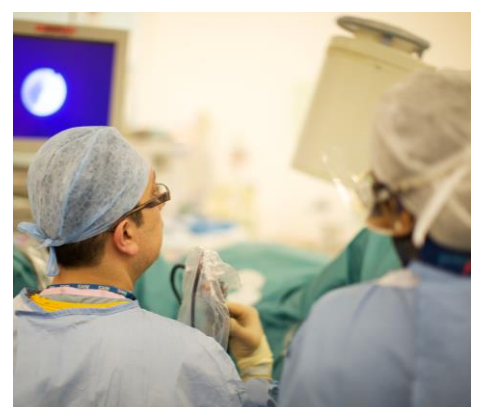


HEE commissioning and investment plan - 2016/17



Developing people
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HEE's annual workforce planning process

Health Education England is responsible for ensuring that there is sufficient future supply of staff to meet the workforce requirements of the English health system. In undertaking this role it must also work with partners to assess, but not have primary responsibility for, the workforce consequences for the wider health and care system.

Each year we provide local and national forecasts of the supply that will arise over the next five years and use these forecasts to discuss with stakeholders whether this supply will match the system's view of future demand including the extent to which any current shortages will be addressed.

This analysis and discussion is then used to identify whether any changes are required to the volumes of training commissioned by HEE, whilst recognising that the impact of these decisions will, for most programmes, have no impact on supply until four years' time. The 2016/17 commissions outlined in Annex 1 will not deliver new supply until 2019/20 at the earliest (later for medical commissions).

All commissioning proposals have historically been constrained by the total amount of resource available to HEE, and consequently a critical part of local and national discussions has been in respect of which investments represent the highest priority or address the highest risks. In last month's Spending Review the Chancellor announced that current bursary and fee arrangements for undergraduate nursing, midwifery, AHPs, and other clinical groups would be replaced by student loans for new students from 2017. Whilst this clearly creates the opportunity for the future training volumes of these professions not to be constrained by the overall amount of funding available, HEE has not, in establishing our proposals for 2016/17 made any assumptions about the impact of this policy on future supply.

The Department of Health will be leading consultation on and implementation of this policy and HEE will be an active partner in ensuring any risks are identified and addressed. The wider system will need to continue to monitor the actual behaviour of both the education supply system and the supply 'performance' of employers/the labour market so as to assess future supply prospects and use the range of levers available to act if required.

Prospects for future workforce supply

HEE's forecasts of future supply show that we are training more people to enter the system than those leaving the system in every profession. This includes people leaving NHS employment to work in the independent and care sectors. The table below shows the forecast increase in available supply by 2020 for a range of major professional groups. This indicates an additional 80,000 staff could be available to be employed in the NHS by 2020 with the levels of training proposed, if underpinning supply assumptions are achieved. Even in our 'worst case' forecast scenario available supply increases by nearly 25,000 fte. This scenario does act to highlight the importance of the system acting to improve staff retention alongside efforts to improve course attrition and employment. It also acts to highlight the relative risks to different professions, which the greatest risk being observed in Adult Nursing and Paramedics. It is this differential future

risk that has resulted in HEEs local teams prioritising commissions in these professions over others where supply prospects are stronger.

Forecast Increases in available supply to the NHS workforce – 2015 to 2020*

Workforce	2015 Staff in Post	2020 Forecast Supply	Forecast Supply Increase (most likely Scenario)		2020 Forecast Supply	Forecast Supply Increase (Worst Case Scenario)	
	FTE	FTE	FTE	%	FTE	FTE	%
Adult Nurse	216,282	237,416	21,133	9.8%	213,428	-2,854	-1.3%
Children's Nurse	36,027	44,945	8,918	24.8%	38,427	2,400	6.7%
Mental Health Nurse	37,880	46,387	8,506	22.5%	40,184	2,304	6.1%
Learning Disability Nurse	3,904	5,682	1,778	45.5%	5,030	1,126	28.8%
Midwifery	22,198	28,814	6,616	29.8%	25,505	3,307	14.9%
Total Nursing & Midwifery	316,292	363,243	46,952	14.8%	322,574	6,282	2.0%
Dietetics	4,042	5,556	1,514	37.5%	4,515	473	11.7%
Occupational Therapy	15,503	21,756	6,253	40.3%	17,740	2,237	14.4%
Physiotherapy	19,561	24,733	5,172	26.4%	19,863	302	1.5%
Podiatry	2,973	4,057	1,084	36.4%	3,645	672	22.6%
Speech & Language Therapy	6,347	9,816	3,469	54.6%	8,167	1,820	28.7%
Diagnostic Radiography	13,358	17,005	3,647	27.3%	14,653	1,295	9.7%
Therapeutic Radiography	2,505	3,682	1,177	47.0%	3,133	628	25.0%
Paramedics	12,272	13,671	1,398	11.4%	11,811	-461	-3.8%
Total AHP	76,562	100,275	23,713	31.0%	83,527	6,965	9.1%
Consultants	41,165	47,204	6,039	14.7%	47,204	6,039	14.7%
Doctors in General Practice*	36,919	42,300	5,381	14.6%	42,300	5,381	14.6%
Total Medical	78,084	89,504	11,420	14.6%	89,504	11,420	14.6%
Total	470,938	553,022	82,085	17.4%	495,605	24,667	5.2%

