NHS
Health Education England

HEE Workforce Planning and Strategic Framework (Framework 15)

2015/16 Call for Evidence

In 2015/16 we are inviting organisations for submissions which address not only immediate workforce planning and education commissioning but which look further ahead and cover wider workforce strategy. For this reason the 2015/16 form covers not only 'conventional' supply and demand concerns, but invites organisations to comment on the wider context of drivers of change and the strategic response. It is organised as follows:

Section 1: Current and future workforce demand and supply

Section 2: Drivers of service demand change

Section 3: Patients and population

Section 4: Models of care

Section 5: Future workforce characteristics

Section 6: Any other evidence

Submissions should be completed and returned to HEE, using this form, by 30th June 2015 (see below for more information).

We acknowledge that this is a bigger task than in previous years, and it may entail a higher level of internal deliberation and consultation for your organisation. This is deliberate: we want to learn as much as we can about what organisations are thinking about the long term and the big picture, while simultaneously gathering thinking about the here and now and the more immediate future which will be influenced directly by HEE's commissions in the short term.

Making your submission

- We ask that, to maximise input, your submission is completed and returned to HEE by **30th June 2015**
- To submit your evidence please, complete this form. You can provide extracts of reports into the free text boxes below, or submit whole reports. Where an extract is provided, please reference the source.
- In submitting evidence you are invited to take into account the following:

HEE's workforce planning guidance	HEE Planning Guidance. Due to the restrictions around the election we have not yet received permission to put the planning guidance on our web site. It has been widely circulated but please contact mandy.knowles1@nhs.net if you do not have a copy.
HEE's strategic framework (Framework 15)	http://hee.nhs.uk/2014/06/03/framework-15-health-education-england-strategic-framework-2014-29/
The NHS Five Year Forward view	http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

- Once you have completed the form and/or prepared your 'pack', please embed it in an email and return it to hee.workforceplanning1@nhs.net and in the subject heading please use this convention:

HEE CFE 2015/16 from [your organisation's name in full – avoid acronyms] [Sub version x]

- Please note, it is not *compulsory* to complete all sections for you to submit a response, but **in order to maximise the value of your submission in informing HEE's 2015/16 education commissions, section 1 should completed and returned by the 30th June 2015.** Later submissions are not wasted as we draw on Caff for Evidence returns throughout the year for a variety of purposes.

Your contact details

Before completing the form below please submit your contact details here:

Name	Ms Avril Wayte
Job title/role in organisation	Assistant Registrar : Chemical Pathology
Organisation (in full please)	Royal College of Pathologists
Contact email	avril.wayte@wales.nhs.uk / Fiona.addiscott@rcpath.org
Contact number	01248 384262 / 020 7451 6726
Submission version (if you resubmit at any point)	1
Date	30/06/2015

Data Protection and Freedom of Information

The information you send us may be made available to wider partners, referred to in future published workforce returns or other reports and may be stored on our internal evidence database.

Any information contained in your response may be subject to publication or disclosure if requested under the Freedom of Information Act 2000. By providing personal information for this review it is understood that you consent to its disclosure and publication. If this is not the case, you should limit any personal information provided or remove it completely.

Section 1 – Current and future workforce demand and supply

Use this section to input evidence into the forecasting of future workforce numbers. Report here your perspectives on either;

i) the high level indicators; supply, demand, and any forecast under / over supply
or if available
ii) the more granular components of these three components e.g. retirement rates, output from education relative to attrition

1.1 Summary forecasts

- Forecast Workforce Demand
- Forecast Workforce Supply and Turnover
- Forecast Under / Over Supply

Forecast Workforce Demand

- Chemical Pathology is predominantly a laboratory based specialty with the Chemical Pathologist bringing vital medical insight, direction and leadership to the nature and quality of the diagnostic service provided by the laboratory.
- The Chemical Pathologist also straddles the clinical-laboratory interface and is able to ensure that diagnostics are used properly in the clinical setting.
- Such clinical liaison work is important for primary care with expansion of new monitoring tests and increasing cohort of patients with co-morbidities and multiple drugs which GPs are expected to monitor. Succinct targeted medical advice helps support services. Also there will likely be a need to provide more direct interpretative and advisory services direct to patients as they obtain the right to access their own results directly (April 2015).
- All Chemical Pathologists report increasing advice sought from junior doctors particularly as many have not had the same pathology exposure of previous generations. Current reviews of undergraduate training are likely to reverse some of the changes over the last two decades with increase need for Chemical Pathology input into undergraduate teaching.
- Chemical Pathologists increasingly find themselves making significant and important contributions to how diagnostic testing can improve the whole patient pathway, with essential guidance, explanation and interpretation provided to other healthcare professionals who increasingly are unable to deal with the complexity of modern diagnostic medicine in an optimal manner without such input. The Diagnostic Atlas of Variation demonstrates

the huge variation in the level of use of diagnostic tests which in turn points towards significant levels of inappropriate testing and understanding amongst medical professionals.

