

Education, Commissioning & Quality Committee (Open)

Fri 25 June 2021, 10:00 - 13:30

Via Microsoft Teams



Agenda

10:00 - 10:15
15 min

1. PRELIMINARY MATTERS

00 - ECQC - DRAFT Agenda June 2021 (Open) (1).pdf (2 pages)

1.1 Welcome and Introductions

Presenter: Chair - Oral

1.2 Apologies for Absence

Presenter: Chair - Oral

1.3 Declarations of Interest

Presenter: Chair - Oral

1.4 Draft Minutes of the Education, Commissioning and Quality Committee meeting held on 9 February 2021

Presenter: Chair/Attachment

1.4 - DRAFT Unconfirmed ECQC Minutes_2021-02-09 (Open) V3.pdf (13 pages)

1.5 Action Log from the Education, Commissioning and Quality Committee meeting held on 9 February 2021

Presenter: Chair/Attachment

1.5 - DRAFT ECQC Action Log _2021-02-09 (Open) V1.pdf (3 pages)

1.6 Matters Arising

Presenter: Chair - Oral

1.7 To Receive the Draft Unconfirmed Minutes of the Education Advisory Group held on 8 June 2021

Presenter: Medical Director/Interim Director of Nursing - Attachment

1.7 - EAG minutes 8th June (apprvd by PM AP).pdf (7 pages)

10:15 - 11:45
90 min

2. EDUCATION PERFORMANCE AND QUALITY

2.1 Pharmacy Updates

Presenter: Medical Director - Attachment





2.1.1 - Strategic Outline Case

 2.1.1 - Strategic Outline Case .pdf (5 pages)

2.1.2 - Repurposing of Funds

 2.1.2 - Review of Funding.pdf (9 pages)


2.1.3 - Post Registration Training

-  2.1.3a - Post Registration Training.pdf (5 pages)
-  2.1.3b - Appendix 1 - Case for Change.pdf (8 pages)
-  2.1.3c - Appendix 2 - PIN for tender July 2021.pdf (4 pages)
-  2.1.3d - Appendix 3 - Business Case.pdf (30 pages)

2.2 Quality Assurance Updates

Presenters: Medical Director - Attachment

2.2.1 - Quality Assurance Update - Medical

 2.2.1 - QM Update of Medical.pdf (12 pages)

2.2.2 - Quality Assurance Update - Dental

 2.2.2 - QA of Dental Training.pdf (14 pages)

2.2.3 - Quality Assurance Update - Pharmacy

 2.2.3 - QA of Pharmacy Training.pdf (11 pages)

2.2.4 - Quality Assurance Update - Other



BREAK

11:45 - 12:45
60 min

3. STRATEGIC MATTERS

3.1 National Annual Education Training Plan 2022/23

Presenter: Medical Director/Interim Director of Nursing - Attachments

-  3.1a - Education Training Plan Cover Paper.pdf (8 pages)
-  3.1b - Final Draft Education Training Plan for 2022 23.pdf (92 pages)

3.2 Update on Strategic review Phase 2

Presenter: Medical Director/Interim Director of Nursing - Verbal

3.3 New and Emerging Priorities and FWP



Presenter: Medical Director/Interim Director of Nursing - Verbal

12:45 - 12:55
10 min

4. GOVERNANCE MATTERS

4.1 Committee Self-Assessment

Presenter: Board Secretary - Attachments

-  4.1a - DRAFT ECQC Self Assessment Cover Paper (250621).pdf (3 pages)
-  4.1b - DRAFT ECQC Self Assessment Checklist (250621).pdf (7 pages)

4.2 Committee Annual Report

Presenter: Board Secretary - Attachments

-  4.2a - Committee Annual Report Cover Paper.pdf (3 pages)
-  4.2b - ECQC Annual Report 2020 2021 (250621)1.pdf (6 pages)

12:55 - 12:55

0 min

5. FOR INFORMATION/NOTING

None

12:55 - 13:00

5 min

6. CLOSE

6.1 Any Other Business

Presenter: Chair - Oral

6.2 Reflection on Today's Committee

Presenter: Chair - Oral

6.3 Date of Next Meeting:

Thursday 2 September at 10am via Microsoft Teams/Meeting Room 1 Ty Dysgu

EDUCATION, COMMISSIONING AND QUALITY COMMITTEE

Friday 25 June 2021

Via Microsoft Teams/Teleconference

10:00-13:00

AGENDA

PART 1	PRELIMINARY MATTERS	10:00-10:15
1.1	Welcome and Introductions	Chair/ Oral
1.2	Apologies for Absence	Chair/ Oral
1.3	Declarations of Interest	Chair/ Oral
1.4	Draft Minutes of the Education, Commissioning and Quality Committee meeting held on 9 February 2021	Chair/ Attachment
1.5	Action Log from the Education, Commissioning and Quality Committee meeting held on 9 February 2021	Chair/ Attachment
1.6	Matters Arising	Chair/ Attachment
1.7	To Receive the Draft Unconfirmed Minutes of the Education Advisory Group held on 8 June 2021	Medical Director/ Interim Director of Nursing/ Attachment
PART 2	EDUCATION, PERFORMANCE AND QUALITY	10:15-11:45
2.1	Pharmacy papers <ul style="list-style-type: none"> 2.1.1 - Strategic Outline Case 2.1.2 - Repurposing of funds 2.1.3 - Post Registration Training 	Medical Director Attachment
2.2	Quality Assurance Updates <ul style="list-style-type: none"> 2.2.1 - Medicine 2.2.2 - Dentistry 2.2.3 - Pharmacy 2.2.4 - Other 	Medical Director/ Attachment/Verbal
BREAK 15 mins		
PART 3	STRATEGIC MATTERS	12:00-12:45
3.1	National Annual Education Training Plan 2022/23	Medical Director/Interim Director of Nursing Attachments
3.2	Update on Strategic review Phase 2	Medical Director/Interim Director of Nursing Verbal
3.3	New and Emerging Priorities and FWP	Medical Director/Interim Director of Nursing Verbal
PART 4	GOVERNANCE MATTERS	12:45-12:55
4.1	Committee Self-Assessment	Board Secretary/

		Attachment
4.2	Committee Annual Report	Board Secretary/ Attachment
PART 5	FOR INFORMATION/NOTING	
	None	
PART 6	CLOSE	12:55-13:00
6.1	Any Other Business	Chair/ Oral
6.2	Reflections on Todays Committee	Chair/ Oral
6.3	Date of Next Meeting: <ul style="list-style-type: none"> Thursday 2 September at 10am via Microsoft Teams/Meeting Room 1 Ty Dysgu 	

In accordance with the provision of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960 it shall be resolved that representatives of the press and other members of the public be excluded from the latter part of the meeting on the grounds that it would be prejudicial to the public interest due to the confidential nature of the business transacted. This section of the meeting is to be held in private session.

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UNCONFIRMED

**DRAFT Minutes of the Education, Commissioning and Quality Committee
held on 9 February 2021
Via Microsoft Teams/Teleconference (through Ty Dysgu, Nantgarw)**

Present:

Dr Ruth Hall	Chair and Independent Member
Tina Donnelly	Independent Member
Ceri Phillips	Independent Member

In Attendance:

Prof. Pushpinder Mangat	Medical Director
Dr Angela Parry	Interim Director of Nursing
Alex Howells	Chief Executive
Tom Lawson	Postgraduate Medical Dean
Margaret Allan	Pharmacy Dean
Kirstie Moons	Dental Dean
Martin Riley	Deputy Director of Education, Commissioning and Quality
Eifion Williams	Director of Finance
Dafydd Bebb	Board Secretary
Nicola Johnson	Director of Planning, Performance & Corporate Services (Observer)
Sian Richards	Director of Digital Development (Observer)
Kay Barrow	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
ECQC: 09/01/1.1	Welcome and Introductions	
	The Chair welcomed everyone to the meeting and, in particular, Kirstie Moons, who was joining as the new Dental Dean following the retirement of David Thomas. A quorum was confirmed present. A warm welcome was also extended to Sian Richards, the newly appointed Director of Digital Development and Nicola Johnson, Director of Planning, Performance & Corporate Services who were attending as observers.	
ECQC: 09/01/1.2	Apologies for Absence	
	There were no apologies for absence.	
ECQC: 09/01/1.3	Declarations of Interest	
	The following declaration of interest was noted in relation to agenda items 3.1, 3.2 and 3.3:	

	<ul style="list-style-type: none"> • Ruth Hall, Chair, Centre for Public Policy Wales, Cardiff University. • Tina Donnelly – Fellow of the University of South Wales. • Ceri Phillips – Emeritus Professor, Swansea University, and honorary position at Cardiff University. • Eifion Williams – Member of the Swansea University Finance Committee. • Angela Parry – Holds an Honorary Contract with Cardiff University. • Pushpinder Mangat – Honorary Professor, Swansea University Medical School 	
ECQC: 09/01/1.4	To Receive and Confirm the Minutes of the Committee held on 8 October 2020	
	The Committee received the minutes of the meeting held on 8 October 2020 and confirmed they were an accurate record.	
ECQC: 09/01/1.5	Action Log	
	<p>The Committee received the Action Log and noted the actions were either complete; deferred due to the impact of the COVID-19 Pandemic or matters for consideration on today's agenda. Those items that remained outstanding would be kept on the Action Log until they had been completed. The following verbal updates were received:</p> <ul style="list-style-type: none"> • ECQC 02/07/1.5 KPMG Review of Health Professional Education – Welsh Language Resources: Dafydd Bebb updated the Committee regarding the National Welsh Terminology Portal that was managed by Bangor University. He explained that the portal was a resource to ensure a standardised approach to Welsh clinical terms. It was highlighted that the NHS Wales Welsh Language Officers Group who represent Health Boards, Trusts and SHAs, meet regularly and agree a consistent approach for new Welsh terms used within NHS Wales. It is now proposed that a process will be put in place to ensure that any newly agreed Welsh terms would be added into the National Portal managed by Bangor University. This would ensure consistency in the Welsh terms across NHS Wales. <p>It was highlighted that the Inclusion & Equality Group had sought an update from the HEIW IT Team including its involvement in all Wales digital solutions such as the National Welsh Terminology Portal.</p> <ul style="list-style-type: none"> • ECQC 08/10/4.3 South Wales Major Trauma Network: Pushpinder Mangat informed the Committee that contact had been made with the Network however, the meeting had been cancelled. He explained that when rearranging the meeting, the 	

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	Network advised that HEIW support was no longer required as alternative solutions had been implemented. However, an open offer to meet to discuss any additional support required has been made.	
Resolved	The Committee noted the updates and that both actions were completed.	
ECQC: 09/01/1.6	Matters Arising	
	ECQC 08/10/2.1 Quality Management Update – Impact on Surgical Trainees: An update was provided regarding the ongoing challenges for surgical trainees and achieving the required practical competencies to complete their training due to the lack of access to face to face surgical operating time. Whilst emergency surgery was still taking place this was potentially not in sufficient numbers to achieve the required ‘hands on’ competencies, particularly for the surgical specialties. Mitigating actions had been put into place although there was still some risk, which was being closely monitored. In terms of the ongoing impact on the three surgical specialties, these were being monitored on a UK-wide basis by the Joint Committee on Surgical Training.	
Resolved	The Committee noted the update.	
ECQC: 09/01/1.7	Draft Unconfirmed Minutes of the Education Advisory Group held on 17 November 2020	
	<p>The Committee received the draft unconfirmed minutes of the meeting of the Education Advisory Group (EAG) meeting held on 17 November 2020.</p> <p>Angela Parry provided a brief summary of the first meeting of the EAG, which had been very well attended with good representation across the membership areas.</p> <p>It was clarified under bullet point 1 that, additional to the membership, others from within or outside the organisation who the Group considers should attend, would be invited taking account of the matters under consideration at each meeting. These invited individuals would not add to the membership of the Group.</p> <p>The Committee was pleased that the EAG had held its inaugural meeting and noted that the second meeting was being arranged.</p>	
Resolved	The Committee noted the draft unconfirmed minutes for assurance.	
PART 2	EDUCATION PERFORMANCE AND QUALITY	
ECQC: 09/01/2.1	COVID Implications for Education and Training	
	<p>The Committee received the report.</p> <p>Pushpinder Mangat and Angela Parry provided an overview of the impact of the Coronavirus pandemic on the normal education and training cycle of all healthcare professional students and trainees.</p>	

It was highlighted that close partnership working between all key stakeholders had resulted in minimal disruption to this cycle with a new cohort of registrants and trainees joining the NHS workforce in the summer of 2020. A new cohort of students and trainees commenced their education and training and there were notable adjustments to the delivery of the theory-based teaching. It was emphasised that placements and practice-based learning needed to continue as planned, to enable competencies and clinical skills to be learnt and assessed, to ensure the achievement of registration and graduation on time. Wherever possible training would continue as planned to ensure the anticipated number of registrants were available to join the workforce in Wales to support pandemic and recovery services.

It was noted that HEIW would not be able to facilitate early graduation for trainees this year due to the lost time last year, however Health Boards had agreed to facilitate trainees undertaking their written-based exams early.

There were risks with the ability to progress in a number of training areas, particularly surgery as a result of the lack of access to elective surgery experience, medicine because of the excessive service workload and dental due to the nature of the face to face procedures and the current restrictions. Although, it was reported that dental trainees in Wales would be able to graduate on time this year, this was not the case in Scotland or England, which would affect foundation post availability on a national basis. Kirstie Moons was involved on a national stakeholder level and also with the Dental Council.

Whilst junior doctor rotations were suspended last year, it was noted that these rotations would take place during February this year to ensure that trainees in high intensity areas were not kept there for longer than necessary.

Areas within Health Boards that were under enhanced monitoring because of quality concerns with training were continuing to be monitored with targeted visits to mitigate any further risks impacting on training.

It was clarified that the impact on the trainee workforce pipeline would need to be mapped in order to better understand the position.

The Committee acknowledged the significant achievements in the context of the challenging and moving situation. This was the culmination of the close collaborative working of both HEIW and its stakeholders.

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Resolved	The Committee noted the report.	
	Alex Howells joined the meeting and was welcomed by the Chair.	
ECQC: 09/01/2.2	Multi-Professional Education Update:	
ECQC: 09/01/2.2.1	Post Graduate Medical and Dental Education Update	
	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat provided an overview of the activity undertaken and advised that since the last report, the number of areas which were in Enhanced Monitoring status with the GMC had reduced from six to five. There were no serious issues that the Committee needed to be aware of.</p> <p>Should progress with paediatric surgery in the University Hospital of Wales be sustained, then the planned visit in May 2021 (not May 2020 as indicated in the report) could result in the enhanced monitoring arrangements ceasing.</p> <p>The Committee acknowledged that the roll out of the All Wales Medical Trainer Agreement clarified the roles and responsibilities for Local Education Providers and was an important step in ensuring the high-quality provision of medical education.</p>	
Resolved	The Committee noted the report.	
ECQC: 09/01/2.2.2	GMC Survey Report and Feedback	
	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat reminded the Committee that the participation of trainees and trainers in the annual GMC survey was a mandatory element of progression. However, due to the COVID-19 Pandemic, this year the GMC had determined that the survey be optional. The response rate was circa 50% which was low compared to previous years however, compared to the general NHS staff survey, this was considered to be a good response rate.</p> <p>The feedback from the survey was predominantly focussed on COVID-19 with emerging themes that were not unexpected and in keeping with previous years. It was highlighted that the next stage of the process was to share the feedback within Health Boards/Trusts and their respective Associate Medical Directors. Each organisation would be receiving their own individualised report focussed on the areas of concern and recommendations for improvement action.</p> <p>The Committee was cognisant that the feedback from the survey was not necessarily a reflective picture as a whole but was mindful</p>	

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	in the context of the current environment that it was the perceptions of those that had responded. It was highlighted that the GMC was keen to undertake the survey again this year however, a decision from the GMC was awaited.	
Resolved	The Committee approved the content of the report for wider circulation.	
ECQC: 09/01/2.2.3	All Wales Health Professional Education Performance Report for Academic Year 2019/20	
	<p>The Committee received the report.</p> <p>In presenting the report, Martin Riley advised that collating the required information and data to inform the annual performance management cycle had been difficult in the context of the COVID-19 restrictions. This had been particularly challenging for Universities given the additional work undertaken to redeploy students to the temporary NHS workforce to support the crisis and the work required to bid for the Health Professional Education Contracts.</p> <p>An overview of the performance summary was provided, and it was highlighted that the All Wales report was in the process of being finalised. The approach to providing feedback to Universities this year would be focussed using an Improvement Process Map to ensure that any findings were dealt with on a prioritised basis.</p> <p>Members discussed attrition rates and whether there was a correlation between attrition and the uptake of the bursary. The underlying reasons for the rise in the nursing attrition rate needed to be explored to determine whether the cause was either financial constraint or course content.</p> <p>It was clarified that the attrition reported was an amalgamated position based on years 1, 2 and 3, which compared to the reporting in England.</p> <p>The Committee acknowledged that the report was a rich source of information to assist Universities to take action to improve however, there needed to be a better understanding of the added value of education/training against the expenditure incurred for graduates and the consequential benefit to the NHS workforce.</p> <p>Nicola Johnson advised that the performance metrics were currently being scoped for the Health Professional education and training pipeline and it was anticipated that a proposal would be presented to the Executive Team during March 2021.</p> <p>The Committee welcomed the approach to the reporting and the further development to feed compliance with the key performance</p>	

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	indicators into the corporate performance Dashboard for reporting to the Committee and the Board.	
Resolved	The Committee noted the contract performance across Wales.	
ECQC: 09/01/2.2.4	Health Professional Education 2020 National Student Survey Summary	
	<p>The Committee received the report.</p> <p>In presenting the report, Martin Riley provided an overview of the salient points from the National Student Survey (NSS), which covered the nursing, midwifery, all allied health professions, and health science student groups.</p> <p>The majority of the contracted Universities had scored higher than the UK average. This was an indication of the high-quality provision for the commissioned health education programmes. However, where any contracted University was not scoring as expected, the areas of under-performance were discussed as part of the contract management meetings and action plans developed to monitor improvement actions.</p> <p>Work was progressing with analytical colleagues to incorporate the performance metrics into the HEIW performance dashboard.</p> <p>It was highlighted that the results from the NSS were a key driver for the University League Tables. The new appointment of a Head of Placement Experience and Improvement for HEIW was welcomed by the Committee. The role would assist with improving the quality management of the health professional education contracts by working closely with contracted Universities and service providers to address any under-performance or quality issues as they arise.</p>	
Resolved	The Committee noted the NSS performance across Wales's commissioned health professional education programmes.	
ECQC: 09/01/2.3	Multi-Professional Quality Assurance Architecture	
	<p>Pushpinder Mangat and Angela Parry updated the Committee in relation to the progress being made with the development of the multi-professional education and training quality assurance framework.</p> <p>It was clarified that the framework would incorporate both the qualitative and quantitative measures for all education and training and inform the development of the metrics for the dashboard.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the progress; 	

	<ul style="list-style-type: none"> agreed that the proposal for the multi-professional education and training quality assurance framework be presented to the Committee at its meeting in June 2021. 	
ECQC: 09/01/2.4	HEIW Plan for Differential Attainment	
	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat outlined HEIW's approach to addressing differential attainment. It was highlighted that whilst this matter was first identified within postgraduate medicine, variation in attainment could be observed across groups when split by a number of protected characteristics, including age, gender, and race. With no single agreed cause of these variations this can make it difficult to identify a single factor or specific area that should be targeted with an intervention. Therefore, the scope of the approach within HEIW would be widened to encompass all education and training programmes which also aligned with actions set out in the HEIW Strategic Equality Plan.</p> <p>The Committee welcomed the approach to addressing differential attainment but emphasised the need to demonstrate that HEIW's actions were making a difference to address the gaps in educational attainment across all education and training programmes particularly relating to the protected characteristics of ethnicity.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> noted for information the approach being taken by HEIW in addressing Differential Attainment; requested that HEIW ascertain what data is collected by Universities regarding protected characteristics of ethnicity. 	AP/MR
ECQC: 09/01/2.5	BAPIO Award for Services to Medical Education and Training	
	The Committee congratulated Pushpinder Mangat on his achievement of the BAPIO Award for services to medical education and training. He acknowledged that this was in recognition of the hard work of all the people within the HEIW Medical Directorate.	
	Nicola Johnson left the meeting.	
PART 3	STRATEGIC MATTERS	
ECQC: 09/01/3.1	Progress Report on Phase 1 of the Health Professional Education Contracts	
	<p>The Committee received a verbal update on the progress of Phase 1 of the Health Professional education contract procurement exercise.</p> <p>The deadline for the submission of tenders against the 'lots' had concluded at 27 January 2021 and bid submissions had been received for all the 'lots'. The evaluation of the tenders would be</p>	

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	commencing on 22 February 2021 and would conclude on 8 April 2021.	
Resolved	The Committee noted the verbal update.	
ECQC: 09/01/3.2	Health Professional Education Contracts Phase 1: Evaluation Framework	
	<p>The Committee received the report.</p> <p>In presenting the report, Martin Riley advised that the Phase 1 of the Strategic Review of Health Professional education contracts was now entering a very busy tender evaluation stage. He provided an overview of the development and planning of the Evaluation Framework, which included the establishment of the Evaluation Panels, evaluation questions and scoring methodology.</p> <p>It was highlighted that some evaluators had expressed concerns that they would not be able to fulfil their evaluation role within their core hours. However, HEIW had identified funding in order enable Health Boards/Trusts to put in place backfill arrangements to ensure the time and capacity for evaluators to undertake their allocated work and to sit on the Panels as required.</p> <p>10% of the panel members were from higher education institutions and Health Education England however, it was clarified that there were a number of panel members from National Education Scotland and that this should be acknowledged.</p> <p>An Evaluation Group has been established to monitor progress and any risks would be built into the programme risk register for action.</p> <p>The evaluation of the Panel recommendations would be taking place from 19 April to 7 May 2021 before submission to Welsh Government by 10 May 2021. Approval from Welsh Government was expected by the end of May 2021 when the outcome would be communicated to the bidders.</p> <p>The Committee was reassured with the progress and was pleased that a complex programme of work was keeping to the timescales.</p> <p>In order to provide the Board with assurance on Phase 1 of the Strategic Review of Health Professional Education Contracts programme of work, it was suggested that a joint meeting of the Education, Commissioning & Quality Committee and the Audit & Assurance Committee be convened to undertake a mini gateway review of Phase 1 following the evaluation phase of the programme of work.</p>	
Resolved	The Committee:	