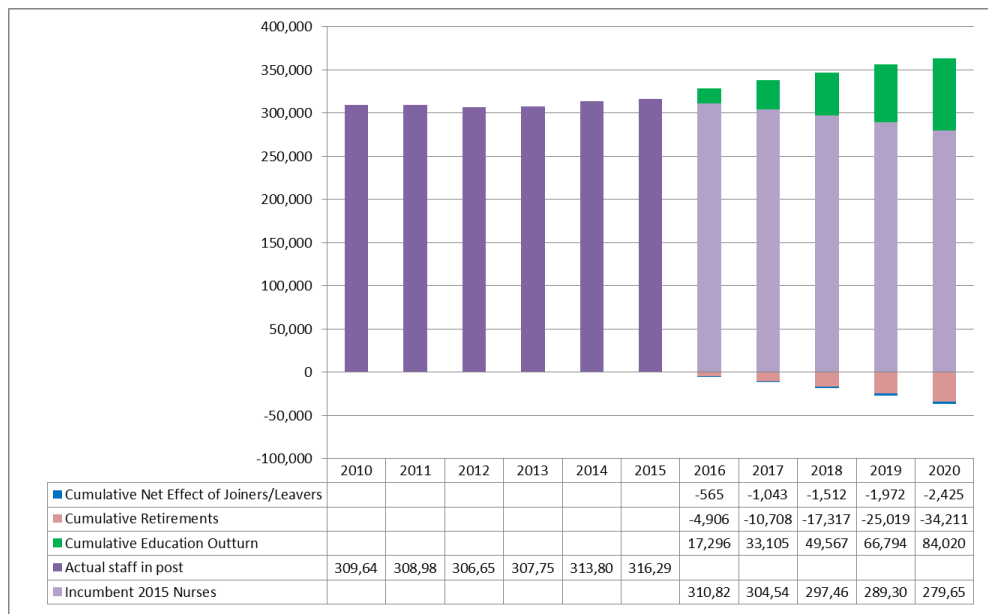
*The Doctors in General Practice forecast is September 2014 to September 2020 due to the annual census date

It should be noted that the percentage increases are in respect of the NHS workforce only. For professions where a large element of the workforce are employed in care, local government, and private/independent sectors, then this growth will represent a smaller percentage increase of the whole profession.

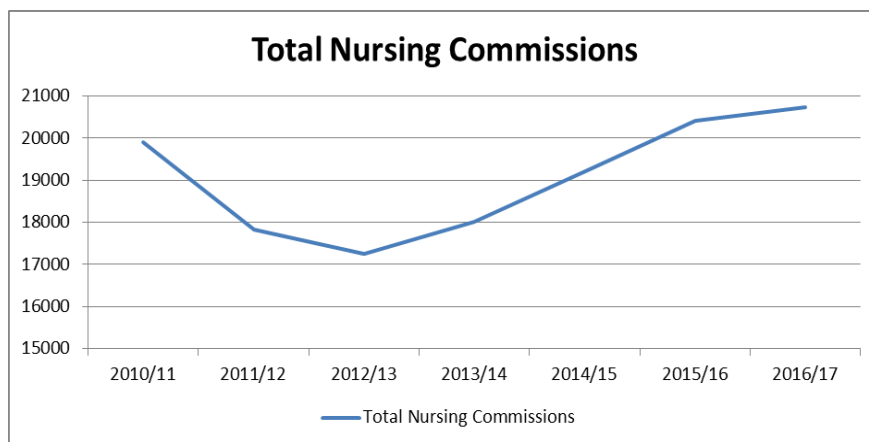
It is not always apparent how commissioning levels in any given year relate to such future supply forecasts, and that is in part because it is the total volume of training over the period, compared to the rate at which staff retire and leave, that is important.

If we use nursing & midwifery as an example we see over 108,000 undergraduate commissions and over 6,000 post graduate specialist commissions will have been placed with universities between 2012 and 2016, which we forecast will produce 84,000FTEs of available supply for NHS employment. This new supply is forecast to replace 37,000FTE retirements and the net effect of other joiners and leavers, thereby producing the 47,000FTE additional available supply that is forecast. These forecasts include the impact of an aging workforce with significantly higher retirement rates forecast toward the end of the period than at the beginning.

Components of Supply and Turnover – All Nursing & Midwifery 2015 to 2020



These forecast increases in supply are in part the result of the increases in commissions enacted by HEE in 2014 and 2015. Annual nursing commissions will have increase by 2,732 (15%) from 18,009 in 2014 to the 20,741 proposed for 2016, representing a total of over 6,000 additional nursing students able to qualify by 2020.

