



Royal College of Psychiatrists

Submission to Public Accounts Committee – Inquiry into NHS England’s modelling for the Long-Term Workforce Plan

The Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

The College aims to improve the outcomes of people with mental illness, and the mental health of individuals, their families and communities. In order to achieve this, the College sets standards and promotes excellence in psychiatry; leads, represents and supports psychiatrists; improves the scientific understanding of mental illness; works with and advocates for patients, carers and their organisations. Nationally and internationally, the College has a vital role in representing the expertise of the psychiatric profession to governments and other agencies.

The College has several reflections related to the themes outlined by the Committee in this inquiry.

The Implementation Plan for the 2023 NHSE Long-term workforce plan (which hasn’t been published yet) and the updated NHSE Long-term Workforce Plan (due to be published in 2025) present opportunities to address the following areas.

1. Models underpinning the 2023 Long-Term Workforce Plan (LTWP)

The College welcomes [the report](#) from the National Audit Office into NHS England’s modelling for the Long-Term Workforce Plan¹.

We agree that NHSE should ensure open and transparent workforce modelling as well as good communication and consultation with external stakeholders. This requires Government investing in the NHSE, ensuring NHSE have adequate time, resource and infrastructure.

Within this context, we also note that the NAO reports how in practice, some of the modelling assumptions underpinning the Plan are more akin to targets, which will require policy changes, the agreement of professional bodies, and significant investment.

The forthcoming updated 2025 NHSE Workforce Plan presents an opportunity for NHSE to strengthen its modelling as well as to publish forecasts for growing

specialities, including psychiatry in the short, medium and longer term. We would welcome the opportunity to support NHSE to do this.

2. Future NHSE productivity

To improve NHSE productivity there needs to be investment in retaining and recruiting the health and care workforce, including mental health professionals.

2a. Improving mental health and wellbeing.

Meeting the mental health and wellbeing needs of our staff is critical for workforce retention and recruitment, particularly in the context of the NHSE Long Term Workforce Plan.

- Even before COVID, [staff were struggling](#) with high workloads, administrative pressures, challenges with working environments, time-pressures and poor work-life balance². These pressures have only grown in recent years. Many staff including those from marginalised groups have experienced burnout, and sometimes need professional support for their own wellbeing and mental health.
- Staff sickness figures reveal that anxiety, stress, depression, and other mental illnesses continue to be the most reported reason for sickness absence amongst the NHS workforce. Mental illness (defined as anxiety/stress/depression/other psychiatric illnesses) accounted for the loss of 6.5 million staff days and 25.9% of all NHS sickness absence over the course of 2023.³).
- An estimated 1-in-17 of all workers in England are employed by the NHS, making the NHS the country's biggest employer, which could rise to 1-in-11 if the Long-Term Workforce Plan is delivered by 2036/37.⁴ Across the health workforce, clinicians report leaving their professions altogether due to burnout. We cannot sustain this loss of specialist skills, now more than ever, when we need to retain clinicians to meet record levels of demand.
- The NHS Long-Term Workforce Plan recognises the role of staff mental health services in addressing core issues such as staff retention; sickness absence and reducing costly expenditure on temporary locum staff. For [every £1 spent on workplace mental health interventions, £5.30 is saved](#)⁵.
- A healthy, thriving workforce is fundamental to driving the productivity improvements in the NHS in future years. [Research estimates](#) the financial cost to the NHS of poor wellbeing at £12.1 billion a year, and that around £1 billion could be saved by successfully tackling this issue in the long term, through sustained, ring-fenced investment at scale⁶.

The Government must ensure all NHS staff, including psychiatrists on acute inpatient wards and in the community:

- Have access to comprehensive mental health and wellbeing support, through a mental health and wellbeing hub. This should be followed by adequate support for ICSs and individual providers to take over the hubs at a devolved level.
- Are given the opportunity, through properly funded Occupational Health and Wellbeing Services, for regular conversations to discuss their wellbeing and what will keep them in the workforce, including discussions about pension flexibilities, flexible working options, and health and wellbeing.
- Have protected time to enable them to access these wellbeing offers, as our members often tell us this is a challenge for them.
- Have access to working tech and adequate space to carry out daily duties including confidential consultations.
- Have adequate admin support.
- Are provided with robust flexible working offers, for instance adaptable posts as post holders seek to pursue specific interests within job roles and paid sabbaticals for senior mental health professionals.
- Have 24/7 access to healthy and hot (or the facilities to heat) food and drink.
- Work in hospitals that meet minimum standards for appropriate on-site rest facilities that are available 24/7.

The College have offered to be a part of NHSEs review of support available to NHS staff.

2b. Addressing racism and discrimination in the workplace

The NHS must be supported to create a more diverse and representative workforce that reflects the populations it serves, ensuring that data on the diversity of the workforce is shared routinely and publicly.

