

*The Social Partnership Forum
Action Plan for*

Maximising employment opportunities for newly qualified healthcare professionals in a changing NHS

NHS TRADE UNIONS

The Social Partnership Forum Action Plan for maximising employment opportunities for newly qualified healthcare professionals in a changing NHS

Ministerial foreword

Following the programme of reform and investment set out in *The NHS Plan*, the NHS has experienced a significant increase in the workforce. We now have over 300,000 more staff working in the NHS in England than in 1997. This has helped bring huge improvements, including reductions in waiting times and improvements in the access to, and quality of, care. We are now moving away from rapid growth in the NHS workforce to more of a steady state where there is a closer match between demand and supply. However, it is clearly in no-one's interests to move from a position of staff shortages to one where there is a potential oversupply of new healthcare professionals.

In the autumn of 2006, Ministers asked the Social Partnership Forum to develop a set of recommendations that could be agreed between employers, trade unions and the education sector, that would put in place positive steps to maximise the employment opportunities for healthcare graduates. This was designed to build on NHS Employers' framework *Securing and retaining staff for health and social care – a partnership approach* that was jointly launched by Department of Health and NHS Employers last October. Today's report concludes the next phase of this work.

For me, the publication of this plan clearly demonstrates the advantages of partnership working, building on the principals laid out in the Partnership Agreement between the Department of Health, NHS Employers and NHS trade unions launched earlier this year. It is an example of where we have taken an issue, worked together and developed a constructive way forward and I would like to record my thanks to all who have been involved.

The plan makes clear that improving the employment situation for newly qualified healthcare professionals needs a holistic approach – across health and social care. I am encouraged by the response of many employers in helping ensure new qualifiers are supported. We are making progress but the feedback I have received indicates there is still more to do. The recommendations in the plan are challenging and their effective delivery will require concerted effort and close collaboration between employers, trade unions and higher education institutions, at a national, regional and local level.

Graduates and diplomates will continue to need to be proactive and flexible when seeking out employment but it is right that as many opportunities as possible are open to new qualifiers. They have made a significant personal commitment in training for a career in health and social care, and we have made an equally important commitment through our investment in training. This document sets out some things we can do to translate commitments into securing employment opportunities for the next generation of healthcare professionals.

Minister of State, The Lord Hunt of Kings Heath (OBE)

Department of Health

Current situation

Since 2005 it has become increasingly clear that for the first time in a generation, the available job opportunities in the NHS is exceeded by the number of people seeking employment in the NHS. Current indications suggest that the 2007 qualifiers will have similar experiences. Competition for posts is much more challenging and students in many professions are finding it increasingly difficult to find their first job post qualification. In spite of this, the projected numbers of retirements expected amongst healthcare professionals against five year plans for healthcare delivery, indicates that the NHS still needs to employ a considerable number of newly qualified healthcare professionals over the coming years. Every effort is required to protect the valuable skills of these individuals and consideration for the long term supply of a skilled health and social care workforce is paramount, to avoid workforce shortages in the future.

The launch of NHS Careers in 1999 and the NHS Plan in 2000 delivered the Department of Health's strategy for rapid growth in workforce numbers to improve capacity and access. This growth in the NHS workforce has delivered improved access and the unprecedented reduction in waiting times. Currently, initiatives aimed at improving the quality of healthcare and access to services through structural change, such as provision of more care outside hospitals and the development of new roles for staff and new providers of services, are having an impact on how staff work, particularly in hospitals. In recent times, the context of financial pressures has also had an impact on the employment opportunities available in the NHS. In a bid to avoid/resolve financial problems many employers have been revising their workforce plans for the present and immediate future, to ensure that they can deliver services whilst achieving financial balance. This has also contributed to the reduction in the overall numbers of posts available in the NHS.