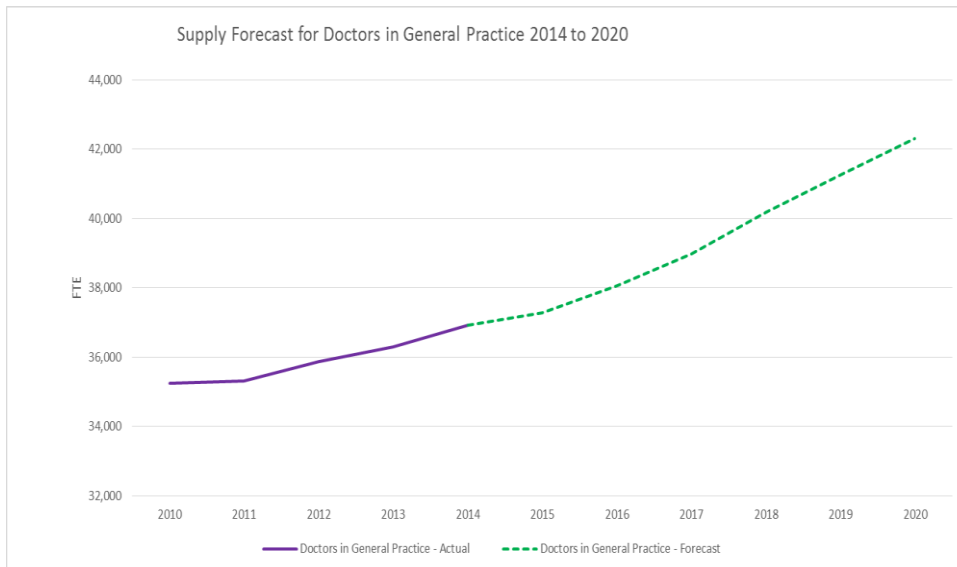


Nursing Commissions 2010 to 2016:

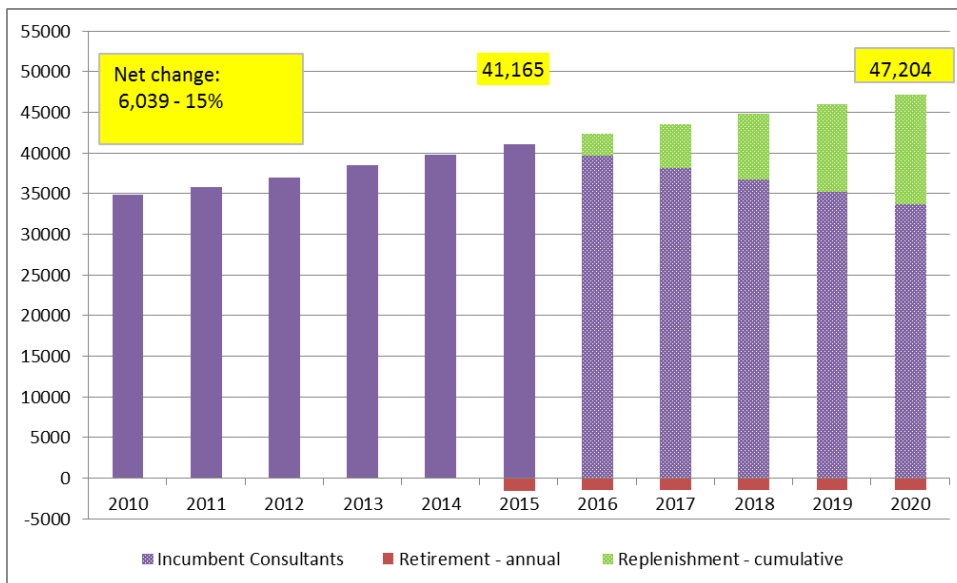
	SHA Commissioning				HEE Workforce Plans		
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Adult	13628	11930	11416	12134	13228	14160	14417
Children's	2095	2045	2159	2151	2182	2343	2343
Learning Difficulty	681	599	606	628	653	664	638
Mental Health	3500	3253	3083	3096	3143	3243	3343
Total Nursing Commissions	19904	17827	17264	18009	19206	20410	20741
<i>Yearly Increase</i>					1197	1204	331
<i>Cumulative increase</i>					1197	2401	2732

In the medical workforce the current level of training is also forecast to produce an increase in the available supply of over 11,000 consultants and doctors in General Practice by 2020.

Doctors In General Practice Supply Forecast 2014 to 2020:



Consultant Supply Forecast 2015 to 2020:



The supply prospects shown in the charts above only represent the overall position for the medical workforce. The future supply situation varies significantly by specialty, as does the current level of vacancies and forecast demand. Through 2013 and 2014 it has become apparent that local planning, whilst identifying and acting on specific local medical priorities, has not been comprehensive in identifying any changes that need to be taken on a system wide basis.

In 2015 HEE has therefore established national co-ordination of comprehensive local planning for five of the largest medical training specialties. Our intention is to make definitive recommendations on these areas early in the new year for implementation in 2017. This will provide NHS employers, supported by HEE nationally and locally, with 18 months lead in time to accommodate the impact of any such changes on current service delivery.

HEE commissioning and investment plan

As part of this planning HEE is committed to actively considering the part played in delivering services by SAS and trust grade doctors as well as doctors in training. Only by openly and explicitly acknowledging the whole medical workforce and their supporting multi professional teams will we be able to make sensible decisions on the levels of structured Post Graduate medical education to commission for future consultant and GP supply.

In the meantime we have therefore limited material changes in 2016/17 medical commissions to three known priority areas of GP, Emergency Medicine, and Clinical radiology. Other small changes observable in Annex 1 are in respect of locally agreed changes to training programmes.

