NHS

Liberating the NHS:

Developing the Healthcare Workforce

Your responses to the consultation questions

DH Department of Health

Your Details (Optional)	
Name*	**Louise Goswami**
Organisation	**NHS South East Coast**
Organisation type e.g. PCT, patient, staff	**Strategic Health Authority, but responding on behalf of the SHA Library Leads in NHS England**
Email*	**louise.goswami@nhs.net**
Phone*	**01892 704241**

Consultation Questions	
Q1: Are these the right high-level objectives? If not, why not?	**For the most part, these are the right objectives. A widening of participation in education is particularly to be commended, if it is taken to mean that the funding for, and attention given to, nurse and allied health education should equal that of medical education.** **There is a need for greater flexibility in the system for commissioning. This should include a focus on health care providers as employers who are able to influence and access funding according to workforce needs.** **To guarantee that the high ideals set out in this chapter actually materialise, a robust and accountable system needs to be in position to guarantee that the funding is actually used for education and training.**
Q2: Are these the right design principles? If not, why not?	**Largely the design principles are right. There needs to be an emphasis upon quality, value for money, no duplication of effort and efficiency. As well as an emphasis upon the development of all staff, not only professional staff. Needs to be clear how health care providers can influence or have a greater ability to**

* personal details will not be published

	access education and training to provide the workforce with the right skills in the right places. **It must be explicit that development of the workforce is not to be adversely affected by financial pressures within the providers. Ensuring the security of supply of trained staff is essential and planning should be for the longer term and not be influenced by short term expendiency.**
Q3: In developing the new system, what are the key strengths of the existing arrangements that we need to build on?	**It is essential that there is consistency across different trusts/ organisations in terms of quality for professional education and training.** **Consideration should be given for shared training for groups for which there may only be a few professionals in individual organisations such as library and knowledge services staff.** **The consultation states that health care staff and students "need to be encouraged to learn the importance of research so they go on to use these skills in the improvement of services and health outcomes." The existing system funds NHS library and knowledge services not simply to provide books and journals, but to train staff and students to find, appraise, and value health care research.** **It is important to emphasise that not only is it essential to support research opportunities and students are encouraged to learn the importance of research it should be recognised that a large volume of research already exists which could have a positive impact on patient care. Healthcare workers should have access to this body of research from within the NHS and have the skills to identify and evaluate it.**

Q4: What are the key opportunities in developing a new approach?	**Flexibility for individual trusts to deliver e-learning training and development and to commission bespoke E Learning for specific and specialist needs. Training could be more closely tied in with individuals' appraisals and personal development plans and the training commissioned in line with what is identified there for an individual and also as a need for whole teams**
Q5: Should all healthcare providers have a duty to consult patients, local communities, staff and commissioners of services about how they plan to develop the healthcare workforce?	**Yes, in theory. But obvious risks are that such wide ranging consultation will be overly time consuming and/or tokenistic, and not result in a harmonised solution, especially if each provider consults: would it be better for Skills Networks to co-ordinate consultation?** **Healthcare provider engagement with service commissioners about workforce development should be more than 'consultation': surely providers – again via Skills Networks rather than individually - will need to demonstrate how their workforce development plans will support commissioning intentions?** **Workforce development plans should be expected to demonstrate the requirement that commissioners should assert – individually and also centrally via the NHS Commissioning Board - that providers ensure all their staff have access to the knowledge and evidence for patient care and the skills to access and use this knowledge and evidence.**
Q6: Should healthcare providers have a duty to provide data about their current workforce?	**Yes. It would be helpful if DH could confirm ASAP whether ESR will continue to be the basis for this for NHS organisations and whether it will be extended to non-NHS organisations, so that there is a cost-effective means to collate workforce data without**

	compromising the security and sensitivity of that data. DH should also address the need to improve the quality and accuracy of the data.
Q7: Should healthcare providers have a duty to provide data on their future workforce needs?	**Yes, although this will require a level and standard of workforce planning and future training needs analysis not currently seen in NHS organisations (and unknown about in non-NHS organisations).**
Q8: Should healthcare providers have a duty to cooperate on planning the healthcare workforce and planning and providing professional education and training?	**Yes, especially in areas where economies, efficiencies and equity can be achieved through cooperation, and where specialist skills are scarce: library services delivery and eLearning development are clear cases in point and are an example of how this is already working well. One of the strengths of current library service provision in the NHS is that they do work collaboratively locally,regionally and nationally. Also an individual healthcare provider would not be able to provide the range of experiences required, in addition some developments need planning across a local area or region.**
Q9: Are there other or different functions that healthcare providers working together would need to provide?	**Health care providers should work together on library services delivery, access to knowledge resources and eLearning development. These are areas where significant economies, efficiencies and equity can be achieved through collaboration.** **There is a need to include innovation and collaboration, e.g. with HEIs. Certain functions would need to be provided by healthcare providers working together e.g. shared library catalogue across a network. It would**

