NHS and post-graduate deaneries on ways of helping ensure that specialist registrars and others are given the information and support they need to move into consultant jobs.

## Working Differently

- 2.8 Increasing the supply of staff working in the NHS through recruitment and retention will not be sufficient on its own to meet the projected demand over the next few years. Meeting the demands of the NHS Plan needs staff to work more flexibly, enhancing patient care and improving productivity.
- 2.9 The foundations for this have already been laid. *Making a Difference*<sup>5</sup>, published in 1999, set out our plans to extend the roles of nurses, midwives and health visitors. Already over 700 new nurse consultant posts have been agreed out of the 1,000 promised by 2004. *Meeting the Challenge*<sup>6</sup> – the strategy for allied health

<sup>4</sup> Code of practice for NHS employers involved in the international recruitment of healthcare professionals. Published 2001.

<sup>5</sup> Making a difference, strengthening the nursing, midwifery and health visiting contributions to health and health care. Published 1999.

<sup>6</sup> Meeting the challenge a strategy for the allied health professions. Published 2000.

professionals and *Allied Health Professions – Building Careers*<sup>7</sup> were launched in November 2000. *Making the Change*<sup>8</sup> – the strategy for the health care science workforce, was published in February 2001. These all stress the importance of using the skills of staff to the maximum extent possible and commit us to appointing 250 new AHP consultants by 2004. In addition a new grade of assistant practitioner, trained to undertake some tasks currently carried out by radiographers, is being piloted within the National Breast Screening Service and therapeutic radiography services. We plan to have 1000 GPs with special interests taking referrals from fellow GPs in areas such as ophthalmology, orthopaedics, dermatology and ENT by 2004.

2.10 But modernising jobs goes beyond simply creating new roles. It needs to start from the needs of patients and the public and identify the skills needed to treat and care for them and who has those skills, rather than starting from traditional professions and roles. The Changing Workforce Programme is central to this work. It will provide the initiatives and supporting tools to help NHS organisations develop new roles through skill mix changes, expanding the depth and breadth of jobs, and shaping tasks and skills around particular client needs. The Changing Workforce Programme provides organisations with a ‘whole system’ approach to making these changes. There are currently 13 pilot sites testing job redesign and identifying and overcoming the blocks to successful implementation. The success of the pilots is measured by improved patient care, enhanced work experience and staff retention, reduced vacancies and staff wastage and contribution to the *Skills Escalator* concept. In addition a Toolkit for Local Change has been developed and more than 150 NHS leaders have been trained to use it and the sharing of good practice is being encouraged through the *Workforce Matters* series of themed guides and the *Role Redesign Database*.

2.11 Plans are now being made to provide support to NHS trusts in using the Toolkit for Local Change, to set up an accelerated development programme, and for a scheme to help trusts pump-prime a major redesign of work roles within their own organisation, based on lessons learned from the current pilot sites.

7 Allied Health professions, building careers, capturing the contribution of people in the allied health professions. Published 2000.

8 Making the change: a strategy for the professions in healthcare sciences. Published 2001.



## Outline Action Agenda

Action	Delivered by	Timescale
1. Continue to support organisations in role redesign to include: <ul style="list-style-type: none"> <li>● Toolkit for Local Change</li> <li>● Publications of series of Workforce Matters themed guides</li> <li>● Publish learning tools from Phase 1</li> </ul>	CWP	Ongoing  Ongoing By March 2003  September 2002
2. Seek advice on role re-design from CWP	NHS Organisations	Ongoing

# The Skills Escalator

- 4.1 *The Skills Escalator* underpins our approach to developing exciting and innovative careers in the NHS.

## The Vision

- 4.2 Our vision is of a modernised NHS in which staff have a range of options for developing and extending their careers, supported by high-quality learning and development opportunities. *The Skills Escalator* is at the heart of this. It provides a dynamic approach to supporting career potential and development. Staff are encouraged through lifelong learning to renew and extend their skills and knowledge so they can move up the escalator. At the same time roles and workload pass down where appropriate, giving greater job satisfaction, and generating efficiency gains.
- 4.3 The skills escalator provides benefits for employers, staff and communities alike. For staff, it provides opportunities to develop their careers at any point in their working lives. Age, background or qualifications will not hinder those with the potential and will to progress. By stimulating people with new challenges we hope to produce more dynamic career pathways, reducing the potential of stagnation occurring at any level of the career ladder. Staff will be better placed to take advantage of job openings that occur because of staff turnover and new or increased demand for a service.
- 4.4 Employers benefit from a structured programme of skills development and acquisition that supports the recruitment and retention of staff, developing them to fill posts traditionally hard to cover. They can also ensure that work is done by people with the most appropriate levels of skills and knowledge.