Our Resources 2016/17

As part of the NHS's funding settlement within the Spending Review, HEE has been notified that, aside from the impact of the move to student loans, it will receive a 'flat cash' settlement. The commissioning proposals in Annex 1 add £70m to the cost of commissioned education and training, mainly as a result of increased nursing commissions in 14/15 to 16/17. This increase is after deducting DH adjustments for increased national insurance costs and tariff adjustments. This additional cost can be absorbed by reducing those budgets which are not directly related to student/ trainees numbers. This represents a 10% reduction on these budgets in 16/17. The detailed distribution will be determined in the business planning and budget setting process which will come back to the Board in March.

		15/16	16/17	Change
		£m	£m	£m
Post graduate medical		1,824	1,835	11
Under graduate medical		880	889	9
Nurse/AHP/others		1,459	1,509	50
Salary support	278			
Education Support	125			
Workforce Development	205			
National Activities	55			
		663	593	-70
Total		4,826	4,826	0

Priority Investments

The level of supply growth forecast means we are able to make modest prioritisation decisions between professional groups without risking future under supply. Consequently there has been a consistent view by our stakeholders that further expansion in a small number of areas is warranted and desirable.

Adult Nursing

Our planning process in 2014 forecast increases in available supply to 2019 and beyond, the 2015 planning process has shown that provider demand has continued to grow and increased turnover has resulted in slower growth than anticipated. Partners are committed to collective

action to manage both supply and demand, but the criticality of this workforce to both financial and service outcomes means further growth in commissions is warranted ahead of the fundamental changes to under graduate supply planned for 2017.

Commissioning Intention – 257 increase

General Practice & Primary Care

NHS England, HEE, RCGP and the BMA GPs committee (GPC) are working closely together to ensure that we have a skilled, trained and motivated workforce in general practice. We have jointly produced a ten point action plan to address immediate issues, and to take the initial steps in building the workforce for the future and new models of care. The plan is designed to complement and support HEE in its delivery of our mandated aim of recruiting 3,250 GP trainees by 2016.

The commissioning proposals outlined in Annex 1 include the additional investment in training posts required to support this target recruitment level for General Practitioners.

The forecast growth in other workforce groups should provide sufficient staff to meet the needs of expanded multi-professional primary care teams. The challenge for the NHS is to ensure such posts are available and staff are incentivised to move into primary and community settings. A number of initiatives include the increase use of pharmacists within the primary care team and as such our local teams have prioritised further increases in pre-registration pharmacy training. GPs – 134 additional training programmes underpinned by 51 additional posts supporting the increase in recruitment to 3250.

Pre-registration Pharmacy – 38 increase

Mental Health Workforce

The current level of mental health nurse training is the highest of any nursing branch as a percentage of the workforce it serves and should allow for significant growth in the MH Nursing workforce (22% by 2020, over 8,000fte). However the existence of over 3,000 vacancies indicates this education supply is not translating into increased numbers in employment. HEE will work with NHSI, HEI and employer partners to understand why our high levels of training investment are not having the impact we would anticipate, and thereby identify what actions over and above additional training volumes may be taken to meet future need.

Provider forecasts of future demand growth while consistent with the general terms of the NHS's Spending Review settlement do not appear to represent the additional focus and resources we might anticipate in light of the policy around parity of esteem. Failure to anticipate a differential investment in mental health services could risk producing a future supply shortage similar to that seen in acute nursing when additional resources came on stream in the wake of the Francis review. Mental Health nursing along with Maternity is one of the areas under review by the 'safe staffing' work stream being led within NHS Improvement.

Mental Health Nursing – 100 increase

IAPT and Other Mental Health – maintain commissions

Emergency Medicine & Paramedics

HEE has worked closely with the College of Emergency Medicine over the past three years to address what was fast becoming a crisis in the level of unfilled senior training posts and the subsequent threat to future consultant supply. Whilst the pressures on emergency care services remain significant our joint work has made substantially higher numbers of training grade doctors available to the NHS both in terms of additional training posts and the impact of revised training programmes on recruitment rates.

In the ambulance workforce HEE has worked closely with all English ambulance services through the PEEP programme, both to modernise the future training of paramedics and other ambulance service workers to be fit for future services, but also to address real supply pressures in a number of areas arising from rapid increases in funded demand and the impact of pockets of high staff turnover.

Emergency Medicine – 58 additional posts

Paramedics – 605 increase*

*The commissioning increases above are not all fully HEE funded as mixed models of funding currently persist. However HEE make a contribution to all of the commissions outlined in Annex 1.

Cancer & Diagnostics

The independent cancer services review commissioned by NHS England and led by Harpal Kumar CEO of Cancer Research UK has made clear recommendations about the impact early diagnosis can have on both improved clinical outcomes and consequently the overall efficacy and efficiency of cancer services in meeting the 5YFV triple goals of health, quality, and financial sustainability.

NHS England are leading work to plan the implementation of the reviews findings, and we anticipate that this work, linked with local Sustainability and Transformation Plans will ensure the system has a far clearer consensus on the workforce consequences of these changes from which HEE will be able to act with greater confidence when shaping future investment proposals.

However in the interim it is clear that maintaining training at levels that support growth in key diagnostic workforce groups is the appropriate action to take. The Clinical Radiology workforce is one of the five major Post Graduate medical specialties that we intend to make recommendations on in 2016, the proposal below is made in context of earlier commitment to expand training that HEE is honouring.