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	<ul style="list-style-type: none"> • noted the Evaluation Framework; • requested that their thanks be extended to the Team for their hard work; • agreed to convene a joint meeting of the Education, Commissioning & Quality Committee, and the Audit & Assurance Committee to undertake a mini gateway review of Phase 1 of the Strategic Review of Health Professional Education Contracts following the evaluation phase of the programme of work. 	AP DB
ECQC: 09/01/3.3	Phase 2 – Strategic Review of Health Professional Education	
	<p>The Committee received the report.</p> <p>In presenting the report, Angela Parry provided an overview of the complexities of Phase 2 of the Strategic Review of Health Professional Education Contracts. She explained that analysis of the programmes that form Phase 2 of the review had demonstrated that the scale of the procurement exercise would be significant. It would be a complex process, where “one size would not fit all” as was the case for Phase 1.</p> <p>In order to mitigate against any disruption to core business, a different approach and timeframe was being proposed than previously reported. The revised timespan was to be adjusted to a five-year period with the procurement process phased over three sub phases. This would facilitate more manageable programmes of work.</p> <p>To manage the programme of work a Programme Manager would be appointed to lead Phase 2 with a Programme Board having oversight of the governance framework.</p> <p>The new phased approach to Stage 2 would initially focus on those contract areas that were categorised as ‘red’ status and would form Part A with the aim to have contracts in place by 2022.</p> <p>The Committee welcomed the approach, which would provide the due diligence required to ensure the new contracts were fit for purpose.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • recommended the following be approved by the Board at its meeting on 25 March 2021: <ul style="list-style-type: none"> ○ a revised 5-year timeframe and new approach; ○ the proposal for a Project Manager post for a fixed term of 3 years with the option to extend for up to 2 further years; 	AP

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	<ul style="list-style-type: none"> the extension of 2 secondments (band 7 and 4) from NWSSP Procurement for a further 2 years from 31 May 2021 the estimated legal costs 	
	Alex Howells left the meeting.	
PART 4	GOVERNANCE MATTERS	
ECQC: 09/01/4.1	Terms of Reference of the new Internal and External Facing Advisory Groups on Education and Training	
	<p>The Committee received the revised Terms of Reference for the Multi-Professional Quality & Education Group (MPQEG) and the Education Advisory Group (EAG).</p> <p>Dafydd Bebb advised that both Terms of Reference had been considered at the inaugural meetings of the MPEQG and EAG . The following amendments to the Terms of Reference were proposed:</p> <ul style="list-style-type: none"> for the 'Purpose' section for both the MPQEG and the EAG to include a provision to reflect HEIW's research function; in respect of the EAG only for bullet point four under the purpose section to include a provision on 'equality of access'; in respect of the MPQEG only the 'Purpose' section has been amended to provide greater focus on multi professional ways of working. 	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> noted the following amendments to the Terms of Reference: <ul style="list-style-type: none"> for the 'Purpose' section for both the MPQEG and the EAG to include a provision to reflect HEIW's research function; in respect of the EAG only for bullet point four under the purpose section to include a provision on 'equality of access'; in respect of the MPQEG only the 'Purpose' section has been amended to provide greater focus on multi professional ways of working. recommended that the Terms of Reference for the MPQEG and EAG as amended in Appendix 1 of the report be approved by the Board at its meeting on 25 March 2021: 	
PART 5	FOR INFORMATION/NOTING	
ECQC: 09/01/5.1	2020/21 Health Professional Education Fill Rates and Health Professional Student Allocations 2021/22	
	<p>The Committee received the briefing paper.</p> <p>In presenting the paper, Angela Parry outlined the allocation principles; outcomes; risk, issues and mitigations, and the financial implications for Universities not meeting commissioning targets.</p>	

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	<p>She explained that the approved NHS Wales Education and Training Plan for 2021/22 provided the overall numbers for each of the education programmes however, the allocation report provided the breakdown of the allocations across the Universities based on the information gained from within each Health Board/Trust IMTP workforce plan in order to train the right students in the right locations.</p> <p>The Committee welcomed the approach however, it was suggested that the outcome of the commissioning allocation be communicated with NHS Wales Peer Groups such as Directors of Nursing; Directors of Therapy and Health Sciences, so that they can better understand the impact of the workforce information provided within IMTPs and its use in informing the student placement allocation.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the proposed pre-registration commissioning plan; • noted the development of the community commissioning plan and a post-registration commissioning plan, with both to be issued before the end of January 2021; • noted the development of the placement matrix to be issued before the end of January 2021. 	
ECQC: 09/01/5.2	Simulation Team Report and Guidance	
	The Committee received the report and presentation which has been considered at the Education Advisory Group in November 2020 and the Board Development Session on 17 December 2020.	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the report and presentation; • requested an update be presented to the Committee at its meeting in June 2021. 	
ECQC: 09/01/5.3	Professionalising the Role of the Training Programme Director across Secondary Care Training	
	The Committee received the report and welcomed the progress being made to formalise and professionalise the role of the Training Programme Director across secondary care based medical postgraduate training programmes.	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the content of the report; • supported the action taken to date. 	
ECQC: 09/01/5.4	Update on the Development of the Evaluation, Research, Improvement, and Innovation Collaborative (ERIIIC)	
	<p>The Committee received the report.</p> <p>In presenting the report, Tom Lawson advised that the establishment of the Collaborative aligned with the fundamental core functions of HEIW in terms of developing knowledge and skills. He advised that there was an openness and eagerness within HEIW to demonstrate and evidence the value and benefit of</p>	

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	research as a key enabler across the education and training system.	
	The Committee welcomed the establishment of the Collaborative. Ceri Phillips agreed to provide his reflections on the proposal.	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the content of the report; • agreed that Ceri Phillips provide his reflections on the proposal to Pushpinder Mangat/Tom Lawson. 	CP
PART 6	CLOSE	
ECQC: 09/01/6.1	Any Other Business	
	<ul style="list-style-type: none"> • Committee Secretariat <p>The Committee thanked Kay Barrow for the support she had provided to the Committee and extended their best wishes to her in her new role.</p>	
ECQC: 09/01/6.2	Reflection on Today's Committee	
	The Committee provided their reflections on the meeting and, in particular, commended the quality and detail contained within the reports. This had helped to understand the context and focus on the matters considered during the meeting.	
ECQC: 09/01/6.3	Date of Next Meeting	
	The date of the next meeting was confirmed for Tuesday, 8 June 2021 at 10:00 either by Microsoft Teams or HEIW Meeting Room 1, Ty Dysgu, Nantgarw.	

.....
Dr Ruth Hall (Chair)

.....
Date:

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Education, Commissioning and Quality Committee (Open)

09 February 2021

Action Log

(The Action Sheet also includes actions agreed at previous meetings of the Education, Commissioning and Quality Committee and are awaiting completion or are timetabled for future consideration for the Committee. These are shaded in the first section. When signed off by the Education, Commissioning and Quality Committee these actions will be taken off the rolling action sheet.)

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
ECQC: 16/01/3.1	Performance Report of Education Contracts			
	Explore the potential for a celebratory event either annually or 6-monthly with service providers.	Interim Director of Nursing	TBC	Postponed. This will be picked up once the current emergency has passed.
ECQC: 08/10/3.1	Evaluation of Committee Effectiveness			
	<ul style="list-style-type: none"> Explore the development of Committee Induction resources for new members. 	Board Secretary	August 2021	Inductions of new members and new members of Committees to be the subject matter of a board briefing in the summer.
ECQC: 09/01/2.3	Multi-Professional Quality Assurance Architecture			
	<ul style="list-style-type: none"> The Proposal for the Multi-Professional Education and Training Quality Assurance Framework to be presented to the Committee at its meeting in June 2021. 	Medical Director/ Interim Director of Nursing	September 2021	This has been deferred and will be added to the September Committee agenda.
ECQC: 09/01/2.4	HEIW Plan for Differential Attainment			
	<ul style="list-style-type: none"> HEIW ascertain what data is collected by Universities regarding protected characteristics of ethnicity. 	Interim Director of Nursing/ Deputy Director of Education, Commissioning & Quality	2021/22	This will be progressed in the next academic year



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
ECQC: 09/01/3.2	Health Professional Education Contracts Phase 1: Evaluation Framework			
	<ul style="list-style-type: none"> A joint meeting of the Education, Commissioning & Quality Committee, and the Audit & Assurance Committee to be convened to undertake a mini gateway review of Phase 1 of the Strategic Review of Health Professional Education Contracts following the evaluation phase of the programme of work. 	Board Secretary	By end of April 2021	Completed. The joint committee took place on the 14 th May.
ECQC: 09/01/3.3	Phase 2 – Strategic Review of Health Professional Education			
	<ul style="list-style-type: none"> The Committee recommends the following be approved by the Board at its meeting on 25 March 2021: <ul style="list-style-type: none"> a revised 5-year timeframe and new approach; the proposal for a Project Manager post for a fixed term of 3 years with the option to extend for up to 2 further years; the extension of 2 secondments (band 7 and 4) from NWSSP Procurement for a further 2 years from 31 May 2021; the estimated legal costs. 	Interim Director of Nursing	March 2021	Completed item was on the March Board agenda.
ECQC: 09/01/4.1	Terms of Reference of the new Internal and External Facing Advisory Groups on Education and Training			
English Catherine 06/23/2021 12:31:14	<ul style="list-style-type: none"> The Committee recommend the Terms of Reference for the MPQEG and EAG be approved by the Board at its meeting on 25 March 2021. 	Board Secretary	March 2021	Completed. Item was on the Board agenda for March 2021
ECQC: 09/01/5.2	Simulation Team Report and Guidance			



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none">An update to be presented to the Committee at its meeting in June 2021.	Interim Director of Nursing	June 2021	This is deferred as the simulation team have provided an update in the current year
ECQC: 09/01/5.4	Update on the Development of the Evaluation, Research, Improvement, and Innovation Collaborative (ERIIC)			
	<ul style="list-style-type: none">Ceri Phillips to provide his reflections on the proposal to Pushpinder Mangat/Tom Lawson.	Ceri Phillips	March 2021	Completed.

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MINUTES OF THE EDUCATION ADVISORY GROUP (EAG)

Held on Tuesday, 08 June 2021

Via Microsoft Teams/Teleconference

PRESENT:

HEIW Representatives:

Angela Parry (Co-Chair)	Interim Director of Nursing, HEIW
Pushpinder Mangat (Co-Chair)	Medical Director, HEIW
Lisa Llewelyn	Director of Nurse and Health Professional Education (HEIW)
Charlette Middlemiss	Director of Workforce Transformation, HEIW
Martin Riley	Deputy Director of Education, Commissioning & Quality, HEIW
Kirstie Moons	Dental Dean, HEIW
Tom Lawson	Medical Dean, HEIW
Margaret Allen	Pharmacy Dean (HEIW)

Peer Group Representatives:

Stuart Walker (Cardiff & Vale University Health Board)	Representing Health Board/Trust Medical Director
William Oliver (Hywel Dda University Health Board)	Representing Health Board/Trust Director of Therapies and Healthcare Science
Janet Gilbertson (Cwm Taf Morgannwg University Health Board)	Representing Greg Dix, Health Board/Trust Director of Nursing

Stakeholder Representatives:

Ian Mathieson (University of South Wales)	Representative from the Council of Deans
Dr Farook Sarfraz	Representative from Post Graduate Trainees – Medical
Helen Whyley (Royal College of Nursing)	Representative from Welsh Health Partnership Forum (WHPF)
Vicky Richards (Royal College of Midwives)	Representative from Welsh Health Partnership Forum (WHPF)
Sarah McCarty	Social Care Wales
Lesley Robbins	Colleges Wales (Colegau Cymru)
Ele Hicks	Diverse Cymru
Michelle Moseley	Royal College of Nursing
Diane Powles	Royal College of Nursing

IN ATTENDANCE:

Dafydd Bebb	Board Secretary, HEIW
Amy Whitehead	Executive Assistant, HEIW (Secretariat)
Huw Owen	Welsh Language Support Manager, HEIW
Elizabeth Tomkinson	Welsh Language & Corporate Governance Admin Officer, HEIW

APOLOGIES:

Julie Rogers	Director of Workforce & OD, HEIW
Angie Oliver	Deputy Director of Workforce & OD, HEIW
Annabel Harris	Wales Health Student Forum (WHSF)
Dafydd Trystan	Coleg Cymraeg Cenedlaethol
Greg Dix	Cwm Taf Morgannwg University Health Board
Jenny Pugh-Jones	Hywel Dda University Health Board
Peter Hewin	Cardiff & Vale University Health Board

PART 1	PRELIMINARY MATTERS	
1.1	Welcome and Introductions	
	<p>Angela Parry (Chair) opened the meeting and advised the papers had been circulated.</p> <p>The structure for the session was set out to include an opportunity for questions/comments on each agenda item.</p> <p>The EAG members were invited to introduce themselves.</p>	
1.2	Apologies for Absence	
	Apologies received are noted above.	
1.3	Draft Minutes of the meeting held on 27 November 2020	
	<p>The minutes were reviewed for accuracy.</p> <ul style="list-style-type: none"> It was noted there had been considerable time spent reviewing the Terms of Reference (TOR) gaining clarification. Ian Mathieson requested his details be updated to University of South Wales. 	Amy Whitehead
Resolution	The content of the minutes was agreed as correct.	
1.4	Action Log and any other matters arising	
	<p>The EAG reviewed the Action Log and noted the following:</p> <ul style="list-style-type: none"> The attendee list has been updated to state who each member was representing The TOR were amended as agreed previously. A Simulation Conference has been arranged for 30th June, EAG members were warmly encouraged to attend and invites will be arranged upon expressions of interest. The conference will include simulation leads and invites have been extended to key stakeholders. It was also advised that HEIW are looking to establish a later date to for a simulation stakeholder meeting. Work is ongoing to support simultaneous translation. Microsoft are making changes to Teams to facilitate a system for instantaneous Welsh translation. Huw Owen, HEIW Welsh Language Support Manager, attended the meeting to facilitate translation for any members wishing to converse in Welsh. <p>Comments:</p> <p>It was requested the updated ToR be circulated, to be kept under review and owned by the EAG.</p>	

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	<p>A discussion followed concerning the purpose of this group reflecting on the ToR.</p> <p>The reporting procedure was clarified, and it was noted the ToR were resolved in the previous minutes and approved subject to the amendments listed in bullet point 4.</p>	
Resolution	<ul style="list-style-type: none"> The updated ToR will be circulated after the meeting, and comments will be received. A pictorial diagram would be helpful to circulate in addition to the ToR. 	Dafydd Bebb
PART 2	MATTERS FOR CONSIDERATION	
2.1	Annual Education and Training Plan	
	<p>Martin Riley, Head of Commissioning, HEIW, delivered the Education & Training (E&T) Plan, which had been circulated prior to the meeting.</p> <p>Key points to note:</p> <ul style="list-style-type: none"> HEIW have taken the E&T Plan across Wales to the Chief Executives and all other peer groups who are represented at the EAG. All have indicated overall support for the direction of travel. It has been brought to the EAG for advice and comment. The plan aligns to the HEIW annual plan and will be agreed by the NHS before submission to Welsh Government. <p>Its purpose is to provide the following information:</p> <ul style="list-style-type: none"> The impact of COVID on education and training. An update on strategic developments in education and training. Profession specific developments in education and training. To set the scene for this year's Education Commissioning and Training Plan. <p>Questions and comments were welcomed after the presentation:</p> <p>A query was raised regarding the advisory process, if the EAG are expected to provide advice to the Education, Commissioning and Quality (ECQC) Committee</p> <p>It was confirmed:</p> <ul style="list-style-type: none"> The ECQC meet on 25th June, where this plan will be presented before presentation to the Welsh Partnership Forum on 8th July. The process of this group and the presentation today is to gain a sense from all stakeholders if they support the direction of travel and increase of commissioning numbers. Feedback received and all comments will be captured and shared. The minutes of the EAG will also be considered by the ECQC and there will be a report to HEIW Board in July before submission to Welsh Government. This meeting provides the opportunity to provide comments and further discussions relating to the process are welcomed 	

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There was a discussion around the AHP and HCS numbers, members agree with total quantum numbers in the plan but advised of some sensitivity around the numbers because of the streamlining process.

It was noted:

- The graphs helped to illustrate the new courses and the effect on the numbers. The paramedic numbers have fluctuated according to WAST requirements and managing change to the paramedic degree.

It was questioned if an Orthoptics course is planned for Wales? The need to assess Optometry and the whole eye care workforce was discussed.

- It was noted that students who will be joining the Health and Care workforce in 2025 will benefit from the strategic review phase 1 and the ambition to provide education that better meets the workforce and health needs of Wales.
- There are a number of moving parts and we would like to avoid any boom/bust workforce issues.
- Workforce planning and HEIW work will grow year on year.

A comment was received regarding collaboration between Health Boards and Local Authorities to ensure equality regarding fees and bursaries. This can be unequal in professions such as Occupational Therapists and Social Workers.

- The comment was noted and is helpful to emphasise the importance of parity (as identified in the workforce strategy) and to evaluate the impact of the bursary, its tie in, and parity across different professions.

A comment was received approving the direction of travel and supporting the increase in numbers and clinical placements; however, the following concerns were raised:

- The impact on the Health Boards to ensure quality of placements especially since the impact of COVID.
- Economies of scale that tend to be siloed for traditional routes; it would be beneficial to have support from HEIW for successful models.
- Training can be siloed in various areas.

It was advised HEIW are:

- Recruiting a project manager for phase 2 of the strategic review which will reshape the role and take ownership to make this more health community and primary care focussed.
- A group has been established for a tripartite meeting to focus on pre-emptive strikes for blockages. This group will continue to meet to understand the issues and contingency plans around this.
- There will be opportunities for these conversations across professional linkages.
- Funded placements for Pharmacy have been utilised and this could be extended across other professions.

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	<p>A concern was raised regarding the lack of proposed numbers and post registration numbers for nursing. The new curriculum was not included in the E&T plan and a lack of potential changes to the NMC and the move from the EU. It was further commented that there is a deficit and if numbers are 50% down on the IMTP, this should not be looked at in isolation. It would be useful to see multi- profession aspects, retention and to highlight the amazing work of the nursing profession. Without this information it poses difficulty to support the plan.</p> <p>A further concern was expressed that there was not an opportunity to engage as a key stakeholder and to understand the difficulties, as an advisory group it would be helpful to discuss how to improve moving forward.</p> <p>It was confirmed that HEIW are:</p> <ul style="list-style-type: none"> • Seeking clarification to continue to develop the E&T plan. • This is a presentation, not the final paper. • The nursing profession numbers have been covered in the full plan. • The purpose of this presentation is to seek support for the general travel. <p>More information was requested for the broader workforce planning and the ongoing deficit of numbers.</p> <p>It was advised:</p> <ul style="list-style-type: none"> • We are at a different stage in journey to reach a point of joining up, we are not currently in a place to have all this information. • There is ongoing streamlining to ensure Graduates have employment. The numbers requested by Health Boards is a single part of the information that HEIW uses and their workforce plans need to become more realistic. Many other factors are included in formulating the plan, which has been presented and supported by peer groups, other stakeholders and Chief Executives. <p>It was noted as this is only the second meeting of the EAG, how it functions, and works is a learning curve for us all. HEIW believe the direction of travel is reasonable compared to the previous numbers. Traditional ways of consultation are being met.</p> <p>It was agreed to consider all points raised outside of the meeting and further communication with EAG colleagues to clarify the position.</p>	<p>Angela Parry Pushpinder Mangat</p>
2.2	Pharmacy curriculum - Case for change	
<p>English Catherine 06/23/2021 12:31:14</p>	<p>Pushpinder Mangat, Medical Director, HEIW, shared an update on the Pharmacy curriculum. The case for change paper was circulated shortly before the meeting as the information was to be considered by Chief Executives and Directors of Finance prior to sharing with the EAG.</p> <p>Key points to note:</p>	

	<ul style="list-style-type: none"> • The Pharmacy Education Training is changing from August this year. With major changes to achieve outcomes from changing an 8-year pathway to 5 year. • The ability to become an independent prescriber is the essential aim through 4 plus 1-year training. By 2025 all graduates will be independent prescribers and work will be carried out between now and 2025 to work with the interim cohorts. • There has been a short implementation timescale and strategic plan set out. • There is vast change in healthcare and utilisation of the Pharmacy workforce as experts in medicine and medicine management. • In all sectors, the Pharmacy team will be able to support patients and provide care closer to home with access outside of traditional medical care. This will have a huge impact on patients. • There will be more demand for training and placements, quality management will be in place for placements and a reshaping to the existing Pharmacy Clinical Diploma. • The pandemic has highlighted what all professions can do together and its noted that we already attract more Pharmacists to Wales and are in a good position with Train.Work.Live. • A paper will be circulated in the near future. <p>Comments:</p> <p>It was noted this is an excellent piece of work and would be an attractive similar journey for nursing. It would be great to see this progression for all professions and investments for placements.</p> <ul style="list-style-type: none"> • The difference across the professions was noted and may be considered when major issues are addressed by Welsh Government as a part of the annual plan to understand the financial consequences but not an immediate solution. <p>It was further noted this would be a huge opportunity to replicate for medical students to benefit from this.</p> <p>Margaret Allen, Pharmacy Dean, HEIW, would welcome opportunities to discuss interprofessional links and would be happy to share the work and information from Pharmacy.</p>	
2.3	Multi Professional Updates	
English Catherine 06/23/2021 12:31:14	<p>It was agreed due to time constraints that a brief update for this agenda item, would be shared in bullet points in the notes of this meeting</p> <p>Strategic Review of Health Professional Education phase 1: results from this procurement exercise will be shared at the end of June</p> <p>Strategic Review of Health Professional Education phase 2: has commenced with a focus on continuing professional development</p> <p>An Evaluation is being undertaken on the recent AHP and HCS streamlining initiative</p> <p>A new post Welsh bursary relationship manager has been created</p>	Angela Parry Pushpinder Mangat

	<p>A new post Head of Placement Improvement and Experience has been created. There are also 3 x care home education facilitators posts</p> <p>There were concerns in the Medical Deanery with Surgical Specialties losing training opportunities during COVID. Otherwise most training was returning to more normal states</p> <p>The main concern in the Dental Deanery was related to graduation, and onboarding of final year Dentistry students qualifying for Foundation posts in England, Northern Ireland and Wales (Scotland has deferred graduation for a whole year). In Wales we expect the majority of our Foundation posts to be filled in August but there will be a tight turnaround for employment checks for a prompt start. We are looking at mitigating this by concentrating on training that does not include patient contact while checks are completed.</p> <p>The main Pharmacy issue was reported in the main agenda</p>	
PART 3	CLOSE	
3.1	Any Other Business	
	<ul style="list-style-type: none"> It was noted due to the frequency of these meetings that an extra meeting to solely focus on the E&T plan would be beneficial in future. <p>The meeting was closed, and thanks expressed to all members for attending, all views will be noted and represented.</p>	
3.2	Date of Next Meeting: To Be Agreed	



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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	June 2021	Agenda Item	2.1.1
Report Title	Initial Education and Training of Pharmacists Programme Strategic Outline Case		
Report Author	Professor Margaret Allan, Christian Favager		
Report Sponsor	Professor Pushpinder S Mangat		
Presented by	Professor Pushpinder S Mangat		
Freedom of Information	Open		
Purpose of the Report	<p>To introduce the Strategic Outline Case which will guide the implementation of the New Initial Education and Training of Pharmacists mandated by the General Pharmaceutical Council.</p> <p>To seek Education Commissioning and Quality Committee endorsement for the Initial Education and Training of Pharmacists Programme Strategic Outline Case.</p>		
Key Issues	<ul style="list-style-type: none"> • The path to Independent Prescribing Status for all newly registered Pharmacists by 2026 • The need for new undergraduate clinical placements • The need for transforming the current multisector preregistration year into a different Foundation Year • The need for a new postgraduate programme • The steps required in a phased approach to achieve the above 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • to recommend that the Board approve the Initial Education and Training of Pharmacists Programme Strategic Outline Case. 		