	be impossible to provide a library service without collaboration across regional and national networks. Similarly with electronic health information journals subscriptions, there are economies of scale in procuring subscriptions nationally and regionally. In terms of strengthening the evidence base there are advantages to having a shared search engine such as NHS Evidence and the Healthcare databases nationally as then users become familiar with search interfaces that are consistent when they move between trusts. Librarians working collaboratively are needed to continually ensure that the providers are providing what the users need. **Another example would be collaboration in developing E Learning materials. It would not be cost effective for each trust to produce their own E Learning and then not share with others who could benefit from the same E Learning.**
Q10: Should all healthcare providers be expected to work within a local networking arrangement?	**Yes, including GP consortia and private healthcare providers who provide care to NHS funded patients. The networking arrangement should also include regional and national networks, so that there is representation at all levels.**
Q11: Do these duties provide the right foundation for healthcare providers to take on greater ownership and responsibility for planning and developing the healthcare workforce?	**Yes, although they will need to be much more clearly articulated, which could be easier once the respective responsibilities of HEE, NCB, CfWI, etc are better defined. It still needs to be clearer whether the proposed Skills Networks will be commissioning or providing education and training, or somehow doing both without confused**

	accountability/conflict of interest. **There is a need to include the risks to organisation from being too lean and ensuring that there is a balance.** **The local networking arrangements should be for advice and guidance and the decisions would need to be taken at an individual healthcare provider level to ensure ownership and responsibility.**
Q12: Are there other incentives and ways in which we could ensure that there is an appropriate degree of cooperation, coherence and consultation in the system?	**Service commissioners should include clauses relating to education and training and the requirement to cooperate within their contracts (NB this should include the need for providers to collaborate to ensure that all their staff have access to evidence resources and knowledge services).** **We assume that there will be clear outcome measures for Skills Networks (including as above, outcomes in relation to evidence and knowledge and technology-enhanced learning). Could some form of 'accreditation' provide an incentive for membership of Skills Networks?** **There is a need to include joint outcome measurements. Need to include this as a vehicle for showcasing best practice, reducing financial flaws, need to legislate to inform change.** **It would need to be more cost effective to work with a degree of co-operation than for each healthcare provider to work separately which should be a significant incentives.**

Q13: Are these the right functions that should be assigned to the Health Education England Board?	**The Health Education England Board should also have a role in encouraging and ensuring that skills networks liaise with schools and careers services attracting the healthcare workforce of the future. The range of jobs within the NHS makes it an employer of choice for a wide range of individuals and the function of the board needs to reflect this.**
Q14: How should the accountability framework between healthcare provider skills networks and HEE be developed?	**HEE should work with Health Care Provide Skills networks to develop and accountability framework which has the endorsement of all stakeholders. Learning from those who have experience of developing other accountability frameworks will enable a best practice model to be developed.** **HEE is accountable to the Secretary of State. Healthcare providers could be accountable via the local networks to the HEE possibly via a system of self-assessment against a set of quality standards.**
Q15: How do we ensure the right checks and balances throughout all levels of the system?	**Existing regulatory bodies including the General Medical Council and the Nursing and Midwifery Council, the Care Quality Commission and Monitor should all be actively engaged to determining the right checks and balances throughout the system, drawing from their collective wealth of experience.**
Q16: How should the governance of HEE be established so that it has the confidence of the public, professions, healthcare providers, commissioners of	**All stakeholders including patients, staff, employers and professional must have an identified champion on the HEE Board. There is also a need for a**

