



Faculty of Pharmaceutical Medicine

of the Royal Colleges of Physicians of the United Kingdom

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FPM response to DHSCs call for evidence regarding proposed 10-Year Workforce Plan

Following publication of the 10-Year Health Plan in 2025, the Department for Health and Social Care (DHSC) issued a call for evidence on 26th September 2025 to inform their plans to publish a 10-Year Workforce Plan, to align with the Health Plan. FPM submitted the response, below, on 7th November 2025.

Section 1: the 3 shifts

The NHS must change. Our 10 Year Health Plan makes clear our ambition to move from a centralised system to one where patients have greater control over their care, and frontline staff are empowered to shape and improve services. We know that those working closest to patients understand best how local services can be delivered. We want to hear from organisations, clinicians, staff groups and partners who are already driving change at a local level.

We are seeking evidence on how the 3 shifts are being implemented locally, and the impact on your workforce. Where possible, please support your submission with data and measurable outcomes, so we can learn from what is working well and apply those lessons across the NHS.

In this section, please submit evidence of:

- **where you have delivered or observed new digital initiatives that improved patient care**
- **where you have already seen or begun to deliver a shift from hospital-based care to community care**
- **where you have already seen or begun to deliver preventative care services**
- **which professions, roles and skills were critical to successful implementation for each example**
- **any barriers to ensuring the right professions, roles and skills were involved, and how you overcame these barriers**

FPM Response

About FPM, our members and the wider environment

FPM is a membership body representing over 1,600 physicians working across the life sciences ecosystem, including in industry, regulatory agencies, the NHS, academia, and policy bodies. FPM oversees specialist training in pharmaceutical medicine, a GMC-recognised specialty, and to date more than 450 physicians have achieved a Certificate of Completion of Training (CCT), with 94 more currently in active training.



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FPM members are engaged in advancing health through innovations in medicines, vaccines, medical devices, precision therapies, diagnostics, and digital health technologies. Their expertise spans the entire lifecycle, from discovery and clinical development to regulatory approval, clinical use, and long-term safety monitoring.

Delivering the three shifts

FPM members are, by the nature of entering the specialty, committed to shaping the future of healthcare and driving the “three shifts” outlined in the 10-Year Health Plan.

Pharmaceutical physicians - including those leading the discovery and development of new medicines, clinical pharmacologists, regulatory scientists, data specialists and implementation experts - are central to this transformation.

Delivering sustainable change depends on collaboration across a broad range of specialties and functions, bringing together clinicians, pharmacists, statisticians, informaticians, trialists, and patient-engagement experts to embed innovation safely and effectively into everyday clinical care.

Shift 1 – Moving more care from hospitals to communities

FPM members support the move from hospital-based to community-based care by enabling new treatment models and regulatory pathways that decentralise care and empower patients.

- Development of long-acting formulations, self-administered biologics, and decentralised clinical trials allows more patients to receive treatment safely outside hospitals.
- Digital monitoring tools and remote-data platforms enable clinicians to assess patients and track outcomes in the community.
- Embedding pharmaceutical-medicine expertise within Integrated Care Systems (ICSs) ensures evidence-based introduction of innovation in primary and community settings.

These developments require workforce competence in pharmacovigilance, regulatory science and digital implementation – areas where FPM’s training and professional standards already provide a proven framework (e.g. <https://www.fpm.org.uk/training-exams/dpm-training-programme/>)

Shift 2 – Making better use of technology in health and care

Pharmaceutical medicine can be central to the NHS’s digital transformation.

- **AI-enabled discovery:** Collaborations such as *AstraZeneca* × *BenevolentAI* demonstrate how artificial intelligence can identify novel heart-failure targets and shorten the R&D cycle.