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Initial Education and Training of Pharmacists (IETP) Programme Strategic Outline Case (SOC)

1. INTRODUCTION/ BACKGROUND

The Pharmacy regulator, General Pharmaceutical Council (GPhC), are making major reforms to the undergraduate and early postgraduate education and training of pharmacists across the UK. Implementation of the changes will start in August 2021.

As our population grows, and more people live with long-term conditions, the demands and expectations on our pharmacy services are changing and increasing. In recognition of this need, the implementation of the reformed initial education and training (IETP) standards for pharmacists will produce pharmacists with enhanced clinical skills and independent prescribing (IP) status, more quickly than at present.

This means that pharmacists will be able to offer patients assessments, diagnoses, advice, referral as well as enhanced medication care from the point of registration as part of a wider multi-disciplinary team.

The current programme will transform into the new framework over a number of years with the first new cohort registering in August 2026.

There are 4 distinct but overlapping areas to address

- Undergraduate placements
- Transformation of Pre-registration year into a Foundation year
- Transform post registration support to those who are registering before 2026 to attain the same qualifications and standards as those registering after 2026
- Devise a new post registration framework to support new registrants after 2026

The Programme Team have used their best endeavours to apply reasonable estimates, assumptions, and extrapolations in analysing the data. While this is considered sufficient for a high-level strategic case, the figures presented should be seen as the starting point for ongoing analysis, rather than definitive in themselves.

The Programme Team has set out in this SOC to identify challenges and opportunities, without predetermining the best or most appropriate solutions

Projects:

The programme will be managed through seven projects. The projects will ensure all objectives of the five-year programme implementation are delivered safely and effectively.

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Programme objectives are to:

Ensure the safe transition of learning outcomes across the learning pathway, pre and post-registration

Provide a framework and transition model to increase experiential learning across the 4 years of MPharm by August 2025

Ensure the safe implementation of IETP standards into the Multi-Sector Training Programme to deliver IP qualified Pharmacists at registration in August 2026

Provide an iterative transition model for post-registration foundation training that meets IETP standards leading to IP-qualified Pharmacists on completion

To ensure all pharmacists in Wales identified (or self identified) as requiring an IP qualification have been successfully trained to IP standards by August 2026

Establish a quality assurance framework and operational functions for MPharm experiential learning placements and Foundation multi-sector training in Wales.

All prescribers in Wales are utilising a standard Competency Framework in their practice

Secure appropriate funding to deliver changes to training pathway

2. PROPOSAL

That this SOC which describes the case for implementing this mandated change via a safe and effective change management programme process is endorsed as the initial working document which HEIW and Welsh Government use to develop this programme.

3. GOVERNANCE AND RISK ISSUES

The Programme Team have used their best endeavours to apply reasonable estimates, assumptions, and extrapolations in analysing the data. While this is considered sufficient for a high-level strategic case, the figures presented should be seen as the starting point for ongoing analysis, rather than definitive in themselves.

There will be a requirement for ongoing scrutiny via HEIW internal mechanisms and Gateway reviews to modify and update plans as required.

There may be unintended consequences of introducing these changes such as a poor intake during some of these years as students may defer while waiting for the final programme to be implemented.

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4. FINANCIAL IMPLICATIONS

The IETP programme will be funded through utilisation of existing funding pathways and new investment.

Existing Funding:

The funding of the unique multi-sector Foundation year (previously known as pre-registration year) is now established via a business case in 2019. Some additional funding may be required over the future years dependent on numbers and required changes to meet the new standards.

Post-registration Foundation training will be restructured to ensure emerging registrants achieve the new learning outcomes. Existing funds in the Education Commissioning plan for the Clinical Diploma will be repurposed to support this programme.

Additional funds for the existing established workforce to acquire the identified new skills will be managed via the advanced and extended budget within the commissioning plan.

Business Cases:

There is a requirement in the SOC to prepare several business cases for the identified new investment within the programme. These cases will be presented as per the anticipated timelines.

Description	Type	Date	Funding needed by
Foundation Team Resource Business Case	Business Case	Apr-21	Immediate
Repurposing of existing budget	Finance	May-21	Immediate
Post-Registration Foundation Business Case	Business Case	May-21	Jul-21 to procure by Dec-21
Quality Management (Foundation Year) go-live	BAU	Aug-21	N/A
Competency Framework Paper	Recommendations	Oct-21	N/A
Competency Framework Business Case (if required)	Business Case	Dec-21	TBC
Foundation Team resource review	Recommendations	Jan-22	N/A
Experiential Learning Paper	Recommendations	Jan-22	N/A
Experiential Learning Pilot Business Case (if required)	Business Case	Feb-22	Jun-22 to commence Aug-22
Experiential Learning full Business Case	Business Case	Nov-22	Apr-23 to commence Aug-23
Novice IP Paper	Recommendations	May-23	
Post-Registration Foundation Tranche 1 go-live	BAU	Sep-22	
Novice IP Business Case (if required)	Business Case	Nov-23	Jun-24

New Investment:

Investment in the four-year MPharm undergraduate course for additional clinical placements.

Quality Management of the educational pathway has yet to be agreed. Once the framework has been established additional investment maybe required.

5. RECOMMENDATION

Members are asked to:

- to **recommend** that the Board approve the Initial Education and Training of Pharmacists Programme Strategic Outline Case.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
As outlined in the report			
Financial Implications			
As outlined in the report			
Legal Implications (including equality and diversity assessment)			
As outlined in the report			
Staffing Implications			
As outlined in the report			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
n/a			
Report History	n/a		
Appendices	n/a		

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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	25th June 2021	Agenda Item	2.1.2
Report Title	Repurpose of existing funds within pre-reg foundation business case 2019 for 2021/22		
Report Author	Professor Margaret Allan		
Report Sponsor	Professor Push Mangat		
Presented by	Professor Push Mangat		
Freedom of Information	Open		
Purpose of the Report	<p>After receiving executive approval this paper seeks to inform the ECQC of the approach to Welsh Government to request repurposing of the funds within the 2019 business case to ensure sustainability of the pre-registration foundation programme.</p> <p>The funds will be repurposed to:</p> <ul style="list-style-type: none"> • Deliver the significant changes to the initial education and training of pharmacists, whilst maintaining business as usual • Maintain training numbers at a new level of 130 • Increase the number of multisector posts to 100% by 2022 		
Key Issues	<ul style="list-style-type: none"> • Trainee numbers are being impacted due to the need to accelerate the rate of introducing multisector placements as part of the new IETP and the need to support increased training grants • Host organisations have highlighted concerns with capacity to support training of increased numbers • Pilot sites have demonstrated that the current training grant does not provide sufficient funding to deliver the multi-sector programme at the quicker rate • HEIW currently rely on the good will of host organisations • HEIW staff resource is insufficient to manage the significant changes to the foundation programme whilst ensuring safe delivery of the business as usual within the new IETP 		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the request to repurpose agreed Welsh Government pre-reg foundation funding in 2019 to 		

	ensure the sustainability of the new pre-reg foundation programme for the next three years.
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Repurpose of existing funds within pre-reg foundation business case 2019 for 2021/22

1. INTRODUCTION

This paper describes the request to repurpose agreed Welsh Government pre-reg foundation funding in 2019 to ensure the sustainability of the new pre-reg foundation programme for the next three years. This proposal does not require new investment.

The request to repurpose previously agreed funds will ensure Wales can maintain trainee numbers and standards for our new business as usual, whilst managing the significant changes to the initial education and training standards outlined in the HEIW Strategic Outline Case: Implementation of Initial Education and Training Standards for Pharmacists (IETP).

2. BACKGROUND

2.1 Overview of funding

The business case approved by WG in 2019 secured funding for pre-reg foundation pharmacist programme training in Wales up to 2023/24 based on increasing the placements each year. A training grant provision and HEIW staff resource was built into the business case but the costs for these budget lines did not have existing costings for comparable educational programmes within Wales or the UK. The multi-sector pre-reg programme was innovative and unique across the UK.

The unexpected impact of Covid and the accelerated introduction of IETP in January 2021 has placed significant pressures on the host organisations and HEIW staff, which could not be planned for in 2019. Maintaining increasing trainee numbers and increasing multi-sector posts to 100% in 2022 is unlikely to be achieved without additional funding for host organisations and HEIW staff. Following discussions with WG and CPG (Chief Pharmacist Group), maintaining status quo is viewed as the maximum training numbers we can offer. This means that for 2022/23 we are seeking 132 training posts dependant on training capacity, but this can only be effectively achieved through additional funding for host organisations and HEIW staff.

The plan would then to maintain placements for the next 2 years at 130 posts to allow a period of stabilisation and evaluation. This would be in line with the national trend of less pharmacists entering training across the UK.

HEIW has performed a full review with host organisations regarding the infrastructure required to safely manage the new BAU and the significant changes necessary under IETP. In parallel, HEIW has conducted a full review of the HEIW infrastructure required to ensure the quality standards for the foundation programme can be maintained and the changes in the IETP SOC implemented.

To provide the necessary stability to the foundation programme the finances have been modelled over a three-year period.

It has been established there are sufficient funds within the budget originally agreed with Welsh Government in the 2019 business case to facilitate these changes. This paper requests a repurposing of budget lines within the original business case to accommodate the necessary changes. Welsh Government Chief Pharmaceutical Officer has previously agreed in principle to the repurposing of the finances and following a further meeting between HEIW and WG, this has been agreed in writing.

2.2 Cost of multi-sector training

During the set up and implementation of pilot programmes in 2020/21, HEIW identified that the training grant of £6,000 per trainee in the original business case was insufficient to deliver a rotational multi-sector programme and the complexities that this model of training involves. In discussion with the pilot training sites, it was established that a reasonable cost per trainee was between £10,500 and £11,000. The training grant of £6,000 in the original business case could not be based on any bench marking evidence as the innovative model of multi-sector training had not been implemented anywhere else in the UK.

2.3 HEIW Staff resource

As part of the implementation programme for the new model of training, a full review was conducted of the HEIW staff resource that was identified in the original business case.

The review in October 2020 highlighted that the HEIW team was significantly under resourced to:

- ensure the continued delivery of BAU activities and support the increase in numbers of trainees placed within our multi-sector training programme.
- Meet the requirements of additional quality management of the programme to meet the GPhC requirement.
- HEIW support was essential to enabling the safe and effective provision of multi-sector training placements.

Existing part time staff were increased to full time in January 2021 as an interim to manage some of the workload.

However, the impact of the changes outlined within the HEIW SOC has once again increased the work load due a need to implement 100% multisector posts for 2022, whilst increasing the number of multisector post in 2021 and enacting the required regulatory changes to the foundation programme.

3 PROPOSAL

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The proposal is that HEIW repurpose existing funds already secured within the 2019 Business case to:

- Enhance funding to host organisations and secure training placements for the foreseeable future.
- Secure two year secondments posts (with review in the first 12 months) for:
 - 3 x FTE Band 8a Pharmacist Regional Leads
 - 1 x FTE Band 8a Clinical Education Lead*

3.1 Host Organisation Funding

3.1.1 Trainee grant

£9,000 training grant per post (aligned to current GP training grants) to bring consistency across programmes

3.1.2 Additional funding for TPD roles

To acknowledge the additional infrastructure and resource required to deliver the multi-sector programme, over and above the designated supervisors, we are proposing funding to protect time within host organisations to focus on quality assurance of programme delivery and trainee support. After reviewing medical and dental programmes within HEIW it is proposed that the pre-reg foundation pharmacist programme introduce a training programme director funding model to host organisations based on the number of trainees they host.

The proposed funding will secure protected time from a band 8a pharmacist with accountability to HEIW to fulfil the following roles:

- Programme delivery and trainee support
- Ensure trainees placed in suitable environment
- Actively support the Designated Supervisors
- Escalation of concerns to HEIW
- Ensure curriculum is being achieved
- Management of resources to deliver programme (sickness etc)
- Timetabling learning
- Support recruitment into MS Programme
- Allocation of trainees into placement
- Quality Management reporting
- Careers advice for trainees
- Supporting Supervisors on end of rotation reviews
- Ensuring Supervisors are achieving QM standards

Funding model for TPD

The table below shows the cost of TPD based on band 8a pharmacist.

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Posts (Trainees)	Per Week	£115.36 per 1/2 day
1 (3)	No payment	No payment
2 (6)	1/2 day	£6,000
3 (9)	3/4 day	£9,000
4 (12)	1 day	£12,000
5 (15)	1 1/4 day	£15,000
6 (18)	1 1/2 days	£18,000
7 (21)	1 3/4 days	£21,000
8 (24)	2 days	£24,000

This funding would be applicable across all three sectors.

3.2 Secure two-year HEIW secondments/fixed term posts:

Analysis of HEIW workload to maintain BAU and manage the IETP changes within the SOC have shown the need to recruit 3 x FTE Band 8a Pharmacist Regional Leads and 1 x FTE Band 8a Clinical Education Lead.

These posts will be recruited via two-year secondments or fixed term contracts with a review within twelve months to ensure the resource meets the future needs of the foundation programme and individuals are delivering the requirements of the posts.

3.3 Source of funding

These proposals can be managed within the budget agreed in the 2019 business case. There is not requirement to request new investment from Welsh Government. A request to Welsh Government would need to be made to approve a repurposing of previously allocated budgets. Informal discussions have already taken place with WG and HEIW finance.

Finance confirm sufficient funds available for the next three years (21/22, 22/23, 23/24) whilst allowing enough flexibility for potential increase in training numbers over the same period to a maximum of 132 without requiring any additional funds.

4. GOVERNANCE AND RISK ISSUES

There is a risk to the delivery of the new Wales pharmacist foundation programme if this proposal is not taken forward, with a consequent reputational risk to HEIW.

- Relationships with training providers would be adversely affected.
- Training places are likely to reduce.
- Delay in the implementation of the timelines for the IETP SOC.
- Risk in maintenance of the multi sector model with consequent risk to ongoing strong application rates to Wales foundation programme.

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5. FINANCIAL IMPLICATIONS

The ability to effectively manage our existing budget is critical to ensure successful programme delivery, maintaining training standards and implementation of the IETP SOC.

The proposal is that the current 6K training grant per trainee is increased to 12K which is broken down to a 9K training grant and a 3K TPD payment.

There are discrepancies for 2021/22 due to mix of different programmes being run (i.e. single sector and multi-sector)

For 2021/22 there will be payments to single sector programmes of £250 to attend supervisor training on the new interim learning outcomes and these programmes do not qualify for any training grant.

For 2021/22 GP practices and community pharmacies delivering multi-sector training will be paid for the trainees that they are supporting in 2021/22.

For 2021/22 Health Boards will be paid for their 2022/23 multi-sector numbers to support setting up their infrastructures to increase numbers for 2022/23 intake.

From 2022/23 all sectors will be paid the training grant and TPD payments for the number of trainees they are supporting.

Four FTE Two-year secondments/fixed term posts to be recruited to HEIW immediately to ensure that the foundation programme new BAU and the implementation of IETP can be managed safely and to the required standards. The two-year posts will be reviewed during the first twelve months to ensure the requirements of the programme are being met.

See Appendix 1 for finance model. The financials indicate that the repurposing of funds to provide enhanced training grants and increased HEIW staff still leaves a surplus of funds within the agreed budget to increase numbers should capacity be released within training sites.

6. RECOMMENDATION

That ECQC **note** the request to repurpose agreed Welsh Government pre-reg foundation funding in 2019 to ensure the sustainability of the new pre-reg foundation programme for the next three years.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	✓	✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
This work will support in assuring the quality of pre-reg Foundation pharmacist training.			
Financial Implications			
See above. Repurposing of funding required.			
Legal Implications (including equality and diversity assessment)			
Nil			
Staffing Implications			
See request for additional HEIW staff within the proposal			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Nil			
Report History			
Appendices	Appendix 1 – below Appendix 2 – Implementation of Initial Education and Training Standards for Pharmacists: HEIW Strategic Outline Case (Attached at agenda item 2.1.1)		

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Appendix 1

Pre -Registration Foundation Multi Sector Model 2022-23															
			2021/22			2022/23			2023/24			2024/25			2025/26
	August 2020 Cohort	August 2021 Cohort	Total	August 2021 Cohort	August 2022 Cohort	Total	August 2022 Cohort	August 2023 Cohort	Total	August 2023 Cohort	August 2024 Cohort	Total	August 2023 Cohort	August 2024 Cohort	Total
Total No of Trainees	131	124		124	111		111	126		126	132		132	132	
Training Grants & TPD Payments	£ 34,168	£ 653,167	£ 687,335	£ 326,583	£ 888,000	£ 1,214,583	£ 444,000	£ 1,008,000	£ 1,452,000	£ 504,000	£ 1,056,000	£ 1,560,000	£ 528,000	£ 1,056,000	£ 1,584,000
DS Training Payment - One off Payment		£ 17,500	£ 17,500		£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
Trainee Salaries	£ 1,355,064	£ 2,565,312	£ 3,920,376	£ 1,295,552	£ 2,319,456	£ 3,615,008	£ 1,171,272	£ 2,659,104	£ 3,830,376	£ 1,342,656	£ 2,813,184	£ 4,155,840	£ 1,420,848	£ 2,841,696	£ 4,262,544
Trainee Salaries - Provision for Extensions 10 % @average 3 months	£ 100,854		£ 100,854	£ 85,338	£ -	£ 85,338	£ 86,295	£ -	£ 86,295	£ 86,295	£ -	£ 86,295	£ 86,295	£ -	£ 86,295
Travel Provision	£ 8,733	£ 8,267	£ 17,000	£ 8,267	£ 14,800	£ 23,067	£ 7,400	£ 8,400	£ 15,800	£ 8,400	£ 17,600	£ 26,000	£ 8,800	£ 17,600	£ 26,400
Total Trainee Costs	£ 1,498,819	£ 3,244,245	£ 4,743,065	£ 1,715,740	£ 3,222,256	£ 4,937,996	£ 1,708,967	£ 3,675,504	£ 5,384,471	£ 1,941,351	£ 3,886,784	£ 5,828,135	£ 2,043,943	£ 3,915,296	£ 5,959,239
4 X FTE Regional Leads (8A mid point)		£ 154,701	£ 154,701		£ 236,693	£ 236,693		£ 241,427	£ 241,427	£ 102,606		£ 102,606			£ -
Staff Costs		£ 154,701	£ 154,701	£ -	£ 236,693	£ 236,693	£ -	£ 241,427	£ 241,427	£ 102,606	£ -	£ 102,606	£ -	£ -	£ -
TOTAL Costs			£ 4,897,766			£ 5,174,689			£ 5,625,898			£ 5,930,741			£ 5,959,239
Cost per Trainee (Grant and TPD)			£ 5,684			£ 10,942			£ 11,524			£ 11,818			£ 12,000
Cost per Trainee (Salary & Travel)			£ 32,566			£ 33,544			£ 31,210			£ 32,334			£ 33,146
Total Cost per Trainee			£ 38,251			£ 44,486			£ 42,734			£ 44,153			£ 45,146
WG Proposed Allocation based on 170 Trainees (2021/22)			£ 6,060,754	WG Proposed Allocation based on 132 Trainees (2022-26)		£ 5,631,729			£ 5,866,487			£ 5,916,471			£ 5,959,239
Surplus/(Deficit)			£ 1,162,988			£ 457,040			£ 240,589			(£ 14,270)			£ -

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Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	June 2021	Agenda Item	2.1.3
Report Title	Post Registration Foundation Training for Pharmacists.		
Report Author	Professor Margaret Allan, Kath Hodgson, Christian Favager		
Report Sponsor	Professor Pushpinder Mangat		
Presented by	Professor Pushpinder Mangat		
Freedom of Information	Open		
Purpose of the Report	To inform ECQC of the business case for funding of the post registration Pharmacists who will need upskilling to Independent prescribing status in line with the new Initial Education and Training Programme (IETP) for Pharmacists		
Key Issues	<p>From 2026 all pharmacists in Wales will be Independent Prescribers at the point of registration.</p> <p>Prior to that there will be a need to upskill newly registered pharmacists in the post registration period to reach this standard.</p> <p>This funding will be requested via the annual HEIW Education and Training plan.</p> <p>There will be disinvestment in the Pharmacy Diploma as part of this programme.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> Support for Board Approval 		

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Post Registration Foundation Training for Pharmacists.

1. INTRODUCTION & BACKGROUND

Post registration foundation programmes within Wales are currently not well established across all sectors and commissioning for a new pharmacy registrant is predominantly for a finite number of trainees within the managed sector. The historical single sector clinical diploma in managed sector was introduced over 20 years ago to encourage attraction and retention of pharmacists to hospital practice. The first year of the diploma supports foundation practice and the second year is moving the pharmacist towards advanced practice.

Small pilot post registration foundation programmes within the community pharmacy sector in Wales commenced 2018, so are in their infancy and likewise within the primary care setting. Pharmacy recognises the need to progress swiftly with implementation of vocational programmes in order to deliver the substantial benefits for patient care and ensure that Wales provides a comparable offering for its newly registrant workforce going forward.

