

Agenda Item 18

Enclosure 16

**Health and Care Professions Council
25 September 2019**

Workforce planning

To note

**From Katherine Timms, Head of Policy and
Standards**

Workforce planning

The Government recently published its response to the ‘Promoting Professionalism, reforming regulation’ consultation. Within this report it stated:

‘The NHS Long Term Plan and the Interim People Plan have emphasized the importance of the whole system working together to deliver improvements in health and care. We will introduce a new duty on the regulators to consider wider workforce implications when developing their policies and processes.’

This paper seeks to set out: the position with regard to HCPC registrants and the shortage occupation list (SOL); the work we are currently undertaking to support workforce planning for the professions we regulate; and how we propose strengthening our ability in this regard during 2019/20.

Shortage occupation list

The SOL is an official list of occupations for which there are not enough resident workers to fill vacancies. This list is assessed regularly by the Migration Advisory Committee (MAC) who invite stakeholders to provide evidence to inform their assessment of who should be included or removed.

The current list of shortage occupations can be found [here](#), and includes the following HCPC registrants:

- **Diagnostic Radiographer;**
- **Dietitian;**
- **Paramedic;**
- **Prosthetist/Orthotist** (present under the title ‘Health professionals n.e.c’, prosthetists/orthotists have been on the SOL since 2015 but the MAC recommended they be removed); and
- **Social Worker** (working in children and family services).

As part of the regular SOL review, in May 2019 the MAC reported¹ its consideration for each standard occupation code. Their findings and recommendations that are relevant to HCPC registrants are as follows:

- **Art Therapist:** no information available at this time.
- **Biomedical Scientist:** Present under the title 'Chemical scientists' within the shortage occupation code, the MAC recommended this be included in the SOL given evidence of growing demand.
- **Chiropodist / podiatrist:** This group has never been on the SOL and the MAC found no evidence requiring inclusion at the current time.
- **Clinical scientist:** Present under the title 'Chemical scientists' within the shortage occupation code, the MAC recommended this be included in the SOL given evidence of growing demand.
- **Dietitian:** present under the title 'Health professionals n.e.c', dietitians have been on the SOL since 2015 but the MAC recommended they be removed;
- **Hearing aid dispenser:** no information available at this time.
- **Occupational therapist:** This group has never been on the SOL but the MAC found evidence of 'significant' recruitment difficulties and so recommended inclusion on the SOL.
- **Operating department practitioners:** no information available at this time.
- **Orthoptist:** no information available at this time.
- **Paramedic;** to be retained on the SOL.
- **Physiotherapists:** This group has never been on the SOL and the MAC found no evidence requiring inclusion at the current time.
- **Practitioner Psychologists:** MAC recommends adding psychologists back on to the SOL (previously on the SOL from September 2008 to October 2009) given 'considerable evidence' of a nationwide shortage.
- **Prosthetist/Orthotist:** present under the title 'Health professionals n.e.c', prosthetists/orthotists have been on the SOL since 2015 but the MAC recommended they be removed; and
- **Radiographers:** MAC recommends including all radiographers (diagnostic radiographers already being present) to the SOL given significant difficulties in recruitment.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806331/28_05_2019_Full_Review_SOL_Final_Report_1159.pdf

- **Social workers in England:** Social workers working in children and family services have been included on the SOL since 2009, but the MAC have recommended this be expanded to all job titles.
- **Speech and language therapists:** Although they've not been included on the SOL previously, the MAC found a 'marginally' higher than average vacancy rate and recommended inclusion on the SOL.

It is important that we're able to provide robust and accurate data for the MAC's SOL reviews. We are taking account of this in the development of our new data and intelligence function.

Representation on key groups

Members of SMT are present on the following groups, who have influence over the approach the AHP workforce approach:

- AHP Strategic Oversight Forum.
- AHP In to Action Board.

Our Chief Executive also liaises with key groups to ensure we provide positive impacts to workforce planning matters where appropriate.

Work with employers

Where appropriate, we work with employers to support them in managing workforce issues. For example, in 2014 the London Ambulance Service (LAS) advised us that they would be undertaking a recruitment campaign to recruit internationally qualified paramedics, primarily from Australia and New Zealand, to fill vacant positions. In order to facilitate this exercise we secured a Department of Health and Social Care (DHSC (the Department of Health at that time)) grant to enable us to resource processing all newly received international applications as promptly as possible.

Engagement with the four countries

The Policy and Standards department liaises closely with AHP leads and directors across the four countries to ensure we work collaboratively to tackle workforce issues. In particular, in developing our new Data and Intelligence function, we have worked closely with the AHP lead for Health Education England and the Associate Director for Allied Health for NHS Education for Scotland. This is with a view to ensuring our data collection and intelligence gathering supports robust workforce planning.

As we input in to the upgrades to our Registration and Fitness to Practise systems, we have been mindful of the needs of external stakeholders, and we have endeavored to future-proof our data collection to meet ongoing requirements.

International learning

The Policy and Standards department seeks to learn from best practice models across the world, and through our attendance at international conferences, we have established links to international leaders in data-informed workforce planning. The New Zealand Ministry of Health has developed an extremely sophisticated and internationally-recognised modelling system to 'help ensure the health workforce is well trained, appropriately configured, and able to address the future health needs of New Zealanders'. In developing our new Data and Intelligence function, our ambition is to emulate this model as far as possible, whilst taking account of financial and resource constraints.

Previous consideration	SMT considered these updates and approved on 13 August 2019.
Decision	Council is asked to note the contents of this paper.
Next steps	Development of our new data and intelligence function.
Strategic priority	Strategic priority 3: Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment.
Risk	Strategic risk 2 - Failure to anticipate and respond to changes in the external environment.
Financial and resource implications	No financial or resource implications.
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