- This is especially important given the well-evidenced discrepancies in experiences of people from racialised communities, and it is a core element of the PCREF.
- In 2023 the College published [Tackling racism in the workplace guidance](#) which summarises experiences of racism faced by healthcare staff. The guidance supports employers and employees to reduce racism – both institutional and personally-mediated so as to support staff wellbeing and retention⁷.
- We note that as part of their [inquiry into workforce recruitment, training and retention](#), the Health and Social Care Select Committee reported “We were horrified to hear clear evidence of racism within the NHS, with some staff subjected to racist bullying, harassment, and abuse from colleagues

and patients. This behaviour is unacceptable anywhere, and we condemn it expressly here. Tackling racism is a recruitment and retention issue, and the NHS and Government must take it extremely seriously.⁸”

- As part of our Act Against Racism campaign, we are calling on all mental health organisations to sign up to the 15 actions in our Tackling racism in the workplace guidance.

2c. Wider Productivity.

There are wider programmes of reform related to productivity that are broader than just the NHS and its staff but will impact on it. This relates to access to welfare benefits where the Government are currently making significant proposals that would mean more people with mental illness are expected to take up employment compared to currently.

As well as its impact on those NHS staff who might experience mental illness, there may well be expectations placed on health services to meet the needs of people with mental illness who are receiving benefits. However, resources and capacity can not necessarily keep pace.

We look forward to continued engagement with Government on this area, including responding to the call for evidence on Fit Note Reform and their proposals on the Personal Independence Payments system.

3. Expansion of training places

3a. Educator capacity – including time to supervise training.

- We welcome commitments set out in the 2023 NHSE Workforce Plan to increase medical school places by one third to 10,000 per year by 2028/29 and by double, to 15,000 per year by 2031/32. This must be fully costed and delivered, with more medical school places put into schools with a proven track record of delivering consultants in shortage specialties including psychiatry. The College estimates that doubling places could increase the numbers becoming consultants by between 450 and 675 posts a year.
- We know from the professional practice of our members that inadequate capacity can mean that the quality of medical school placements can be compromised. Undergraduate leads can find it difficult to place students in suitable clinical placements and in important recruitment areas such as CAMHS. More must be done to retain staff and to prevent this situation from worsening (see Section 2 above related to retention). New medical schools should be supported with their curriculum and teaching in psychiatry. In the immediate term innovations such as simulation and patient educators could be used to mitigate lack of clinical experience.

- It is important that there are enough trainers for the influx of medical students and trainees planned for and that supervision duties across the multidisciplinary team are carefully considered so consultant psychiatrists are not over pressured.
- We hear from our members that teaching is becoming harder due in part to work pressures and inadequate infrastructure. There is little time to teach medical students and it is harder to teach in remote clinics. Members also report a lack of space to use IT, to have the space to teach and to have students sit in clinical settings.
- To address these multifaceted challenges, our members report that we will need to see:
 - An increase in paid administrators, undergraduate leads, teachers.
 - SAS doctors should have support to become educators. Consultants and SAS doctors must also have time in their job plans to deliver training.
 - An increase in patient educator education - which requires comprehensive organisation and supporting structure.
 - Investment in simulation to compensate for reduced clinical placements.
 - A process to enable retired consultants to have education only contracts and reduced appraisal/ mandatory training.
 - The undergraduate tariff given entirely to undergraduate education.
 - An increase in online teaching resources (given online teaching will be inevitable due to the lack of clinical placements).
 - Time in job plans reflective of 'actual' time.
 - More training of trainees in teaching and education organisation.
 - Time and expertise to train the trainers in education.
 - More education via Out of Programme Experience (OOPE)s for trainees.
- There is a clear role for Government in ensuring the resource and capacity is in place to support challenges being addressed adequately. As well as action at a national level we will need to see regional and local level action – for instance involving Post-graduate Deans and medical directors.

3b. Competition ratios

There is a growing interest in psychiatry as a specialty and a need to continue to expand places throughout the training pipeline.

After falling to as low as 1.26 applications per place across Great Britain for core psychiatry training in 2017, the competition ratio has been on the rise year-on-year. It reached a peak of 4.98 applications per place in the 2023 recruitment round, compared to 4.78 for anaesthetics and 4.17 for core surgical training for example.⁹

Alongside a continued expansion of core psychiatry training places to satisfy this growing demand from foundation doctors, capacity must also be increased at ST4 level to ensure those progressing through the training pipeline can access ongoing training on the road to consultant psychiatry posts.

3c. Specialty training curricula – enhancing specialist skills alongside generalist expertise.