services and higher education institutions?	**library / technology enhanced learning "champion" on the HEE Board.** **Board papers should be widely available to all stakeholders subject to any necessary confidentiality. There needs to be a transparency in all of the activities of the Board including any change management initiatives. Apporpriate review mechanisms need to put inplace to ensure it continues to be fit for purpose.**
Q17: How do we ensure that the Centre for Workforce Intelligence is effective in improving the evidence base for workforce planning and supports both local healthcare providers and HEE?	**Evidence and data need to be examined together as a matter of course to ensure robust decisions are made and influence health outcomes. This will result in high quality care and a better patient experience.** **Library/knowledge services professionals in both the public and NHS sectors have a key role in the provision of sound evidence to enhance the data and information that is available and should be an integral part of the Centre for Workforce Intelligence. By ensuring they are actively engaged will result in higher quality information resulting in improved patient care.** **They also have a vital role in being a communications conduit, as they are often have the best network linkages to all users of healthcare information.** **Library/knowledge services professionals are navigators of quality assured information resources.** **High quality research is essential for extending the evidence base and achieving the improvements in healthcare that an ageing population will both need and expect, which may also result in greater cost efficiencies and value for money.** **Consideration needs to be given to how information is presented, so that all**

	stakeholders make informed decisions. **For the Centre for Workforce Intelligence to succeed there needs to be a cultural shift towards a greater sharing of knowledge and information and a sense of responsibility to ensure that the information and data provided is accurate and robust.** **National systems could be developed to support the evidence-base for workforce planning through the Centre for Workforce Intelligence.** **Librarians would have the skills and knowledge necessary to develop these systems and to work in partnership with NHS Employers. Information could be disseminated by the web. Individual healthcare provider's librarians, who have the ability to search the information, could carry out searches and package the results in appropriate ways for further dissemination to the appropriate individuals within individual healthcare providers. Librarians could also assist in gathering information from within Trusts to provide to the Centre for Workforce Intelligence.**
Q18: How should we ensure that sector-wide education and training plans are responsive to the strategic commissioning intentions of the NHS Commissioning Board?	**The NHS Commissioning Board needs to be transparent in its strategic commissioning intentions and consult widely and liaise with all education and training stakeholders to ensure engagements at the earliest stage. A recipricol arrangement between the NHS Commissioning Board and HEE will facilitate a responsive approach.**
Q19: Who should have responsibility for enforcing the duties on providers in relation to consultation, the provision of workforce information, and	**Monitor should have the legal responsibility for enforcing the duties of providers in relation to these management activities. Monitor**

cooperation in planning the workforce and in the planning and provision of professional education and training?	**should also have an obligation to ensure that all funds for training and education are used only for the purpose for which they are intended and not diverted into service provision. There is a need for a concordat agreement between the professional regulators, Care Quality Commission and Monitor to exchange information about education and training and workforce planning and patient safety.**
Q20: What support should Skills for Health offer healthcare providers during transition?	**Skills for Health existing work needs to continue during this transitional period. However it would also be helpful for Skills for Health to provide change management and service redesign support for healthcare providers. Communication is a key role for Skills for Health, particularly in this changing environment.** **We welcome the proposed closer working between Skills for Health and and Skills for Care and recommend that they should be joined up. There is a need to promote the Competency Framework to all providers, and standardise healthcare provision.** **To facilitate this there is a need to use workforce tools and for intelligence on the workforce. Transferrable skills, essential functions need to be included for each provider, and it is essential to ensure that there is no duplication of effort.**
Q21: What is the role for a sector skills council in the new framework?	**All sector skills councils should learn from one another. The sharing of knowledge between Skills for Health and Skills for Care will facilitate closer working relationships between these two key sectors.**

Q22: How can the healthcare provider skills networks and HEE best secure clinical leadership locally and nationally?	**It is key that HEE and the healthcare provider skills networks engage with existing local and national activities.** **There already exists a tool that can be used across professions to secure clinical leadership both locally and nationally. The Clinical Leadership Competency Framework (CLCF), which was jointly developed by the Institute for Innovation and Improvement and the Academy of Royal Medical Colleges, provides a consistent and recognisable approach to leadership. By integrating activities into professional development as well as day-to-day performance, the CLCF does not make you feel as if though there is now something extra that needs to be done; rather it offers an alternative means of accomplishing what you already have to do.**
Q23: In developing the new system, what are the responsibilities that need to be in place for the development of leadership and management skills amongst professionals?	**There is need to develop a best practice model for leadership and management, that will take account of differing learning styles, levels of responsibility and roles. It will need to draw on best practice from other sectors including industry, as well as international experience. The model will need to be reviewed on an ongoing basis to ensure it continues to meet the changing needs of the sector. Consideration should be given to the development of recognised qualifications for leadership and management and incorporation of clinical leadership into professional training.**
Q24: Should HEE have responsibilities for the leadership development	**Yes. It is evidence based that leadership development should be a**

