

In relation to the theme of valuing our workforce

1. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
 - It is positive that the strategy recognises the importance of incentives to remain in post aside from remuneration, as part of a general emphasis on improving working life.
 - The development of flexible career structures and working arrangements is important to increase retention and improve work-life balance.
 - The emphasis on co-producing standards with the workforce is positive, as a sustainable culture shift must be collaborative rather than a top-down imposition.

2. If not - what is missing?
 - The strategy does not refer to the importance of encouraging healthy behaviours and lifestyles among its workforce. The strategy should be integrated with existing Welsh Government strategies and priorities in this area, such as obesity and breastfeeding.
 - The RCPCH Prevention Vision sets out key recommendations to improve population health that could be incorporated into measures to improve the health of staff and the workforce. Those encompassed by the principle to 'give children a healthy start in life', such as action to improve access to breastfeeding support and smoking cessation services, are of relevance to the Wales healthcare workforce.

3. Are the emerging priorities and potential actions sufficient?
 - No - see below.

4. If not what else would you like to see?
 - The strategy should refer to the health of its workforce and link these with existing Government priorities and strategies. HEIW may wish to draw priorities and actions from recommendations in the RCPCH Prevention Vision.

In relation to the theme of seamless working

5. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
 - The implementation of a quality improvement and positive risk approach development programme is promising, as a complement to the wide-reaching changes contained within the present Strategy.
 - The mention of support for regional partnership working to develop and deliver new models of care is positive. In the context of workforce shortages it is vital that services are redesigned to deliver high-quality care more efficiently.
 - Relatedly, the emphasis on multidisciplinary and cross-sector working across this theme is valuable as collaboration is essential to designing innovative models of care.

6. If not – what is missing?

- There is no mention of linking the various professional groups that work with children and young people (CYP). Effort should be made to establish and maintain links to education, special educational needs/additional learning needs and looked after children services, plus links to other CYP settings. This is vital for CYP-centred care that meets the needs of all children in Wales.
- There should be specific mention of paediatricians working with primary care to serve the children in their population and reduce the need for escalation to secondary care or emergency departments (this is related to the 'education and learning' theme response).
- HEIW may wish to draw inspiration from the Buurtzorg model, which provides holistic, compassionate care to patients and the wider community via self-managed neighbourhood teams.

7. Are the emerging priorities and potential actions sufficient?

- No – see below.

8. If not what else would you like to see?

- Actions should explicitly seek to improve communication and working between CYP settings, such as the creation of new roles to act as links between CYP services. These must be accompanied by appropriate investment and guidance.
- In the context of multi-agency and multi-disciplinary teams, the strategy should explicitly refer to primary care doctors and paediatricians working together.

In relation to the theme of digital

9. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

- The emphasis on upskilling the current workforce via the digital literacy plan and role redesign is positive, as new technologies cannot be embedded without an appropriately-skilled workforce.
- The focus on equipping leaders with knowledge is valuable as their buy-in is crucial to a nation-wide culture shift towards technological solutions.

10. If not – what is missing?

- The section does not give actions to improve data collection and analysis infrastructure.
- The section does not acknowledge the significant investment required to upskill the workforce and to provide them with necessary technologies, such as new IT systems.

11. Are the emerging priorities and potential actions sufficient?

- No – see below.

12. If not what else would you like to see?

- StatsWales should be strengthened in terms of resourcing and remit, allowing it to collect more data regarding workforce, patient flow and incidence. The evidence collected from this will provide a strong foundation for new technologies and innovations to be built upon.
- The Strategy must acknowledge the significant expenditure that will be required to embed technology in the health service, and pledge to provide this. Without the necessary resources, technology will be regarded as a distraction from challenges within the health service rather than part of the solution.

In relation to the theme of attraction and recruitment

13. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

- The focus on attracting young people to a career in health and social care is positive. As a College we would be happy to support this.
- It is positive that the Strategy acknowledges different challenges faced by different areas, although it is unclear whether 'areas' refers to geographical regions or medical professions/specialties. Both possibilities are relevant to the theme.