4.5 Individuals and communities also benefit. The socially excluded, older people and unemployed people can find work, and existing staff can develop and enhance their skills to take on new and more challenging careers. There is a dual benefit of increasing the NHS workforce and its diversity, while helping groups with poorer health, to break the vicious circle linking poverty, ill health and unemployment. Huge opportunities exist to expand this further, working with local government and major local employers.

### Where we are now

4.6 We are already putting in place some of the changes needed to support the skills escalator. New access or re-entry routes to professional careers such as cadet schemes and role conversion are being introduced alongside traditional entry paths to attract people from other careers, from local communities and sections of the population which have been under-represented in the NHS workforce.

4.7 Under *Agenda for Change*<sup>15</sup>, our plans for pay modernisation, employers will be able to fit new jobs into a national framework using a new NHS job evaluation scheme. This will make it easier for employers to introduce new roles and help prevent artificial career ceilings, while maintaining a fair and consistent relationship between pay and job weight. Where staff take on significant new roles and responsibilities they should be rewarded for doing so. There will also be a common language for describing the knowledge and skills required for NHS jobs. A 'career map' is being developed, identifying different skill levels across the range of NHS careers.

### Next steps

4.8 Reaping the benefits from the Skills Escalator requires an integrated approach to modernising pay, learning and development, regulation and workforce planning, and more detail on work in these areas is set out in the following sections.

### Outline Action Agenda

Action	Delivered by	Timescale
The Skills Escalator concept will be further developed as a strategy, we will test elements of the strategy and publish and promote good practice	DH, OGDs, NHSU, WDCs, NHS Employers, Trades Unions and professional organisations	Existing good practice published by Sept 2002 Further development and evaluation by mid 2003

15 *Agenda for Change. Modernising the NHS Pay System. Published 1999.*

# Modernising Learning and Personal Development

6.1 Opportunities for staff to learn and develop their skills throughout their working lives are critical to delivering the changes we need to see in the ways in which staff work together and for patients. Our plans were set out in detail last November in *Working Together-Learning Together – A framework for lifelong learning in the NHS*. The key elements of our approach include:

- the development and application of the *Skills Escalator*,
- strengthening health and education sector partnerships, and
- the commitment to establish the proposed *NHS University (NHSU)* by 2003.

6.2 Delivering this means we need to re-design established education and training programmes to ensure more flexible and accessible learning, transferable skills and career pathways; develop the NHSU so that it reaches out to as many staff as possible; and commission learning programmes which reflect new role developments, support patient focussed care and service change. To do this we need to ensure that every NHS organisation has in place:

- a robust learning and development strategy capable of being regularly evaluated and monitored;
- local champions and locally agreed arrangements with staff and trade union representatives for 'protected time' to learn; and
- arrangements for learning to be increasingly accessible in the workplace

- 6.3 The principles of modernising learning apply to all, from individuals considering working in the NHS through to those who have worked in the NHS for many years. We now need to take these proposals forward and turn the principles into reality.