- Chemical Pathologists are already pivotally involved in the provision of direct specialist patient care, notably in diabetes, obesity, lipid disorders, metabolic bone disease and inherited metabolic diseases in Trusts and Health Boards across the UK. These additional Chemical Pathologists roles are also forecast to experience increasing pressure in the years ahead – as a direct consequence of the increasing prevalence of diabetes, obesity and lipid disorders which will undoubtedly impact heavily on the out-patient services typically led by Chemical Pathologists. This will inevitably lead to more involvement in community provision of services and the education of patients to prevent morbidity.
- The Chemical Pathologist is also becoming an increasingly important player, providing much needed clinically diagnostic insight, into the processes of reconfiguration, procurement and commissioning of pathology services, including areas such as repertoire, turnaround times and demand management that depend hugely on being able to make the link between diagnostic service and the needs of the patient.
- Pressure on Clinical Biochemistry (Chemical Pathology) diagnostic services continues to rise year on year both in terms of the number of samples but also with regards to the increasing complexity of requests. While molecular based diagnostics will offer new approaches, the number of "variants of *unknown significance"* generated will require increased guidance on biomarkers for individual disorders to help clarify. Individuals with sound clinical diagnostic skills (Chemical pathologists) are essential to support this.
- The ageing population will continue to add pressure to the whole of diagnostics in relation to the inevitable increase in prevalence of multi-system and chronic disease processes.
- Chemical Pathologists working within the NHS and academia make significant contributions to research output both directly via their own driven research activity, but also by providing essential and important collaboration and diagnostic support to many other studies and trials.

Forecast Workforce Supply and Turnover

- The financial downturn, along with recommendations from the Carter Report has resulted in diagnostic services going through a process of reconfiguration which has by and large promoted the evolution of larger centres connected to smaller providers (hub and spoke model). The historic discipline specific boundaries have also begun to contract, with the concept of blood science based models also becoming common. This is likely to continue to be refined.
- The call for provision of a seven day NHS by 2020 will inevitably result in the need for a greater workforce in order to cope with demand.

- The Cancer Strategy for England 2015-2020 means that the size and shape of the pathology workforce needs to be developed further in order to deliver what is required, and the ageing population and increased incidence of cancer will add pressure across the whole of pathology, including chemical pathology.
- The Health and Social Care Act of 2012 has also added a further level of complexity, with competition, commercial awareness and a risk of fragmentation of both services and the workforce providing such.
- The rising importance of quality in healthcare, highlighted by the NHS England publication of the Pathology Quality Assurance Review, will also drive all aspects of Clinical Biochemistry services in the coming years. Medical leadership and insight into this process will be vital to ensure appropriate quality milestones are achieved in relation to teaching, CPD, informatics, quality assessment and clinical governance.
- The increasing use and dependency on Point of Care Testing (POCT) will continue to expand not just in primary and secondary care, but also in the high street and in patients homes. While there will be a vital input required from pathology professionals to ensure that the technical aspects of such POCT is carried out to sufficient standards; there will also be additional guidance from Chemical Pathologists in particular to ensure that any such service is clinically relevant, warranted and is performed and understood by the user of the test. It will be the responsibility of the Chemical Pathologist to redesign the patient pathway using POCT and other innovative approaches to improve the clinical efficiency and patient experience.

Forecast Under Supply of available workforce

- The impact of recent changes in provision of NHS pensions are forecast by many organisations to have a significant effect on the retirement age of many consultant Chemical Pathologists, with the likelihood of earlier retirement. In addition, those consultants in receipt of ACCEA merit awards are also likely to retire early before the risk of these pensionable additions to salary are challenged.
- Workforce models with Clinical Biochemistry services will continue to be delivered using a combination of Chemical Pathologists, clinical scientists, biomedical scientists and other support workers. This team approach is essential as it allows each member to bring an important, clearly identifiable and necessary capability that compliments the others in the team.
- There are clear distinctions between the contributions of Chemical Pathologists and clinical scientists.
- The particular insight of the Chemical Pathologist, using the combination of both medical training and experience along with diagnostic knowledge, will be vital to direct, advise and lead the provision of increasing complex diagnostic strategies that will have significant impact on patient flow and

outcomes across the whole patient pathway.

- Continued and increasing demand on the particular direct patient care activities provided by Chemical Pathologists will also become apparent as a result of the epidemiological changes in relation to obesity and ageing that are affecting the population.
- Additional new roles will develop in the near future as a result of the increasing demand for interpretative services – potentially as a direct service to patients as they gain access to their own results. Such enquiry is likely to depend heavily on prior medical knowledge and may involve therapeutic insight and instruction.

Overall Part 1 comment

Chemical Pathology is a laboratory based discipline with the vital role of Chemical Pathologists bringing their medical and diagnostic insight to direct and lead diagnostic services both in terms of the laboratory aspects but also outside of the lab to influence patient pathways, define actions, provide interpretation and subsequent patient management. Their additional valuable role in direct patient care activities is an essential element of several specialist services, which complements their important laboratory based activities.