14. If not – what is missing?

- International recruitment must be accompanied by an excellent induction package for new recruits. The MTI Initiative in Wales is a good example of this.

15. Are the emerging priorities and potential actions sufficient?

- No – see below

16. If not what else would you like to see?

- It should be recognised that issues around recruitment and retention are closely linked to workforce shortages.
- Pay premia should be considered as a way of attracting doctors to less attractive geographical areas, alongside other initiatives.
- The Strategy should clarify whether bursaries and incentives for shortage areas refers to shortages in geographical areas or specialties. Both possibilities should be addressed within the theme.

In relation to the theme of education and learning

17. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

- The mention of multi-disciplinary and -agency learning is positive, as this is essential to provide the high-quality care for patients and reducing workforce pressures.
- The reference to widening access as an emerging priority is positive, as is its explicit inclusion in 'potential actions'.
- It is promising that apprenticeships are mentioned as part of an emerging priority to create flexible, innovative approaches to education.

18. If not – what is missing?

- Case studies of staff career journeys should be publicised to demonstrate the possibilities of a career in healthcare. This would be valuable to those at the beginning of their careers on a variety of pathways, such as individuals aspiring to train via a university course or undertaking an apprenticeship.
- All medical students should have exposure to paediatrics and understand the basics of treating children and young people, including how they differ to adults. This is vital to improve the overall health of Wales as children and young people represent a significant proportion of the health need and often require different care to adults.
- Furthermore, increased paediatric training at the start of medical students' careers will result in a workforce that is more confident in treating its youngest patients. The need for increased paediatric training among all clinicians is especially pertinent for

primary care, as GPs see a high proportion of children as part of their work. Certain RCPCH members have reported a trend of some GPs being less confident in assessing children and therefore referring them to secondary care. Increased paediatric training across doctors' medical careers, from student to CPD, will increase GP's confidence and reduce pressure on services.

- Given the current workforce shortages, increased paediatric training for primary care doctors may be best implemented via joint working and training between paediatrics and primary care.
- Equipping more of the medical workforce to treat children and young people also has the potential to increase children and young people's inclusion in preventative healthcare interventions, maximising the chance that these will have long-lasting beneficial effects. This accords with the focus on prevention given in the first of the quadruple aims.
- Finally, in the context of a growing crisis in paediatric staffing across the UK (described in the RCPCH 2017 workforce census overview), increased exposure to paediatrics may improve recruitment and retention in this vital specialty.

19. Are the emerging priorities and potential actions sufficient?

- No - see below.

20. If not what else would you like to see?

- An explicit commitment to ensuring that all doctors at early stages of their training have the opportunity to be exposed to and develop skills in managing children, young people and families.
- Given the aforementioned importance of primary care on improving child health and reducing the burden on paediatric services, Health Education Wales should fund mandatory child health training for all GP trainees. This recommendation accords with that made by the RCPCH State of Child Health 2017 report, and in the subsequent 'two years on' scorecards.
- HEIW may also wish to consider fellowships in paediatrics for GPs that have already completed their training. Such fellowships are offered in Birmingham Children's Hospital and at centres in Scotland.
- The theme should include reference to competency-based training programmes that allow staff to be rewarded for seeking learning opportunities and gaining clinical experience. Such training programmes would also accord with the theme of 'leadership' and 'valuing and retaining our workforce'.

In relation to the theme of leadership

21. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

- The recognition of culture as a key determinant of care quality and workforce wellbeing is positive.
- The proposed action to increase capacity for clinical leadership is valuable, as is a recognition of the importance of life-long learning. This will require investment that will be returned in terms of increased staff engagement, retention and morale.

22. If not - what is missing?

- The Strategy does not recognise the need to ensure equal clinical leadership representation across specialties.

- This theme does not refer to the development of reflective learners in the context of lifelong learning. The ability to be reflective is vital for the development of leadership skills.
- This theme also lacks explicit reference to primary care clinical leadership that is equipped to meet the demands of the entire population, including children and young people. This will reduce burden on secondary services, as outlined in the previous section, and accords with the 'community-based approach that is a priority of the Strategy.