## Future and existing employees

- 6.4 A systematic commitment to future employees, offering high-quality career counselling and careers information is an important element in attracting people to work in the NHS from more diverse backgrounds and to promoting the skills escalator strategy from the earliest stages. 'Taster' or employment orientation experiences should be offered to the unemployed or people unsure of their career options, leading to starter jobs linked to structured and flexible learning and skills development. All new employees should have a robust corporate induction programme covering core skills and knowledge.
- 6.5 All staff must have wide-ranging opportunities to enable them continually to update their skills. In order to unlock talent and realise the benefits of the *Skills Escalator*, Workforce Development Confederations will work with employers and other partners such as the NHSU, the Sector Skills Council for Health and Learning and Skills Councils to ensure that our commitments about access to literacy, numeracy and language skills development, vocational qualifications, post graduate education and management and leadership development are taken forward. All learning programmes should increasingly take innovative forms to cater for diverse learning needs and styles.
- 6.6 Additional investment is already benefiting many thousands of staff without professional qualifications through access to *NHS Learning Accounts* and *National Vocational Qualifications*. The development of *National Occupational Standards* is central to this. They play an important part in defining new roles and skills emerging from the Changing Workforce Programme, the public health workforce agenda and *National Service Frameworks*. There are also critical links between these and other relevant standards and the *Knowledge and Skills Framework* to support pay modernisation.

## **Students and professionals in training**

- 6.7** Programmes for those in training or professional education are increasingly reflecting the changes set in train through strategies for nursing and midwifery, allied health professions and healthcare scientists. Key features include new access routes through cadet schemes and NVQs, more flexible curricula, opportunities to step off and back on to programmes, more inter-professional learning and more emphasis on accrediting prior and experiential learning. New avenues into medical education are being developed alongside increases in medical school places. We are developing proposals for more systematic training and development opportunities for senior house officers and Postgraduate Deans are exploring opportunities for junior doctors in training to learn with other professions. In addition we are working with colleagues in higher education to ensure that through more sensitive recruitment, selection and curriculum development approaches, the NHS secures a future health professional workforce reflecting the diversity of the community it serves. And we are putting in place a core curriculum for communication with patients, families and carers.
- 6.8** Increasingly we need to see students from different professions learning together and we are funding four leading edge Higher Education Institution/Workforce Development Confederation partnership sites to take forward and share learning arising from radical developments in inter-professional pre-registration education. We are also developing an inter-professional framework for post-registration education and CPD through collaborative work with higher education, employers, Postgraduate Deans, Workforce Development Confederations, regulatory and professional bodies.

## **NHSU**

- 6.9** The NHSU will work with and through its partners to ensure learning and development translates directly into benefits for patients as well as for staff and organisations. Its role will be to support lifelong learning and the skills escalator strategy through tackling variations in access to learning and quality, through the delivery of modern and blended forms of learning including e-learning with face to face support, and through a more corporate and co-ordinated approach to learning provision. Part of its early portfolio of learning programmes will be a corporate approach to induction. There will be opportunities for staff to shape the future NHSU agenda and learning portfolio through conference events and roadshows.

- 6.10 We are also working with the health, social and education sectors to develop *Health and Education Sector Partnerships (HESPs)*, which will support the establishment of national and local agreements on workforce objectives across health care, public health, learning and research. We will issue an enabling framework to support the local development of HESPs. At the same time, we are reviewing national advisory mechanisms which will need to reflect the multi-disciplinary and whole workforce agenda set out in *Working Together – Learning Together* and delivery of the NHS Plan.
- 6.11 In summary, investment in, and modernisation of, learning and development will ensure care is provided by competent and skilled professionals and support practitioners – working effectively together, placing patients at the centre of care plans and delivery. Public and patient safety and protection will be enhanced through staff whose skills are updated, refreshed and extended in line with changes and advances in knowledge.
- 6.12 For staff, lifelong learning which is valued and recognised will be highly motivating, increase job satisfaction and career opportunities through the skills escalator strategy. Staff will see their employer's commitment to investing in them and through systematic appraisal and personal development plans, they will know what is possible for them.

## Outline Action Agenda

Action	Delivered by	Timescale
Achieve the actions set out in <i>Working Together – Learning Together</i> , pages 59 – 64	DH, Workforce Development Confederations, NHSU, Sector Skills Council for Health (SSC) and employers, working in partnership with regulatory and professional bodies, education providers and individuals	2002 through 2005
An enabling framework for new <i>Health and Education Sector Partnerships</i> will be published, and working arrangements will be evaluated	DH, DFES, StHAs, WDCs, education providers, SSCs, LSCs	during 2003 by 2005/6
Establish the NHSU	DH, WDCs, education providers, NHS employers, trades unions, regulatory, professional and statutory bodies	By summer 2003
Modernisation of pre-registration education will be evaluated	DH	By 2005/6
The Department will work collaboratively to promote coherent credit and competency frameworks which support access to qualifications; new role developments, work-based learning; post-registration education and CPD; and the <i>Skills Escalator</i>	DH, NHSU, WDCs, Postgraduate Deans, Regulatory and professional bodies, trades unions and professional organisations, UUK, HEFCE, SSC, LSC	By 2005/6