The ability to continue to build upon new registrants' work-based experience following the recently introduced All Wales Multi-Sector Pre-Foundation Pharmacist programme will also provide opportunities for pharmacists to experience different settings of health delivery that include hospital, community and general practice, and thereby prepare a workforce that anticipates and is ready to provide the necessary services for future health care demands earlier in their career. The current need to provide additional skills and competence training for pharmacists changing sectors of practice will be reduced.

Historically, commissioning of training for novice pharmacists in Wales has been exclusively for the Secondary Care NHS employed workforce. The training has been via a two-year funded clinical diploma post commissioned from Cardiff university. Numbers of 50% salary commissioned posts has been circa 40 for the last two years within an indication in Health Board IMTPs for the numbers to increase from 40 to 56. This programme was introduced over 20 years ago to encourage attraction and retention of pharmacists to hospital practice. The offering of a two-year Cardiff University clinical diploma post is still sought after by pharmacists. The first year of the diploma supports foundation practice and the second year is moving the pharmacist towards advanced practice.

The General Pharmaceutical Council are making major reforms to the undergraduate and early postgraduate education and training of pharmacists across the UK, agreed at UK Pharmacy Education and Governance Oversight Board in June 2020 and adopted by GPhC in July 2020. Full details of these reforms and the impact to Pharmacy training in Wales is outlined in the Case for Change. Appendix 1

The implementation of the initial education and training standards for pharmacists (IETP) will be a phased transition over the next 5 years. This will see significant mandated changes to the learning pathways for newly qualified Pharmacists within

the MPharm degree and year 5 (to be renamed as the foundation year) as we move towards the IET objectives of achieving registrants post 2026 onwards as annotated independent prescribers (IPs).

2. PROPOSAL

During the period of implementation for the IETP between 2021 and 2026, HEIW will upskill the existing pharmacist workforce to achieve independent prescribing status and will provide a new career pathway for new registrants to achieve IP status alongside an RPS credential. This credential will offer recognition of competence at an early career stage, facilitating the pathway to RPS advanced practice.

The HEIW Implementation Board has ongoing representation from both the finance and planning teams within HEIW so these departments will be key as a continuum of this project plan to implement the educational reforms within pharmacy education.

This Project will require ongoing support to ensure the development of all financial content and required presentation format. The input will peak and trough according to Project needs for the duration of the Project implementation i.e. August 2021-July 2025

Proposed cohorts of Post Registration Foundation Training

	Sep-21	Sep-22	Sep-23	Sep-24	Sep-25	Sep-26	Sep-27
Tranche 1				Close			
Tranche 2					Close		
Tranche 3						Close	
Tranche 4							Close

3. GOVERNANCE AND RISK ISSUES

Communications Team will be integral to support all stakeholder events regarding key areas such as raising awareness of the whole educational transformation piece in addition to the new post registration foundation programme, the engagement regarding programme uptake and timeframes for this. Regular communication to our key stakeholders regarding the educational transformation project is essential and will be on an “as required” basis.

Digital Team involvement will be needed to support any online infrastructure required to be in place as part of this Project delivery. It will mainly be signposting from the HEI to HEIW resources as part of the approach e.g. Gwella portal, but may also require trainee monitoring database set up and survey requirements pending what is already in place within the pharmacy foundation programme and learning from other departments such as the medical quality team with the Pharmacy Deanery. Support envisaged will be required more in the setup of our processes before July 2022 but maybe support at the start and end of cohorts will also be required.

Procurement team have twice monthly meetings with Pharmacy whilst the tender is in development. Once the tender is released and timeline in place for award (see below), this will be ongoing. The tender PIN was released early May 2021 and we are awaiting confirmation of funding to be able to proceed with the full tender process.

4. FINANCIAL IMPLICATIONS

This is explained in the attached Business Case Template

5. RECOMMENDATION

That ECQC support this proposal for Board Approval

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Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Implementing the IETP will have a fundamental benefit for patient Care and Safety			
Financial Implications			
There will be a period of increased expenditure during which we are implementing the new programme and supporting new registrants to reach the required standards. Ceasing the Pharmacy Diploma will mitigate these costs			
Legal Implications (including equality and diversity assessment)			
These new standards are mandated by the Pharmacy regulator for Wales			
Staffing Implications			
There will be a need for more staff during the implementation and also long term to manage placements and rotations. These will be included in future business cases			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Consistent with the Pharmacy vision for a Healthier Wales			
Report History			
Appendices	Appendix 1 Case for Change - 2 documents English and Welsh Appendix 2 Business Case		

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Pharmacist Education and Training is changing from 2021



Pharmacist Education and Training is changing from 2021



This Case for Change explains Health Education and Improvement Wales' (HEIW) vision and ambition for the implementation of the new Initial Education and Training (IETP) standards across Wales. Our plan is to deliver these changes at pace whilst ensuring patient & practitioner safety

HEIW: Changing Shape of Pharmacy Training

A Healthier Wales and the Wales Strategic Programme for Primary Care sets out the Welsh Government vision for the transformation of NHS services to provide patient care closer to home.

Pharmacy: Delivering a Healthier Wales (PDaHW) is the vision for the future of pharmacy services designed around patient needs. The development of the pharmacy workforce underpins the goals of PDaHW.

The changing landscape of healthcare and population demographics requires the NHS to consider how best to utilise the valuable staff resource to meet increasing demand. Patients are living longer in our communities with multiple illnesses which often result in increasing numbers of prescribed medicines. The pharmacy workforce, as the experts in medicines, have an increasing role to work together with patients and healthcare colleagues to improve outcomes, reduce harm and increase value from their medicine use. HEIW has recognised the need to have a vision for the changing shape of Pharmacy training, which can deliver the ambition of the Welsh strategic direction. This has been described in our principles and goals for 2025 towards 2030. Our vision demonstrates a whole pharmacy workforce development which is necessary to deliver the vision of PDaHW.

This case for change describes the significant changes which are happening within the development of pharmacists but HEIW plans will still focus on the development of the whole workforce.

We started our journey of pharmacist educational change in 2019 by securing a significant investment from Welsh Government for our UK-leading Welsh Pre-registration Pharmacist training programme which provides multi-sector training across the patient care pathway, NHS single lead employment and consistent quality management. By ensuring all training of our future pharmacists is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of a Healthier Wales.

Pharmacy Delivering a Healthier Wales Vision

Care will be delivered in local communities with pharmacy teams integrated with other services to improve the health and wellbeing of the population

Together, pharmacy teams will improve patient knowledge and use of their medicines, through co-production

Pharmacy technicians will improve management and use of medicines

Pharmacists will focus on optimising therapeutic outcomes using tools that include prescribing

Pharmacy services will support and drive innovation and equitable access to new medicines and related technologies, providing seamless care for the citizens of Wales.

IETP and Transforming Pharmacist Education

The pharmacy regulator, General Pharmaceutical Council (GPhC), are making major reforms to the undergraduate and early postgraduate education and training of pharmacists across the UK. Implementation of the changes will start in August 2021.

As our population grows, and more people live with long-term conditions, the demands and expectations on our pharmacy services are changing and increasing. In recognition of this need, the implementation of the reformed initial education and training (IETP) standards for pharmacists will produce pharmacists with enhanced clinical skills and independent prescribing (IP) status, more quickly than at present. This means that pharmacists will be able to offer patients enhanced medication care from the point of registration as part of a wider multi-disciplinary team..

What's more, it will also give new and existing pharmacists the skills and experience to improve health and wellbeing, prevent illness and support people to live well with existing long-term conditions. Patients will be supported to make choices about their medicine care plans and stay independent with access to the right care, in the right place, at the right time. More pharmacists will be able to directly prescribe a range of common medicines to patients.

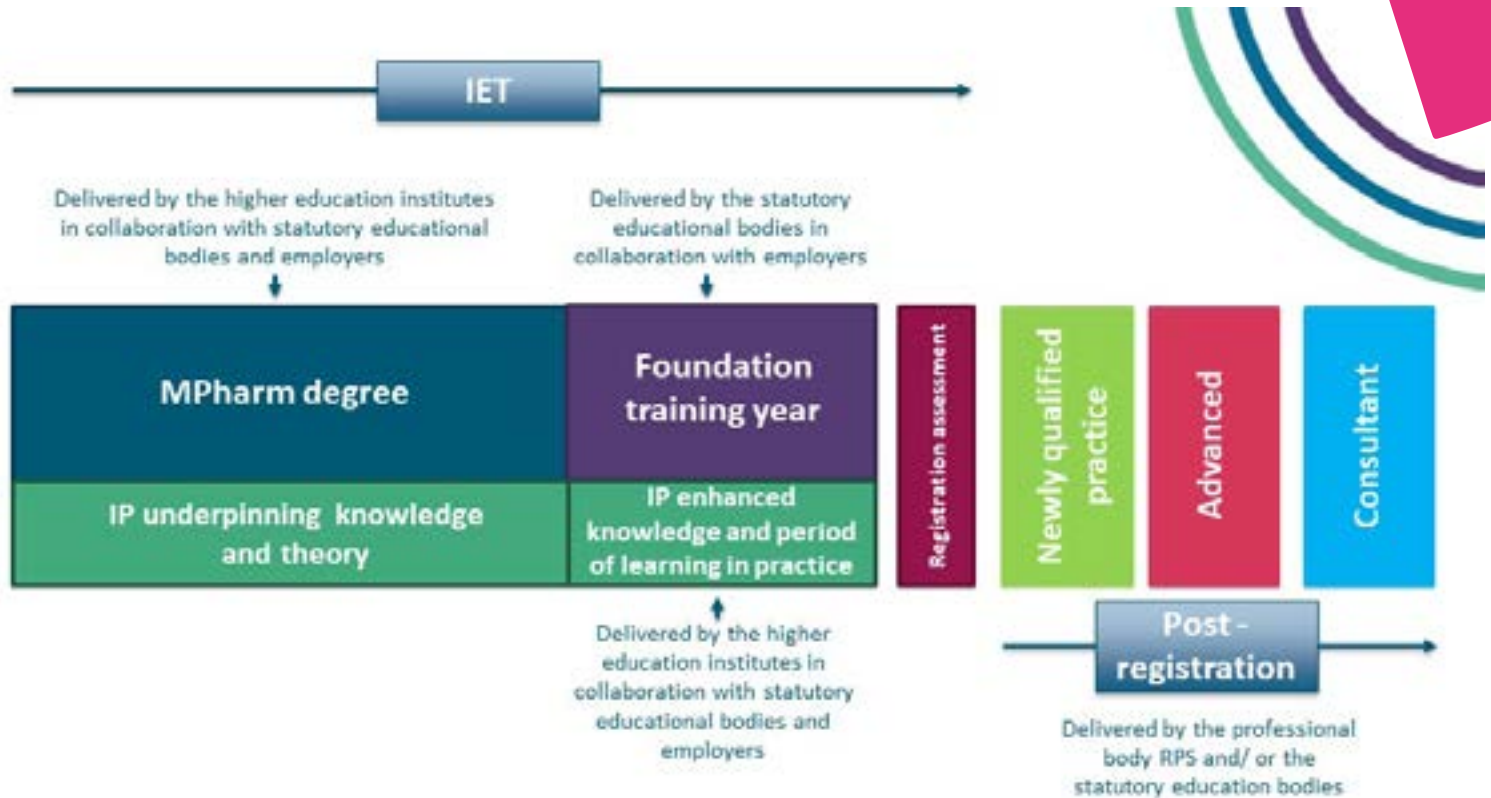
This visionary and innovative change to the HEIW pre-registration pharmacist year in 2019 has now laid the building blocks for implementing the new GPhC standards. HEIW will work in partnership with our Welsh Schools of Pharmacy to ensure we have a premium offering to students who come to train, live and ultimately work in Wales. This will include increasing the amount of experiential learning available during the 4 years of the Pharmacy (MPharm) degree.

Enhanced clinical placements at quality assured locations within the MPharm degree will ensure that students apply their academic learning to practice from the earliest point in their careers.



This will then lead into their final fifth year of foundation training which will be managed by HEIW and then to registration to practice as an Independent Prescriber.

Alongside the changes for pharmacists' initial education, HEIW is committed to supporting our current pharmacists, pharmacy technician and pharmacy support staff and will ensure all pharmacists in Wales identified as requiring an IP qualification have been safely and successfully trained to IP standards by August 2026. HEIW will be providing a programme of learning for all sectors of practice to support the IETP reforms for newly qualified pharmacists as they exit their initial training from August 2022 onwards



What does it mean for patients?

Wherever pharmaceutical care is provided, patients will be assured that the pharmacy team will be able to help patients to achieve the best from their medications and maximise their quality of life. Pharmacists will work closely with patients to minimise harm from medicines and increase the benefits which will improve patient outcomes.

All pharmacists will be able to prescribe medicines, which means that they will be able to make any necessary changes to patient medication and only to refer back to doctors when necessary. Patients will be able to receive their care in the place of their choosing and wherever possible closer to home. Pharmacy will be part of the multi-disciplinary team managing the patient's care and referring patients appropriately to the right health care professionals at the right time.

The pandemic has demonstrated the importance of healthcare professionals working together in multi-disciplinary teams and of resources being used flexibly in the interests of patient care. The changes in pharmacy education will enable pharmacists to play an increasing role in the full range of healthcare settings, in particular primary and community care.

The greater focus on professional judgement, management of risk and diagnostic skills will enable pharmacists to increasingly use their expertise in medicines in ways that will support work such as de-prescribing and prudent healthcare, as well as helping to deliver A Healthier Wales.

"HEIW is well placed to build on the transformational multi-sector pre-registration training programme with all trainees now employed by a Single Lead Employer, a standardised off-site training programme and training mapped to the consulted IET learning outcomes framework being piloted and evaluated.'

Margaret Allan HEIW Pharmacy Dean



Creating the environment for success

To successfully implement the reforms to achieve the goal of training Independent Prescribers within 5 years, we must nurture a culture and environment that will enable our learners to succeed. This includes:

- Substantial discussion and agreement on the implementation proposals
- Implementation will be highly dependent on securing significant additional funding to increase the clinical learning in practice across all sectors of practice including primary and community care
- Embedding education and training as core principles in practice
- Workforce transformation: supporting and readying employers to make best use of the increased skill set of newly qualified pharmacists to deliver enhanced patient services
- Introduction of a new foundation training year to provide registered, independent prescribing pharmacists at the end of the 5-year period
- Support and deliver increased inter-professional learning and multi-disciplinary team integration
- Increase clinical training capacity across the whole integrated care pathway
- Securing the additional funding necessary to deliver increased training placements for undergraduate students across all care sectors and Wales. Currently the MPharm degree does not attract clinical funding for in practice learning
- Close partnership working between universities, HEIW and training sites to ensure consistency of quality, funding and geographical spread for all clinical placements.

These are fundamental changes to the way pharmacist training is delivered. The learning has to shift from pharmacists being able to demonstrate how their knowledge would theoretically apply in practice to being observed applying their skills in practice with patients. The current eight years of learning to achieve this level of practice will be achieved in five years.

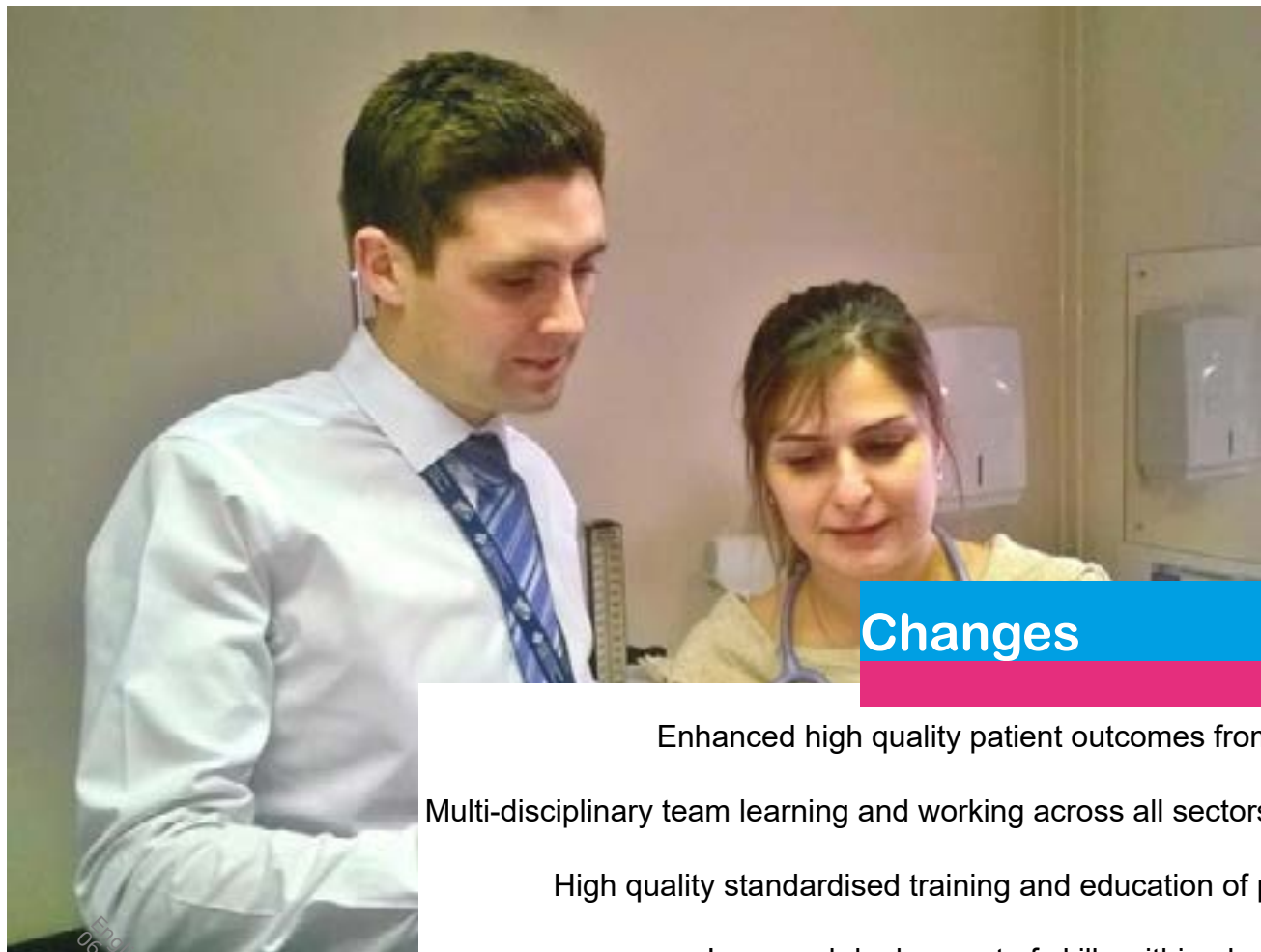
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What are the benefits of these changes?

Our Vision for the Pharmacy workforce of the future will benefit patients and care services across Health & Social Care in Wales continue to support the ambitions and goals of A Healthier Wales and Pharmacy: Delivering a Healthier Wales.

The transformation of Pharmacist education will enable us to:

- Increase the number of Pharmacists able to adapt to the changing patient care landscape by incorporating clinical training across the whole integrated care pathway
- Support the safe and effective prescribing of medication in domiciliary and managed care setting
- Incorporate social prescribing where appropriate to meet patient needs
- Deprescribe medication where the risks out way the benefits to the patient quality of life
- Attract high-calibre trainees into Wales which incentivises learners to stay and work in Wales
- Match workforce demand to trainee numbers
- Pharmacists providing enhanced consistent patient care across all sectors of practice from day one hospitals.



Changes

Enhanced high quality patient outcomes from medicines

Multi-disciplinary team learning and working across all sectors of practice

High quality standardised training and education of pharmacists

Improved deployment of skills within pharmacy team

High quality local pharmacy patient services closer to home

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What can I expect to see?

The full implementation of these new standards will not be realised until 2026. In the next five years you will notice:

- More demand for undergraduate pharmacy students training in the workplace as the quantity and quality of clinical placements increases within the MPharm
- Increased quality management of pharmacy training placements
- Increased education and training of the existing pharmacists to level up the skills of the whole workforce
- Increased education and training across all care sectors
- Increased interprofessional learning within multi-disciplinary teams
- More pharmacist qualified to prescribe and provide enhanced patient care
- Reshaping of existing pharmacist clinical diploma posts to provide resources to provide the revised post- registration education and training which meets the future career pathways

What's going to happen and when?

August 2021: the pre-registration pharmacist year will become a foundation year and will start to incorporate some of the new learning

During 2021/22: close partnership working with key stakeholders including universities, employers and training sites to plan for the increase in undergraduate clinical placements and further changes to foundation year

August 2022: reshaped education programme for newly registered pharmacists to incorporate all the revised learning and deliver independent prescribing

2022- 2025: phased increase of quantity and quality of undergraduate clinical placements to enhance current offering within MPharm

2022- 2025: foundation year phasing more of the new learning including independent prescribing

August 2025: foundation year delivers all the new learning outcomes for MPharm graduates

August 2026: all undergraduates undertaking the new learning programme will register with enhanced clinical skills and prescribing status.

During the whole period of implementation 2021- 2026, HEIW will upskill the identified existing pharmacist workforce to achieve independent prescribing status and will develop the new career pathway for pharmacists beyond the point of registration.

This document has been produced by
Health Education and improvement Wales

For further information please contact: heiw@wales.nhs.uk



Requirement for the Delivery of a post registration foundation programme for new registrants.

Outline

1 Background

Health Education and Improvement Wales (HEIW) was established in 2018 as a Special Health Authority that sits alongside Health Boards and Trusts as part of NHS Wales. HEIW has a leading role in the education, development and shaping of the healthcare workforce in Wales. Its key functions include education and training, workforce development and modernisation, leadership development, strategic workforce planning, workforce intelligence, careers, and widening access.

During the last decade pharmacists' roles have evolved quickly in response to rapid changes in healthcare and pharmacy practice and there is significant and growing demand across the UK for clinical, patient-facing pharmacist practitioners.

The General Pharmaceutical Council (GPhC) wants to ensure that the early stages of education and training of pharmacists are reformed to reflect the changing nature of practice, including the importance of assuring patient safety. The recent consultation highlighted the importance of revising the current initial education and training (IET) standards for pharmacists to equip registrants for increasing clinical roles in a multi-sector environment, with closer integration of academic study with learning in practice. The revised IET standards were approved on 10th December 2020 by GPhC and are expected to be implemented from August 2021.

The implementation of the initial education and training standards for pharmacists (IETP) will be a phased transition over the next 5 years. This will see significant mandated changes to the learning pathways for newly qualified Pharmacists within the MPharm degree and year 5 (to be renamed as the foundation year) as we move towards the IET objectives of achieving registrants post 2026 onwards as annotated independent prescribers (IPs).