Newly qualified healthcare professionals who have yet to secure their first jobs are the most vulnerable in the changing landscape. A concerted effort is required to retain valuable skills and ensure a return on the investment made by the NHS in commissioning the training of healthcare professionals for the future delivery of health and social care. Solutions to these challenges in the long term will be the improved systems of workforce planning at every level, from employers to policy makers, and the extent to which key partners can be involved in the process. It is important however, to ensure that these solutions do not increase pressures for existing staff.

NHS Employers and the NHS trade unions (¹Amicus, CSP, RCM, RCN, SoR and Unison) met on January 8 2007 and had productive discussions about the current employment situation for newly qualified healthcare professionals. This action plan outlines agreed recommendations aimed at addressing the current situation, both for the immediate and the long term. They include a series of practical steps based on evidence of current good practice.

The workforce summit, *Securing and Retaining Staff for Health and Social Care*, on February 7 2007, provided a forum for all key stakeholders to engage in developing workable solutions. We have also agreed the principle that carefully planned practical activities across health communities – involving all potential employers, the NHS, the independent, voluntary and social care sectors – is the best approach to maximising employment opportunities for new qualifiers.

¹ Amicus, Chartered Society of Physiotherapy, Royal College of Midwives, Royal College of Nursing, Society of Radiographers and Unison.

The role of strategic health authorities

An important role of a strategic health authority (SHA) is to commission a workforce supply on behalf of the NHS and the local community. This requires the development of long-term partnerships with higher education institutions. SHAs will need to deliver a co-ordinated strategy to understand the extent of graduate unemployment now in their area, as well as the number of healthcare professionals expected to leave higher education from March 2007 onwards. SHAs will need to have mechanisms in place to maintain contact with these healthcare professionals, providing a matching service to employment opportunities as they occur, whilst working with employers to maximise employment opportunities. SHAs will also want to work with the social care, independent and third sector employers in their area to ensure integration of systems to support graduate employment into these alternative employers. Regional development agencies (RDA) will also have an interest in ensuring that employment opportunities in the regions are maintained and are not lost to the detriment of the local population.

Recommendation 1: SHAs to develop talent pools of all new qualifiers seeking their first post, through the use of NHS Jobs, to identify and quantify newly qualified healthcare professionals seeking employment.

Recommendation 2: SHAs to work with each individual employer in their area, including Foundation Trusts, to try to determine the numbers of new qualifiers appointed in 2006 and to ascertain plans for employing new qualifiers in 2007.

Recommendation 3: Using this data, SHAs to develop appropriate mechanisms for bringing employers together across all sectors and the RDAs in processes to facilitate employment of newly qualified healthcare professionals, based on the principle of employers fairly sharing out the responsibility of ensuring that newly qualified health care professionals have access to their first job.

Recommendation 4: SHAs to lead on a partnership approach across the sectors to audit the staffing requirements to aid demand forecasting, ensuring that commissioners endorse these forecasts.

Recommendation 5: SHAs to work in partnership with the trade unions to ensure that the delivery of the recommendations in this action plan is discussed at the earliest opportunity within the new social partnership forums at a regional level.

Recommendation 6: East of England SHA to undertake a feasibility study to maximise employment opportunities for newly qualified healthcare professionals. One of the work streams of the study will include assessing the feasibility of an employment guarantee scheme for newly qualified healthcare professionals.

Recommendation 7: SHAs to co-ordinate the mapping of workforce capacity and implementation plans in their area, to assess what may be needed for delivery of the 18 week target.

The role of employers

It is important that employers (NHS trusts, foundation trusts, independent, voluntary and social care employers) take ownership of the process for maximising employment opportunities for newly qualified healthcare professionals. The recommendations proposed below present a range of options for employers tackling this issue. This will require partnership working with trade unions and a commitment to securing the workforce of the future.

Recommendation 8: Employers should work together with SHAs to indicate the expected number of new qualifiers that will be employed as each cohort exits higher education.

Recommendation 9: NHS trusts should eliminate obstacles for the employment of new qualifiers. For example, previous experience as a healthcare professional will not usually be required when appointing to Agenda for Change Band 5 posts in all parts of the NHS, including mental health and primary care trusts.