Clinical Radiology – 32 additional posts / recruitment in 2016

Diagnostic Radiography – 16 increase

Non-Medical Endoscopists – 400 by 2020 - phasing to be confirmed

Decommissioning

In context of our flat cash financial settlement, the priority investments above have been enabled by decommissioning in a number of areas where future supply is assessed as being more secure.

In Post Graduate medical education we have decided not to add a further year's intake to the Broad Based Training initiative. This pilot programme currently has 113 trainees on it and we will use learning from these cohorts as part of the intelligence to inform the design of future programmes.

Elsewhere we have accepted local team proposals for reductions in a range of professions. In physiotherapy for instance the reduction of 104 places still leaves a forecast increase in supply to 2020 of over 26% (5,100fte). The health visiting proposals must be seen in light of the previous large increases in commissioning that supported the rapid expansion of this workforce between 2011 and 2014. The proposed commissions are still 60% higher than the levels commissioned at the beginning of this initiative and will ensure the current level of staffing can be maintained.

Risks and Challenges – forecasting future demand for the five year forward view vision

HEE undertakes a comprehensive collection of NHS provider forecasts of what their future demand for staff will be. These forecasts then become, both locally and nationally, the focus of wider discussions with commissioners and professional leaders as to the likely direction of travel.

In respect of the 2015 forecasts, whilst individual professional positions may be completely valid, the aggregate of this year's forecasts do not appear to represent a position consistent with the expectations of the five year forward view including the agreed financial settlement in the Spending Review and the associated productivity assumptions that underpin it.

NHS Provider forecast increases in workforce demand 2015 to 2020:

Workforce	2015 Demand	2020 Forecast	Increase	
	(establishments)	Demand	FTE	%
	FTE	FTE		
Adult Nurse	238,141	251,198	13,057	5.5%
Children's Nurse	39,670	41,952	2,282	5.8%
Mental Health Nurse	41,669	41,896	227	0.5%
Learning Disability Nurse	4,297	4,292	-5	-0.1%
Midwifery	23,329	24,628	1,299	5.6%
Total Nursing & Midwifery	347,105	363,965	16,860	4.9%
Dietetics	4,264	4,524	260	6.1%
Occupational Therapy	18,335	18,902	566	3.1%
Physiotherapy	21,192	22,082	890	4.2%
Podiatry	3,267	3,315	49	1.5%
Speech & Language Therapy	6,860	7,004	144	2.1%
Diagnostic Radiography	14,508	15,655	1,147	7.9%
Therapeutic Radiography	2,640	3,037	396	15.0%
Paramedics	12,993	15,486	2,494	19.2%
Total AHP	84,059	90,005	5,946	7.1%

At the heart of the five year forward view is the premise that plans must meet all three goals; health, financial, and quality. HEE is acutely aware of the risks of planning based solely on financial constraints and as such strongly welcomes the new proposals for integrated service and capacity planning being put forward collectively by all ALBs in this year's planning guidance.

Place based multi-year plans, generated by provider and commissioner partners, within which capacity assumptions including workforce are explicit, creates a real opportunity to achieve a consensus on the size and make up of a future workforce. Such a workforce vision would be inherently designed around transformed services and the multi-professional teams that will deliver them, and would therefore enable HEE and partners to act with greater confidence and with the system's explicit sponsorship in making potentially challenging future supply investments and interventions.

Risks and Challenges – current shortages and managing future supply

There are real risks that the forecast supply described above is not fully achieved if employers are not able to improve the rate at which the workforce, other than retirees, is leaving NHS employment.

Qualified nursing & midwifery – Joiners and leavers 2011 to 2014:

	Leavers	Leaving Rate	Joiners	Joining Rate
2014/15	30,655	8.6%	34,617	9.7%
2013/14	28,907	8.2%	33,924	9.7%
2012/13	27,511	7.9%	27,240	7.8%
2011/12	26,916	7.7%	23,688	6.7%

Source: HSCIC

The record for the previous four years shows that the rate at which nursing and midwifery staff are leaving the NHS has increased by over 3,700 per year. A component of this will be the impact of increased retirement rates but the majority describes increased turnover.