23. Are the emerging priorities and potential actions sufficient?

- No - see below.

24. If not what else would you like to see?

- The vision and emerging priorities should explicitly state that individuals will be encouraged to develop their leadership skills through reflective practice throughout their career.
- As above, Health Education Wales should fund mandatory child health training for all GP trainees. This will equip clinical leaders of the future to consider their youngest patients.

In relation to the theme of workforce supply and shape

25. Does this theme support the workforce transformation needed to deliver A Healthier Wales?

- It is positive that the Strategy acknowledges the need for short, medium and long term action in relation to workforce challenges, and that consistency in approach is needed across the health and social care workforce.
- The potential action to invest in the data set and analytics is positive. This links to the digital theme in the Strategy and should be applied across the health service.
- Research, and the issues facing the medical research workforce in Wales, are not addressed sufficiently in the Strategy.

26. If not - what is missing?

- Workforce planning should be based on demand, rather than budgets, using the standards developed by Royal Colleges as a way to identify the current gap between supply and demand.
- For example, the RCPCH Focus on Wales (2019) report states that 73.7 additional whole time equivalent consultants are needed to meet the standards set out in the Facing the Future standards.
- The Strategy refers to the creation of implementation plans in its introduction, and this theme mentions integrated workforce plans. A source of accountability regarding their creation, review and evaluation is not identified.
- 'Key shortage area', referred to in the theme, should be defined.
- As noted in the RCPCH Focus on Wales report, published 2019, the community child health services in Wales are facing particular challenges in remote and rural areas in addition to general workforce pressures and shortages. Community child health is not mentioned in the theme or Strategy.
- The Strategy does not refer to advanced clinical practitioners or physicians associates.
- The Strategy should set out how it will ensure a strong pipeline of medical academics. This is essential to ensure the wellbeing of the population in the future and the prosperity of its academic institutions.

27. Are the emerging priorities and actions we have identified sufficient?

- No – see below.

28. If not what else would you like to see?

- The Strategy should make an explicit commitment to planning its workforce based on demand modelling. This puts patients and the population at the centre of the health service, rather than budgetary constraints.
- The Strategy should provide clarity on where responsibility lies for developing implementation plans and the integrated workforce plans referred to in this theme, and who will be accountable for their delivery and evaluation.
- The entire Strategy is top-line and provides a good overview of future work and direction. It must be complemented by a roadmap to a fully staffed service that sets out service models as a benchmark for implementation plans to deliver against.
- The section notes incomplete workforce data. The RCPCH would be delighted to share anonymised workforce data, and for HEIW to support us in gathering data for upcoming censuses and sharing subsequent census reports.
- The term 'key shortage area' should be defined. It is likely that paediatrics will fall under the chosen definition, and the Strategy should mention this in the context of it being a priority area for action.
- The emerging priority to develop detailed workforce plans across health and social care in the primary and community care environment must include community paediatrics
- The Strategy should consider the deployment of physicians associates and advanced clinical practitioners in workforce models, including investment to train and support members of these professions.
- In terms of research, the issues facing Wales are replicated throughout much of the UK as Medical Directors attempt to save money by not replacing academics that retire from their posts. This has led to widespread gaps across medicine; Cardiff no longer has any clinical professors in cardiology, respiratory medicine, obstetrics and gynaecology and surgery.
- The number of professors in paediatrics is decreasing for similar reasons with no sign of abating, as centres including Swansea and Cardiff do not replace faculty that retire or move abroad. This logic extends to Heads of Schools, attested by a reported instance of this post not being advertised or filled as a cost saving measure.
- The lack of senior academics in Wales will have severe consequences for medical school teaching, with ramifications across the medical community, and on the quality of research that takes place in the country.
- The theme of workforce supply and shape should seek to address these issues as soon as possible; the potential action for investment in research capacity and capability should be brought forward from 2024-27 and be accompanied by significant funding and support for current and trainee academics. Local Health Boards, Trusts and Universities in Wales must also be supported to contribute towards a new strategy that safeguards the future of medical research in Wales.