Re-tooling/ fit for purpose – Is today's workforce fit for purpose?

Whilst being wary of generalisation, much of what people perceive to be workforce planning relates to the process of training varying volumes of new healthcare professionals, (as defined by specific knowledge and skills), and then trying to use policy or market levers to affect how these professionals are subsequently deployed across and within systems.

However whilst it is important to equip 'new' staff with the skills required both now and in the future such a perception ignores the fact that future interaction with patients will be delivered, in the main, by an existing workforce who we regard as 'already trained'.

The limitations of focussing on how we train new staff are apparent. There is no point pouring warm water into a cold bath – you have to heat the bath.

That is not to say that employers and policy makers do not recognise the need for Continuous Professional Development, and its accompanying twin, 'professional revalidation'. However even this lens may constrain efforts to genuinely modernise the workforce to meet future patient need.

- Revalidation seeks to ensure competence in skills as they are currently deployed
- Planning may be limited to professionally regulated staff only
- CPD tends to focus on specific skills and knowledge rather than on wider developmental needs that may be required to meet the changing needs of the public and the services they expect and demand.

The challenges of emergent patient needs and wants, and societal and technological changes mean that we may need to address some fundamental features of the workforce's cultures, belief systems, behaviours and personal and professional expectations. Such challenges may include concepts of flexible roles and careers, team roles, and interchangeable 'components' for service delivery, and the notion of partnership with the individual whose health is being managed.

These type of changes are likely to go far beyond simple responses to workforce modernisation that may initially be generated by concepts of 're-tooling' i.e.

- Providing CPD to existing staff, and
- Updating curricula / training programmes for 'new staff'

We also need to recognise the increasing role of self-care and informal carers, who we do not currently regard as part of the health workforce.

To stimulate this debate HEE has recently published 'Framework 15' our strategic framework for 2014-2029. At the heart of this framework is the concept that the 'future workforce' must be shaped by the nature of the 'people and patients of the future' that in turn is determined by known 'global drivers of change'.

Perhaps what is most striking about this approach is that the initial workforce themes identified have very little to do with the size of individual professions or the skills and relate more to the characteristics and behaviours of all partners in the health workforce and critically how they work with one another. These themes are described as;

- Informal & Formal Care
- Co-production & traditional care
- Whole person care
- Care whenever and wherever
- Knowledge, skill, and compassion

HEE is now turning its attention to gaining concensus on these themes and then exploring how the system as a whole needs to act if this future workforce is to be delivered.

This does not mean that we do not need to continue to undertake difficult and challenging changes in the nearer term, focussed on service and workforce re-design and re-engineering, however we think this type of re-tooling is 'necessary but not sufficient', and if these broader themes do not begin to be discussed and acted upon in parallel to these initiatives, we will simply get an incrementally better version of our current workforce models.