

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar [y gweithlu Iechyd a Gofal Cymdeithasol](#)**

**This response was submitted to the [Health and Social Care](#)
[Committee](#) consultation on [Health and Social Care Workforce](#)**

HSC 47

**Ymateb gan: | Response from: Coleg Brenhinol y Therapyddion Lleferydd
ac Iaith, Cymdeithas Siartredig Ffisiotherapy, Coleg Brenhinol
Therapyddion Galwedigaethol, Coleg Brenhinol Podiatreg, Cymdeithas a
Choleg Radiograffwyr, Cymdeithas Ddeieteg Prydain | Royal College of
Speech and Language Therapists, Chartered Society of Physiotherapy,
Royal College of Occupational Therapists, Royal College of Podiatry, the
Society and College of Radiographers, and the British Dietetic Association**



Senedd Cymru Health and Social Care Committee consultation on the Workforce Strategy for Health and Social Care

Executive summary

Thank you for the opportunity to give written evidence as part of the committee's inquiry into the health and social care workforce.

This response is prepared by the Wales Health and Social Care Policy Officers Group – a grouping comprising of the Chartered Society of Physiotherapy, Royal College of Occupational Therapists, Royal College of Speech and Language Therapists, Royal College of Podiatry, the Society and College of Radiographers, and the British Dietetic Association. 'A Healthier Wales' calls for a sustained move towards a preventative and early intervention model. We believe that our professions are key to supporting this ambition and our comments below echo our desire to maximise the contribution of our professions to this agenda.

In our response we address the following key areas;

- Concerns about a one size fits all approach to workforce planning with a particular focus on the student streamlining project.
- Progress on progression routes from support worker/apprentice to consultant posts including advanced care practice and first contact practitioner in line with an increasing focus on early intervention and prevention.
- The support worker workforce
- Transparency of data with regard to workforce planning.
- The extent to which HEIW leverages relationships with professional bodies.

We warmly welcome scrutiny of the strategy and believe the following questions may be helpful to consider as part of the evidence sessions with HEIW and SCW.

- To what extent is HEIW committed to prudent principles to enable all healthcare professionals to work at the top of their licence?
- Does HEIW intend to develop roadmaps as have been developed in other nations for areas such as first contact practitioners (FCPs) providing clarity for prospective FCPs on the role and education required?
- What are HEIW's plans to commission more Allied Health Professionals (AHPs) and ensure the workforce receives training and advanced practice opportunities?
- Does HEIW have a plan to deliver increased non-medical prescribing? If not, are there milestones or objectives set to do so?
- What are the plans to get an apprentice route to full registered qualifications?
- How is HEIW enabling Allied Health Professionals to develop the skills to become the MDT leaders of the future?

- How does the streamlining system ensure the best and most diverse group of graduates are recruited into the Welsh NHS workforce, and how do non-Welsh bursary graduates access jobs in the Welsh workforce?
- How do the streamlining and commissioning numbers for professions align and has streamlining resulted in an increase in recruitment of recent graduates?

One size approach to training and workforce planning

We recognise that new and different ways of working will require a focus on common competencies and as a grouping, are very supportive of new multi-professional and multi-agency workforce models. However, there is a pressing need to balance such approaches with a detailed understanding of the differing challenges facing professional groups in consultation with all key stakeholders. We highlight below an example where we believe following a one size fits all approach will impact on the ability of HEIW to fulfil the ambitions of the workforce strategy. Namely, to create a health and social care workforce which is able to meet population health and care needs and support new models of care and ways of working without a host of unintended consequences for the current and future workforce.

Introduction of the Student Streamlining Project for AHPs (Allied Health Professionals)

We have real concerns, from the perspective of our professions, whether the current model for workforce planning/developing the future workforce will meet the overall ambition of the workforce strategy.

The Student Streamlining Project was established to match student health professionals to numbers of graduates submitted by Local Health Boards three years previously. Physiotherapy, occupational therapy, dietetics, radiography and speech and language therapy were included under the programme for the first time in 2021 with podiatry due to come on stream in 2022. Whilst we understand the original aims and implementation of the project for very large professions such as nursing which offer multiple courses across Wales, we have very significant concerns about the impact of this project on the future AHP workforce. These concerns may be summarised below;

Equality

Under the streamlining project, Welsh students who have studied on courses outside of Wales are not eligible to apply for band 5 or first posts through the streamlining process. Many students and higher education institutions have contacted us arguing that they were unaware of this situation at the point students applied for their courses and a number of students would have made different decisions had they been fully appraised of the facts. This stance particularly disadvantages mature students or those with caring responsibilities who are less able to be mobile and is particularly pronounced for those professions which only currently offer one course in Wales. We believe this may have significant implications for future Welsh language workforce provision.