1.2 Detailed / Component forecasts

Forecast Workforce Demand

- Service Demand drivers
- Change in use of temporary staff
- Addressing historic vacancies
- Skill Mix / New Roles
- Workforce Productivity

Summary Forecasts

1. Accuracy of Current Consultant and Trainee Numbers

Data can be derived from a number of sources such as that held by HSCIC or directly by the Royal College of Pathologists (RCPath). The HSCIC data (from January 2015) indicates 120 Consultant Chemical Pathologists in England. This compares with data from RCPath which indicates 173 Consultants. Neither data should be regarded as correct but clearly the importance of establishing a valid baseline on which to base workforce projections needs emphasising. The real number of posts is most likely to be closer to the RCPath estimate as it is a known problem with HSCIC data that many Chemical Pathologists are registered by their Trust employers incorrectly as histopathologists (as a result of confusion amongst clerical staff as to what is meant by the term "pathologist". A similar phenomenon is experienced with the classification of Chemical Pathologists in Scotland).

2. Baseline Current Consultants – likely to be near 173 rather than 120.

3. Baseline Current Trainees – RCPath figures record that there are currently 44 trainees in Chemical Pathology, which is 10 less than 2014-2015.

4. Supply/Demand. RCPath figures suggest that there are 82 consultants over the age of 55 – most of these are expected to retire in the next 5 years, with many choosing to retire early as a result of pension changes currently being implemented. The average training time for a consultant Chemical Pathologist has been identified as 6.5 years (RCPath training department calculations) with an attrition rate (trainees leaving the discipline of 20%). This will only add to the likely shortfall experienced.

Discussions are ongoing within the discipline to decide the best way forward for training, taking into consideration the actual needs of the NHS and other healthcare providers, the potential impact of the "shape of training", and the significant problems facing smaller specialty recruitment.

The impact of recent changes to NHS pensions are forecast to have a significant impact on the retirement age of many consultant Chemical Pathologists, with many expected to retire earlier. In addition, those consultants in receipt of ACCEA merit awards are likely to retire early before the risk of the loss of these pensionable additions to salary are challenged.

Detailed/Component Forecasts

1. Replacement Rates/Skill Mix. It has been suggested that reconfiguration, commissioning and commercialisation may result in some of these medical consultant posts not being replaced or replaced by consultant clinical scientist posts. It is the strong view of RCPath and the profession however that this would be a mistake with the likely need for Chemical Pathology input to rise in the coming years due to the important role and demand illustrated in section one.

2. Other Service Demand Drivers. Increasing laboratory workload, expanding clinical liaison and interpretative role, increasing specialist out-patient and community-based activity related to diabetes, obesity, lipids, metabolic bone disease, inborn errors and nutrition and increasing medical leadership relating to the integration of diagnostics into patient pathways, are all likely to impact positively on the need to have specific medically qualified Chemical Pathologists available.

The publication of a number of NICE guidelines results in the need for a greater workforce to enable the recommendations to be delivered in a safe manner. Examples include the availability of Point of care Testing in the community for tests such as CRP.

The Cancer Taskforce has issued a statement of intent in a Cancer Strategy for England 2015-2020. Clinical Biochemistry tests contribute both directly and indirectly to cancer detection and management. Directly in that there are specific tumour marker tests: CEA, AFP, CA125, CA19.9 and CA15.3. These may be involved in screening, diagnosis and follow up of patients with certain cancers. Indirectly in that any increased activity in cancer burden (incidence, activity, and new treatment pathways) will be associated with increased use of routine biochemistry tests. It is likely therefore that both of these effects will kick in when either an increase in incidence is observed (expected as the population ages) or whereby screening, case finding or management becomes more active as a result of increasing incidence, policy change or new guidelines.

New roles and additional time demands for Chemical Pathologists includes attending and supporting MDT meetings at other departments eg Endocrine MDT, Gastroenterology (with regards to TPN), etc.

Chemical Pathologists interact with and support almost every other clinical speciality, as almost all specialities request biochemistry tests to some degree.

Many Chemical Pathologists are involved with Medical Schools and teaching.

1.3 Forecast Supply from HEE commissioned education

- Assumed training levels
- Under recruitment
- Attrition
- Employment on completion of training

Forecast Supply from HEE Commissioned Education

1. **Assumed Training Levels** – 44 trainees currently in England.

2. **Under-Recruitment** – this remains a problem. No trainees were appointed in 2013 in England despite 12 vacancies. 2014 recruitment was 3 and in 2015 despite 16 posts being available, only 4 places were filled. This contributes significantly to the risk of under recruitment and an imbalance in the supply and demand chain for Chemical Pathologists. RCPath and the profession have begun an active programme of awareness and encouragement throughout both undergraduate and postgraduate environments which will hopefully improve recruitment rates in the near future.

3. **Attrition** – the arduous nature of Chemical Pathology training (6.5 years average), including significant clinical components in the metabolic medicine sub specialty curricula and the current requirement for both MRCP and FRCPath mean that some trainees decide to leave the discipline part way through training. This is estimated to be of the order of 20% overall usually within first 2 years.

http://www.rcpath.org/training-education/specialty-training/chemical-pathology.htm has links to the curriculum for specialty training in Chemical Pathology and to the Metabolic Medicine curriculum. These set out the specific knowledge, skills and behaviour required of practitioners in the specialty.