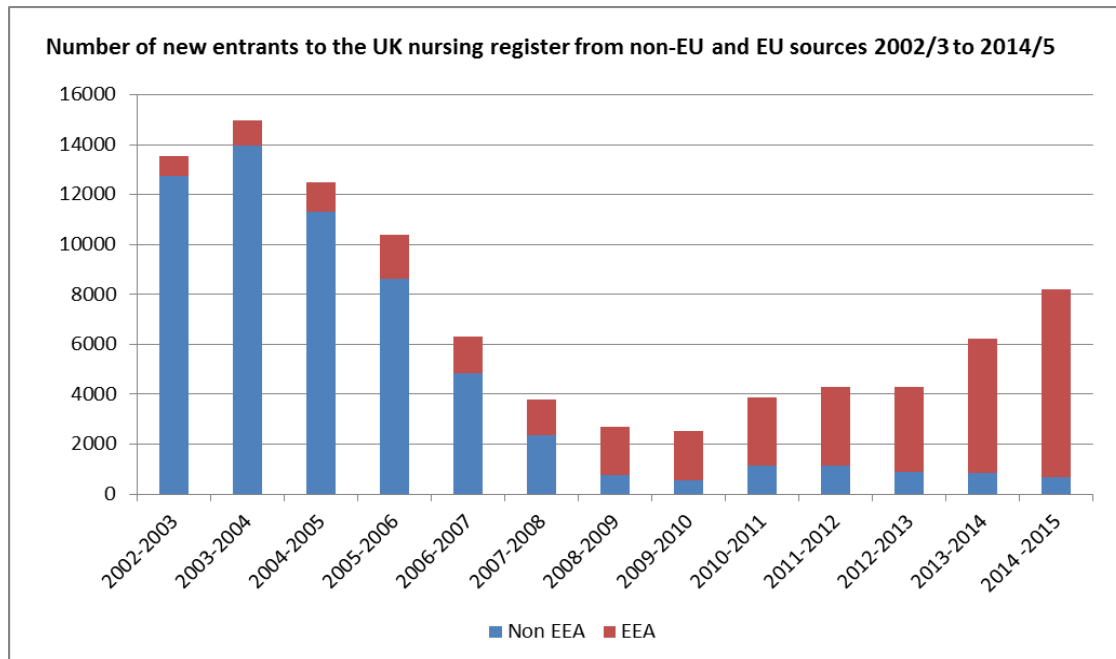
Anecdotally some of this may reflect staff moving to agency employment from substantive, and in turn this is thought to be associated with the large increases in agency rates seen during 2014/15. The price and volume controls instigated over the past few months should go some way to reversing this reported trend.

Some HEE local teams have been asked to increase training commissions in light of more pessimistic supply forecasts, however we believe that new education supply cannot and should not be used as the 'go to' response, regardless of performance in respect of staff retention.

We will be discussing with ALB partners what mechanisms we think are appropriate set performance expectations and to monitor progress and support improvement. NHS Employers continues to work on researching and sharing best practice on staff retention including in areas such as engagement and development all of which also enable employers to meet their NHS constitution obligations to staff.

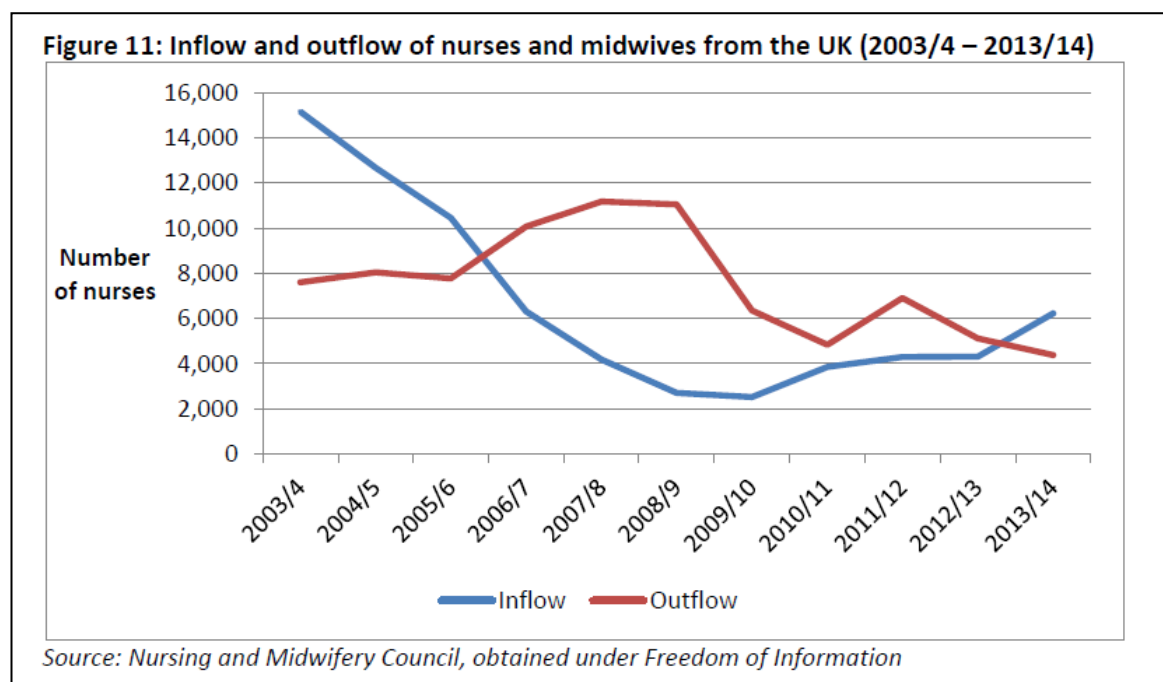
In addition to these 'down side' risks to the supply forecasts there are a number of initiatives which could add to future supply performance.

Our supply forecasts do not yet anticipate any additional International Recruitment, and as such the inclusion of nursing on the Shortage Occupation List represents an opportunity to improve the supply prospects for nursing as a whole in both the shorter term and to support the system to achieve supply / demand balance from domestic supply by 2020.



Source: Nursing and Midwifery Council

It is worth noting that the increased number of leavers reported above does not appear to include increased emigration. Indeed the number of UK nurses applying to the NMC for certificates of competence has diminished since a peak in 2007/08.