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- **Precision medicine:** Platforms such as *Tempus* show how AI/ML can analyse clinical and genomic data to tailor oncology treatment, improving both patient outcomes and resource use.
- **Digital supply chains:** Self-optimising, AI-driven forecasting systems are improving medicines availability and reducing waste.
- **Survey insight:** FPM's *Future of Pharmaceutical Medicine* survey from February 2025 highlights rapid growth in wearables, apps and real-world-data platforms, alongside an urgent need for skills in bioinformatics, digital literacy and ethics.

FPM members can ensure that these technologies meet the highest standards of safety, efficacy and quality, embedding good-practice principles across digital innovation.

Shift 3 – Focusing on preventing sickness, not just treating it

Pharmaceutical medicine underpins preventive and population health strategies through innovation in vaccines, targeted therapies and data-driven prevention.

- AI-supported analytics are improving risk prediction and enabling personalised prevention, aligning with global moves toward precision public health.
- FPM members contribute to the design and oversight of vaccines, genomic therapies and digital tools that enable earlier intervention and sustained wellbeing.
- Respondents to FPM's February 2025 survey identified prevention and health equity as the areas where pharmaceutical medicine can make the greatest future impact, particularly in oncology, lifestyle-related and ageing-associated conditions.

Embedding these competencies within NHS workforce planning will ensure clinicians can interpret complex data, apply preventive interventions and deliver measurable long-term outcomes.

Barriers and recommendations

The lack of understanding and application of pharmaceutical medicine's core principles - safety, efficacy, quality and appropriate use - remain significant barriers to effective implementation. These principles are still applied on a voluntary basis and are often considered too late in service design, limiting their impact on workforce planning and innovation adoption

FPM recommends:

- Introducing pharmaceutical-medicine concepts in medical undergraduate curricula.
- Mainstreaming postgraduate training with clear recognition and funding.



- Embedding pharmaceutical-medicine expertise into workforce and service-redesign models to accelerate responsible innovation and deliver better outcomes for patients and communities.

Section 2: modelling assumptions

The workforce we build today will determine whether we can deliver the ambitions of the 10 Year Health Plan. That means challenging old assumptions, testing new ideas and being honest about what the future demands.

Big changes are coming. Artificial intelligence, breakthroughs in genomics and an ageing population will transform the way care is delivered. We need to capitalise on these shifts now or the NHS risks being left behind.

We need the insight of those who see, every day, what really works for staff and citizens - be that in the NHS, in other sectors or in other healthcare systems around the world. Your evidence will help us build a workforce that is ready, resilient and capable of delivering world-class care.

In this section, please submit evidence of:

- specific assumptions you use in workforce modelling - for example, how service redesign such as new community services or digital models of care might affect the numbers, deployment and/or skill mix of staff
- how that impacts on workforce supply and demand, including career and training pathways

Please provide clear examples and, where possible, support them with data.

FPM Response

The NHS workforce must be ready, resilient, and capable of adapting to major changes including AI, genomics, and new models of care. FPM evidence shows that these shifts will fundamentally change workforce needs and deployment:

- **Service redesign:** Decentralised clinical trials, digital therapeutics, and real-world data will require workforce capability in data science, ethics, regulatory affairs, and patient-facing technology. FPM also notes that the continuing decline in clinical academic capacity limits the NHS's ability to generate and interpret evidence from these technologies. Strengthening links between service delivery, academia, and industry will be critical to realising the full benefits of digital and data-driven care.
- **Skill mix:** The workforce of the future will need broader skill sets, combining clinical expertise with bioinformatics, digital literacy, and regulatory knowledge. These skills are essential to assess, adopt, and monitor innovation effectively. As responsibilities for medicines use expand across professions, a shared baseline of pharmaceutical-



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medicine competencies should underpin multidisciplinary practice, ensuring safety and consistency across emerging roles.

- **Career pathways:** Education and training should evolve from a narrow focus on examinations to continuous professional development, including flexible routes into pharmaceutical medicine and structured opportunities for clinicians and non-physicians to gain relevant expertise. FPM supports competency-based, modular learning approaches but emphasises that these must preserve scientific and ethical depth. Introducing flexible academic and research pathways - with protected time for clinical investigation - would help rebuild the UK's innovation pipeline and sustain excellence in medical education.

