

## **How ICM can move forward with the Long-Term Workforce Plan for England**

### **Statement produced on behalf of members of the Critical Care Leadership Forum**

#### **Background**

NHS England released its Long-Term Workforce Plan (LTWP) on 30 June 2023. The LTWP models the NHS workforce and demand over a 15-year period but with a clear intention for this to be an iterative process with 2 yearly updates as circumstances change. A number of organisations within the Critical Care Leadership Forum (CCLF) have released statements and commentaries which are listed below.

This statement sets out the views of the CCLF as to how the next phase of the LTWP can be modelled with due consideration for the needs of the critical care workforce and our patients.

The CCLF was established as a point of reference for accessing specialist intensive care medicine (ICM) advice for national policy initiatives, commissioning, research, audit, education, professional standards and clinical practice. The [organisations currently represented on the CCLF](#) constitute the professional arm of UK critical care services and work collaboratively with specialist commissioning, clinical reference and other managerial boards of UK health services.

#### **The Present**

The stated aim of the LTWP is to grow the NHS workforce by 2-6-2.9% per year, on a background of global healthcare worker shortages, burnout and industrial action. A focus on 'train', 'retain' and 'reform' is light on detail of staff retention which represents the single largest threat to achieving workforce expansion.

The LTWP does not cover supply and demand of medical specialties like ICM other than general practice. The rationale is that specialist workforce data is not sufficiently granular and likely future demand for specialists is difficult to predict.

Reform of current working and training practices requires healthcare workers to have the capacity within existing job plans to help deliver this. Investment in education and training is planned to increase by an additional £500million without detail of how it will be used to support educator capacity.

#### **The Future**

##### **Train**

- [A united approach to workforce](#)  
Healthcare is a global activity and the workforce in England is mobile. A long-term workforce plan for England alone runs the risk of unanticipated consequences occurring globally as well as across the 4 UK nations that many of our organisations represent. We strongly suggest the next phase is modelled with consideration of the impact that changes in workforce demographics, terms and conditions may have across all 4 nations of the UK as well as in relation to international workforce migration.
- [Careful messaging](#) around newer aspects of the LTWP is needed to preserve morale and engage the individuals and organisations needed to help support the success of the plan within professional groups. The CCLF will continue in its role as a reference point for co-ordinating access to the specialist ICM advice that can be provided collectively or by individual members.

- Resources to support education and training  
Expansion of healthcare worker training places requires the current workforce to deliver increased training and professional support. Organisations within the CCLF responsible for training and education will work to develop the necessary training packages and professional support tools to enable the workforce to do this alongside an anticipated and necessary release of resources from the expanded NHSE education and training budget.
- Importance of clinical exposure to the critical care environment  
We would appreciate greater clarity on what the reduction in practice placement hours might mean for pre-registration nursing training. It is important to ensure that any reduction in clinical exposure does not have a deleterious effect on the pipeline for future critical care nurses and other professional groups, as they may have less practice placement exposure to the critical care environment.
- Investment in workforce modelling  
We would strongly suggest there is investment in workforce modelling to ensure the new or alternative workforce models that are to be employed are fit for purpose and work across different NHS systems and structures, with evaluation embedded within any workforce plans. Disparity in regional ICM beds per head of the population already exists and equity in access to intensive care requires a commitment to developing staffing in an evidenced based and sustainable fashion.
- Detailed workforce modelling  
Placement capacity and practice hours for an expanded nursing and allied health professionals (AHP) workforce requires more detailed modelling. Recruitment of ICM doctors requires allocation of more ICM National Training Numbers across all 4 Nations. Without more ICM trained doctors we will create an increasing variance in ICM medical staffing between large and small units in the UK. In addition, there is a need for a proportionate number of training places for both children's nurses and doctors specific for Paediatric Critical Care. All relevant organisations within the CCLF will commit to work with NHSE to identify the capacity and current pressures that need to be addressed to provide the much-needed expansion of the critical care workforce.