Recommendation 10: NHS trusts should consider ring-fencing jobs for newly qualified healthcare professionals who have been unable to secure their first permanent post in the appropriate band in relation to the job evaluation scheme, taking into account the needs of existing staff who have or may be declared at risk of redundancy due to financial deficits.

Recommendation 11: NHS trusts should be aware of the potential impact on new qualifiers and future workforce supply when implementing or reviewing vacancy control strategies.

Recommendation 12: NHS trusts should work together with SHAs on demand forecasting ensuring a systematic process involving clinical service managers in the workforce predictions.

Recommendation 13: NHS trusts should produce workforce plans which are endorsed by clinical service managers to validate the evidence base and contribute to the development of current staff to fill vacancies for senior healthcare professionals as they arise.

Recommendation 14: NHS trusts to map workforce capacity and implementation plans to ensure the delivery of the 18 week and other targets in discussion with commissioners.

Recommendation 15: NHS trusts should review their temporary staffing policies, stopping or dramatically reducing reliance on agency staff and making particular use of newly qualified healthcare professionals through flexible pools internally, and redeploying staff when vacancies or opportunities arise.

The role of higher education institutions

Higher education institutions (HEIs) are key players in ensuring new qualifiers secure employment in the healthcare sector. They will want to ensure that SHAs have appropriate information on the numbers of newly qualified healthcare professionals exiting training programmes and seeking employment. Careers advisors in HEIs play a crucial role in

ensuring students are fully aware of the current labour market conditions. This will ensure that students are aware of the range of options available to make informed choices about their first employment destination following qualification. NHS Careers is well placed to inform on the employment landscape in the NHS.

Recommendation 16: HEIs to provide DH and employers with data, by individual profession, relating to newly qualified healthcare professionals who are graduating from health and social care disciplines. This will include data provided to the Higher Education Statistics Agency on numbers graduating from UK universities and the Destinations of Leavers from Higher Education data on what new qualifiers are doing six months after graduation.

Recommendation 17: HEI career advisors should offer each qualifying healthcare professional support in making and implementing career plans through group work, careers education programmes, on-line resources and facilities, as well as being available for short guidance consultations.

Recommendation 18: Careers services to continue to develop an in-depth understanding of mechanisms in place to support graduate employment (including NHS Jobs candidate pools), as well as systematic intelligence gathering processes from employers in health and social care.

Recommendation 19: NHS Careers to produce information targeted at newly qualified healthcare professionals seeking employment, working with individual staff organisations.

Integrated workforce deployment and planning

The NHS is not the sole employer for newly qualified healthcare professionals and opportunities are increasing outside the NHS. It is important that employers and HEIs work across local health communities to assure an adequate workforce supply, ensuring that newly qualified healthcare professionals can access roles in the primary and social care settings as well as emerging independent and voluntary sector providers. To do this, a long term integrated approach to planning the health and social care workforce needs is required. This will be jointly led by the Workforce Review Team (WRT) and NHS Employers, alongside the relevant SHA, both to assess the needs of local populations and the implications of future policies. This will also assure continuity of high quality healthcare delivery whilst maximising investment in training.

Recommendation 20: The DH, SHAs, NHS Employers and the WRT, working alongside employers and trade unions, to lead on building an improved and integrated approach to workforce planning and deployment, identifying gaps in either supply or employment opportunities and strategies to redress the balance.

Recommendation 21: The DH to lead and facilitate dialogue with SHAs, local employers and trade unions on the process for monitoring data from the talent pools on newly qualified healthcare professionals seeking employment.

Recommendation 22: NHS Employers, Local Government Employers and independent and social care employer organisations, to provide clarity on employment opportunities that may be available for newly qualified healthcare professionals, for example by specifically mentioning this in advertisements and campaigns.

Retaining skills and knowledge

For the new qualifier unable to secure immediate employment as a healthcare professional, innovative programmes are required to help them maintain their skills and knowledge. Such programmes will act as effective retention tools. Good quality information updates and clinical exposure are key to maintaining the confidence of new qualifiers as they make the transition from student to healthcare employee.