2. Work Required

HEIW is seeking to commission delivery of a programme for post-registration pharmacists in Wales. The programme will be required to meet the learning outcomes of the Royal Pharmaceutical Society (RPS) post-registration foundation curriculum. This curriculum will be out for consultation during May and due to be published in August 2021.

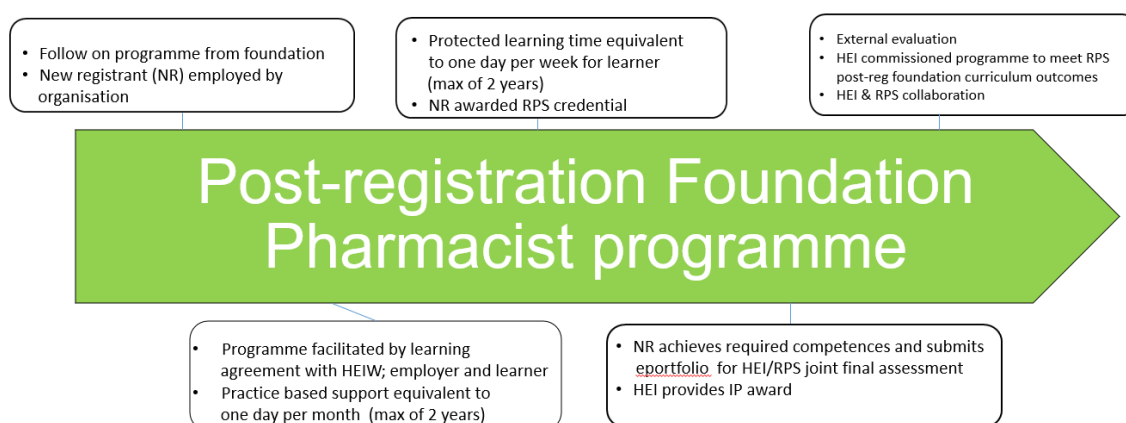
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All information regarding this consultation can be accessed via this link <https://www.rpharms.com/development/credentialing/foundation/post-registration-foundation-curriculum>.

Please see Appendix 1 for the RPS Foundation Pharmacist Framework which underpins the curriculum outcomes.

This curriculum supports the transition to the revised GPhC standards for IET over the next 5 years. As the implementation of these educational reforms progress, it is anticipated that elements of the clinical content of this curriculum, mainly prescribing, will be phased into the initial education and training period i.e. years 1-5. The clinical content within the post-registration phase will therefore change to support new prescribers develop their confidence, competence and extend their scope of practice and the changes will need to be accommodated within the programme commissioned by HEIW as these transition towards 2026.

The proposed model of delivery for the Post-registration Foundation Pharmacist Programme is shown below:



HEI programme provision will need to:

- Deliver a programme that meets the learning outcomes of the RPS post-registration foundation curriculum. This will need to be reviewed as necessary to meet the changing outcomes as the GPhC standards for IET are implemented across the MPharm degree and foundation year up until 2025
 - Provide educational supervisors as part of the HEI infrastructure in delivery of this programme and work with employers to support the learners enrolled
 - Ensure the educational supervisors provided by the HEI support, guide (and observe if required) the new registrant to complete required programme and has overall responsibility for confirming they have met the learning outcomes of the programme before submitting the eportfolio for joint assessment
 - The joint assessment panel will facilitate the provision of the HEI awarding IP and the RPS awarding the RPS credential
 - Undertake the QA of the commissioned programme
- Work collaboratively with RPS to use the RPS eportfolio which will provide the learner with a legacy eportfolio that can be utilised towards advanced practice and as their career progresses

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- Work with RPS to understand their eportfolio requirements and for the HEI to be able to provide training to the work-based practice supervisors appointed within the learners' organisation
- Ensure that the work based practice supervisors meet the required standard to support and facilitate evidence gathering and eportfolio completion using the required templates within the eportfolio
- Award the IP annotation within this programme which will be dependent on the GPhC confirming the relaxation of the 2-year registration requirements for enrolling on IP programmes. This is expected to be confirmed by the end of 2021 along with the timeframe from which this change is effective
- Any delivery of the IP element integrated into this programme rather than a stand-alone module to meet the RPS curriculum outcomes would be required to/meets the GPhC accreditation requirements for IP
- Deliver a blended learning approach to minimise learner time out of practice to travel for training and encourage use of technology not only for training delivery but for providing observational evidence from the learner where appropriate
- Work collaboratively with HEIW to maximise the learner opportunity in being able to access additional online eresources as required
- Signpost to the HEIW "Gwella Leadership portal" which provides a wide range of collective and compassionate leadership resources to form part of the leadership strategy for Wales

The programme content delivered by the HEI to meet the RPS post registration foundation curriculum outcomes could amount to a number of post graduate credits which can be awarded to the learner to build upon in the future or result in an award from the HEI. This is not compulsory but an outcome that learners may wish to have as an addition to the RPS credential award.

Appendix 1

RPS Foundation Pharmacist Framework (FPF)



RPS Foundation
Pharmacy Framework

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HEIW Business Case Template

Title of request:	Post Registration Foundation Training
HEIW Ref No:	To be assigned by Corporate Services
Directorate/Department:	Medical/Pharmacy
Director:	Pushpinder Mangat
Authors:	Kath Hodgson Christian Favager
Date:	14/5/2021

Post Registration Foundation Training Business Case

Version No:	1.0
Issue Date:	25/05/21

Version History

Version	Date Issued	Brief Summary of Change	Owners Name
1.0	25/05/2021	Draft Submitted to IETP Implementation Board	Christian Favager
1.0	09/06/2021	Submitted HEIW Executives for approval	Margaret Allan

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1. Executive Summary

Purpose

As a component Project of the HEIW IETP Implementation Programme

- To secure funding for the HEIW Post-Registration Foundation Training Programme (PRFTP)
- To provide newly registered pharmacists between August 2022 and August 2025 with a viable pathway to obtain Independent Prescriber status.
- To provide a programme that meets the learning outcomes of the Royal Pharmaceutical Society (RPS) post-registration foundation curriculum thereby acting as a bridging programme as the IET reforms are phased in.

Link to HEIW Strategic Priorities

Strategic Aim: 2 To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs

Strategic Objective: 2.5.1: Support the modernisation of the pharmacy workforce, plan for and implement the Initial Education and Training Standards for Pharmacists (IETP).

- Post-Registration Foundation Pharmacists - In partnership with HEIs and training providers review and iterate the transition pathway for IETP to include IP outcomes and secure funding for delivery

Summary of Financial Costs and Funding to support Business Case

BAU (comparison)	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
Staff Costs	£0	£0	£0	£0	£0	£0
Non-Pay Costs	£0	£0	£0	£0	£0	£0
Commissioned Expenditure	£1,188,579	£2,057,940	£2,078,519	£2,099,304	£2,120,297	£9,544,639
Total	£1,188,579	£2,057,940	£2,078,519	£2,099,304	£2,120,297	£9,544,639

Option 2 (Preferred)	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
Staff Costs	£38,593	£67,483	£68,833	£70,210	£65,646	£310,766
Non-Pay Costs	£0	£10,000	£50,000	£80,000	£40,000	£180,000
Commissioned Expenditure	£763,741	£2,114,472	£2,756,648	£2,766,657	£1,351,934	£9,753,452
Total	£802,335	£2,191,955	£2,875,481	£2,916,867	£1,457,580	£10,244,218

Option 3	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
Staff Costs	£190,471	£333,053	£339,714	£346,508	£323,985	£1,533,731
Non-Pay Costs	£0	£10,000	£50,000	£80,000	£40,000	£180,000
Commissioned Expenditure	£707,741	£1,959,432	£2,556,891	£2,571,395	£1,256,680	£9,052,139
Total	£898,212	£2,302,485	£2,946,605	£2,997,903	£1,620,665	£10,765,871

Option 5	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
Staff Costs	£190,471	£333,053	£339,714	£346,508	£323,985	£1,533,731
Non Pay Costs	£0	£10,000	£50,000	£80,000	£40,000	£180,000
Commissioned Expenditure	£651,741	£1,804,392	£2,357,134	£2,376,133	£1,161,426	£8,350,826
Total	£842,212	£2,147,445	£2,746,848	£2,802,641	£1,525,411	£10,064,558

Timescale

Approval for WG funding required by July 2021 to allow procurement to commence and training provider contracted by December 2021.

2. Outline of Business Case

2.1 Current Service Provision

Post registration foundation programmes within Wales are currently not well established across all sectors and commissioning for a new pharmacy registrant is predominantly for a finite number of trainees within the managed sector. The historical single sector clinical diploma in managed sector was introduced over 20 years ago to encourage attraction and retention of pharmacists to hospital practice. The first year of the diploma supports foundation practice and the second year is moving the pharmacist towards advanced practice.

Small pilot post registration foundation programmes within the community pharmacy sector in Wales commenced 2018, so are in their infancy and likewise within the primary care setting. Pharmacy recognises the need to progress swiftly with implementation of vocational programmes in order to deliver the substantial benefits for patient care and ensure that Wales provides a comparable offering for its newly registrant workforce going forward. The ability to continue to build upon new registrants' work-based experience following the recently introduced All Wales Multi-Sector Pre-Foundation Pharmacist programme will also provide opportunities for pharmacists to experience different settings of health delivery that include hospital, community and general practice, and thereby prepare a workforce that anticipates and is ready to provide the necessary services for future health care demands earlier in their career. The current need to provide additional skills and competence training for pharmacists changing sectors of practice will be reduced.

Historically, commissioning of training for novice pharmacists in Wales has been exclusively for the Secondary Care NHS employed workforce. The training has been via a two-year funded clinical diploma post commissioned from Cardiff university. Numbers of 50% salary commissioned posts has been circa 40 for the last two years within an indication in Health Board IMTPs for the numbers to increase from 40 to 56. This programme was introduced over 20 years ago to encourage attraction and retention of pharmacists to hospital practice. The offering of a two-year Cardiff University clinical diploma post is still sought after by pharmacists. The first year of the diploma supports foundation practice and the second year is moving the pharmacist towards advanced practice.

2.2 Case for change – Service need

The General Pharmaceutical Council are making major reforms to the undergraduate and early postgraduate education and training of pharmacists across the UK, agreed at UK Pharmacy Education and Governance Oversight Board in June 2020 and adopted by GPhC in July 2020. Full details of these reforms and the impact to Pharmacy training in Wales is outlined in the Case for Change.

The implementation of the initial education and training standards for pharmacists (IETP) will be a phased transition over the next 5 years. This will see significant mandated changes to the learning pathways for newly qualified Pharmacists within the MPharm degree and year 5 (to be renamed as the foundation year) as we move towards the IET objectives of achieving registrants post 2026 onwards as annotated independent prescribers (IPs).

During the period of implementation for the IETP between 2021 and 2026, HEIW will upskill the existing pharmacist workforce to achieve independent prescribing status and will provide a career pathway for new registrants to achieve IP status alongside an RPS credential. This credential will offer recognition of competence at an early career stage, facilitating the pathway to RPS advanced practice.

2.3 Impact on other services/ departments

The HEIW Implementation Board has ongoing representation from both the finance and planning teams within HEIW so these departments will be key as a continuum of this project plan to implement the educational reforms within pharmacy education.

This Project will require ongoing support to ensure the development of all financial content and required presentation format. The input will peak and trough according to Project needs for the duration of the Project implementation i.e. August 2021-July 2025.

Communications Team will be integral to support all stakeholder events regarding key areas such as raising awareness of the whole educational transformation piece in addition to the new post registration foundation programme, the engagement regarding programme uptake and timeframes for this. Regular communication to our key stakeholders regarding the educational transformation project is essential and will be on an “as required” basis.

Digital Team involvement will be needed to support any online infrastructure required to be in place as part of this Project delivery. It will mainly be signposting from the HEI to HEIW resources as part of the approach e.g. Gwella portal, but may also require trainee monitoring database set up and survey requirements pending what is already in place within the pharmacy foundation programme and learning from other departments such as the medical quality team with the Pharmacy Deanery. Support envisaged will be required more in the setup of our processes before July 2022 but maybe support at the start and end of cohorts will also be required.

Procurement team have twice monthly meetings with Pharmacy whilst the tender is in development. Once the tender is released and timeline in place for award (see below), this will be ongoing. The tender PIN was released early May 2021 and we are awaiting confirmation of funding to be able to proceed with the full tender process.

2.4 Evidence Base

In addition to the current diploma programme within the managed sector as previously highlighted, small pilot vocational programmes within the community pharmacy sector in Wales commenced September 2018 and are therefore not well established within this sector and likewise within the primary care setting. Pharmacy recognises the need to progress swiftly with implementation of vocational programmes in order to deliver the substantial benefits for patient care and ensure that Wales provides a comparable offering for its new registrant workforce going forward. The ability to continue to build upon new registrants’ work-based experience following the recently introduced All Wales Multi-Sector Pre-Foundation Pharmacist programme will thereby prepare a workforce that anticipates and is ready to provide the necessary services for future health care demands earlier in their career and within their chosen of sector of practice as a new registrant.

The pilot programmes in the community sector did not result in any trainees completing the programme.

Key findings from the pilot programme evaluation:

- The main valuable components of the programme were access to a tutor and the training provided
- The tutor support and feedback facilitate programme progression and valued in community settings where participants felt most isolated and are required to make decisions independently
- Leadership and management skills are very useful and provide increased confidence and tools and techniques to help in practice
- As a result of working through the programme, the requirement to reflect on practice is beneficial to learning and pharmacists’ awareness and development of their scope of practice

Challenges and elements for consideration regarding improvement:

- Having protected time to allocate to programme related activities as no time available during the working week in community settings
- Clear benefits to the learner for programme completion and the understanding of what recognition it can provide from a career development perspective

Quote from a learner.

“I think it’s definitely something that’s needed, and I was disappointed that I couldn’t complete the programme, but I think that’s it’s something that’s going to be really useful to newly qualified pharmacists in the future. It just needs sort of tightening up, but I suppose that’s what you learn from a pilot. (Foundation Leaver)”

The pace setter model in Aneurin Bevan UHB recruited a cohort of 4-6 qualified pharmacists at band 6. These staff undertake a two-year programme and rotate between three practices completing a Post Graduate Clinical diploma at Bath university, which includes the IP qualification for those who have been practising for more than two years? This model of training will provide suitably qualified and experienced staff at the end of the two years, who can immediately work in practice and are able to undertake roles that releases general practitioners to work prudently. The staff are provided with a mentor in practice who provides ongoing support and education opportunities to undertake a competency-based programme. The 'students' are also supported by academic staff who provide training for mentors and support the student to be signed off whilst in practice against a skills matrix. This demonstrates the need for both employer and HEI led supervisor support.

The HEIW vocational programme pilots from October 2018 and associated workload with IET reforms to date are delivered with existing staff undertaking additional tasks/roles in their day job to facilitate this. Due to the scale and pace of change for these IET reforms and the need for Wales to, as a minimum align, with its UK partners, a refocus of existing roles/tasks is required to create the capacity to ensure the ongoing pace of change is maintained but also deliver "business as usual" within the pharmacy team.

The need to provide appropriate resource within the teams to continue to deliver what is required is essential. Alongside the learnings from the challenges experienced with the current implementation programme of the All Wales Multi-Sector Pre-Foundation programme.

2.5 Online Survey Summary

An online survey carried out by HEIW was cascaded to all stakeholders during March 2021 for a 5-week period with the opportunity to provide important feedback on a HEIW post registration foundation training programme, as part of the transition programme for IETP.

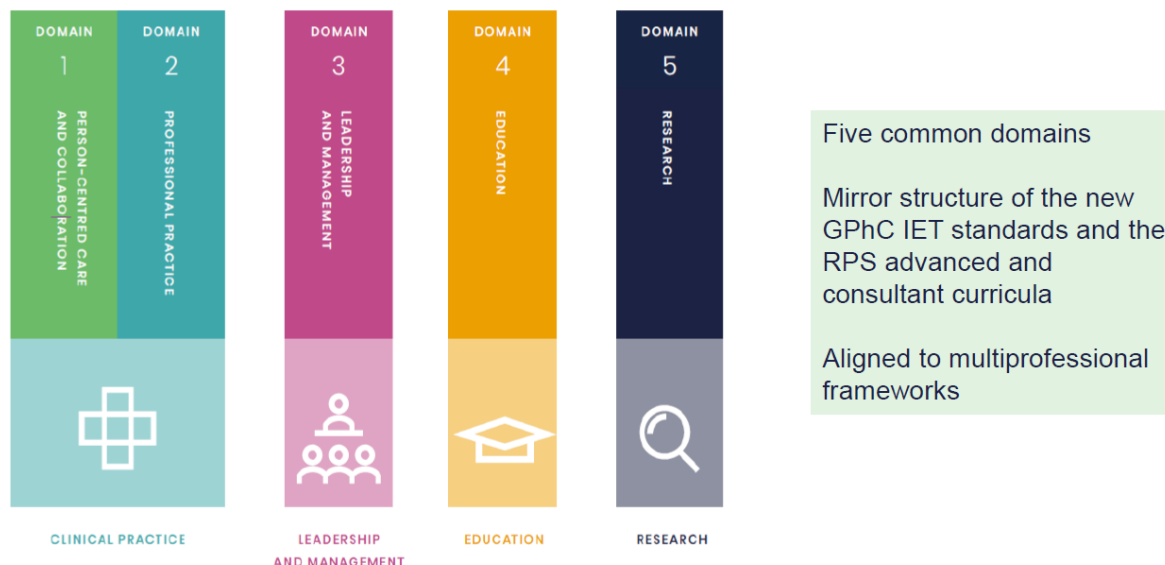
Summary of key findings from the survey (60% employers and 40% learner responses)

- 98% recognised the need for practice-based support
- 94% acknowledged learning through vocational experience was appropriate
- 89% agreed with equity of approach for education for early career pharmacists
- 84% agreed with protected time for learners to complete programme
- 75% agreed with achievement of an IP qualification but maybe not in the early career stage

2.6 RPS Curriculum

HEIW Post-Registration Foundation Training Programme will meet the learning outcomes of the RPS post registration foundation curriculum. This curriculum has been mapped to the learning outcomes of the newly approved GPhC standards for IET. This will ensure a consistent approach for programme delivery and as these changes are phased in, the curriculum will be revised by RPS to keep pace with these changes and will evolve to support new prescribers develop their confidence, competence and extend their scope of practice. HEIs currently deliver the majority of the RPS curriculum content, albeit in a different delivery formats, which learners can use to build upon to achieve a variety of post graduate awards.

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It is envisaged that learners will require a 2-year period for completion, but this is likely to reduce in later years as the knowledge, skills and competencies increase as pharmacists emerge from the foundation year. Cohorts for 2022 and 2023 are likely to be over a 2-year period for content provision this is comparable to current diploma programmes of 120 credits. From 2024, content provision will likely reduce to circa 90 credits or less and therefore could take 12-18 months to complete.

Whilst this reduction is considered likely, for the purposes of this business case the assumption is that all 4 tranches will require the full 2 years for completion as the evidence based needed to make these changes will not be available until late 2023.

2.7 Workforce Implications

In order to meet all the learning outcomes to achieve an IP award, each trainee is required to spend 90 hours in a practice setting with a designated prescribing practitioner (DPP). Therefore, there needs to be enough DPPs to support these early years pharmacists to achieve their IP annotation.

DPPs need to be quality assured and monitored to ensure consistency and there needs to be a clear sense of the number of trainees that can be supervised at any one time by a DPP.

The current capacity especially within primary care to secure DPPs will be a challenge and at the recent (April 2021) meeting of the UK post-registration forum group, it was noted that it would be helpful to look at this collectively going forward. In addition, GPhC are putting together a paper from the IET group on this subject and it was agreed that it would be appropriate to extend that thinking into this group given the IP training challenges which will be experienced in post-registration foundation programmes first, before it transitions into foundation year.

HEIW are also leading on the strategic programme for primary care, SO 4.2 in HEIW annual plan, which will facilitate a robust and consistent approach for DPP supervision but will not be in place for the 2022/2023 cohort.

Lessons can be learnt from other professions, while recognising the particular requirements for pharmacists. It is recognised that whilst a multi-professional approach for DPP supervision provides the best outcomes for the trainee, securing this is a challenge, alongside the need to upskill the existing pharmacy workforce to become IPs.

3. Business Case Objectives

3.1 HEIW Post-Registration Foundation Training Programme Objectives

The objectives for the HEIW Post-Registration Foundation Training Programme (PRFT) are to:

- provide a UK recognised, centralised structured pathway to support new registrants across all sectors in Wales from September 2022 for newly registered Pharmacists qualifying in 2022, 2023, 2024 and 2025
- provide newly registered Pharmacists with the skills and knowledge necessary to meet the outcomes of the IETP and achieve Independent Prescriber status on completion
- meet the learning outcomes of the UK RPS post-registration foundation curriculum thereby acting as a bridging programme as the IET reforms are phased in.
- quality manage post-registration foundation training across Wales to ensure standards of training and trainee experiences are consistent and provide value for money
- provide funding to secure protected time necessary to complete the programme
- provide funding to access Designated Prescribing Practitioners to meet the IP requirements
- provide a maximum of no more than 24 months training per cohort
- be fully evaluated internally and externally via outsourced provider to allow iteration and preparation for future Post-Registration Foundation training programmes
- staff resources within HEIW to support delivery of the programme
- provide 80 funded places in all 4 cohorts across all sectors

Proposed cohorts of Post Registration Foundation Training

	Sep-21	Sep-22	Sep-23	Sep-24	Sep-25	Sep-26	Sep-27
Tranche 1				Close			
Tranche 2					Close		
Tranche 3						Close	
Tranche 4							Close

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4. Desired Outcomes and Benefits

4.1 The HEIW Post-Registration Foundation Training Programme will:

- Support the delivering of “A Healthier Wales”, Strategic Primary Care Plan and the goals of Pharmacy: Delivering a Healthier Wales
- Support the proposed changes to the Wales Community Pharmacy Contract reform
- Deliver against the objectives of the HEIW IETP implementation plan
- Meet the IETP post-registration foundation project deliverables
- Provide a UK recognised, centralised structured pathway to support new registrants across all sectors in Wales from September 2022
- Provide a continuum of education post registration and equity of approach across sectors for new registrants in Wales
- Utilise the RPS curriculum which has been specifically designed to support registrants emerging between 2022 and implementation of the new GPhC standards for initial education and training of pharmacists
- Develop a unique premium offering in Wales to improve retention post registration and will become “the norm” for new registrants
- Provide educational content that is aligned to service provision including achievement of independent prescriber (IP) status
- Increase the number registrants who are more generalists and rounded pharmacists to meet future workforce needs as early careers professionals and within the primary care agenda
- Provide a curriculum learning under RPS Domains that will be revised externally as IETP reforms are implemented and will evolve to support new prescribers develop their confidence, competence and extend their scope of practice
- Increase training opportunities in Wales from 40 single sector to 80 available to all sectors

4.2 Measurable Benefits of the Post Registration Foundation Training Programme

The Programme will produce Pharmacists who can:

- Undertake quality improvement projects to positively impact on patient care and service delivery
- Demonstrate compassionate leadership
- Participate in research activities, demonstrating good research practice
- Act as Independent prescribers
- Provide enhanced clinical patient services
- Work within and across multidisciplinary teams

The Programme will:

- Increase access to Post Registration Foundation training opportunities from 40 to 80 places per cohort
- Provide access to pharmacists from all sectors of practice
- Centralise quality assurance for Post Registration Foundation training in Wales
- Contribute to the goal within Pharmacy Delivering A Healthier Wales to offer post registration training to all pharmacists
- Provide newly registered pharmacists in Wales with a pathway to IP qualification and advanced practice
- Contribute to the retention of newly registered pharmacists in Wales

5. Option Appraisal

5.1 Long-list Options to provide Post-Registration Foundation Training in Wales

The following options were considered for the delivery of Post-Registration Foundation Training.