## **Retain**

- Development of the future workforce  
It is imperative that we retain our experienced and skilled colleagues both in order to deliver excellent patient care but also to mentor and support the healthcare professionals of the future.
- Retention of an ageing healthcare workforce in complex, high stress environments like intensive care is particularly challenging. Acknowledgement of the need to focus on working practices, rostering design and optimising staff health using best evidence should be embedded in further iterations of the plan.
- Upskilling the critical care workforce  
Retention of key critical care health professional groups will provide considerable benefit to patients and the wider ICM workforce. By way of example; dietitians obtaining independent prescribing rights, standalone research and leadership opportunities; support for pharmacist career development from advanced to consultant practice to retain experienced clinicians in patient facing roles, investment in pharmacy staff to support medicines management and supply activities to release nursing time to care, as described in the Critical Care Pharmacy Workforce Strategy; AHP consultant opportunities to allow for further career progression.
- International recruitment review  
We welcome more consideration around recruitment via internationally educated nurses (IENs), with a plan for better support mechanisms and structures to be in place for them without placing undue pressures on those supervising. The LTWP could represent an opportunity for better recognition of the pre-existing skills of these migrant workforces.

## Reform

- Development of Advanced Practice roles  
Advanced practice roles are welcomed and should be expanded to cover additional health professional groups e.g., dietitians. Clarity of funding (including backfill support) and careful consideration of the logistics around their expansion would ensure equity of their development, particularly in smaller hospitals that struggle to recruit.
- Training Review  
CCLF members with responsibility for training will develop their analysis of the current and projected future UK critical care workforce need. Alongside this they will develop their curricula to reflect the needs of the growing older, frailer, multimorbid population for intensivists and other professionals to work collaboratively, combining generalist skills with ICM expertise. ICM training will also need to take account of the recovery and rehabilitation processes that some critically ill patients have to face.
- Importance of Skill Mix  
The LTWP seeks to address the ongoing recruitment challenges to nursing and AHPs, but the importance of maintaining skill mix is a key element for further analysis. Registered Nursing Associates (RNAs) and other assistive roles are intended to be beneficial but may in fact serve to exacerbate the recruitment and retention crisis across all four nations, if not properly supported and supervised by adequate numbers of registered nurses, AHPs and pharmacists.
- Consideration of the Patient/Family Perspective  
The lived experience of intensive care patients and their families should be factored into future planning to enhance both the quality of care in the intensive care unit and life beyond. Patients can have varying experiences of intensive care and the patient/family perspective can inform views of the skill mix of the critical care workforce.

## Press Releases and Statements from CCLF Members

- [NHS workforce plan: what does it mean for nursing? | RCN Magazine | Royal College of Nursing](#)
- ['You can't recruit your way out of a retention crisis' | News | Royal College of Nursing \(rcn.org.uk\)](#)
- [Fewer people applying to study UK nursing courses makes workforce plans harder, says RCN | Royal College of Nursing](#)
- [Faculty of Intensive Care Medicine response to the long-term workforce plan](#)
- [Intensive Care Society's CEO & President's blog regarding the long-term workforce plan \(see Page 3\)](#)
- [NHSE Adult Critical Care Pharmacy Workforce Strategy](#)

## This statement is endorsed by the following member organisations of the CCLF:

- Association for Cardiothoracic Anaesthesia and Critical Care (ACTACC)
- Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
- British Dietetic Association (BDA)
- Faculty of Intensive Care Medicine (FICM)
- Intensive Care Society (ICS)
- ICUsteps
- Paediatric Critical Care Society (PCCS)
- Scottish Intensive Care Society (SICS)
- United Kingdom Clinical Pharmacy Association (UKCPA)
- United Kingdom Critical Care Nursing Alliance (UKCCNA)\*

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\* The [UK Critical Care Nursing Alliance \(UKCCNA\)](#), provides a structured mechanism to facilitate collaborative working with all nationally recognised critical care nursing organisations across the United Kingdom. The member organisations of the UKCCNA are: *Royal College of Nursing (Critical Care and Flight Nursing Forum); British Association of Critical Care Nurses; Critical Care National Network Nurse Lead Forum (CC3N); National Outreach Forum; Intensive Care Society (N&AHP Committee); Paediatric Critical Care Society*