framework for managers as well as clinicians?	**joint activity for both professional managers, clinicians and senior members of the healthcare workforce.** **It is important that throughout this document references to training and education of staff must not be interpreted as applying to clinical staff only. It is vital that education and training for administrative and managerial staff is considered by skills networks to be equally as important as education for allied health, scientific, nursing and medical professionals.**
Q25: What are the key opportunities for developing clinicians and managers in an integrated way both across health and social care and across undergraduate and postgraduate programmes?	**Bringing together clinicians managers and other professionals in an integrated way will encourage innovative thinking, sharing of best practice, enable networking opportunities, learning from excellence and offer a vibrant learning experience.** **This is one of the key strengths of existing library and knowledge service arrangements and is a unique selling point. Most LKS teams provide equal access to resources and services for clinicians, managers, undergraduates and postgraduates in their local area. There are some exceptions, which must by ironed out, but on the whole the neutrality and plurality of LKS provision should be regarded as a model for other education providers to emulate.** **There is also the opportunity to ensure more joined up access to resources that support education across HE and NHS.**
Q26: How should Public Health England, and its partners in public health delivery, be integrated within the new framework for planning and developing the healthcare workforce?	**Public Health England (PHE) and its partners in public health delivery need to fully participate and be integrated into the proposed Health Education England (HEE) Board and also within the local 'skills network'. The whole emphasis of the Developing the Healthcare Workforce is to establish a new framework which has an integrated approach to developing the**

	healthcare workforce, hence PHE needs to be involved in the processes of HEE. **Many library and knowledge service teams already receive funding from public health departments to support education and help inform decision-making. In some cases these posts are within public health observatories, and in others they are local PCT arrangements. This provision should continue to be provided as public health functions transition to local authorities, and integrated library services that serve both public health teams and healthcare providers should be retained where possible.**
Q27: Should Local Authorities become members of the healthcare provider skills network arrangements, including their associated responsibilities; and what funding mechanisms should be employed with regard to the public health workforce?	**It is essential that Local Authorities become members of the healthcare provider skills network, the proposed functions listed in chapter 5 section 5.21 involve local authorities. Their involvement as well as other public health and well-being boards will facilitate a joined-up approach across the whole workforce including health, public health and the social care workforce.** **It is important to use this reconfiguration of health and social care education to ensure that the imbalance in provision of learning resources to clinical staff and social workers is resolved. NHS staff, public health staff, and social care staff must have equal access to library and knowledge services, and funding must be made available on this basis.**
Q28: What are the key issues that need to be addressed to enable a strategic, provider-led and multi-professional approach to funding education and	**It is important that existing services and associated funding streams are not destabilised and also that experienced staff are not lost. In addition, the shift**

training, which drives excellence, equity and value for money?	**to the new structures and processes needs to be phased (see our response to question 35).** **We also feel it is important that there should be a broad but clear statement of what the education levy does and does not include; this will help to avoid the lack of clarity that currently exists with MPET.** **In addition, the funding arrangements for the placement component of non-medical education need to reflect both the importance of this sector of the healthcare workforce and the shift of elements of this placement education to organisations which are in the independent and voluntary sector.** **We would emphasise the fundamental role that NHS library and knowledge services play in supporting both the information needs of NHS staff and of students on placement. If clinical decision making is to be based on the best available evidence, then we need the best available library and knowledge services. At the same time, library and knowledge services are part of a wider educational infrastructure that supports staff and students.** **There needs to be levies on employers to contribute to this although recognise that this would be difficult to implement. The Tariff incentive could be used, e.g. number of treatments etc., e.g. there should be support for those that have worked in NHS for a period of time.**
Q29: What should be the scope for central investment through the Multi-	**We reiterate the need for high quality NHS library and knowledge services**