Business As Usual (for comparison): HEIW continues to commission 40 diploma posts for hospital pharmacists only

Option 1: HEIW takes no additional action - all employers will have sole responsibility to support newly registered pharmacists

Option 2: HEIW will commission a structured programme of training for 80 learners per cohort, procuring all modules of learning through Higher Education Institutions that will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification.

Option 3: HEIW will provide and commission a structured programme of training for 80 learners per cohort, via a blended model of delivery, securing modules through Higher Education Institutions alongside creation and delivery of bespoke learning modules in-house. This integrated programme will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification.

Option 4: HEIW will commission the infrastructure and resources for 80 learners per cohort to fund courses and protected time only. Employers will have sole responsibility to support newly registered pharmacists.

Option 5: HEIW will establish a new team to produce and deliver all educational resources and training programmes for 80 learners per cohort, with Independent Prescriber award only being outsourced to HEIs. This integrated programme will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification

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5.2 Long-list Options against Programme objectives

Objectives	BAU	Option 1	Option 2	Option 3	Option 4	Option 5
Provide a UK recognised, centralised structured pathway to support new registrants across all sectors in Wales from September 2022 for newly registered Pharmacists qualifying in 2022, 2023, 2024 and 2025						
Provide newly registered Pharmacists with the skills and knowledge necessary to meet the outcomes of the IETP and achieve Independent Prescriber status on completion						
Meet the learning outcomes of the UK RPS post-registration foundation curriculum thereby acting as a bridging programme as the IET reforms are phased in.						
Quality manage post-registration foundation training across Wales to ensure standards of training and trainee experiences are consistent and provide value for money						
Provide funding to secure protected time necessary to complete the programme						
provide funding to access Designated Prescribing Practitioners to meet the IP requirements						
provide a maximum of no more than 24 months training per cohort						
be fully evaluated internally and externally via outsourced provider to allow iteration and preparation for future Post-Registration Foundation training programmes						
Recruit staff resources into HEIW to support delivery of the programme						

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5.3 Long-list Options Benefit & Risks

Options	Description	Benefits	Risks
Option 1. Do Minimum	HEIW takes no additional action - all employers will have sole responsibility to support newly registered pharmacists	<ul style="list-style-type: none"> • May provide a continuum of education according to employer preferences • No additional funding or resources required in HEIW • HEIW can utilise existing educational and supportive resources if requested by Employers 	<ul style="list-style-type: none"> • No centralised educational pathway in place for new and emerging registrants in Wales at a time of significant educational reforms to the initial educational and training standards for pharmacists approved in January 2021 • Wales continues to be “behind the curve” in availability of centralised newly qualified vocational programmes • Does not provide equality of education required with the new initial education and training standards and early career practice • Will not meet the pharmacy vision for the workforce and not meet the flexibility and adaptability required for the early careers’ workforce • No opportunities for the new registrant to build upon the multi-sector approach embedded during foundation training • Emerging registrants will be at a disadvantage in terms of competence and service provision compared to those registrants emerging in 2026 as a result of the implemented reforms • More “existing workforce” to train at a later stage as a result of lack of investment at start of their career pathway • Ongoing disparity of training standards between sectors and employers

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<p>Option 2. Intermediate</p>	<p>HEIW will commission a structured programme of training for 80 learners per cohort, procuring all modules of learning through Higher Education Institutions that will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification</p>	<ul style="list-style-type: none"> • Provides a UK recognised structured pathway to support new registrants across all sectors in Wales from September 2022 • Utilises the RPS curriculum which has been designed to support registrants emerging between 2022 and implementation of the new GPhC standards for initial education and training of pharmacists • Provides a continuum of education post registration and equity of approach across sectors for new registrants in Wales • Transformation of the current model in place will develop a unique premium offering in Wales to improve retention post registration and will become “the norm” for new registrants • Programme content is aligned to service provision including achievement of independent prescriber (IP) status which will support achieving “A Healthier Wales” agenda • Supports an increase in registrants who are more generalists and rounded pharmacists to meet future workforce needs as early careers professionals and within the primary care agenda • Majority of HEI(s) already possess the required modules to meet the programme curriculum so is more about a refocus of their delivery model than creating new bespoke content • The programme curriculum will be revised externally as these reforms are implemented so will reduce over time but 	<ul style="list-style-type: none"> • Tender to outsource is not successful due to timing of release for HEI(s) to be able to provide the programme from September 2022 • Tender is not successful in awarding a provider • The pathway is currently not mandated so uptake is oversubscribed or less than anticipated • Increased pace of change alongside current All Wales Multi-Sector foundation programme implementation will not be attractive to employers to provide ongoing work-based supervisor support • Requires new registrants to engage and want to complete an additional vocational programme which is currently not mandatory and currently not clearly understood • HEIW needs to recruit resources to provide the QM overview of the commissioned programme as well as support ongoing evaluation
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		<p>supports a central procurement process for the phased implementation until 2025</p> <ul style="list-style-type: none"> • The clinical content will also change and will evolve to support new prescribers develop their confidence, competence and extend their scope of practice • HEIs currently deliver the majority of the RPS curriculum content, albeit in a different delivery format which learners can build upon to achieve a variety of post graduate awards. As this is a transition programme with a short timeframe for implementation, utilising the experience and expertise in this educational arena is appropriate and enables HEIW to focus on designing our programme offering from 2026 onwards and how this will integrate with future career pathways up to consultant pharmacist level. 	
<p>Option 3. Intermediate</p> <p>English Catherine 06/23/2021 12:31:14</p>	<p>HEIW will provide and commission a structured programme of training for 80 learners per cohort, via a blended model of delivery, securing modules through Higher Education Institutions alongside creation and delivery of bespoke learning modules in-house. This integrated programme will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification</p>	<ul style="list-style-type: none"> • Provides a UK recognised structured pathway to support new registrants across all sectors in Wales from September 2022 • Utilises the RPS curriculum which has been designed to support registrants emerging between 2022 and implementation of the new GPhC standards for initial education and training of pharmacists • Provides a continuum of education post registration and equity of approach across sectors for new registrants in Wales • Transformation of the current model in place will develop a unique premium offering in Wales to improve retention 	<ul style="list-style-type: none"> • Quality assurance and quality management of the programme would be jointly shared with HEI (s) (as the latter would need to deliver and award the IP element) which would reduce efficiencies and create duplication of work alongside more work for the employers and learners • HEIW would need to recruit a significant resource infrastructure to design and deliver the non-commissioned elements of the programme ready for implementation September 2022 which is not achievable • HEIW resource infrastructure to deliver the programme gap fill would be fixed term so transition would be completed by the time the team were fully

		<p>post registration and will become “the norm” for new registrants</p> <ul style="list-style-type: none"> • Programme content is aligned to service provision including achievement of independent prescriber (IP) status which will support achieving “A Healthier Wales” agenda • Supports an increase in registrants who are more generalists and rounded pharmacists to meet future workforce needs as early careers professionals and within the primary care agenda 	<p>embedded and conversant with programme</p> <ul style="list-style-type: none"> • HEIW resource infrastructure recruited would not be required to remain in place as is from 2026 • A collaborative approach with a HEI would be required to develop and deliver this programme and current timeframe is not achievable by September 2022
Option 4. Intermediate	HEIW will commission the infrastructure and resources for 80 learners per cohort to fund courses and protected time only. Employers will have sole responsibility to support newly registered pharmacists	<ul style="list-style-type: none"> • HEIW would provide Quality Assurance processes to ensure standards are achieved and monitor uptake and completion 	<ul style="list-style-type: none"> • No centralised educational pathway in place for new and emerging registrants in Wales at a time of significant educational reforms to the initial educational and training standards for pharmacists approved in January 2021 • Does not provide equality of education required with the new initial education and training standards and early career practice • Ongoing disparity of training standards between sectors and employers • Ownership and commitment to training would vary in terms of engagement and quality of delivery • Does not provide assurance of delivering “A Healthier Wales agenda

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<p>Option 5. Do Maximum</p>	<p>HEIW will establish a new team to produce and deliver all educational resources and training programmes for 80 learners per cohort, with Independent Prescriber award only being outsourced to HEIs. This integrated programme will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification</p>	<ul style="list-style-type: none"> • Provides full control for HEIW of programme delivery across Wales • Provides a UK recognised structured pathway to support new registrants across all sectors in Wales from September 2022 • Utilises the RPS curriculum which has been designed to support registrants emerging between 2022 and implementation of the new GPhC standards for initial education and training of pharmacists • Provides a continuum of education post registration and equity of approach across sectors for new registrants in Wales • Transformation of the current model in place will develop a unique premium offering in Wales to improve retention post registration and will become “the norm” for new registrants • Programme content is aligned to service provision including achievement of independent prescriber (IP) status which will support achieving “A Healthier Wales” agenda • Supports an increase in registrants who are more generalists and rounded pharmacists to meet future workforce needs as early careers professionals and within the primary care agenda 	<ul style="list-style-type: none"> • Lead time of 6-12 months to recruit into post, develop and test training modules • No current expertise in HEIW in delivery of Post Graduate training and would lose the benefits of using HEIs • Quality assurance and quality management of the programme would be shared with HEI (s) (as the latter would need to deliver and award the IP element) which would reduce efficiencies and create duplication of work alongside more work for the employers and learners • HEIW would need to recruit a significant resource infrastructure to design and deliver the non-commissioned elements of the programme ready for implementation in September 2022 which is not achievable • HEIW resource infrastructure to deliver the programme gap fill would be fixed term so transition would be completed by the time the team were fully embedded and conversant with programme • HEIW resource infrastructure recruited would not be required to remain in place as is from 2026
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5.4 Conclusion of Long-List

The long-list non-financial appraisal against the programme business case objectives concludes that options 2,3 and 5 should be carried forward to financial appraisal. All these options meet the programme business case objectives.

Dimension	Option	Description	Conclusion
BAU		HEIW continues to commission 40 diploma posts for hospital pharmacists only	Carry Forward (comparison)
Do minimum	1	HEIW take no action and employers will have sole responsibility to support newly registered pharmacists	Discount
Intermediate Option	2	HEIW will provide a structured programme of training for 80 learners per cohort procuring all modules of learning through Higher Education Institutions that will meet the learning outcomes of the RPS post-registration foundation curriculum	Carry Forward (Preferred Way Forward)
Intermediate Option	3	HEIW will provide a structured programme of training for 80 learners per cohort, with a blended model of delivery, securing modules through Higher Education Institutions alongside creation and delivery of bespoke learning modules in-house. This integrated programme will meet the learning outcomes of the RPS post-registration foundation curriculum	Carry Forward
Intermediate Option	4	HEIW will provide the infrastructure and resources to manage the funding of courses and protected time only. Employers will have sole responsibility to support newly registered pharmacists	Discount
Do maximum	5	HEIW will establish a new team to produce and deliver all educational resources and training programmes for 80 learners per cohort, with Independent Prescriber award only being outsourced. This integrated programme will meet the learning outcomes of the RPS post-registration foundation curriculum	Carry Forward

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6. Financial Analysis

6.1 Summary of Costed Elements

6.1.1 Grants

To ensure post-registration foundation pharmacists are supported through their training, it is recommended they receive support from:

- Learner Protected Time – funding to support learner to gather evidence for portfolio submission, associated programme activities, time with practice supervisors and DPPs.
- Practice supervisors – day to day supervision in the workplace and will be appointed by the employer
- A named designated prescribing practitioner - overall responsibility for confirming the pharmacist has met the independent prescribing outcomes and is competent to practise as a prescriber and identified by the learner
- A HEI-appointed educational supervisor – overall responsibility for confirming the pharmacist has met the non-independent prescribing outcomes. (Note - Provided by HEI within tender bid)

The Post Registration Foundation Programme will provide:

- A grant for 1 day per week of protected time for learner based Band 6 salary
- A grant for 1 day per month of protected time for practice supervisors based on Band 8a salary
- A grant for DPP supervisor of 90 hours in practice

6.1.2 Evaluation to support transition and quality assurance

Evaluation of this transition programme is essential to ensure that HEIW are able to implement changes to the commissioned programme as required and in a timely manner to ensure the educational reforms are met and implemented as safely and effectively as possible. Programme content and completion times must be reviewed against the proposed project plan.

6.1.3 E-Portfolio

An E-Portfolio will provide the learner with a legacy portfolio that they can utilise throughout their career development and onto the RPS advanced practice pathway if they so choose. The RPS credential award will be a cost to HEIW but access to the E-Portfolio will be free.

6.1.4 HEIW Operational Requirements

HEIW will require additional resource to:

- Oversee and monitor the uptake of this programme with HEI(s) and learners as per current processes for post registration commissioning within HEIW
- Identify and agree required action plans with the HEI provider(s) regarding programme delivery
- Review compliance with regards to the training grant agreement between HEIW, employers and learner and agree actions required between parties if non-compliance is identified
- Collaborate with employers regarding ongoing numbers provision for the programme
- Lead discussions and meetings with the external evaluation provider of this programme
- Set up a forum page for learners on this programme to support online additional resources as necessary and a network provision
- Work with RPS and HEI provider(s) regarding the changes to curriculum content as IET transition is phased from 2023-2025
- Link with HEIW pharmacy foundation team for efficiencies of programme transitions
- Work with HEIW communications time as part of the programme transition

6.2 Options Financial Summary

BAU (comparison)	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
Staff Costs	£0	£0	£0	£0	£0	£0
Non Pay Costs	£0	£0	£0	£0	£0	£0
Commissioned Expenditure	£1,188,579	£2,057,940	£2,078,519	£2,099,304	£2,120,297	£9,544,639
Total	£1,188,579	£2,057,940	£2,078,519	£2,099,304	£2,120,297	£9,544,639

Option 2 (Preferred)	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
Staff Costs	£38,593	£67,483	£68,833	£70,210	£65,646	£310,766
Non Pay Costs	£0	£10,000	£50,000	£80,000	£40,000	£180,000
Commissioned Expenditure	£763,741	£2,114,472	£2,756,648	£2,766,657	£1,351,934	£9,753,452
Total	£802,335	£2,191,955	£2,875,481	£2,916,867	£1,457,580	£10,244,218

Option 3	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
Staff Costs	£190,471	£333,053	£339,714	£346,508	£323,985	£1,533,731
Non Pay Costs	£0	£10,000	£50,000	£80,000	£40,000	£180,000
Commissioned Expenditure	£707,741	£1,959,432	£2,556,891	£2,571,395	£1,256,680	£9,052,139
Total	£898,212	£2,302,485	£2,946,605	£2,997,903	£1,620,665	£10,765,871

Option 5	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
Staff Costs	£190,471	£333,053	£339,714	£346,508	£323,985	£1,533,731
Non Pay Costs	£0	£10,000	£50,000	£80,000	£40,000	£180,000
Commissioned Expenditure	£651,741	£1,804,392	£2,357,134	£2,376,133	£1,161,426	£8,350,826
Total	£842,212	£2,147,445	£2,746,848	£2,802,641	£1,525,411	£10,064,558

See appendix for full costings.

7. Investment Appraisal and Value

The return on investment from transforming the model of post-registration foundation training to a centrally commissioned and quality managed programme ensures that the workforce will have the skills and competence to provide more for patients at earlier stage of their career.

The new programme will provide the learner with a natural continuum from the Wales Multi-Sector Foundation programme which will encourage retention of pharmacists within NHS Wales.

The vision over the next few years will be initial education and training of pharmacists will produce pharmacists with clinical, therapeutic and diagnostic skills to manage in hours and out of hours services, be able to have complex interactions with patients and be either on the path or qualified as Independent Prescribers.

The proposed post-registration foundation programme requires an investment in the newly registered workforce to develop the necessary skills within post registration phase of career pathway, which will meet the new initial education and training standards for pharmacists.

This programme will be the springboard to pharmacists acquiring advanced skills and competence to operate at the highest level within the multi-disciplinary team providing increasing complex interventions to patients

8. Timescale / Implementation Plan

8.1 Procurement Timeline and Timescales

Procurement strategy

HEIW is seeking to commission delivery of a programme of learning for post-registration foundation pharmacists in Wales. The programme will be required to meet the learning outcomes of the RPS post-registration foundation curriculum when published end of summer 2021. This curriculum supports the transition to the revised GPhC standards for IET over the next 5 years.

As this is an iterative programme and the content commissioned will change from 2022 – 2025 the procurement team recommend that the HEIW tender is one single tender commencing from cohort 1 in September 2022 to the last cohort in September 2025. The tender will require the provider to meet the RPS curriculum changes to their programme provision as the IET reforms transition to the foundation and MPharm programmes. It is envisaged there will be a required timeframe for phasing these changes in so academic provision will be able to accommodate these changes. As the changes to content delivery occur, the timeframe for learners to complete the programme will also reduce and will also need to be met by the provider. As this programme is currently not mandated, the numbers of learners enrolling will vary so a minimum and maximum number per year for cohorts will be stated in the tender.

The programme content delivered by a HEI provider to meet the RPS post registration foundation curriculum outcomes could amount to a number of post graduate credits which can be awarded to the learner to build upon in the future or result in an award from the HEI. This is not compulsory but an outcome that learners may wish to have as an addition to the RPS credential award.

The costs of the programme content are therefore based on the approximate number of credit-bearing modules that initially make up the curriculum outcomes. These will reduce as the curriculum changes with the exception of the IP element which will always be commissioned from/delivered by a HEI and amounts to between 40-60 credits of PG modules.

The following provisions will form part of any external contract to ensure HEIW have control over the quality of training provided and performance management options.

The provider must:

- Deliver a programme that meets the learning outcomes of the RPS post-registration foundation curriculum. This will need to be reviewed as necessary to meet the changing outcomes as the GPhC standards for IET are implemented across the MPharm degree and foundation year up until 2025
- Provide educational supervisors as part of the HEI infrastructure in delivery of this programme and work with employers to support the learners enrolled
- Ensure the educational supervisors provided by the HEI support, guide (and observe if required) the new registrant to complete required programme and has overall responsibility for confirming they have met the learning outcomes of the programme before submitting the eportfolio for joint assessment
- The joint assessment panel will facilitate the provision of the HEI awarding IP and the RPS awarding the RPS credential
- Undertake the QA of the commissioned programme
- Work collaboratively with RPS to use the RPS eportfolio which will provide the learner with a legacy eportfolio that can be utilised towards advanced practice and as their career progresses
- Work with RPS to understand their eportfolio requirements and for the HEI to be able to provide training to the work-based practice supervisors appointed within the learners' organisation

- Ensure that the work-based practice supervisors meet the required standard to support and facilitate evidence gathering and eportfolio completion using the required templates within the eportfolio
- Award the IP annotation within this programme which will be dependent on the GPhC confirming the relaxation of the 2-year registration requirements for enrolling on IP programmes. This is expected to be confirmed by the end of 2021 along with the timeframe from which this change is effective
- Any delivery of the IP element integrated into this programme rather than a stand-alone module to meet the RPS curriculum outcomes would be required to/meets the GPhC accreditation requirements for IP
- Deliver a blended learning approach to minimise learner time out of practice to travel for training and encourage use of technology not only for training delivery but for providing observational evidence from the learner where appropriate
- Work collaboratively with HEIW to maximise the learner opportunity in being able to access additional online e-resources as required
- Signpost to the HEIW “Gwella Leadership portal” which provides a wide range of collective and compassionate leadership resources to form part of the leadership strategy for Wales