# Modernisation of Professional Regulation

**7.1** Protecting patients is at the heart of professional regulation. Our comprehensive programme for modernising the current arrangements, together with the NHS' own quality assurance arrangements and effective employer checks and support for staff development, aims to assure patients and the public that the staff treating them are fully qualified and skilled for the work they do. Our reform programme is based on ensuring regulatory bodies are more accountable, open and transparent, responsive to change and operate with greater consistency of approach and with better integration between them.

**7.2** Professional regulation covers education, registration, training, and continuing professional development and revalidation. It also includes setting standards for entry into the profession, and determining people's fitness to practise. It needs to be flexible to assist new job design and to support the new roles which are being developed in the NHS; help movement up the *Skills Escalator* by recognising training avenues for different staff groups; and break down traditional hierarchies.

## Where we are now

**7.3** Self-regulation has been a cornerstone of the NHS since its inception, yet recent events such as the Bristol Inquiry and the Alder Hey scandal have highlighted the need for effective systems. The Government is committed to self-regulation, but a system strengthened by modernisation of its practices and reform of its statutory basis. Its objectives were set out in *Supporting Doctors, Protecting Patients*<sup>16</sup> in November 1999. They include clarity of standards, maintaining public confidence, transparency in tackling fitness to practice, and responsiveness to and protection

<sup>16</sup> *Supporting Doctors, protecting patients, a consultation paper on preventing, recognising and dealing with poor clinical performance of doctors in the NHS in England 1999* Publication.

of patients. The NHS Plan built on this by setting out clearly the need for the regulatory bodies to change so that they:

- are smaller, with much greater public and patient representation
- have faster, more transparent procedures
- develop meaningful accountability to the public and the health service.

7.4 It also proposed a new Council to co-ordinate approaches across the various bodies.

7.5 A new *Council for the Regulation of Healthcare Professionals* is being established. Bringing together a patient and NHS majority with people from the existing regulatory bodies, it will help the regulators to build a common framework which explicitly puts patients first, allows for robust public scrutiny and promotes consistency between different professions.

7.6 *The NHS Plan* also supported the extension of statutory self-regulation to support workers who increasingly have significant day-to-day contact with patients. Some healthcare scientists and other unregulated professionals are working towards that. However it might prove expensive and unnecessary for all staff. Instead a range of systems, some operated by employers, designed around roles and responsibilities and the training and skills needed in a patient-centred NHS are being considered.

7.7 The new *Health Professions Council* will help to extend professional regulation. It will be able to take on new groups of staff who are currently not subject to statutory regulation. Other regulatory bodies, such as the *General Dental Council*, may also take on new groups. These will bring into registration new staff titles, reflecting new training and qualifications and new sets of competencies.

7.8 Regulation must cover newly-emerging hybrid roles. The regulatory bodies will all need to recognise that their existing registrants' professional roles will be changing, so that they take on roles demanding competence in areas where standards have been set by another regulatory body. The regulatory bodies will therefore need to co-operate with each other so that the same standards can be applied to the same functions carried out by staff regulated by different bodies.

7.9 The Health Professions Council and the new *Nursing and Midwifery Council* have a statutory duty to co-operate with other regulatory bodies and with education providers and employers of healthcare professionals. This helps greatly in setting cross-professional common standards of competence. Established in April 2002, they are significantly smaller than their predecessors, and have flexibility to

streamline current procedures. The statutory duty to co-operate is a model we expect to follow when legislating about the other regulators in future.