Embedding pharmaceutical medicine into workforce modelling will support better workforce planning, ensure the right skills are in place, and enable effective deployment across evolving care models.

Section 3: productivity gains from wider 10 Year Health Plan implementation

In his independent investigation of the NHS in England, Lord Darzi said:

"Falling productivity doesn't reduce the workload for staff. Rather, it crushes their enjoyment of work. Instead of putting their time and talents into achieving better outcomes, clinicians' efforts are wasted on solving process problems, such as ringing around wards desperately trying to find available beds."

To deliver transformational change we must improve productivity. This does not mean asking staff to work harder, it means changing the way we deploy staff in response to other developments, making it easier for them to do their jobs and bringing back their enjoyment of work.

In this section, please provide evidence of:

- the top digital initiatives you have delivered - in the NHS, other sectors, or internationally - that have successfully increased workforce productivity or reduced demand
- actions taken to identify and address gaps in training (pre or post-registration) that support delivery of the 3 shifts
- policies or initiatives that have enabled the NHS to play a bigger role in local communities (for example, widening access, creating opportunities, or supporting underserved groups)
- where you have managed changing expectations and increased patient participation in their care through digital tools and, where applicable, you have adjusted workforce planning to reflect this (for example, increased training to deliver new approaches to diabetes management to reflect new digital tools)



Please provide specific examples, supported by data where available.

FPM Response

Digital and process innovations

- AI-based pharmacovigilance, digital trial platforms, real-world data linkage, and wearable monitoring tools reduce manual workload, accelerate decision-making, and free clinicians to focus on patient care.
- These digital systems, when paired with the right skill mix, decrease delays in regulatory and clinical adoption processes.

Targeted training & capability building

- FPM's training series *Managing Respiratory Diseases* (MRD), developed as an output of its DEMENDE (Defining Medical Needs and Evidence) project during the COVID-19 pandemic, demonstrates how focused, modular education can enhance workforce readiness. *MRD* equips clinicians, including those in the NHS, to integrate new respiratory therapies and digital tools into everyday care while embedding the pharmaceutical-medicine principles of safety, efficacy, quality and appropriate use.
- Because these training modules are co-designed by subject experts, they help align workforce skills quickly with evolving therapeutic landscapes.
- See fpm.org.uk/mrd for more details.

Integration into community and research structures

- Embedding pharmaceutical medicine expertise into Integrated Care Systems, ICS research infrastructures, and NIHR delivery models can streamline adoption of innovations, reduce duplication, and ensure equitable access.
- This integration strengthens the link between research and pathway redesign, supporting faster translation from innovation to care.
- Greater cross-functional collaboration would be beneficial to maximise these benefits. Introducing rotational or shared-training models for clinicians, researchers, and pharmaceutical physicians - for example, placements for academic registrars across regulatory, research, and service-delivery settings - would build mutual understanding, strengthen system capability, and accelerate the safe adoption of innovation

Adapting workforce planning for patient participation



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- Digital tools increasingly enable patients to take more active roles in their healthcare (e.g. monitoring, adherence, reporting). Workforce models must reflect this shift by building capacity in roles that support patient-enabled care (e.g. interpreting remote monitoring data, managing digital therapeutics, improving health literacy).
- Training programmes like *Managing Respiratory Diseases* help clinicians build skills to interpret patient-generated respiratory data, guide interventions, and manage novel treatments safely in community settings.

By combining targeted training, digital innovation, and stronger integration of pharmaceutical medicine into system design, the NHS can enhance productivity, reduce time wasted on process burdens, and allow staff to focus on delivering high-value care.

Section 4: culture and values

The 10 Year Health Plan made it clear that great culture and great leadership go hand in hand with better quality care. When staff feel valued and supported, patients see the benefits.

We are committed to empowering leaders and managers at every level of the NHS to do better - to focus relentlessly on access, experience and outcomes for patients and communities. We know the best ideas often come from those already driving change on the ground.

We want your evidence and experiences on what works in building a positive culture where leadership is strong, the quality of care is high and staff are supported to thrive - and what must change to make that the norm everywhere.

In this section, please provide evidence of:

- **policy interventions that have directly improved workforce outcomes and patient outcomes (for example, retention, staff wellbeing, reducing sickness absence, as well as better quality care)**
- **approaches that have successfully embedded strong core values into everyday leadership, decision making and service delivery**
- **systems or practices that ensure leaders at all levels actively listen to staff feedback - particularly from underrepresented groups - and act on it**

Please provide specific examples, supported by data where available.

FPM Response

FPM agrees that culture and leadership are fundamental to workforce effectiveness and patient outcomes. A workforce that understands and applies pharmaceutical medicine principles can support stronger leadership, better quality care, and improved staff wellbeing.



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Pharmaceutical physicians are key to ensuring inclusive and representative clinical-trial practices, working with communities, patient groups and advocacy organisations to design and deliver research that reflects population diversity. Embedding such approaches across the workforce promotes equality of access to innovation and strengthens trust in research. Achieving this depends on developing a workforce that is diverse in lived experience, thought, and background, with the specific expertise to engage meaningfully with patients and communities.

- **Policy interventions:** Where pharmaceutical medicine expertise has been embedded – for example, in vaccine development, COVID-19 therapeutics, and genomic medicine – outcomes have improved and workforce confidence has increased.
- **Embedding values:** The core principles of pharmaceutical medicine – safety, efficacy, quality, and appropriate use - should underpin leadership, governance, and decision-making at every level.
- **Listening and inclusion:** Effective leadership involves engaging diverse professional voices, including non-physician roles and patient advocates, and acting on their feedback. This will strengthen workforce resilience and foster innovation.

FPM's co-authored report *Advancing Clinical Trials* (<https://www.fpm.org.uk/news/fpm-publishes-advancing-clinical-trials-report/>) reinforces that building a culture of inclusion requires leadership, accountability, and a workforce equipped to deliver diversity at every stage of the research process. The report highlights how diverse, multidisciplinary teams improve trial design and relevance, for example through community-based recruitment, decentralised delivery, and review of exclusion criteria.

Section 5: any additional comments

Please include any other comments, information or evidence you would like to share as part of this call for evidence that you think would help deliver the ambitions of the 10 Year Health Plan. (Optional)

FPM Response

To deliver the ambitions of the 10-Year Health Plan, FPM recommends that pharmaceutical medicine is:

- Introduced early in medical school undergraduate curricula to build foundational knowledge across the future workforce; for example, FPM's undergraduate drug discovery and development programme, developed in collaboration with Brighton and Sussex Medical School and additionally delivered to Kent & Medway Medical School, has been running successfully for five years. These partnerships demonstrate



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how embedding pharmaceutical medicine within undergraduate curricula helps preserve scientific rigour and early understanding of evidence-based innovation

- Mainstreamed in postgraduate training with clear visibility, dedicated funding, and inclusion in workforce planning.
- Embedded in national research and service infrastructure, including NIHR and Integrated Care Systems, to align innovation with patient needs.
- Extended beyond physicians by offering access to training for pharmacists, nurses, and allied health professionals, for example through FPM's Certificate in Pharmaceutical Medicine qualification.
- FPM also notes that creating a stable, innovation-friendly environment for inclusive clinical research will be a major determinant of where UK-based pharmaceutical companies invest and deploy skilled people. Embedding inclusive practice, as outlined in its *Advancing Clinical Trials* report (<https://www.fpm.org.uk/news/fpm-publishes-advancing-clinical-trials-report/>), will strengthen the UK's reputation as a global leader in high-quality, equitable research.

Embedding pharmaceutical medicine across the workforce will accelerate innovation adoption, improve patient outcomes, and help the NHS deliver on the promise of the 10-Year Health Plan.