1.4 Forecast Supply – Other Supply and Turnover

- From other education supply
- To/from the devolved administrations
- To/from private and LA health and social care employers
- To/from the international labour market
- To/from other sectors / career breaks and 'return to practice'
- To/from other professions (e.g. to HV or to management)
- Increased / decreased participation rates (more or less part time working)
- Retirement

Forecast Supply – Other Supply and Turnover

- **1. From other education supply** – Trainees in Chemical Pathology with metabolic medicine sub-specialty generally are recruited from Core Medical Training output. This is becoming increasingly difficult with fewer trainees from this source available and greater interest in other medical specialities. Some confuse the metabolic medicine component as being the main element of Chemical Pathology rather than the laboratory training – this leads again to increased attrition rates.
- **2. To/from the devolved administrations** – Scotland in particular was historically a net supplier of additional trainees to consultant posts in England. This has in recent years rescinded with Scottish training schemes being matched closely to Scottish demand. The recent publication of the Health Professional Education Investment Review in Wales (March 2015) also looks at workforce plans in Wales, and considers loss of trained doctors to England and vice versa.
- **3. To/from private employers** – increased opportunities have arisen in recent years for trained Chemical Pathologists to undertake careers in industry - in particular, private medical care, the in-vitro diagnostics and pharmaceutical industry recognise the talent and qualities of such trainees.
- **4. To/from the International labour market** – Chemical Pathology trainees have also been lost from the NHS to other countries such as Ireland, Canada and Australasia, with many additional opportunities in Laboratory Medicine opening up in the Middle East and Far East sectors.
- **5. Participation rates** – increased use of flexible working patterns, notably with female trainees and consultants has led to longer training times in

the former and less than full time posts/participation in the latter.

- **6. Retirement** – the impact of the recent changes in provision of NHS pensions are forecast by many organisations to have a significant effect on the retirement age of many consultant grade staff. The likelihood of individuals retiring earlier is increased in the cohort who will be allowed to stay completely within the 1995 section of the NHS pension scheme. In a similar way, those consultants in receipt of ACCEA (merit awards) are also likely to retire early before the risk of these pensionable additions to salary are challenged, with pay protection of these having been removed in 2013.

Section 2 - Drivers of service demand change

Timescale/time horizon		
Framework 15 message:	**Longer term – to 15 years**	**Shorter term to 5 years**
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the **longer term**	Please detail your evidence about the **shorter term**, specifically:
We believe that our population is **getting older**, and that for our workforce, preferences for a change in patterns in working is increasing.	The short term problem is likely to impact on long term workforce figures.	There is an increased likelihood that Consultant Chemical Pathologists will retire early resulting in a significant shortfall in workforce numbers. More consultants in post may choose to work part-time, and to work across acute and community Trusts.
The influence of technology is growing in healthcare and beyond, with staff and patients using it to **increase personalisation and control** in their life. What will be its possible impact in healthcare in the years ahead? The influence of **genomics and research** will also play a vital part.	As technology in the area of genomics and personalised medicine develops, the need for an increased workforce will continue into the longer term as local laboratories take on more complex analysis.	An increased laboratory workforce, including Chemical Pathologists will be needed to drive and deliver the increased availability of genomic testing within laboratory medicine.
Wider factors are creating global pressures to **constrain the cost** of publicly funded healthcare, with the wider concept of wellness increasingly taking root which people will expect health service to respond to.	This agenda is likely to continue and develop over the long term period.	There is a clear role here for the National Laboratory Medicine Catalogue (NLMC) which aims to standardise the requesting, reporting and analysing of pathology tests. In addition the Choose Wisely campaign looks at using the most relevant laboratory tests. There will be a clear need for sufficient laboratory staff including chemical pathologists to deliver these agendas.

Timescale/time horizon		
Framework 15 message:	**Longer term – to 15 years**	**Shorter term to 5 years**
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the **longer term**	Please detail your evidence about the **shorter term**, specifically:
Patients are going to want **high quality services anytime, any place, anywhere**, with a more equal (and challenging) relationship with staff, but one still based on care and a better work life balance.	These trends are likely to increase significantly over the long term. The seven day working of other disciplines will inevitably impact on the support services including clinical biochemistry.	The call for a seven day NHS will increase the need for sufficient laboratory staffing including chemical pathologists. In addition there is likely to be an increased call for Point of Care Testing in the community. There is already an increased demand for interpretative services, potentially as a direct service to patients as they gain access to their own results. Such enquiries will depend heavily on prior medical knowledge and may involve therapeutic insight and instruction.