- Having the right workforce – in terms of enough staff and the right mix of skills and roles – is critical to the implementation of programmes of reform. Psychiatrists play a central role in the mental health multidisciplinary team and thus the number of psychiatrists need to grow along with the welcome plans to grow the wider mental health workforce. As part of wider recruitment initiatives, workforce planning must take account of the need to deliver the additional workforce deemed necessary to deliver the Clinically-led Review of Standards and reforms to the Mental Health Act.
- We are pleased to see commitments in the 2023 NHS Workforce Plan to work with partners to develop a national, multi-profession, integrated community and primary care core capability and career framework to support workforce development. Similarly optimising MDTs, including increasing the number of peer support workers and approved clinicians working in MH services are welcome.

3d. Targeting postgraduate training – geographical areas of patient need.

- We welcome commitments in the 2023 NHSE Workforce Plan for a higher proportion of the new 2024/25 cohort of 1,500 additional medical students to carry out their postgraduate training in parts of the country with the greatest shortages and in services such as mental health. Given the scale of shortages in psychiatry and lack of parity with other specialties, we need to see similar assurances in the medium and longer term. As highlighted above educator capacity is essential (point 3.a) and we need to see forecasts for growing psychiatry (point 1).
- We must recognise that there are students who:
 - stay in the geographical region they studied in after medical school,
 - study in their home region,
 - have to work and go without necessities to fund themselves and

- plan on leaving the NHS.
- These factors should be considered when planning medical school places and new medical schools. Retaining medical students and ensuring their wellbeing and mental health needs are met should be a priority.

4. Funding

4a. Postgraduate medical education and training investment since 2013

- While there has been a welcome increase in investment for postgraduate medical education and training between 2020/21 and 2022/23 of 11.8% in real terms (from £2.201bn to £2.461bn), it is also worth noting that this follows a sustained funding squeeze on this area of the healthcare education and training budget.
- Our analysis of spending data has shown that, adjusting for inflation, investment in this area rose by just 0.1% between 2013/14 (£2.200bn) and 2020/21 (£2.201bn), with some year-on-year reductions in spend in real terms within that period.¹⁰
- Expansion of training in the coming years will therefore have to be made in this context where the capacity of postgraduate medical education and training was constrained over that timeframe.

¹ National Audit Office. NHS England's modelling for the Long-Term Workforce Plan. 22 Mar 2024. Available from: [NHS England's modelling for the Long Term Workforce Plan - NAO report](#)

² RCPsych. 'Supporting the mental health of our workforce'. April 2024. Available from: https://www.rcpsych.ac.uk/news-and-features/blogs/detail/presidents-blog/2024/04/25/supporting-the-mental-health-of-our-workforce?utm_campaign=2744509_eNewsletter%20-%20main%20-%2025%20April%202024&utm_medium=email&utm_source=RCPsych%20Digital%20Team&dm_i=3S89,1MTOD,8F1SHI,68H7H,1

³ RCPsych analysis of NHS England. Sickness Absence Rates. January 2023-December 2023 inclusive. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates> [Accessed on 10 May 2024].

⁴ Nuffield Trust. The NHS workforce in numbers. 7 February 2024. Available from: <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers> [Accessed on 10 May 2024].

⁵ Deloitte. Mental health and employers Refreshing the case for investment. January 2020. Available from: <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf>

⁶ The International Public Policy Observatory. NHS staff wellbeing: Why investing in organisational and management practices makes business sense - A rapid evidence review and economic analysis. June 2022. Available from: [IPPO NHS Staff Wellbeing report LO110823.pdf \(ioe.ac.uk\)](https://ipppo.org.uk/reports/nhs-staff-wellbeing-report-LO110823.pdf)

⁷ RCPsych. Tackling racism in the workplace guidance. 2023. Available from: <https://www.rcpsych.ac.uk/improving-care/act-against-racism/tackling-racism-in-the-workplace/actions>

⁸ House of Commons Health and Social Care Committee. Workforce: recruitment, training and retention in health and social care. July 2022. Available from: [Workforce: recruitment, training and retention in health and social care \(parliament.uk\)](https://www.parliament.uk/publications/2022/10/workforce-recruitment-training-and-retention-in-health-and-social-care)

⁹ NHS England. Competition Ratios. 2012-2023 inclusive. Available from: <https://medical.hee.nhs.uk/medical-training-recruitment/medical-specialty-training/competition-ratios> [Accessed on 10 May 2024].

¹⁰ RCPsych analysis of Health Education. Annual reports and accounts 2013-2023 inclusive. Available online: [https://www.gov.uk/search/transparency-and-freedom-of-information-releases?organisations\[\]=health-education-england&parent=health-education-england](https://www.gov.uk/search/transparency-and-freedom-of-information-releases?organisations[]=health-education-england&parent=health-education-england). Real terms adjustments are in 2022/23 prices and are based on HM Treasury. GDP deflators at market prices, and money GDP March 2024 (Quarterly National Accounts). April 2024. Available online: <https://www.gov.uk/government/statistics/gdp-deflators-at-market-prices-and-money-gdp-march-2024-quarterly-national-accounts>