There is also an equality issue for those students who have received the bursary in previous years and have been working on fixed term contracts in Wales. These students are currently unable to apply for permanent band 5 roles advertised through the streamlining process. Streamlining and the fact that posts outside of the process are likely to be scarce may therefore potentially lead to a loss of built up knowledge and skills.

Due to the small size of a number of allied health professions, it is highly unlikely that some Health Board departments in Wales will have vacancies outside of streamlining which will affect all graduates in these exclusion groups. This may differ significantly from the position of other larger health professions such as nursing.

Financial

Members from some of our representative organisations are concerned about over recruiting because they are committed to the numbers provided to the commissioners three years ago despite in many cases this being a period with little movement of staff. There is also an issue that commissioning figures may include numbers for specialist services not managed by the Head of Services yet the financial risk does not appear to be shared. The current streamlining approach if unaltered is likely to have a significant detrimental effect on future commissioning numbers.

Timing – In any given year, band 5 staff are likely to be recruited throughout the year and services rely on flexibility in response to challenges and opportunities. Recent COVID backlog funding is a clear example of this. It can be argued that the streamlining process has hindered the ability of services to quickly respond to new opportunities. For example, some children and adults have had to wait longer to see AHPs as implementation of streamlining forced some Health Board departments to wait until September for graduates to start work when they were needed in the Spring. Conversely, some Health Board departments are having to take graduates earlier (rather than throughout the year) and in greater number than needed at present which is placing a significant financial burden on departments or wider within Health Boards.

A large intake of graduates places a very high demand for supervision on a department. Usually such recruitment would be spread over a longer period of time easing this demand. This will reduce the capacity for clinical work carried out by staff who are working as supervisors to new graduates. This cohort of students will have experienced significant disruption to their studies due to the pandemic thus supervision is a key issue which we are uncertain has been adequately considered as part of the process. We already know that, pre-Covid-19, there was an issue for other AHP groups with early attrition during the transition between student to qualified practitioner. The evaluation acknowledges the challenge of employing graduates all at one time, but the suggestion of 'Engagement with HBs/NHS Trusts continues to improve this alignment and the corresponding link to the student streamlining project', again, does not give reassurance for the near future. Having 2-3 cycle points within a year may support both student completion and be more responsive to workforce needs and spread the demand for supervision on the current workforce.

Workforce flow

We believe the streamlining process may also impact on the supply for band 6 and 7 posts. There is significant concern about the potential that if over-recruitment occurs at band 5, services will either need to restrict band 6 posts to internal applicants or may struggle to gain approval for band 6/7 posts if the workforce is over-established at band 5. There is a very a real danger of lack of professional progression leading to a log jam of band 5s with insufficient structure above them to provide services safely or develop the next cohorts of Band 5 staff. This could become magnified over successive years and perpetuate unacceptable gaps at middle grades.

Areas of practice

The streamlining process currently incorporates only Local Health Boards. Incorporation of social care and other sectors would more fully reflect the breadth of the professions and therefore equal access to graduate/first post opportunities within these areas. This is also key in terms of broader workforce planning.

Valuing the workforce

We have raised our concerns on numerous occasions with HEIW and shared data from previous years' cohorts of graduates, both individually and as a collective. We are very much of the view that different avenues need to be explored as a priority such as money following students and investment for preceptorship of the band 5s to allow progression into band 6 roles. These ideas would align with the flexible education opportunities described in the strategy.

We are disheartened by the decision to continue the scheme next year despite such negative feedback from universities, professional bodies and professional groups. Moreover, we are disappointed that key stakeholders such as ourselves and the universities did not receive the formal evaluation of the programme. Having now obtained a copy of the evaluation via the publication of the HEIW board papers (after a written question was submitted by a Senedd Member), we are very disappointed that our very valid concerns as individual professions were not raised in detail.

We are very concerned about the pressures the introduction of this system has placed on the wellbeing of the existing workforce at a time when they are already experiencing enormous challenges and the negative impact on students which has been considerable. By not acknowledging the challenges of the streamlining process and listening to and acting on possible solutions, the current and future workforce is not feeling valued.

We would welcome questioning by the committee on how streamlining meets the workforce strategy needs as outlined on page 2. Another useful area for the committee to explore is the relationship between Local Health Board Integrated Medium Term Plans and HEIW's workforce strategy. Clarity of the process and projection of workforce numbers is needed to ensure a sustainable and efficient growth in AHP recruitment.