Section 3 – Patients and population

Timescale/time horizon		
Framework 15 message:	**Longer term – to 15 years**	**Shorter term to 5 years**
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the **longer term**	Please detail your evidence about the **shorter term**, specifically:
With people living longer with more people living with **multiple and complex conditions** (and with our workforce being currently predominantly trained to treat distinct and different disease in isolation after a health crisis has occurred). How can we educate/train the workforce to support the prevention of ill health and, where ill health occurs, support staff to work across organisational boundaries to support high quality care for people with a range of health needs (across physical, mental health and social care)?	This type of long tern service will have large implications on workforce requirements.	Chemical Pathologists are already pivotally involved in the provision of direct specialist patient care, notably in diabetes and lipid clinics. They are uniquely placed to deal with multiple and complex conditions.
Our patients and population are likely to be at different stages of being **informed, active and engaged** in their own healthcare (including using for example, data and online records), with our challenge being to support the development of a workforce which can support high quality care for all patients.	It is likely that this trend will increase exponentially over the long term period. Consultants need to ensure reports are phrased in such a way as to be suitable to be read by patients and healthcare providers. If the Government opens patient records to the patients, it is inevitable that there would be a huge uptake.	There is already an increased demand for interpretative services, potentially as a direct service to patients as they gain access to their own results. Such enquiries will depend heavily on prior medical knowledge and may involve therapeutic insight and instruction.

Timescale/time horizon		
Framework 15 message:	**Longer term – to 15 years**	**Shorter term to 5 years**
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the **longer term**	Please detail your evidence about the **shorter term**, specifically:
Patients will increasingly be members of a **community of health,** with the number of carers projected to rise significantly in the years ahead**.** Five Year Forward View highlights four ways in which we can engage with communities and citizens in new ways, to build on the energy and compassion that exists in communities across England, namely: • better support for carers • creating new options for health-related volunteering • designing easier ways for voluntary organisations to work alongside the NHS • using the role of the NHS as an employer to achieve wider health goals	Likely to increase.	As for other areas of pathology and medicine, we need to ensure good communication with the community of health.
Developing **substantial community provision** to bring about a substantial reduction in the numbers of people with learning disabilities placed inappropriately in institutional care is a central part of Sir Stephen Bubb's report in 2014 ('*Winterbourne View – time for change*).	Unlikely to affect Chemical Pathology.	Unlikely to affect Chemical Pathology.
Parity of esteem for Mental Health will be supported through delivering improvements in areas such as integration, waiting and access targets and in the area of psychiatry liaison	Unlikely to affect Chemical Pathology.	Unlikely to affect Chemical Pathology.

Timescale/time horizon		
Framework 15 message:	**Longer term – to 15 years**	**Shorter term to 5 years**
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the **longer term**	Please detail your evidence about the **shorter term**, specifically:
Five year forward view draws attention to the NHS being committed to making **substantial progress** in ensuring that the boards and leadership of NHS organisations better reflect the diversity of the local communities they serve, and that the NHS provides supportive and non-discriminatory ladders of opportunity for all its staff, including those from black and minority ethnic backgrounds.	Equality and diversity and non-discriminatory ladders of opportunity are integral to our workplaces and to RCPath.	Equality and diversity and non-discriminatory ladders of opportunity are integral to our workplaces and to RCPath.

Section 4 – Models of care

Timescale/time horizon		
Framework 15 message:	**Longer term – to 15 years**	**Shorter term to 5 years**
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the **longer term**	Please detail your evidence about the **shorter term**, specifically:
Five Year forward View outlines a number of possible future service models including • multispecialty community providers (MCPs), which may include a number of variants • integrated primary and acute care systems (PACS) • additional approaches to creating viable smaller hospitals • models of enhanced health in care homes The **expertise to support** the piloting and introduction of these models need to be considered. Existing NHS services and areas of the healthcare workforce may work with others in new and different ways (e.g. community pharmacy).	Likely to increase long term.	Chemical Pathologists, along with other laboratory staff are already working with Enhanced Care Teams in some areas of the UK in the delivery of care closer to the patient's home in in community hospitals. The establishment of quality Point of Care Testing is integral to the delivery of this goal. Clinical interpretative support to primary care about the complexities of new biomarkers and explaining drug effects on monitoring increasingly being sought.
Services are likely to become **increasingly integrated** in the future, enhanced through policies such as the Devolution of Local health and social care budgets, the integrated care pilots and integrated personal commissioning. Partnerships will become increasingly important, including with partners beyond NHS and social care.	We do not know at present if this is likely to affect Chemical Pathology.	Chemical Pathologists, along with other laboratory staff are already working with Enhanced Care Teams in some areas of the UK in the delivery of care closer to the patient's home in in community hospitals. The establishment of quality Point of Care Testing is integral to the delivery of this goal.