Professional Education and Training budget?	**to be included in this funding stream, on the basis that they support the information needs of students on placement in the NHS, both directly by provision of services to the students themselves and indirectly by enabling NHS staff to remain up-to-date with the latest evidence in their field.** **It also makes sense to co-ordinate the purchase of information resources centrally and co-operatively to leverage value for money and ensure a strategic approach to information resource provision. SHA Library Leads already work together with NHS Evidence to purchase electronic databases, journals and books to provide a "core content" of knowledge resources for NHS staff and students. The available evidence suggests that purchase of these core resources at a local level would lead to both fragmentation and inequity of provision, and increased costs.**
Q30: How can we ensure funding streams do not act as a disincentive to innovation and are able to support changes in skill mix?	**Funding streams need to be used flexibly and imaginatively by local Networks. One way to ensure that innovation thrives is to create "innovation funding" streams within the education levy.** **In terms of fostering innovation, an important omission from this consultation is any reference to organisational learning and knowledge management. Thought needs to be given to ensuring that the training and education staff receive does not stay with them but is diffused to the organisation and leads to fundamental improvements that outlast the individuals concerned.** **Healthcare provider skills networks should have a duty not simply to plan the education and training of individuals but to ensure that well-governed systems are put in place in**

	order to spread innovation between teams, and between organisations where appropriate. For this to be a success there must be significantly better integrated working between education and training departments, library and knowledge services, service improvement teams, clinical governance, communication departments and IT. Joint working to improve the flow of knowledge within and outside healthcare providers is not currently the norm, but would bring great benefits to workforce development, quality, productivity and innovation.
Q31: How can we manage the transition to tariffs for clinical education and training in a way that provides stability, is fair and minimises the risks to providers?	**Committing to tariffs at the outset, before an assessment of the impact of their implementation has been made, may be short-sighted. There are major implication as the document acknowledges (para 8.14) and policy makers need to have a full understanding of the potential impact before proceeding further. Pragmatism must be the order of the day.**
Q32: If tariffs are introduced, should the determination of the costs and tariffs for education and training be part of the same framework as service tariffs?	**Untangling service contribution from the costs of training is fraught with difficulty. We should accept that it is impossible to do it with any degree of precision – some degree of cross-subsidisation will occur and is an inevitable feature of current arrangements.**
Q33: Are there alternative ways to determine the education and training tariffs other than based on the average national cost?	**MPET and national bench mark price, to keep it simple. But implementation and transition are more of an issue.**
Q34: Are there alternative ways to determine these costs other than by a detailed bottom-up costing exercise?	**Our next answer is at question 35**
Q35: What is the appropriate pace to progress a levy?	**We feel that a three to five year time-scale will allow for the development of robust new systems and at the same time ensure there is no destablisation of services and programmes or loss of key staff.**

Q36: Which organisations should be covered by the levy? Should it include healthcare providers that do not provide services to the NHS but deliver their services using staff trained by the public purse?	**This seems to be a complex issue. Clearly all NHS organisations should contribute to the education levy. We feel it is right that the private sector should contribute to the levy as they make use of staff that have been trained "at the expense of the public purse" - but how that might be managed is not clear.** **The private health sector has a very poor track record in providing library and knowledge services for its staff and this means that private sector health staff often rely on personal, historical contacts with NHS library and knowledge services for their evidence base. The introduction of a levy applicable to all organisations which provide healthcare would provide an opportunity to address this historical shortfall and ensure greater equity of access to evidence.**
Q37: How should a levy be structured so that it gives the right incentives for investment in education and training in the public interest?	**Our next answer is at question 40.**
Q38: How can we introduce greater transparency in the short to medium term?	**Our next answer is at question 40.**
Q39: How can transaction costs of the new system be minimised?	**Our next answer is at question 40.**
Q40: What are the key quality metrics for education and training?	**There are a number of quality assurance systems in place that we see as vital to ensuring high quality educational provision and services for NHS staff and students. For library and knowledge services there is the**

	recently established Library Quality Assurance Framework (LQAF) which has been used in all NHS knowledge and library serivces in England. This allows for local self assessment, the local development of an action plan for development and, crucially, benchmarking of services. **The LQAF needs to be set in context as one of the quality metrics used within the Learning Development Agreements (LDAs) that SHAs have with Trusts. This approach seems fundamental to us and we believe that the new Networks should have a similar LDA-style relationship with any organisation receiving education levy funding.** **Local library services can use the LQAF's action plan component as a tool to identify areas for improvement and innovation.** **Local Skills Provider Networks themselves could adapt and refine the Education Commissioning Quality metrics already piloted across several SHAs.** **Quality metrics for education and training should be retained but there is a need to make them tougher.**
Q41: What are the challenges of transition?	**Risks of a whole new system. What evidence is available to support that this new system is a better approach?** **More bureaucratic and expensive than the current system as one organisation is going to be replaced by multiple organisations.** **Ineqalities in the system. Who will oversee the consistency of provision and quality across NHS?**