Similarly our forecasts do not yet reflect the full achievement of our aspiration to reduce inappropriate course attrition. They also reflect local perspectives on the extent to which graduates from our programmes are able or willing to take up employment. Initiatives to ensure we maximise the use of those graduate we produce, such as employment guarantees, would also act to secure maximum supply from the inputs we commission.

HEE has also intervened to support employers with shorter term supply through the 'Come back to nursing' campaign and associated structured return to practice education and support. In the academic year 2014/15 1,504 people commenced RTP programmes and 160 of the September 2014 starters have already joined full time employment. HEE aims to deliver similar volumes in 2015/16 and intends (subject to agreement) to maintain this initiative as a standing offer to the system whilst recognising future volumes may reduce once this first wave of activity is completed.

Summary

Proposed training levels will provide for over 70,000 growth in nurses, midwives, AHPs, and scientists over the next 5 years, as well as over 10,000 consultants and GPs.

HEE recognises the key risk represented by current shortages and also recognises key service priorities such as Cancer mean some workforce groups need to grow as quickly as possible.

We have therefore made a small number of commissioning increases which within have been offset in part by small reductions to professions where supply is more secure.

These actions along with the decisions in HEE's previous two workforce plans, can provide the basis for secure future supply, however the performance of the system in valuing and keeping its existing staff is of equal importance.

The choices made in offsetting increases with decommissioning elsewhere will also allow HEE to maximise the amount of resource available to use with providers in supporting service and workforce transformation, thereby helping to make the 5YFV the reality it needs to be in order for the NHS to be sustainable in the longer term.

HEE commissioning and investment plan

				ANNEX 1
Proposed Education & Training Commissions for 2016/17				
Clinical Professional Education Programmes:	2015-16 plan (post change control)	Proposed 2016/17 Commissions	Increase / Decrease	%
Pre-registration Nursing & Midwifery				
Adult Nurses	14,160	14,417	257	1.8%
Children's Nurses	2,343	2,343	0	0.0%
Learning Disabilities Nurses	664	638	-26	-3.9%
Mental Health Nurses	3,243	3,343	100	3.1%
Midwives	2,605	2,605	0	0.0%
Total - Pre-registration Nursing & Midwifery	23,015	23,346	331	1.4%
Allied Health Professions				
Dietetics	343	314	-29	-8.5%
Occupational Therapy	1,536	1,484	-52	-3.4%
Physiotherapy	1,543	1,439	-104	-6.7%
Podiatry	361	326	-35	-9.7%
Speech & Language Therapy	668	628	-40	-6.0%
Diagnostic Radiography	1,115	1,131	16	1.4%
Therapeutic Radiography	414	396	-18	-4.3%
Paramedics	1,124	1,729	605	53.8%
Orthoptics	76	77	1	1.3%
Orthotics/Prosthetics	30	30	0	0.0%
Total - Allied Health Professions	7,210	7,554	344	4.8%
Other Scientific, Technical & Therapeutic				
Operating Dept. Practitioner	957	939	-18	-1.9%
Pharmacist pre-registration year	657	695	38	5.8%
Pharmacy Technician	360	353	-7	-1.9%
Clinical Psychologist	526	526	0	0.0%
IAPT - Psychological Wellbeing Practitioner (Low intensity)	579	579	0	0.0%
IAPT - High intensity practitioner	367	367	0	0.0%
HCS Higher Specialist Scientific Training (HSST)	71	71	0	0.0%
HCS Scientist Training Programme (STP)	282	294	12	4.3%
Child Psychotherapist	43	43	0	0.0%
Physicians Associates	205	657	452	220.5%
Dental Nurses	442	418	-24	-5.4%
Dental Technicians	69	69	0	0.0%
Dental Hygienists	128	137	9	7.0%
Dental Therapists	134	123	-11	-8.2%
Total - Other Scientific, Technical & Therapeutic	4,820	5,271	451	9.4%
Specialist Nurse - Post Registration				
District Nurses	502	498	-4	-0.8%
School Nurses	338	285	-53	-15.7%
Practice Nurses	359	359	0	0.0%
Health Visitors	1,042	817	-225	-21.6%
Total - Specialist Nurse - Post Registration	2,241	1,959	-282	-12.6%
TOTAL Clinical Professional Education				
	37,286	38,130	844	2.3%