Timescale/time horizon		
Framework 15 message:	**Longer term – to 15 years**	**Shorter term to 5 years**
	Are you aware of any new evidence which impacts in the light of this - do you think there is the need for a different message for Framework 15? Please detail your evidence about the **longer term**	Please detail your evidence about the **shorter term**, specifically:
We may increasingly see **centres of specialisation** in some specialties in some areas.	Chemical Pathologists are uniquely placed to take part in such service models, assuming that a sufficient workforce is in place.	Chemical Pathologists are uniquely placed to take part in such service models, assuming that a sufficient workforce is in place.
We will see the ongoing development of services in the area of **urgent and emergency care**	Chemical Pathologists are uniquely placed to take part in such service models, assuming that a sufficient workforce is in place.	Chemical Pathologists are uniquely placed to take part in such service models, assuming that a sufficient workforce is in place.
Five Year Forward View highlights new developments such as the **evidence based diabetes prevention service** and **encouraging new capacity in under doctored areas.**	Chemical Pathologist led obesity clinics would have a significant role in such areas.	Chemical Pathologist led obesity clinics would have a significant role in such areas.

Section 5 – Future workforce characteristics

Timescale/time horizon		
Framework 15 message:	**Longer term – to 15 years**	**Shorter term to 5 years**
Below are the 5 future workforce characteristics set out in Framework 15	In your evidence please highlight any or all of the following: - Are these workforce characteristics still valid? - Any evidence you are aware of work which is underway and which contributes to the achievement of the workforce characteristics - Any gaps you are aware of Please detail your evidence about the **longer term**	Please detail your evidence about the **shorter term** education and training needs required for the current workforce to meet these characteristics:
The workforce will include the informal support that helps people prevent ill health and manage their own care as appropriate.	We do not know at present if this is likely to affect Chemical Pathology.	RCPath education and training are designed to enable delivery of these characteristics.
Have the skills, values and behaviours required to provide co-productive and traditional models of care as appropriate.	We do not know at present if this is likely to affect Chemical Pathology.	We do not know at present if this is likely to affect Chemical Pathology.
Have adaptable skills responsive to evidence and innovation to enable 'whole person' care, with specialisation driven by patient rather than professional needs.	We do not know at present if this is likely to affect Chemical Pathology.	We do not know at present if this is likely to affect Chemical Pathology.
Have the skills, values, behaviours and support to provide safe, high quality care wherever and whenever the patient is, at all times and in all settings.	We do not know at present if this is likely to affect Chemical Pathology.	We do not know at present if this is likely to affect Chemical Pathology.
Deliver the NHS Constitution: be able to bring the highest levels of knowledge and skill at times of basic human need when care and compassion are what matters most.	We do not know at present if this is likely to affect Chemical Pathology.	We do not know at present if this is likely to affect Chemical Pathology.