Recommendation 23: SHAs and HEIs should work together to provide update opportunities for new qualifiers seeking employment and to enhance their employment opportunities in the primary and social care sectors.

Recommendation 24: Employers to work together, with the trade unions, to develop keeping-in-touch schemes, including opportunities for work shadowing for the newly qualified healthcare professional to facilitate ongoing familiarity with clinical work, with agreement on how the required capacity will be put in place across health economies.

Recommendation 25: Employers should work together to offer new qualifiers access to in-service training programmes wherever possible, working in partnership across health economies.

Health and wellbeing strategy

The white paper *Our health, our care, our say* sets out a desire for improved access to general practice and delivery of care outside hospital, as one of its main objectives. Healthcare professionals are critical to the delivery of this objective and can make a significant contribution to the choice policy. For example, enabling self-referral by patients directly to services delivered by the allied health professions (AHPs), healthcare scientists, midwives and nurses, will help improve access to primary care services, potentially reducing the workload of GPs and providing employment opportunities for healthcare professionals.

Recommendation 26: NHS Employers and the trade unions to develop the business case to demonstrate how the role of the different allied health professionals can help achieve better health and well-being across the population, and tackle health inequalities.

18 week workforce capacity mapping

The *NHS Improvement Plan* set a target of eighteen weeks or less wait for treatment from GP referral. Achievement of the 18 week target can be achieved through expanding services provided by allied health professionals. In so doing, there will be the opportunity for these staff to begin treatment immediately or to give advice as appropriate to patients without further need for onward referral. Expanding services delivered by healthcare professionals can therefore also help achieve the aims of improved access to healthcare services, by reducing waiting lists for hospital consultants.

Recommendation 27: NHS Employers and trade unions to develop the evidence base for how such solutions could work to support the delivery of the 18 week target, and to raise the profile of the AHP workforce to service commissioners.

Occupational health

The white paper *Choosing health* identifies improving workplace health as a priority, with sickness absence costing up to £30 billion per year. It is evident that individuals with long-term musculo-skeletal disorders, which account for a significant proportion of sickness absence, are less likely to achieve a successful return to the workplace. This picture is mirrored in the NHS with a sickness absence level of 4.5 per cent in England during 2005. This equates to NHS employees taking an average of 12 days off sick a year. Furthermore, back problems and musculo-skeletal disorders remain a major cause of sickness absence in the NHS. To combat this trend, the use of experienced physiotherapists in developing and contributing to occupational health services both within and outside the NHS, needs to be advanced. It is also possible to deploy newly qualified physiotherapists within this area, if appropriate systems of supervision and support are in place. Making maximum use of the skills of physiotherapists in this way will facilitate a faster return to work after injury and will fulfil the dual purpose of reducing sickness absence in the workplace, and open up employment opportunities for the newly qualified physiotherapists.

Recommendation 28: NHS Employers to work with the Chartered Society of Physiotherapy (CSP) to develop a business case on how the role of physiotherapists can help in the delivery of occupational health services.

Managed migration

There are still workforce shortages in other healthcare markets across the world. This provides the prospect of exploring short term employment opportunities for staff from England in the countries that are experiencing shortages. Managing the migration process will enable individuals to fulfil the personal objective of gaining experience in other health systems whilst enabling employers to benefit from the learning that healthcare professionals bring with them on their return.

Recommendation 29: NHS Employers to work with the trade unions to explore the potential for developing a suitable mechanism to support a managed migration scheme as described

above, building on the NHS's long history of such programmes of education and collaboration.

Next steps

The Department of Health, NHS Employers and the NHS trade unions will continue to work together nationally to facilitate the recommendations made in this action plan and will formally review this within the next six months. Activities will also focus on supporting the respective constituents at a regional and local level, to maximise employment opportunities for newly qualified healthcare professionals.

The key parties are now developing individual work programmes to support the recommendations and progress will be reviewed through the Social Partnership Forum.