HEE commissioning and investment plan

ANNEX 1

Proposed Education & Training Commissions for 2016/17

	Baseline (2015)	Proposed change in 2016	Resultant number of posts	Movement from baseline
Foundation & BBT				
Foundation Programme Year 1	12693	-6	12687	-0.05%
Broad Based Training	113	0	113	0.00%
Anaesthetics and ICM				
<i>Acute Care Common Stem - Anaesthesia</i>	501	50	551	9.98%
<i>Core Anaesthetics Training</i>	944	-36	908	-3.81%
Anaesthetics	2068	-6	2062	-0.29%
Intensive Care Medicine	315	9	324	2.86%
Emergency Medicine (inc ACCS, DR-EM)				
	1329	58	1387	4.36%
Medicine				
<i>Acute Care Common Stem - Acute Medicine</i>	234	2	236	0.85%
<i>Core Medical Training</i>	2751	8	2759	0.29%
Acute Internal Medicine	364	8	372	2.20%
Endocrinology and Diabetes Mellitus	338	-3	335	-0.89%
Gastroenterology	449	1	450	0.22%
Geriatric Medicine	606	4	610	0.66%
Respiratory Medicine	478	-1	477	-0.21%
Allergy	12	0	12	0.00%
Audio vestibular Medicine	17	0	17	0.00%
Cardiology	553	0	553	0.00%
Clinical Genetics	57	-1	56	-1.75%
Clinical Neurophysiology	31	0	31	0.00%
Clinical Pharmacology and Therapeutics	36	0	36	0.00%
Dermatology	175	4	179	2.29%
Genito-urinary Medicine	129	0	129	0.00%
Immunology	32	0	32	0.00%
Neurology	220	-1	219	-0.45%
Nuclear Medicine	19	0	19	0.00%
Occupational Medicine	45	0	45	0.00%
Palliative Medicine	170	0	170	0.00%
Rehabilitation Medicine	64	0	64	0.00%
Renal Medicine	246	-1	245	-0.41%
Rheumatology	217	-1	216	-0.46%
Sport and Exercise Medicine	45	0	45	0.00%
Haematology	337	-1	336	-0.30%
Clinical Oncology	269	0	269	0.00%
Medical Oncology	146	1	147	0.68%
Forensic histopathology	4	0	4	0.00%
Diagnostic neuropathology	11	0	11	0.00%
Paediatric and perinatal pathology	13	1	14	7.69%
Combined Infection Training - themed Infectious Diseases	100	2	102	2.00%
Combined Infection Training - themed Medical Microbiology	185	-2	183	-1.08%
Combined Infection Training - themed Medical Virology	18	0	18	0.00%
Combined Infection Training - themed Tropical Medicine	0	0	0	0.00%
Medical Ophthalmology	11	0	11	0.00%
Paediatric Cardiology	41	0	41	0.00%
Surgery				
<i>Core Surgical Training</i>	1216	-42	1174	-3.45%
Cardio-thoracic surgery (Inc. Pilot)	135	0	135	0.00%
Vascular Surgery	30	10	40	33.33%
General Surgery	1004	-14	990	-1.39%
Oral and Maxillo-facial Surgery (Inc. Pilot)	139	0	139	0.00%
Otolaryngology	298	-2	296	-0.67%
Paediatric Surgery	94	-2	92	-2.13%
Plastic Surgery	255	-3	252	-1.18%
Trauma and Orthopaedic Surgery	945	-4	941	-0.42%
Urology	269	0	269	0.00%

ANNEX 1

Proposed Education & Training Commissions for 2016/17

Psychiatry				
Core Psychiatry Training	1463	0	1463	0.00%
Child and Adolescent Psychiatry	229	3	232	1.31%
Combined psychiatry posts (eg Adult/Child etc)	13	0	13	0.00%
Forensic Psychiatry	122	0	122	0.00%
General Psychiatry	627	-7	620	-1.12%
Medical Psychotherapy	44	0	44	0.00%
Old Age Psychiatry	226	5	231	2.21%
Psychiatry of Learning Disability	94	0	94	0.00%

Run Through Specialties				
Paediatrics	2828	-2	2826	-0.07%
Obstetrics and Gynaecology	1724	-5	1719	-0.29%
Clinical Radiology	1112	32	1144	2.88%
Ophthalmology	536	0	536	0.00%
Histopathology	467	-1	466	-0.21%
Public Health Medicine	467	-7	460	-1.50%
Neurosurgery	228	0	228	0.00%
Chemical Pathology	65	-2	63	-3.08%
Community Sexual and Reproductive Health	24	-1	23	-4.17%

General Practice	9164	51	9215	0.56%
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Dentistry				
Dental Foundation Programme Year 1	849	-1	848	-0.12%
Dental Core Training	563	0	563	0.00%
Additional Dental Specialties	3	0	3	0.00%
Dental and Maxillofacial Radiology	5	0	5	0.00%
Dental Public Health	25	1	26	3.97%
Endodontics	23	0	23	0.00%
Oral and Maxillofacial Pathology	10	0	10	0.00%
Oral Medicine	15	0	15	0.00%
Oral Microbiology	1	0	1	0.00%
Oral Surgery	29	0	29	0.00%
Orthodontics	164	0	164	0.00%
Paediatric Dentistry	42	0	42	0.00%
Periodontics	25	0	25	0.00%
Prosthodontics	18	0	18	0.00%
Restorative Dentistry	49	0	49	0.00%
Special Care Dentistry	21	0	21	0.00%

Totals by Main training Stages / types				
Foundation	12693	-6	12687	-0.05%
BBT, Core and ACCS (all excluding E Med and Dental)	7222	-18	7204	-0.25%
Higher Anaesthetics and ICM	2383	3	2386	0.13%
Higher medicine and pathology	5438	10	5448	0.18%
Higher surgery	3169	-15	3154	-0.47%
Higher psychiatry	1355	1	1356	0.07%
Run-through (including Emergency Medicine)	17944	123	18067	0.69%

All medical, surgical and psychiatry	50204	98	50302	0.20%
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All Dental	1842	0	1842	0.00%
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Grand total	52045	98	52143	0.19%
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