Advanced Clinical Practice

Action 12 of the strategy states to develop a clear competence and capabilities framework for extended skills and advanced practice across professional groups. In our view this is a key priority area for developing the workforce to meet the challenges of the future.

We would like to see:

- recognition of the value of all professional levels and provide appropriate development opportunities to address the changing nature of professions and health and social care needs of communities served.
- provision of the necessary support for development of specific levels of practice (e.g. Enhanced, Advanced and Consultant) to support health care professionals to achieve their full potential in addressing population needs.
- the development of effective and profession specific roadmaps to ensure added value of enhanced and advanced level roles across services (eg. First Contact Practitioners), in particular in evolving areas of practice such as primary care, public health and prevention agenda and integrated services

We would welcome questioning around Advanced Clinical Practice as suggested on pages 1.

First Contact Practice

First Contact Practice is a priority for many of our professions and we view these roles as key to transforming primary care services. We are encouraged by the developments in this area over the last few years. The workforce strategy refers to person-centred care as a “driver for extended skills and advanced practice, ensuring that, where appropriate, health and social care professionals can work at the ‘top of their license/competence’”.

FCP is a great example of where AHPs can fulfil this aim, and we would welcome a stronger commitment in the plan on how HEIW will support training for and an increase in the number of FCP posts across Wales. In England the FCP Roadmap is in place, providing clarity for prospective FCPs on education and the role of FCPs in England. We believe that HEIW’s plans to deliver a similar “roadmap” would be an area for the committee to explore in more depth. We have suggested a few pertinent questions on page one to two.

Support Workers

A recent statement from professional bodies representing Allied Health Professions and Trade Union partners (*Optimising the contribution of the Allied Health Professions support workforce: A statement from the following Professional Bodies and Trade Union Partners*) strongly argues for greater recognition of the value of the AHP support workforce and the essential role they play in delivering safe, effective and productive AHP services.

A focus on the support worker role helps address the need for a diverse workforce; widening the routes available into professional roles, enabling recruitment from across a range of communities, making training opportunities more accessible and bringing into professions people from a range of backgrounds who can relate to and engage with different communities. Such roles will have a key role to play in addressing health inequalities.

We are supportive of the support workers level 4 apprentice currently under development and are keen to see further detail on how the support workforce needs to grow, a career development framework put in place, and investment made in the development of this workforce. As professional bodies, this is a key area of focus for us and we would be keen to work collaboratively with HEIW on this area. It is extremely important that the skills mix is right in order to deliver safe and effective outcomes for patients.

We would welcome questioning around how the number of regulated support workers may be increased with high quality support in place. Also, how far HEIW has progressed with regard to support worker career development and progression framework across different settings.

We would also be keen to see questioning around the introduction of degree level apprenticeships leading to eligibility to apply for professional registration. This is a key initiative which could support diversity and accessibility of training to those already in health and social care employment.

Data

It is vital that we measure the impact and success of this workforce strategy as our workforce changes over the forthcoming decade. Better workforce information and intelligence will support us to measure changes and trends, to enable us to better plan and react to these changes. It is extremely important that progress in implementing the workforce strategy is mapped against data which demonstrates the healthcare needs of population groups across Wales.

Welsh Government in conjunction with HEIW should also clearly map population need, for example, based on statistics about number of people living in a particular Board area with a specific long term condition, against workforces which can support people living with long term conditions to live healthier lives. All stakeholders should be aware of when certain professions reach a particular level which will negatively impact on the healthcare needs of population groups across Wales.

We believe that currently workforce data is patchy and not readily available. Vacancy rates across professional groups for instance do not appear to be in the public domain and are inaccessible by the professional bodies that are able to support workforce planning deliberations. We would be keen to see greater transparency on data and a greater degree of collaboration between professional bodies and HEIW on analysing workforce trends and future modelling. Greater insight into workforce resource mapping by Local Health Boards and evaluation by HEIW would, for example, empower professional bodies to contribute effectively to medium to long term workforce planning discussions in Wales.

Relationship with professional bodies

As a general point, we believe there would be much to be gained by stronger working relationships and meaningful collaboration between HEIW and professional bodies such as ourselves in relationship to key areas where there is learning from across the UK. These may include workforce data, career promotion, sharing research on workforce wellbeing etc. We are very interested in the Health Education England approach to engagement in this regard.

Further information

This response has been prepared on behalf of the following organisations. We are happy for the response to be made public.

Head of Wales Office, Royal College of Speech and Language Therapists

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