Section 6 – Any other evidence not included elsewhere

Figure 1
Consultant total by region

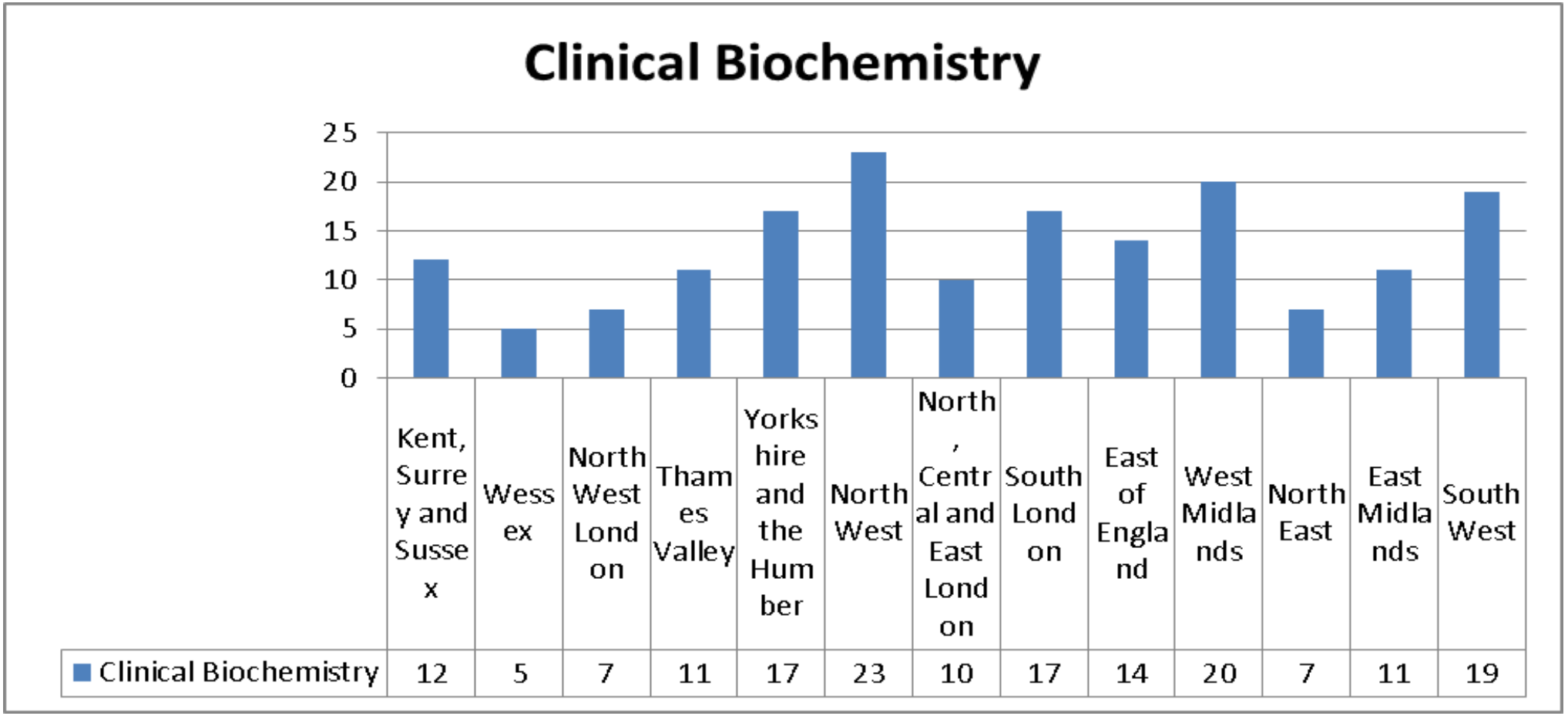

Figure 2 Consultant total by age

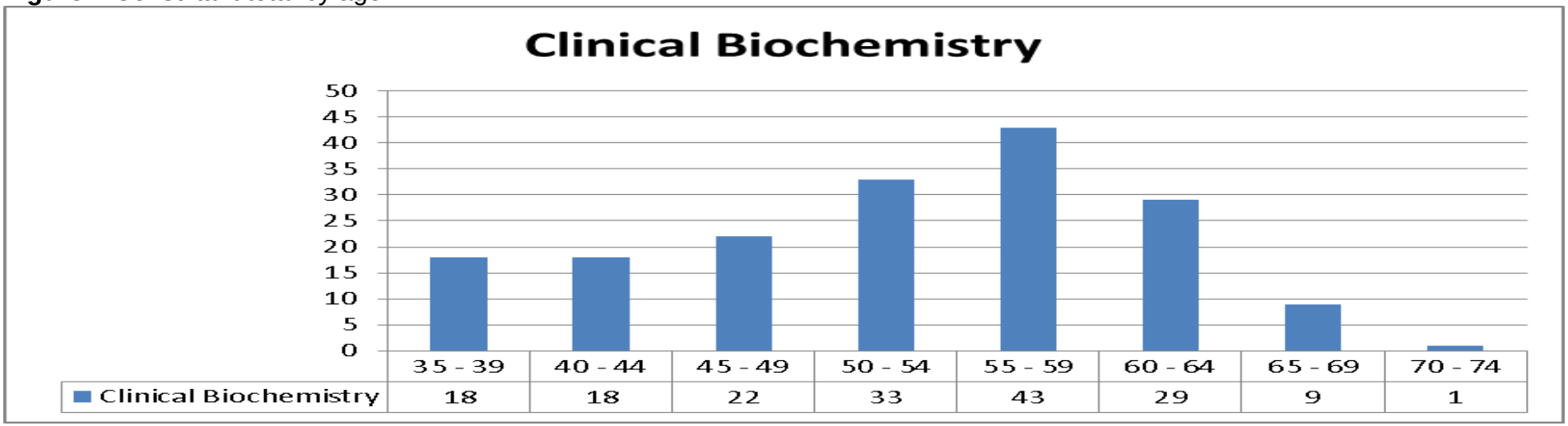