- 7.10** *The National Patient Safety Agency* is implementing changes which will protect patients and support staff by minimising the possibilities for human error. For instance, clearer labeling of drugs can help reduce dispensing errors and over-dosage, and tightening the procedures can minimise risk of mistakes surrounding spinal injections.
- 7.11** *The National Clinical Assessment Authority* is now in place providing a support service to NHS health authorities and primary care, hospital and community trusts, the Prison Health Service and the Defence Medical Services when they are faced with concerns over the performance of an individual doctor. In order to help doctors in difficulty, the NCAA provides advice, takes referrals and carries out targeted assessments where necessary. Once an objective assessment has been carried out, the NCAA will advise trusts or health authorities on the appropriate course of action. The NCAA complements the work of regulatory bodies and seeks to promote and support local systems for resolution of concerns about a doctor's performance.
- 7.12** The Government has published proposals for the reform of the *General Medical Council* which include an overhaul of the fitness to practise processes; and the introduction of revalidation for doctors.
- 7.13** It is also publishing plans for compulsory continuing professional development in dentistry and for bringing complementary workers in dentistry into formal regulation. *The General Dental Council* will be smaller and have a higher lay membership.
- 7.14** Proposals are being developed for mandatory continuing professional development for opticians and for the modernisation of performance review and fitness to practise.
- 7.15** Reform of pharmacists' fitness to practise (and possibly the introduction of revalidation) is also being considered.

# Modernising Workforce Planning

- 8.1 *The NHS Plan* vision of a modern and dependable health service requires us to make the best use of all staff and their skills. Achieving this needs a fully-integrated system of workforce planning and development which is simple and transparent, with clear lines of accountability, full involvement of all key players and communication of objectives, feedback and achievement, to and from the service.
- 8.2 We have put in place new workforce planning structures and funding arrangements both nationally and locally, following the recommendations in *A Health Service of all the Talents*<sup>17</sup>.
- 8.3 The new arrangements bring together:
- bottom-up planning from stakeholders represented in the *Workforce Development Confederations* and their partner *Postgraduate Deaneries*,
  - top-down planning from the *National Workforce Development Board*, and the *Workforce Numbers Advisory Board* and
  - patient pathway planning across the whole service by *Care Group Workforce Teams*.

<sup>17</sup> A health service of all the talents developing the NHS Workforce Consultation document on the review of workforce planning. Published April 2000.

- 8.4 Locally *Workforce Development Confederations* are the key bodies for workforce planning. They bring together NHS and non-NHS employers to plan and develop the workforce, working to increase numbers, improving training and education and ways of working, and ensuring the retention of staff by enhancing working life. There is widespread support within the NHS, and beyond, for these inclusive organisations.
- 8.5 The *National Workforce Development Board*, in close association with the *Workforce Taskforce*, provides a national forum for stakeholders to provide a strategic oversight of the workforce strategy required to deliver the NHS Plan. It takes advice from experts on the *Workforce Numbers Advisory Board* on the numbers of undergraduate and postgraduate training commissions for all staff groups, and from the seven *Care Group Workforce Teams*.
- 8.6 *Care Group Workforce Teams* take a national view of the workforce issues in their care areas, looking across all staff groups and all sectors. They will explore and identify different ways of training, educating and deploying staff to deliver improvements in services, and to the working lives of the healthcare teams. In doing this they will work closely with the *Workforce Development Confederations*. Each Care Group will have a lead Confederation and Postgraduate Dean, to provide a conduit for communication on workforce development for their respective services, and to support the work of the CGWT. This could include supporting the implementation of NSFs; reviewing the workforce pressures and priorities within the service in the local community, and collating this information from other WDCs; helping to disseminate information about good practice, helping in the selection of pilot sites or research projects and providing intelligence about impending problems or issues which the CGWT should consider.
- 8.7 These planning arrangements are supported by integrated funding arrangements. The Multi-Profession Education and Training budget (MPET) was created in 2001 from three previously separate budgets. It is currently being reviewed to ensure that it is used most effectively to support education and training for all NHS staff.
- 8.8 We are looking at the long-term future of the health and social care workforces and working out different service models and the options for workforce development. Three quantitative models are being developed: a whole-systems model of patient flows, one which maps projected activity onto workforce demand, and a supply model showing the available workforce under a number of options.

**This document can be found on the internet at [www.doh.gov.uk/hrinchenhs](http://www.doh.gov.uk/hrinchenhs)**

**The NHS Plan itself can be found on the internet at [www.nhs.uk/nhsplan](http://www.nhs.uk/nhsplan)**

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