

**Vaughan Gething AC/AM**  
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Minister for Health and Social Services**



Llywodraeth Cymru  
Welsh Government

Ein cyf/Our ref MA/P/VG/0482/19

Dai Lloyd AM  
Chair  
Health, Social Care and Sport Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

26 March 2019

Dear Dai,

Thank you for the opportunity to attend the Health, Social Care and Sport Committee on 20 February for the evidence session on rural healthcare in Wales.

During my session I made commitments to write to the committee on a number of issues.

### **Medical Education Expansion**

The first year was always going to be a difficult year to recruit as a decision was made to initiate midway through the admissions cycle and we have to validate the new programme.

As expected there has been a limited response from year 1 students when the move up to Bangor for year 2 was proposed. However, there have been positive responses for Graduate Entry Students and Cardiff University will be making offers to these applicants in the next few weeks. I remain confident that we will get in excess of 10 students for the course in Bangor and hopeful that the full 20 will be recruited.

Subsequent years will be more predictable, once we have had the opportunity to market the programme to its full extent.

### **Rural and Remote Health in Medical Education (RRHiME) track**

A paper was published earlier this year entitled *The Swansea RRHiME track: a new curriculum model for embedding rural and remote healthcare into undergraduate medicine programmes* and can be found here <https://www.mededpublish.org/manuscripts/2085>

The paper identifies that the RRHiME track provides a practical and rewarding alternative rural and remote health experience to a more immersive model.

The paper also identifies the model can be successfully transferred to other medical and health care programmes.

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1NA

[Gohebiaeth.Vaughan.Gething@llyw.cymru](mailto:Gohebiaeth.Vaughan.Gething@llyw.cymru)  
[Correspondence.Vaughan.Gething@gov.wales](mailto:Correspondence.Vaughan.Gething@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

## Welsh Language Skills within the NHS Workforce

NHS organisations in Wales are expected to meet statutory and mandatory requirements relating to the Welsh language.

The Electronic Staff Record (ESR) allows staff, hospital medics and dentists, as well as executive and senior staff, to record their Welsh language skills.

Whilst I understand the recording of Welsh language skills on ESR has varied between health boards, the expectation is for employers to actively promote to staff the importance of recording this information, in order to provide a better service to patients and the public.

I further understand that health boards and trusts have been working with the National Centre for Learning Welsh to develop language courses tailored to the needs of staff in the NHS. We are also investing in the current and future workforce to increase capacity to provide Welsh language services where they are needed most.

The recently commissioned independent evaluation of *More than just words* will provide an opportunity to look at how targets in the framework have been met and assess impact across the period 2016-2019 which will include looking at how effective health boards and trusts have been in planning their workforces in order to provide services in Welsh.

Welsh Language Standards for the health sector will come into force on 30 May 2019. These standards are an important step forward in delivering services in Welsh in health and actions in future *More than just words* frameworks will sit alongside the standards regime and focus on enabling actions to improve Welsh provision. The standards will require organisations to develop the Welsh language skills of their staff, to provide Welsh language awareness training and to assess the need for Welsh skills when advertising posts.

Following my attendance at the committee you also wrote to me on 01 March, asking for the following information:

- the numbers of medical and nursing training places across Wales in each of the last three years, and the numbers of applications for those places;
- what assessment has been made of the capacity across Wales to support doctors and nurses in training, and what steps is the Welsh Government taking to increase that training capacity.

Please see attached the information requested at **Annex A**, please note that this information refers to post graduate medicine and not undergraduate.

I hope you find this helpful.

Yours sincerely,



**Vaughan Gething AC/AM**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

***The numbers of medical and nursing training places across Wales in each of the last three years, and the numbers of applications for those places –***

N.B. the data regarding the number of applications should be treated with caution. This is for a number of reasons including the following:

- Through the UCAS system students can apply for up to five university placements although they will only take up one. This means one student can represent up to five applications.
- Students can apply for places across the UK. For example, a student could apply for three courses in Wales and two in England, but ultimately take up a place in an English University.
- Not all students who apply meet the necessary criteria for the course. This not only includes academic abilities, but values and behaviours. This is the first step to entry into a career in the caring profession.
- Students will accept places and then decline or defer at the last minute.