Figure 3 Consultant total by gender

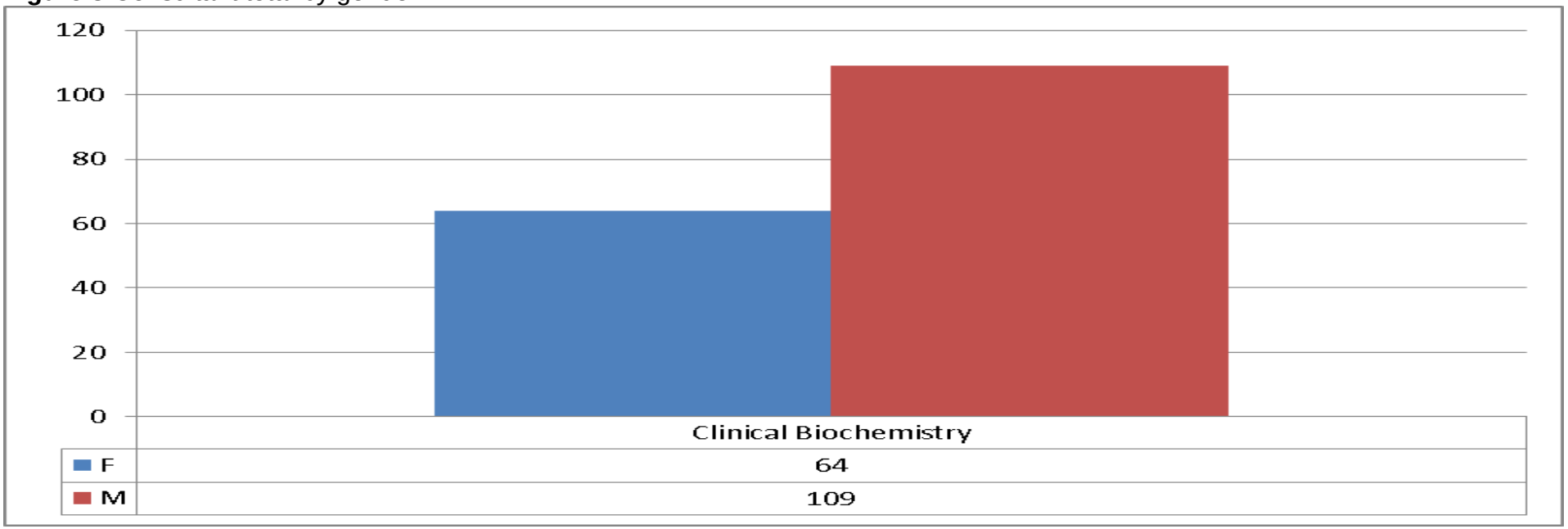

Figure 4
Consultant Full/part time

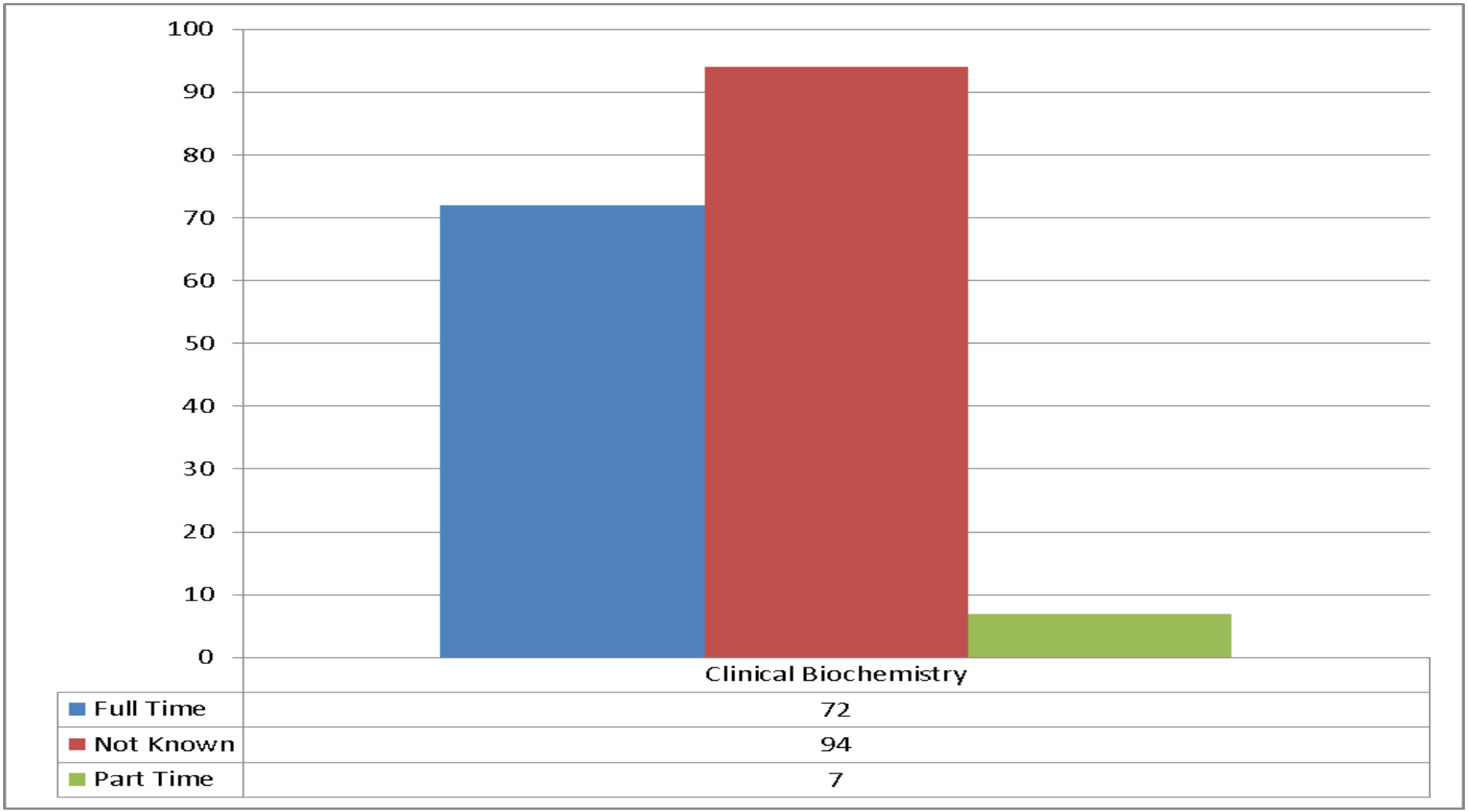

Figure 5
Registered trainees in England