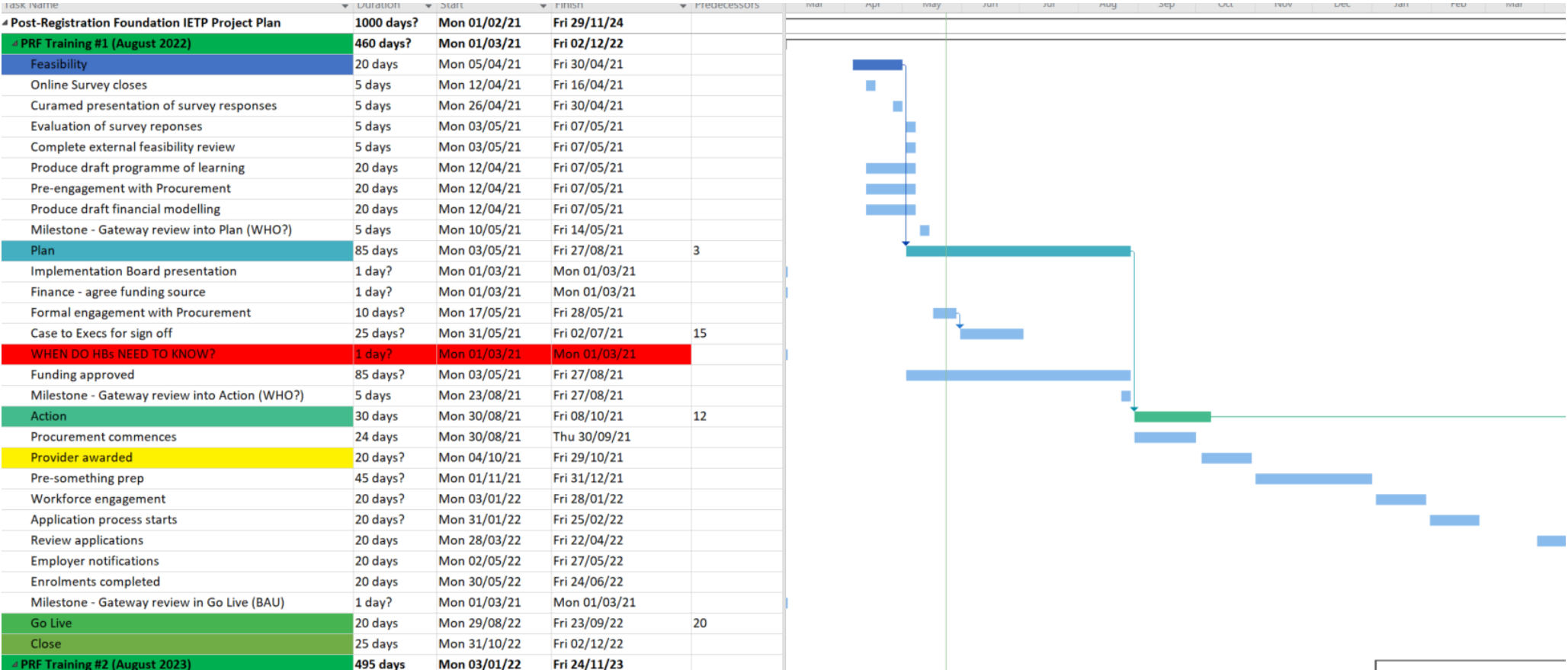
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8.2 Procurement Timeline					
Contracting Stage	Requirement	Anticipated Timescale	Responsibility	Summary	Estimated Completion dates
Planning					
	Specification	20	Service (input from Procurement)	Key relevant details outlining requirement. Created by service however procurement input also to ensure all key information is captured.	05/07/2021
	Sustainable Risk Assessment	7 * Can be completed in parallel with specification	Procurement (input from service)	Completion of document to ensure that environmental, social and economic issues are assessed, understood and managed in all key procurement decisions that relate to the procurement requirement.	12/07/2021
	Contract Briefing Paper	7	Procurement	Overview of procurement process plan highlighting route to market and key areas for consideration.	19/07/2021
	Contract Briefing Paper Approval	7	Service	Approval required by service to ensure acceptance of route to market.	26/07/2021
	Instruction to Bidders	7	Procurement	Document to provide general information to bidders and offer assistance.	26/07/2021
	WG Notification	5	Procurement	Send copy of contract briefing paper for notification	02/08/2021
	Declaration of Interest	5 *Completed in parallel with Instruction to Bidders	Procurement & Service	Confirming is there are any potential connections which may impact on procurement process.	02/08/2021
Procurement Process					
English Catherine 06/23/2021 12:31:14	Tender Advert	25	Procurement	Advert containing all key information which enables providers to issue bids.	31/08/2021
	Evaluation	30	Procurement & Service	Discuss and evaluate short list ensuring correct provider is selected	30/09/2021
	Clarification Meetings				08/10/2021

	Declaration of Interest	5 * Completed in parallel with Evaluation	Service	Confirming is there are any potential connections which may impact on procurement process.	08/10/2021
Award Process					
	Ratification Paper	7	Procurement	Outlines procurement process followed and recommendation of awarding contract.	15/10/2021
	Ratification Paper approval	5	Service	Service approval to progress with contract award.	22/10/2021
	Trust Board Paper	10	Service	Overview of key information to present to Trust Board	25/10/2021
	Welsh Government Paper	15	Service	Overview of key information to present to WG.	12/11/2021
	Acceptance of tender	1	Procurement	Issuing acceptance to tender documentation to number 1 ranked supplier.	19/11/2021
	Standstill period	10	Procurement	Required for best practice before issuing contract.	01/12/2021
	Contract award	3	Procurement	Issuing of contract awards documents ready for contract commencement.	13/12/2021
	Contract Commencement	3	Procurement	Official start of contract.	13/12/2021
Evaluation					
	Customer Survey	5	Service	Evaluate service received by procurement, highlighting areas for improvement and areas of good practice.	
	Procurement reflection review	ON GOING	Procurement	Internal requirement within procurement to understand process and areas to improve.	

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8.3 IETP Plan - Project Timeline



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9. Conclusion & Recommendation:

9.1 Conclusion

The requirement for a UK Post-Registration Foundation programme has been established and agreed by the Chief Pharmaceutical Officers, RPS, GPhC, UK Pharmacy Education and Governance Oversight Board and key stakeholders.

This business case has described the key objectives for a successful Post-Registration Foundation programme in Wales.

From the non-financial analysis, three options fully deliver on the identified BC objectives.

Option 2: HEIW will commission a structured programme of training for 80 learners per cohort, procuring all modules of learning through Higher Education Institutions that will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification.

Option 3: HEIW will provide and commission a structured programme of training for 80 learners per cohort, via a blended model of delivery, securing modules through Higher Education Institutions alongside creation and delivery of bespoke learning modules in-house. This integrated programme will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification.

Option 5: HEIW will establish a new team to produce and deliver all educational resources and training programmes for 80 learners per cohort, with Independent Prescriber award only being outsourced to HEIs. This integrated programme will meet the learning outcomes of the RPS post-registration foundation curriculum and provide IP qualification

The financial analysis of the three options were all comparable.

To establish a preferred option the risks of each option were further considered.

Option 5:

Staff resource:

Lead time of 6-12 months to recruit HEIW resource, develop and test training modules. This would be a significant ongoing investment in HEIW staff for a limited time period.

Training of new staff could delay the start of the programme until 2023.

Quality Assurance:

Significant quality assurance and management of training programme within HEIW. Shared ownership with HEI for the IP qualification would still be required increasing the complexity of final sign off.

This option is rejected due to the HEIW commitment to recruit significant numbers of staff for a programme which would be time limited.

Option 3:

Staff resource:

Lead time of 6-12 months to recruit HEIW resource, develop and test training modules. This would be a significant ongoing investment in HEIW staff for a limited time period.

Training of new staff could delay the start of the programme until 2023.

Quality Assurance:

Dual ownership of quality assurance management and sign off introduces a significant complexity to the delivery of the programme and therefore increased risk.

Dual ownership and collaboration between HEI and HEIW for the delivery of curricula via a blended learning model would require significant period of development and would not be achievable within the required timeframe of September 2022 start.

This option is rejected due to the HEIW commitment to recruit significant numbers of staff for a programme which would be time limited and the complexity of the quality assurance and management processed.

Option 2:

Staff Resource:

Minimal HEIW staff resource to oversee the training programme and potential to utilise this staff resource for any future post registration foundation requirements from 2026 onwards. Provides flexibility to minimise internal staff costs whilst providing additional resource for the future.

Quality Assurance:

Clear single HEI ownership of quality management and sign off. HEIW ensures the programme delivers on the commissioned requirements.

This is considered to be the preferred option.

9.2 Recommendation

It is recommended that **Option 2** is taken forward as the preferred option.

This is based on:

- The management of risks both current and future regarding HEIW staffing costs and robust quality assurance and management of the Post-Registration Foundation training programme.
- Delivery of the Post Registration Foundation programme objectives.
- Value for money- option 2 is not significantly more than BAU, whilst offering the additional benefit of doubling the number of trainees across all sectors.

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Appendix 1 – Financial Analysis

Option 2 - Post Registration Foundation Model September 2022 - February 2027						
	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
1x 0.6 FTE Programme/Regional Leads 8a	£ 20,711	£ 36,214	£ 36,939	£ 37,677	£ 35,228	£ 166,769
1 x 1 FTE Administrator Band 4	£ 17,883	£ 31,269	£ 31,895	£ 32,532	£ 30,418	£ 143,997
Staff Costs	£ 38,593	£ 67,483	£ 68,833	£ 70,210	£ 65,646	£ 310,766
Evaluation costs	£ -	£ 10,000	£ 10,000			£ 20,000
RPS E-Portfolio sign-off	£ -	£ -	£ 40,000	£ 80,000	£ 40,000	£ 160,000
Non Pay Costs	£ -	£ 10,000	£ 50,000	£ 80,000	£ 40,000	£ 180,000
Post Registration Foundation	£ 168,000	£ 465,120	£ 599,270	£ 585,787	£ 285,762	£ 2,103,939
Protected Time Grant	£ 374,957	£ 1,038,095	£ 1,337,503	£ 1,307,409	£ 637,788	£ 4,695,753
Practice Support Grant	£ 127,451	£ 352,857	£ 454,628	£ 444,399	£ 216,789	£ 1,596,124
DPP Supervisor Grant	£ 93,333	£ 258,400	£ 365,246	£ 429,062	£ 211,594	£ 1,357,636
Commissioned Expenditure	£ 763,741	£ 2,114,472	£ 2,756,648	£ 2,766,657	£ 1,351,934	£ 9,753,452
Total	£ 802,335	£ 2,191,955	£ 2,875,481	£ 2,916,867	£ 1,457,580	£ 10,244,218
Option 3 - Post Registration Foundation Model September 2022 - February 2027						
	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
5 x 1 FTE Programme/Regional Leads 8a	£ 172,589	£ 301,784	£ 307,819	£ 313,976	£ 293,567	£ 1,389,735
1 x 1 FTE Administrator Band 4	£ 17,883	£ 31,269	£ 31,895	£ 32,532	£ 30,418	£ 143,997
Staff Costs	£ 190,471	£ 333,053	£ 339,714	£ 346,508	£ 323,985	£ 1,533,731
Evaluation costs	£ -	£ 10,000	£ 10,000			£ 20,000
RPS E-Portfolio sign-off	£ -	£ -	£ 40,000	£ 80,000	£ 40,000	£ 160,000
Non Pay Costs	£ -	£ 10,000	£ 50,000	£ 80,000	£ 40,000	£ 180,000
Post Registration Foundation	£ 112,000	£ 310,080	£ 399,514	£ 390,525	£ 190,508	£ 1,402,626
Protected Time Grant	£ 374,957	£ 1,038,095	£ 1,337,503	£ 1,307,409	£ 637,788	£ 4,695,753
Practice Support Grant	£ 127,451	£ 352,857	£ 454,628	£ 444,399	£ 216,789	£ 1,596,124
DPP Supervisor Grant	£ 93,333	£ 258,400	£ 365,246	£ 429,062	£ 211,594	£ 1,357,636
Commissioned Expenditure	£ 707,741	£ 1,959,432	£ 2,556,891	£ 2,571,395	£ 1,256,680	£ 9,052,139
Total	£ 898,212	£ 2,302,485	£ 2,946,605	£ 2,997,903	£ 1,620,665	£ 10,765,871

Option 5 - Post Registration Foundation Model September 2022 - February 2027						
	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027	Total
5 x 1 FTE Programme/Regional Leads 8a	£ 172,589	£ 301,784	£ 307,819	£ 313,976	£ 293,567	£ 1,389,735
1 x 1 FTE Administrator Band 4	£ 17,883	£ 31,269	£ 31,895	£ 32,532	£ 30,418	£ 143,997
Staff Costs	£ 190,471	£ 333,053	£ 339,714	£ 346,508	£ 323,985	£ 1,533,731
Evaluation costs	£ -	£ 10,000	£ 10,000			£ 20,000
RPS E-Portfolio sign-off	£ -	£ -	£ 40,000	£ 80,000	£ 40,000	£ 160,000
Non Pay Costs	£ -	£ 10,000	£ 50,000	£ 80,000	£ 40,000	£ 180,000
Post Registration Foundation	£ 56,000	£ 155,040	£ 199,757	£ 195,262	£ 95,254	£ 701,313
Protected Time Grant	£ 374,957	£ 1,038,095	£ 1,337,503	£ 1,307,409	£ 637,788	£ 4,695,753
Practice Support Grant	£ 127,451	£ 352,857	£ 454,628	£ 444,399	£ 216,789	£ 1,596,124
DPP Supervisor Grant	£ 93,333	£ 258,400	£ 365,246	£ 429,062	£ 211,594	£ 1,357,636
Commissioned Expenditure	£ 651,741	£ 1,804,392	£ 2,357,134	£ 2,376,133	£ 1,161,426	£ 8,350,826
Total	£ 842,212	£ 2,147,445	£ 2,746,848	£ 2,802,641	£ 1,525,411	£ 10,064,558

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Appendix 2

PIN for tender July 2021



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Addysg a Gwellu Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	June 2021	Agenda Item	2.2.1
Report Title	Quality Management Update – Medical Deanery		
Report Author	Dr Malcolm Gajraj & Mandy Martin		
Report Sponsor	Professor Tom Lawson		
Presented by	Professor Pushpinder Mangat		
Freedom of Information	Open		
Purpose of the Report	To provide the Board with an update on quality management activity within the Medical Deanery		
Key Issues	<ul style="list-style-type: none"> • 5 areas of risk are currently in enhanced monitoring status with the GMC. • Targeted Visit activity has resumed 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the Quality Management Update. 		

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Quality Management Update

1. Introduction

The Quality Unit works to improve patient care and patient safety through the monitoring and development of high-quality education and training and provision of Faculty and infrastructure to support this. Activity is undertaken in collaboration with Speciality, Foundation and GP Schools along with Local Education Providers (LEPs) across NHS Wales to ensure high quality educational environments for trainees and links between educational and clinical governance.

Excellence in postgraduate medical training in Wales is supported by our core remit comprising delivery of educational governance via mechanisms including:

- a) Commissioning of, and expectations for, provision of Postgraduate Medical and Dental Education (PGMDE).
- b) Application of a Quality Management Framework (QMF) including scheduled and responsive components to ensure that when training does not meet national standards, changes are facilitated and implemented to improve quality. The QMF provides reassurance to the General Medical Council (GMC), the regulator, to approve training sites and programmes.
- c) Support for PGMDE provision across NHS Wales including trainers and training infrastructure.

These mechanisms are necessarily interlinked. However, for reporting purposes each component is considered separately and cross-referenced as appropriate to contextualise information. This report is primarily concerned with the provision of an update on quality management.

2. Governance & Risk Issues

2.1 Paediatric Surgery, University Hospital of Wales

HEIW has been working with Cardiff and Vale University Health Board since October 2018, taking over the Wales Deanery management. Training grade doctors were temporarily removed from this department in 2015 and it was placed in enhanced monitoring status with the GMC in April 2017. Following evidence of a sustained improvement in the learning environment, approval to reallocate training grade doctors into the department was granted in June 2019 with one ST trainee commencing training in August 2019 and a further trainee in February 2020.

Following the reintroduction of trainees to the department the Quality Unit has continued to collaborate with the Health Board to identify any residual concerns and ensure that the improvements have been sustained. At the most recent Targeted Visit on 27th April 2021 there was evidence of a learning environment that has been completely transformed. Previous improvements had been sustained and effective educational governance arrangements were in place. The panel were satisfied that the changes were sustainable, and all parties acknowledged the significant improvement that been delivered through our collaborative approach to quality

management. Discussions around the potential for and relative benefits of reintroducing a General Surgery and a Foundation rotation into the department were discussed and these will be progressed between the Health Board and relevant Training Programme Leads.

There are no plans for further Targeted Visits with routine monitoring approaches applicable to all training programmes applying from this point forward. Therefore, further Education, Commissioning and Quality Committee reports will not include any updates for this department unless they are specifically requested.

Next steps:

- Training Programme Structures, (i.e. Foundation & School of Surgery) and the Health Board to liaise around the reintroduction of General Surgery and Foundation trainees as required.
- Routine monitoring with updates to the Education, Commissioning and Quality Committee on request only.

2.2 Obstetrics & Gynaecology Prince Charles & Royal Glamorgan Hospitals

This department has been in Enhanced Monitoring status with the GMC since December 2017 for concerns relating to clinical supervision and the reconfiguration of services. The department has been the subject of a critical report by the RCOG into Obstetric Services more generally. The training issues however were considered to have improved and this has been evidenced through monitoring and a series of more formal Targeted Visits.

At the most recent Targeted Visit on 29th April the panel were satisfied that previous improvements had been sustained. However, evidence around progress with some of the residual concerns was not sufficient to support de-escalation from Enhanced Monitoring status. Progress with the following key points is necessary in order to support de-escalation:

- Evidence that improvements to date are sustainable (GMC Standards S1.1 and S1.2).
- Resolution of the concerns around A&E pathways (GMC Standard 1.1).
- Access to ultrasound training, (GMC Requirement R1.20).

Next steps

A series of recommendations have been made and we will continue to collaborate with the Health Board in order to monitor progress against these. A more formal review in the form of a further Targeted Visit will be scheduled for October 2021.

2.3 Obstetrics & Gynaecology Princess of Wales Hospital

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This department has been in Enhanced Monitoring status with the GMC since January 2019 for concerns relating to clinical supervision, adequate experience, curriculum coverage and service reconfiguration. Since that time progress has been made particularly around the patient safety concerns relating to a lack of clinical supervision and inadequate induction. However, the ongoing issue has related to challenges around meeting the requirements of the curricula due to inadequate exposure. The Quality Unit have continued to collaborate with the Health Board and at the most recent visit on 12th May 2021 there was clear evidence of progress with trainees having exposure to both clinics and theatres despite COVID restrictions. In addition, an effective induction programme was in place and an approach to ensuring the provision of ultrasound training had been implemented. Recommendations around residual concerns such as approaches to handover have been made and we will continue to monitor progress in addressing these. However, given that effective progress that has been made we will make a recommendation to the GMC that this issue is de-escalated from Enhanced Monitoring status. An update on the outcome of this will be provided in the next report.

Next steps

A further visit will be scheduled for November 2021 with ongoing monitoring in the interim.

Contact will be made with the GMC to recommend withdrawal of Enhanced Monitoring status.

2.4 Medicine, Wrexham Maelor Hospital

A planned visit was undertaken on 19th July 2019, the third in a series of visits. At this visit, it was noted that there were persistent concerns around the ability of the trainees to meet the requirements of the curriculum due to an inappropriate balance between training and service provision. Given the persistent nature of this concern, the issue was referred to the GMC for consideration of enhanced monitoring status. This was subsequently applied in September 2019.

Prior to COVID-19 we were aware that the Health Board had taken a number of steps to address the concerns and there was some evidence that de-escalation may be possible. However, we are aware that the pandemic has had a significant impact upon Medicine as a whole and targeted visits have not been considered appropriate, although there has been ongoing dialogue with the local DME and faculty. Since pandemic pressures have eased, the Health Board is taking forward a workload review and are actively seeking solutions around clinic exposure. We are continuing to collaborate with the Health Board around the concerns and are currently scheduling a Targeted Visit for the Autumn.

The following steps are necessary to consider de-escalation from enhanced monitoring status:

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- Evidence that there is an appropriate balance between training and service provision and that this can be sustained (GMC Requirements R1.12, R1.7, R1.12).

Next steps

The Quality Unit will continue to liaise with the local team to monitor progress and a Targeted Visit is currently being arranged for the Autumn.

2.5 Emergency Medicine, Morriston Hospital

A visit was undertaken to consider the training experience in Emergency Medicine at Morriston Hospital on 9th January 2020. At the visit the panel were concerned that there had been a significant deterioration in the training experience. Given that there were concerns over progress combined with the lack of a clear plan on how to address the concerns in the short term, the issue was referred to the GMC for Enhanced Monitoring status. Confirmation from the GMC that this status would be applied was received in February 2020.

The Quality Unit have continued to collaborate with the Health Board and at the most recent Targeted Visit on 26th May 2021 there was evidence of a significant improvement in the induction programme, pastoral support and clinical supervision in the paediatric area. Whilst there are further areas to address these are encouraging signs of progress.

The key issues for which further action is required are as follows:

- Evidence that there is an appropriate balance between service provision and education provision taking into consideration the need for trainees to cover specific aspects of the curriculum e.g. Paediatric Emergency Medicine, Minors etc. (GMC Requirement R1.15).
- That the department take steps to ensure that there is clarity around the clinical governance arrangements within the department, with feedback to learners where incidents are raised and timetabled access to clinical governance meetings. (GMC Requirements R1.3 & R1.6).

Next Steps:

The Quality Unit will continue to collaborate with the Health Board in order to monitor progress with a more formal review being scheduled for November 2021.

2.6 Trauma & Orthopaedics, Morriston Hospital

This department was placed in Enhanced Monitoring in January 2019 due to concerns about clinical supervision, supportive environment, adequate experience, induction and workload. A good level of progress had been made in addressing a number of the concerns within the department immediately prior to COVID-19 particularly in relation to the previously identified patient safety issues. The

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remaining concern relates to the need to ensure that there is adequate elective exposure. (GMC Requirements R4.2 and R1.17). However, like all surgical specialties COVID-19 has had a significant impact on the ability of the department to provide non urgent surgery. Recent collaboration with the Health Board highlights that steps are being taken to enhance the educational leadership within the department which will help support recovery from COVID from an educational perspective. The department is experiencing challenges in relation to staff shortages but is making operational changes which should help mitigate some of these challenges. A further Targeted Visit will be arranged for the Autumn.

The key issues for which further action is required are as follows:

- Evidence that there is an appropriate balance between service provision and education provision (GMC Requirement R1.15).
- Evidence that there is adequate exposure to ensure the requirements of the curriculum are met, (GMC Requirement R4.2 and R1.17)

Next steps

Ongoing monitoring in collaboration with the Health Board with a further visit to be arranged for the Autumn.

2.7 Aneurin Bevan University Health Board

The Quality Unit have been monitoring the training experience within Aneurin Bevan following the reconfiguration of the service delivery model associated with the opening of The Grange University Hospital. Through this, a number of training concerns have been identified both at The Grange and the other acute sites within the Health Board. Of particular concern 25% of the free text comments reported within the 2021 GMC National Training Survey relate directly or indirectly relate to The Grange University Hospital. A briefing note on the current situation together with a recommendation on next steps can be found within appendix one.

There has been extensive communication with the local team and purposeful engagement from the medical director with the issues raised so far.

The Medical Director of HEIW has made contact with his counterpart in ABUHB to create a joint oversight group to monitor and address these concerns

3. GMC National Training Surveys

The 2021 GMC National Training Surveys have recently closed resuming a more traditional question format this year whilst retaining an element of pandemic specific questions. The surveys were live for a much shorter period of time this year and whilst the final response rates are yet to be confirmed, early figures highlight that Wales has a comparatively strong response rate with 85.39% for trainees and 51.7% for trainers, (These figures may change slightly once the data cleansing process is complete). The results will be available during the summer through the

GMC's online reporting tool. As is standard practice the results will be analysed in terms of key themes and to identify areas of concern and good practice.