**Non-medical side (Nursing, Midwifery and AHPs) for 2016.17 through to 2018.19.**

Staff Group	Commissioned 2018.19	Commissioned 2017.18	Commissioned 2016.17	Applications 2018.19	Applications 2017.18	Applications 2016.17
Adult	1216	1100	964	3973	4007	4373
Child	154	140	100	1619	1510	1586
Mental Health	324	300	289	1495	1267	1196
Learning Disability	77	70	65	105	124	119
<b>Pre Registration Nursing TOTAL</b>	<b>1771</b>	<b>1610</b>	<b>1418</b>	<b>7192</b>	<b>6908</b>	<b>7274</b>
Midwifery	134	134	94	1960	1919	2038
Occupational Therapists	133	121	116	440	473	585
Physiotherapists	147	134	134	847	931	1212
Diagnostic Radiographers	112	112	102	612	703	762
Therapeutic Radiographers	20	20	22	128	127	133
Speech & Language Therapy	44	0	44	160	0	198
Dietetics	30	30	30	111	120	162
Post grad. Dietetics	12	12	12	129	106	123
Podiatry	24	24	20	49	51	63
ODPs	49	49	39	110	150	166
PTP Healthcare Scientists	21	21	23	52	57	41
PTP Clinical Physiologists	47	47	33	280	229	228
Ambulance Paramedics	76	86	69	283	243	281

Additional information

1. As identified through the advice we have been providing over the past 2 years the numbers we commission at the present time is near the top level for the current approaches to education – hence the need to review the education provision and identify commission new pathways e.g. the OU programme
2. The Universities are reporting that the March intakes are becoming more difficult to recruit to.

## Medical Side

### Changes in the number of training posts over the last 3 years:

**Feb-17** – 2988 training posts.  
**Feb-18** – 3077 training posts.  
**Feb -19** – 3104 training posts.

Data has included number of posts advertised and number of appointments. Due to the recruitment system it is not always possible to report on the number of applications received and so number of appointments is the most reliable data source.

### Applicants to Post

Wales R1 and R1R Fill rates - Trends							
Specialty	2018		2017		2016		
	Posts	Accepts	Posts	Accepts	Posts	Accepts	
ACCS Acute Medicine/Core Medical Training	119	82	89	59	109	75	
ACCS Anaesthetics/Core Anaesthetics	33	33	36	34	34	34	
Acute Care Common Stem - Emergency Medicine	12	13	12	12	11	11	
Cardio-thoracic surgery	1	1	1	1	1	1	
Clinical Radiology	17	17	13	13	13	13	
Core Psychiatry Training	14	11	18	6	21	17	
Core Surgical Training	44	44	41	41	38	35	
General Practice	128	113	136	126	136	116	
Histopathology	5	2	4	3	1	1	
Obstetrics and Gynaecology	8	8	9	9	8	8	
Ophthalmology	10	10	3	3	4	4	
Oral and Maxillo-facial Surgery	1	1	1	1			
Paediatrics	17	14	16	14	15	15	
Public Health Medicine			2	2	4	4	
	409	349	381	324	395	334	

***What assessment has been made of the capacity across Wales to support doctors and nurses in training, and what steps are being taking to increase that training capacity.***

## Non Medical Side

### Extracts from Education Commissioning & Training Plan 2019-20 referring to capacity etc -

Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 8.6% over the past 4 years.

During this period, the medical workforce has grown by 8%; the nursing workforce by 3%. To commission to a level identified in the **IMTP would cost £120.90m**. However it would not be possible to commission to this level for all professions due to education capacity (including placements), this is particularly relevant for nursing and the science workforce.