	Impact on exisiting collabaoration and consistency across the system. How will the new system avoid duplication and waste? How will the new system support learning and sharing of innovations? **Overview of workforce movement. SHAs currently have a regionl overview of workforce movement. Will the Centre for Workforce Intelligence have this overarching insight?** **What are the impact and risks of those already in the system when this transition occurs?** **How will the new system support flexible movement of the workforce, e.g. moving from an NHS service to an external contractor in the private sector?** **Risks of consulting patients about workforce development. How is it possible to avoid the consultations being taken over by a few "expert" patients?** **What will be the national support for local providers?** **What is the mechanism for the provider organisations in the new system to capture the existing kowledge and expertise in SHAs?** **Developing partnerships. Retaining the important achievements of the past years**
Q42: What impact will the proposals have on staff who work in the current system?	**Disempowerment and change apathy.** **Robust systems must be in place to ensure that vital experience and**

	knowledge are not lost during the transition period. **There is concern that current partnership working and cost efficiencies achieved by region-wide collaboration will discontinue.**
Q43: What support systems might they need?	**Staff in the current system would need:** **Clear and effective transition plans to ensure smooth transfer of responsibilities;** **Opportunities to contribute to the shaping of the new system;** **Job opportunities in the new system;** **Career advice and support;** **CPD opportunities for those wanting to explore new routes;** **Counselling and coaching to help staff through change.**
Q44: What support should the Centre for Workforce Intelligence provide to enable a smooth transition?	**While the Centre for Workforce Intelligence is responsible for providing intelligence and objective, evidence-based analysis to inform workforce planning, and advising on risks, opportunities and value for money, there is the need to:** **Ensure the CfWI advice is being implemented by Skill Networks and individual provider organisations;** **Define the supporting services and/or resources required for delivering the workforce planning.** **It is important that CFWI connect with the Information Centre as they have parallel information that will be beneficial to ensure a smooth transition**

	This cannot and should not be delivered by CfWI alone, but requires local planning with central monitoring by Health Education England Board.
Q45: Will these proposals meet these aims and enable the development of a more diverse workforce?	**A full Equality Impact Assessment (EqIA) needs to be carried out to facilitate answering this question more fully, this is in progress.** **There are a number of gaps in the evidence in the initial Equality screening document that accompanies this paper. Please see comments made in response to question 46 which indicates where the data gaps are and possible new sources of evidence.** **One area of concern is that the focus of the proposals within this document look at enabling the development of a more diverse workforce via the local skills networks. The decision of the composition of these groups would be based on local needs. This may mean that equality and diversity issues may not feature prominently. Historically the equality and diversity agenda has been driven centrally not locally via the SHA and the NHS Institute of Innovation e.g. the Breaking Through Leadership Programme. There is a need to ensure that the 'Skills Networks' keep equality and diversity issues high on their agenda to facilitate the development of a diverse workforce.**
Q46: Do you think any groups or individuals (including those of different	**The initial Equality Screening document published with this**

age, ethnic groups, sexual orientation, gender, gender identity (including transgender people), religions or belief, pregnant women, people who are married or in a civil partnership , or disabled people) will be disadvantaged by these proposals or have greater difficulties than others in taking part in them? If so, what should be done to address these difficulties to remove the disadvantage?	**consultation clearly describes the groups and individuals that could be advantaged or disadvantaged by these proposals. The majority of the data focuses on medical students. There is some mention of non medical roles such as senior management roles but there is clearly a huge gap in the evidence that is presented.** **If available more evidence is needed to assess the effectiveness or not of past initiatives to make the NHS a more diverse workforce. Examples of these include the NHS Institute for Innovation and Improvement's Breaking Through programmes for BMEs and the Stonewall Leadership Programme for LGBT staff.** **Additional data is also needed to identify key roles non clinical and non medical, senior, junior staff and other areas where the workforce is not as diverse as it could be.** **As well as filling in the gaps in the data there is a need for a full EqIA of the policy to be made, which is scheduled to take place.** **In response to the second part of the question 46, more data is required to facilitate having a clearer picture of which groups will be advantaged or disadvantaged and what could be done to address any disadvantages there may be.**

Please send your responses via e-mail to:

educationandtrainingconsultation@dh.gsi.gov.uk

or via post to:

Consultation Responses
Workforce Education Policy Team
Department of Health

Room 2N12, Quarry House
Quarry Hill
Leeds
LS2 7UE

Comments should be received by **31st March 2011**.

A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the Department of Health consultations website at:

www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm