

Claire Cuncliffe
Chief Executive Officer
Cleft Lip and Palate Action

Sir Jim Mackey
Chief Executive Officer
NHS England

Re. Future of TIG Fellowships and Sustainability of the Cleft Surgical Workforce

Dear Sir Jim,

I am writing on behalf of CLAPA regarding the future of Training Interface Group (TIG) fellowships for cleft surgeons following recent correspondence with the Department of Health and Social Care.

We recently received a response from Minister Karin Smyth confirming that NHS England made the decision in 2025 to discontinue central funding for the salary support component of the TIG programme, with responsibility for funding future posts instead sitting with regional systems or provider organisations. The Minister also indicated that NHS England is considering how smaller, highly specialised areas of practice may be supported in future.

While we recognise the extremely challenging financial environment NHS England is operating within, we remain seriously concerned about the long-term implications this decision may have for the sustainability of the cleft surgical workforce and the resilience of cleft services more broadly.

As set out in our original correspondence to the Secretary of State, cleft care relies on highly specialised multidisciplinary teams and complex surgical pathways that extend from infancy into adulthood. High-quality outcomes depend upon surgeons developing specialist expertise through structured training routes that sit across oral and maxillofacial surgery, ENT surgery and plastic surgery. TIG fellowships have played a vital role in supporting this pathway and in ensuring nationally consistent standards of training.

Our principal concern is that the removal of central funding without a clearly defined and nationally coordinated replacement risks creating growing inconsistency in training provision and workforce planning across the United Kingdom.

The cleft surgical workforce is relatively small, and specialist services such as cleft are particularly vulnerable during periods of financial pressure and system restructuring. Local systems and provider organisations will understandably prioritise immediate

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operational pressures and larger workforce groups. Without national oversight and support, there is a real risk that highly specialised services struggle to maintain sustainable training pipelines.

This raises a number of significant concerns:

- Potential future workforce shortages within cleft surgery;
- Increased pressure on existing cleft teams;
- Regional inequalities in access to appropriately trained surgeons;
- Reduced attractiveness of cleft surgery as a career pathway for future trainees;
- Long-term risks to service resilience and consistency of patient outcomes.

Clinicians within the cleft community have expressed particular concern about the long-term implications of these changes. One senior cleft surgeon recently described the removal of TIG fellowships without a robust alternative as risking cleft training being taken “back to the 1980s, before there was a clear, structured national pathway for developing specialist cleft surgeons”.

We fully recognise that training models evolve over time and that NHS England must make difficult prioritisation decisions. However, if TIG fellowships are to end in their current form, it is essential that any replacement pathway is transparent, nationally consistent, adequately supported and capable of maintaining the high standards expected within cleft care.

We would therefore welcome further clarity on the following points:

- What workforce assessment informed the decision to remove central TIG funding;
- Whether any specific impact assessment was undertaken regarding highly specialised services such as cleft;
- What national arrangements NHS England envisages replacing TIG fellowships;
- Which parts of NHS England will hold responsibility for oversight, governance and standards for future cleft surgical training;
- How specialised commissioning teams are feeding into this work;
- What transition arrangements are being put in place to ensure continuity within the training pipeline;

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- Whether NHS England intends to engage with cleft teams, professional bodies and patient organisations as future arrangements are developed.

Given the potential implications for patient outcomes, workforce sustainability and service resilience, we believe this issue requires urgent and careful consideration.

CLAPA would welcome the opportunity to discuss these concerns further with colleagues within NHS England and to ensure the voice of the cleft community including of our clinical colleagues and partners is fully considered as decisions about future surgical training pathways are made.

Yours sincerely,

Claire Cuniffe

Chief Executive

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