### Nursing capacity

Difficulties in recruiting nursing staff is not a uniquely Welsh issue but is experienced across the UK and further afield. During the past year:

- The Nurse Staffing Levels (Wales) Act 2016 came into effect in full from 6th April 2018. The act placed a duty on Health Boards and NHS Trusts to take steps to calculate and maintain

nurse-staffing levels in adult acute medical and surgical inpatient wards, as well as a broader duty to consider how many nurses are necessary to provide care for patients sensitively in all settings.

- The number of students studying in Wales who have successfully gained employment in NHS Wales on graduation has increased. **82%** of student nurses who graduated in 2016/17 are working in NHS Wales. This will be in addition to some who are working in Wales but not in the NHS (practice nurses, nursing homes, private providers e.g. Learning Disability providers) and elsewhere.
- Organisations have experienced ongoing agency costs for nursing as referred above.
- Organisations have continued to recruit from overseas and Wales's data shows that between March 2014 and March 2018 we employed over 500 overseas nurses to NHS Wales. However, over the past three years the number has decreased year on year.
- The demand for extended skills and advance practitioner posts has increased both within the hospital sector and community/primary care.

### Adult Nursing

- The adult nursing workforce is projected to grow by **1,420** (9%) between 2018/19 and 2021/22
- Nurses commissioned for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
  - **1,056** based on maintaining the current level trained
  - **1,676** based on training the numbers contained in IMTPs
- HEIW has also considered the capacity of the system to support a higher level of education places for adult nurses. As the education places have increased each year since 2015/16 the number of students is at a 30-year high. By maintaining, the numbers in 2019/20 there will still be an accumulative increase in the number of students in education. This places significant pressures on both the education providers and placement providers.
- In 2018/19, two universities were unable to recruit to the commissioned target. This suggests that while there continues to be interest in nurse education the current approach to education is at, or near its maximum recruitment level. Therefore increasing the number of places would not necessarily result in an increase in students.

### Children's Nursing

- The children's nursing workforce is projected to grow by 186 (12%) between 2018/19 and 2021/22
- Nurses commissioned for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
  - 134 based on maintaining the current level trained
  - **237** based on training the numbers contained in IMTPs

### Mental Health

- The mental health nursing workforce is projected to grow by 283 (9%) between 2018/19 and 2021/22
- Nurses commissioned for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
  - 265 based on maintaining the current level trained
  - **93** based on training the numbers contained in IMTPs

### Learning Disability

- The number of Learning Disability Places has increased over the past three years, however in 2018/19 both Welsh education providers were unable to recruit to the commissioned education level agreed. This is a reflection of a national workforce challenge in this sector. Work has commenced between both education providers to increase the profile of learning disability nurse education and careers in Wales and the Welsh Government has prioritised this workforce as part of its Train, Work, Live, campaign.
- The learning disability nursing workforce is projected to grow by 20 (5%) between 2018/19 and 2021/22
- Nurses commissioned for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
  - **62** based on maintaining the current level trained

- 80 based on training the numbers contained in IMTPs

While this workforce is fragile and ideally, we would wish to increase the number of education places, it is proposed to maintain education places at 2018/19 levels with the priority to recruit to all of these places in 2019/20. Additionally, it is proposed to explore the development of joint Learning Disability programmes with other programmes to deliver a dual qualification such as Learning Disability and Mental Health qualification or Learning Disability Nursing and Children's Nursing qualification etc.

### **Midwifery**

Looking at the evidence available there is no strong indication to either increase or decrease the number of student commissions from 2018/19 levels. Over the past two years, NHS Wales has successfully recruited more Midwives than it has trained which provides an opportunity to increase the workforce should there be a need to do so.

- The midwifery workforce is projected to increase by 114 (8%) between 2018/19 and 2021/22

Allied health professionals report recruitment challenges including physiotherapy (including entry grade), SALT, OT, Radiographers, Sonographers Orthoptists and ODPs.

