



General principles for workforce modelling (to accommodate population demand)

Academy Workforce Committee

The Academy Workforce Committee proposes the following broad principles for workforce modelling (to meet future population demand). These principles should inform guidelines and be applicable across specialties.

Population requirements

- Population and patient demographics of need including complexity, multi-morbidity, socio-economic factors, and markers of deprivation in different populations/locations must be factored into workforce planning.
- Incidence and prevalence of conditions, where possible, is needed.
- Analysis of current service demand, including waiting list data, should be undertaken.
- Ensure that workforce modelling and proposed workforce requirements are appropriately distributed across primary, community, secondary, and tertiary care services.
- There should be equity of staffing levels across the UK, with consideration of the challenges (including capacity/resources/facilities) in meeting needs across urban, rural and remote settings.

Optimising the workforce

- When preparing proposed workforce numbers, considerations should be made by cohort:
 - Medical students
 - Doctors in training

- Consultants
 - General practitioners
 - SAS doctors
 - Locally employed doctors
 - Allied professionals with complementary roles
 - Public health specialists.
-
- Workforce plans should, where possible, identify required numbers by medical specialty and consider the rate of attrition on each specialty pathway.
 - The increase in numbers of medical school places must be reflected in increases in foundation placements, specialty training numbers, which in turn must be reflected in increases in Consultant and Specialist posts.
 - Changing patterns of work, including less than full-time working, should be built into workforce plans so that the clinical time that a doctor provides matches population demand.
 - Doctors' non-clinical time needs to be protected and factored into workforce planning and should be reflected in SPA/APA/non-clinical time allocation. This includes but is not limited to:
 - Supervision and training
 - Teaching
 - Leadership and management
 - Portfolio building
 - Continuing professional education and development
 - Undertaking exams
 - Supervising and assisting with exam delivery
 - Appraisal
 - Revalidation
 - Undertaking recruitment.
 - Workforce modelers must consider competition for training posts from UK and international medical graduates.

Requirements of data modelers

- Data modelers should participate in effective stakeholder engagement and partnerships (where appropriate).
- Data modelers should make their data, methodology and assumptions transparent and available to stakeholders and the public.
- As new technologies and artificial intelligence evolve over time, data modelers should be alive to how these changes will affect future workforce needs.
- Workforce numbers should be planned for without over reliance on locums.