NHS Wales currently employs circa 1,250 physiotherapists. In many areas, increasing demand is being driven by the development of first contact physiotherapy services in primary care. There is a growing body of evidence regarding the impact of such services in dealing with MSK conditions and the impact access to physio therapy within the community can have on the whole health and care system.

The modelling undertaken shows the following:

- The physiotherapy workforce is projected to increase by 95 (8%) between 2018/19 and 2021/22
- Physio therapy education commissions for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
  - 139 based on maintaining the current level trained
  - **187** based on training the numbers contained in IMTPs

### **Paramedics**

The intention to increase paramedic roles in changing the way primary care services is delivered is one of the strongest themes in IMTPs this year. This includes reference to a number of pilots including paramedic practitioners supporting GP sustainability working across in hours and OOH WAST's IMTP recognises that additional paramedics would be needed in order to release existing paramedics to undertake training in advanced practice to support new models of delivery in primary care, if such ambition is to be effectively realised without adversely affecting the delivery of WAST services. A comprehensive plan to scale up such models will need to be agreed.

### **Diagnostic Radiographers**

This profession currently remains on the Migration Advisory Committee (MAC) shortage occupation list. As identified in 2016 demand for Diagnostic Radiographers is projected to increase due to a growth in the use of diagnostics, improvements in technology and increasing access over an extended day and seven day working.

The modelling undertaken shows the following:

- The diagnostic radiography workforce is projected to increase by 71 (7%) between 2018/19 and 2021/22
- Diagnostic radiography education commissions for 2019/20 would be available for employment in 2022/23 and would provide the following numbers into the system:
  - 92 based on maintaining the current level trained
  - **102** based on training the numbers contained in IMTPs

The pressures on Clinical Radiology referenced in the training plan mean that there is a need to develop extended skills Radiographers. In order to release Radiographers to develop these skills additional capacity in the system will be required.

## **Speech and Language Therapy**

Directors of Therapies and Health Science have identified SaLT as a current pressure area Whilst central modelling for this group is not currently available IMTPs have suggested that current education commissioning levels meet projected demand.

## **Pharmacy**

The Pharmacy workforce has over recent years expanded scope of practice and increasingly become a key component of the clinical team both within hospital setting and in primary care. There were 1,237 FTE pharmacists/technicians employed in March 2018 compared to 997 FTE in March 2015, a growth of 24%. Again, this year all IMTPs identify pharmacy as a key solution in workforce redesign including:

- Additional Pharmacists in primary care, clusters and supporting fragile OOH services.
- Extended scope pharmacy practitioners in secondary care
- Consultant Pharmacists in Unscheduled care, anti-microbial prescribing and cancer care.
- Expansion of Pharmacy Technician roles including administration of oral medicines to support nurses, pilots such as “Keeping Well at Home” which have a skill mix of 1:3 pharmacist/technicians.

The establishment of primary care clusters and the 111 service has also driven an expansion in the number of pharmacists employed. The strategic plan for 111 indicates that as part of the pathfinder work a pharmacist is present for 40 hours per week with additional hours for weekends and bank holidays.

## **Healthcare scientists**

- Some IMTPs have reported challenges around an ageing workforce and difficulties in the recruitment of biomedical scientists, neurophysiologists, bio-informaticians and medical physicists. In addition, there are supply challenges in medical specialties e.g. Histopathology.
- The workforce plans submitted by NHS organisations identify a need to increase the number of training places for healthcare scientists across all levels.
- Continue to work with NHS organisations to embed ‘equivalence’ pathways into the NHS which will support individuals to gain professional registration and progress through the scientific career structure. This will enable the workforce to grow and develop and will support staff within the service to progress their careers whilst continuing to work.

## **Medical Side**

No formal assessment of training capacity has been undertaken. There is one exception and that is the work currently underway regarding GPs, where plans to increase GP numbers and the delivery of the training programme will result in a need to increase capacity particularly across primary care.