4. Training Programme Reporting

As part of our responsibility for ensuring appropriate governance within medical training programmes, the Quality Unit have a reporting process in place which is designed to review approaches across training programmes and share best practice. Through our continued review of our approach we have piloted meetings with a selection of specialty leads with a view to discussing their returns. This approach has been helpful in enhancing understanding of requirements and providing a closer link with the Quality Unit which is particularly important where a risk-based approach to quality management is taken. We will consider how to incorporate these discussions into our wider review of our approach and will produce a final methodology.

5. Trainer Recognition Quality Project

As indicated within the previous update to the Committee, a project to develop and implement an approach to quality that will simultaneously ensure the ongoing support and development of secondary care medical trainers is being taken forward. Since the last report, work has focused upon the following key areas:

- Sample data has been extracted from the Trainer Declaration area of MARS. This has been analysed for key themes with a report being produced to provide an overview of the type of information that we will be able to obtain in the future and has also provided some early feedback on where refinements may be necessary and these will be taken forward in the next reporting period.
- Work has commenced to develop an online CPD module to help appraisers in Wales understand how to use the declarations to appraise educational roles. Whilst the primary driver for this work is secondary care, given that the declaration has been incorporated into the primary care version of MARS, we are taking steps to ensure that the module is applicable to both groups of trainers.

6. Lay Representatives

The Quality Unit manages the pool of Lay Representatives within HEIW as a means of ensuring that there is externality within some of our key processes and within specific working groups. A forum was recently hosted for the Lay Representatives to provide an opportunity for them to share their experiences and to enable HEIW to seek feedback on a number of key areas. The discussions were focussed around their experiences of virtual working, how to continue to develop induction and to understand what support they required as a group to help them undertake their roles more effectively, without compromising their objectivity. Overall, the meeting was well received and it was really encouraging to see the high level of engagement and enthusiasm from the group. A number of key areas have been identified which

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will help us to further support this important group which we will take forward in the coming months.

7. Recommendation

Members are asked to:

- Note the Quality Management Update.

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Governance and Assurance				
Link to corporate objectives (please ✓)	As a new organisation establishing HEIW as a valued and trusted partner, an excellent employer and a reputable and expert brand	Building a sustainable and flexible health and care workforce for the future.	With Social Care Wales shaping the workforce to deliver care closer to home and to better align service delivery.	Improving quality and safety by supporting NHS organisations find faster and more sustainable workforce solutions for priority service delivery challenges.
	Improving opportunities for use of technology and digitalisation in the delivery of education and care.	Reinvigorating leadership development and succession planning across health and social care in partnership with Social Care Wales and Academi Wales	Demonstrating value from investment in the workforce and the organisation.	
Quality, Safety and Patient Experience				
The maintenance of high-quality training is closely associated with patient safety. The development of alternative approaches to quality management is essential to maintain an environment that ensures good quality patient care, by enabling appropriate training and support for trainees is available and delivered.				
Financial Implications				
There are no financial implications associated with this report.				
Legal Implications (including equality and diversity assessment)				
Staffing Implications				
No implications for HEIW staff have been identified.				
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)				
Report History	None			
Appendices	One			



The Grange University Hospital Quality Management Update

May 2021

Context

The Grange University Hospital opened in November 2021 increasing the number of acute sites within the Health Board from three to four. In preparation for the opening of the new hospital there were numerous discussions between the Medical Deanery and the Health Board to ensure the appropriate integration of education and training. In addition, on 20th October 2020 there was a meeting with the Health Board Executives to obtain assurance around the following key areas prior to the opening of the site:

Training Standards:

- The ability of trainees to meet the requirements of the curricular given the need to travel between different sites.
- Clarification on how the Health Board will ensure that appropriate clinical supervision is in place.
- Clarification on the approach to educational governance particularly given that rotas require multiple site working.
- Clarification that the signage issues identified at Ysbyty Ystrad Fawr would be addressed.

• **Educational Infrastructure**

- Provision of appropriate library facilities.
- Clarification on the final Faculty infrastructure plan.
- Rest facilities

• **Approval Uncertainty.**

- The need for clarification on the specialties and grades of trainees moving to The Grange and associated timeframes to enable finalisation of the approval process.

The aforementioned meeting was very helpful, (Report available separately) providing a forum to consolidate the concerns and gain assurance in the following areas:

- That the Health Board would continue to take steps to ensure that clinical supervision was appropriate for the grade of the trainee across all sites taking into account the complexities around rota arrangements and travel between sites.
- That close local monitoring would be in place and that where concerns were identified these would be escalated to HEIW's Quality Unit at an early stage to support early action planning and prevent unnecessary escalation.
- That the signage issues associated with Ysbyty Ystrad Fawr would be addressed once the new hospital opened.
- That there would be an ongoing corporate and departmental induction programme which supported those rotating out of sync and those returning from a period of long-term leave.

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Evidence & Action

Since the Grange University Hospital was opened, a range of concerns impacting on training provision and patient safety have been raised and at the current time sustainable solutions are unclear. An overview of the concerns is provided in the points below. In considering this evidence, it is important to note that the concerns are not confined to The Grange University Hospital. Training quality concerns at other sites have been identified and are directly related to the Health Board service delivery model following the opening of The Grange.

- **February 2021 (Trainee Contact with the Quality Unit)**

Direct contact from trainees based at the Royal Gwent raising concerns that they were working beyond their level of competence. This was attributed to the fact that the Royal Gwent and Nevill Hall Hospitals had been downgraded to minor injuries units. However, inappropriate patients were still presenting at The Royal Gwent Hospital. These pressures were exacerbated by delays in transferring patients and a lack of facilities to manage the patients whilst awaiting transfer. The Quality Unit immediately escalated the concerns to the Postgraduate Medical Dean and the Medical Director of ABUHB. Since the initial concerns were raised local discussions have been held with the trainees and an outline of steps to be taken to address the situation has been received within the Quality Unit. A further progress update has also been received from the Health Board and steps will be taken to continue to monitor progress.
- **April 2021 (Local Trainee Meeting Notes)**

Feedback was received from a meeting between the local medical education team and surgical trainees based at The Grange and Royal Gwent University Hospitals. This feedback highlighted difficulties in accessing training, inappropriate referrals impacting on service and training, poor communication systems, (E.g. patient records and Vocera), and inadequate staffing levels raising concerns for patient safety.
- **April 2021 (HEIW Open Concern)**

Trainee raised concern about the surgical department at The Grange University Hospital. The concerns relate to access issues within the hospital, poor communication systems with implications for patient safety, (Vocera), inadequate staffing, sub optimal clinical supervision, inadequate learning opportunities and a lack of time for assessments and teaching. The Quality Unit has escalated the issue to the Medical Director within the Health Board and has continued to update the Postgraduate Medical Dean given the implications for patient safety.
- **May 2021 (GMC Survey Comments)**

Free text comments received during the GMC National Trainee Survey relating to concerns about patient safety due to the Health Board service delivery model. A total of 51 comments have been received for the whole of Wales of which 12 (23%) directly relate to either issues at The Grange University Hospital or are linked to the impact of opening The Grange. The concerns raised have been escalated to the Medical Director in the Health Board and we will continue to follow up on progress. In addition, updates have been provided to the Postgraduate Medical Dean.

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- **May 2021 (Local Trainee Meeting Notes)**

Feedback from a local meeting with medical trainees at Nevill Hall Hospital, some of whom work on-call at The Grange University Hospital. Concerns raised about inadequate access to training opportunities, inadequate clinical supervision for F1 doctors at Nevill Hall Hospital, inadequate induction to work on-call at The Grange, capacity issues at The Grange and inappropriate signage resulting in an increase in the acuity of patients at other sites without adequate facilities to manage these patients, (e.g. airway facilities).

Recommended Next Steps

The Quality Unit have already taken steps to raise the concerns received with the Health Board with a view to ensuring some improvement. There is an acknowledgement that some of the issues may be teething problems associated with opening a new hospital as well as the residual impact of the pandemic. However, many of the concerns being experienced, particularly those that relate to patient safety and training provision appear to directly relate to the service delivery model within the Health Board following the opening of The Grange University Hospital. In addition, evidence received to date indicates that opening of an additional acute site is being impacting all acute sites within the Health Board. Given the complexity associated with these concerns which are impact all acute sites it would be difficult to address the issues through a Targeted Visit. Therefore, the Quality Unit consider that an additional level of intervention involving HEIW's Medical Director and Postgraduate Medical Dean as well as the Health Board Executive team would be helpful. Other key representatives such as AMD (Education), and Quality Unit representatives would also be appropriate. Such an approach could be achieved through the establishment of an Education and Training Oversight Group which would deliver the benefits of a Targeted Visit through creating a temporary structure to facilitate a strategic discussion thereby enabling a Health Board wide approach to be taken. These discussions would also provide an opportunity to consider how HEIW can support the Health Board at this time.

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Meeting Date	June 2021	Agenda Item	2.2
Report Title	Quality Assurance of Dental Training Programmes		
Report Author	Kirstie Moons		
Report Sponsor	Pushpinder Mangat		
Presented by	Pushpinder Mangat		
Freedom of Information	Open		
Purpose of the Report	This paper sets out the arrangements currently in place for quality assurance of Dental Foundation, Core and Specialty Training programmes and makes recommendations for consolidating these into an existing Quality Management Framework.		
Key Issues	<ul style="list-style-type: none"> • Dental training programmes have evolved over a number of years and are subject to varying levels of guidance and scrutiny internally and from multiple agencies. • Dental Foundation Training is mandatory for all UK graduates wishing to work in the NHS and tied to the Performer's List regulations. • Dental Core Training enables career progression for dentists. • Dental Specialty Training is Quality Assured by the General Dental Council. • The mechanisms for quality assuring the programmes are broad and varied and do not fall under one over-arching quality framework. • There are currently no ongoing concerns that have not been escalated to Executive level 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note and agree recommendation to align with medical quality management framework. 		

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QUALITY ASSURANCE OF DENTAL TRAINING

1. INTRODUCTION

This paper seeks to set out the current arrangements for quality assurance of dental training programmes and make recommendations for areas of improvement.

2. BACKGROUND

2.1 Overview of training

The dental section provides three key training programmes for dentists in Wales to progress through their careers. These are: Dental Foundation Training (DFT), Dental Core Training (DCT) and Dental Specialty Training (DST).

Dental Foundation Training (DFT)

- Dental Foundation Training is the first phase of continuing postgraduate education after graduation and is recognised as the first part of career pathways in all sections of the dental profession.
- HEIW provides opportunities to complete 1-year wte of Dental Foundation Training (DFT). This equates to one year of training working in General or Community Dental Services (GDS/CDS), approved training practice, with one day a week allocated to educational study.
- The satisfactory completion of the Foundation year is mandatory for all UK graduates to gain a Performer Number required to work independently in the General Dental Services providing access to NHS dentistry.
- Welsh Government funds up to 74 DFT places per year though this has varied in recent years due to UK dental school output. The funding covers trainees' salary, trainer grant and service costs to the practice.
- HEIW provides 6 DFT schemes across Wales and 6 Training Programme Directors (TPDs) are employed for 2 days a week each to develop and arrange the study day programme and provide mentoring and support for trainees and Educational Supervisors (ESs) on each scheme.
- DFT takes place in general dental practice and also in two dental teaching units (DTUs) in Wales. All DFT trainees are now employed by NWSSP via Single Lead Employer and there are agreements in place with the host practices.
- Recruitment to DFT for trainees is via National Recruitment. HEIW approves the ESs and training practices.

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- Council of Postgraduate Dental Deans (COPDEND) set out the learning outcomes, curriculum and competency framework for DFT and the management of progression via the Blue Guide.

Dental Core Training (DCT)

- DCT is the next stage of career pathway for young dentists and forms the training period between DFT and Specialty Training for those that wish to progress or an additional form of training for dentists to develop additional competencies and exit into primary dental care.
- Trainees can undertake up to a maximum of three years in DCT
- DCT currently takes place in hospital dental services (HDS) or community dental services (CDS).
- HEIW provides four Dental Core Training Year 1 (DCT1) Schemes that commence in September of each year. They are based in Cardiff, Merthyr Tydfil, Swansea and North Wales. There is a 30-day educational element (study days) covering both hospital and community practice.
- Dental Core Training Year 2/3 posts are normally undertaken following completion of training at DFT and DCT1.
- DCT positions by Health Board

LHB	DCT1	DCT2	DCT3
ABUHB	1	7	
BCUHB	5	3	3
C&VUHB	12	15	
CTMUHB	7	6	
SBUHB	2	8	2
POWYS UHB	1		
	28	39	5

- HEIW provides DCT 2 & 3 posts in 8 settings in Wales:
 - The University Dental Hospital and University Hospital of Wales, Cardiff
 - Morriston Hospital, Swansea
 - Royal Gwent Hospital, Newport
 - Prince Charles Hospital, Merthyr Tydfil
 - Ysbyty Glan Clwyd, St Asaph
 - Community Dental Services in Cardiff & Vale, Cwm Taf Morgannwg and Swansea Bay UHBs.
- Funding streams and recruitment for the posts vary:
 - **10 posts are 100% UHB funded** (of these, 5 are excluded from national recruitment)

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- **43 posts are 50% funded by HEIW / 50% funded by the LHB** (2 of these are excluded from national recruitment – based in Swansea – classed as ‘dual designated posts, frequently occupied by medical graduates)
 - **19 posts are funded by HEIW** (1 of these – the oral surgery post in PCH – is excluded from NR)
- ESs at Senior Dental Officer, Specialist or Consultant levels are in place for all trainees.
 - There are 7 TPDs (0.9wte) employed by HEIW, throughout Wales who are Consultants or Community Dental Officers.
 - COPDEND set out the curriculum, learning outcomes and competency framework for DCT and the management of progression via the Silver Guide.

Dental Specialty Training

- Following successful completion of broad-based training, such as DFT and DCT trainees are eligible to apply for dental specialty training. Specialty training programmes vary in length and are tailored to the needs of the specialty. The SACs as intercollegiate bodies of the dental faculties of the surgical royal colleges advise on higher specialist training in the dental specialties and publish national curricula for each training programme to meet the standards required by the GDC. On successful completion of specialty training, the PGDD will recommend to the GDC the award of Certificate of Completion of Specialist Training (CCST).
- There are 13 specialities registered with the GDC and HEIW offers training in 7 of these with 23 current trainees.
- There is one TPD at consultant level for each specialty who undertake the role as part of their LHB job plan. They are not HEIW employees.
- Like DCT the funding streams vary. All DST posts are recruited locally with the exception of orthodontics (ST1) which is via National Recruitment.
- Academic posts in some specialities are recruited and funded by Cardiff University with clinical benchmarking required.
- COPDEND set out the learning outcomes, curriculum and competency framework for DFT and the management of progression via the Dental Gold Guide.

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2.2 Current Quality Assurance of Training Programmes

2.2.1 Dental Foundation Training

Approval and management of ESs and training practices

- ESs are approved via a bespoke online system created in HEIW, Dental Educational Supervisor Approval Process (DESAP). The system requires a range of information on the individual and the practice, some of which is weighted and scored based on the person specification of an ES.
- Existing ESs have an Annual Quality Assurance practice visit from a TPD which includes looking at the practice in detail, including resources and infrastructure, against a checklist and also viewing a tutorial. The information is reported in an Annual QA practice visit and performance review report.
- New ES applicants have a practice visit from TPDs to ensure the practice is suitable to meet the needs of hosting a trainee.
- An annual ES Performance Review report is completed by the TPD in December every year and an End of Year Assessment report is completed at the end of the DFT programme. This is made available for consideration if they re-apply to be an ES.
- Local Health Board Primary Care Leads are also asked for feedback from the LHB regarding any key performance or governance issues we need to be aware of that may impact upon the practice's ability to host a trainee.

Recruitment of DFT Trainees

- This is done via National Recruitment. Final year undergraduates submit applications to the system in November for recruitment to schemes commencing the following September.
- Trainees preference schemes that they wish to join via the NR process. Trainees are allocated to individual practices utilising Meet the ES events run by HEIW where trainees and ESs are matched using an algorithm

Progression of DFT Trainees

- This is primarily monitored via completion of an e-portfolio and weekly tutorials with their ESs. They also attend 30 weekly study days and have contact with the TPDs for pastoral support and monitoring of progress.
- Formal monitoring points in the programme are recorded in the portfolio:
 - A record of pre-foundation clinical experience which enables gap analysis of skills
 - A formal induction within two weeks of starting (This includes clinical skills refresher training that allows identification of clinical skills that require further development)

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- Early Stage Review (ESR) is completed by the end of the second month of training
- Attendance at all study days is recorded and monitored
- ES and TPD structured report submitted at the end of the fifth and ninth month of training for Interim and Final RCP panels.
- *Appendix 1* provides an overview of the assessment of DFT.
- The e-portfolio is monitored and managed by the Dental Review of Competence Progression (RCP) Administrator who liaises with HEE and COPDEND to ensure any updates or glitches are managed. All TPDs access the portfolio and the dashboards provide an overview of trainees' progress. This facility allows comparison of FD performance both within schemes and across all Welsh schemes.
- IRCPs take place in February and FRCPs in July. The evidence provided through the portfolio is used to inform the outcomes.
 - The main components of the RCP process are:
 - Early Stage Review by 6-8 weeks
 - Interim RCP at 6 months
 - Final RCP at 10 months with defined outcomes
 - IRCPs and FRCPs are underpinned with recommended levels of activities that FDs and ESs are informed of at appropriate times in the year so they know what to work towards. E.g. Multisource feedback (MSF), Patient Satisfaction Questionnaires (PSQs), Case based Discussions (CBDs), tutorial reflection, experience logs, reflections, Direct Observation of Procedural Skills (DOPS), (A Dental Evaluation of Performance Tool (ADEPT), Learning needs etc.
 - The RCP panels consider the evidence received and reports are gathered to show competencies that are on track, completed and still outstanding.

Study day content

- Each scheme runs its own study day programme based on the DFT Curriculum. Trainees must attend all 30 study days. Every study day is arranged via *Maxcourse* which enables the management of learning outcomes and evaluation of the study day.
- FDs complete portfolio reflections for each study day which allows identification of learning and future development needs that can be recorded in the learning needs log within the portfolio.
- TPDs review FDs feedback on study days and make appropriate adjustments to the programme based on this feedback.
- All scheme study day programmes are reviewed by the Associate Postgraduate Dean (APD) to ensure consistency across Wales and compliance with the Blue Guide curriculum.

How they apply learning in practice is assessed via a range of tools:

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- MSF
 - PSQ
 - Foundation Skills Portfolio
 - Clinical Audit
 - Clinical Case Presentation
- Some schemes arrange follow up debrief sessions and some TPDs have asked their groups to produce short assignments following their study days to test their knowledge. This is not across all schemes.
 - FDs are also required to reflect in the portfolio in respect of tutorials, study days and reflective logs are linked to curriculum competencies. These are agreed and signed off by ESs and TPDs.

Management of TPDs

- Training Programme Directors are employed by HEIW therefore performance managed via the annual PADR process and via regular reviews with the Associate Dean for DFT.

Trainee surveys

- A confidential survey is undertaken nationally of all DFT trainees and collated by Advisory Body for Dental Foundation Training (ABDFT). These highlight any areas of concern both locally and nationally.
- Periodic surveys of local trainees are also undertaken to identify any key issues.

2.2.2 Dental Core Training

Recruitment and management of DCT Educational Supervisors

- The DCT ESs are not selected or managed by HEIW. They are allocated by the respective Clinical Directors and ES time is written into their job plans. Feedback of all training programmes is gained from trainees at end of each rotation and fed back to clinical directors. This has influenced recruitment and changes to ESs over time.
- The silver guide suggests an ES can have responsibility for up to 4 trainees, however HEIW maintains no more than 2 trainees per ES to try and ensure adequate and appropriate levels of support.
- HEIW arranges joint events for the DCT and DST ESs and TPDs including educational study days and Q&A sessions ensuring they are kept up to date on key changes to DCT & DST training.
- All new ES receive a formal introductory training session.

Recruitment of DCT trainees

- The majority of DCTs are recruited via National Recruitment however a small number of on-call posts based in Oral and Maxillofacial Surgery (OMFS) units are recruited locally in collaboration with the employing UHB. These posts follow National Recruitment person specifications and follow a structured interview process.

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- We provide the HR teams with the relevant DCT person specification (as approved by COPDEND) for the post they are advertising. We ask that preference be given to those that meet the DCT person specification in the first instance. If no suitable applicants apply that meet the national DCT person spec, the post may then be offered to temporary registrants or other applicants who will then complete the year as a fixed term LAT or LAS placement and not follow the official DCT curriculum. HEIW do not attend the interviews, the interview arrangements are managed by the respective UHB HR team.

QA of DCT Trainee Placements

- **There are no formal arrangements in place for the QA of placements for DCT training.** However, due regard is given to the placement and an appropriate case mix being available for the trainee to complete their training.
- Dental postgraduate approval of the posts and programmes are in line with guidance set out in the Dental Silver Guide.
- DCT placements are included in the annual HEIW/ LHB commissioning meetings.

Progression of DCT Trainees

- This is primarily monitored via completion of an e-portfolio with designated national requirement as set out in the Dental Silver Guide. DCT1 trainees attend weekly study days and have contact with the TPDs for pastoral support and monitoring of progress. DCT 2 & 3 have weekly study sessions in their unit of placement.
- Formal monitoring points in the programme are recorded in the portfolio:
 - Attendance at all study days (for DCT1) is recorded and monitored
 - ES structured report submitted at the end of the fifth and tenth month of training for Interim and Final RCP panels respectively.
- The e-portfolio is monitored and managed by the Dental RCP Administrator who liaises with HEE (who commission the e-portfolio) and COPDEND to ensure any updates or glitches are managed. All TPDs access the portfolio and the dashboards provide an overview of trainees' progress.
- IRCPs take place 6 months into training and a Final RCP within 2 months of the end of training. The evidence provided through the portfolio is used to inform the outcomes.
- Interim RCP Panels will have a local composition and consist of at least the following two panel members:
 - Associate PGDD/TPD/Adviser for DCT
 - Senior clinical trainer
- Final RCP Panels consist of at least three of the following four panel members:
 - Associate PGDD/TPD/Adviser for DCT
 - Senior clinical trainer
 - Associate PGDD/TPD/Adviser for DCT or equivalent from another Deanery/HEE local office
 - Lay representative

• The requirements for satisfactory final RCP outcome are laid down in the DCT curriculum as:

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- Completion of a minimum of 24 supervised learning events (SLEs) each linked at least twice to the curriculum
- Completion of a clinical governance/quality improvement project (e.g. audit)
- Submission of a current personal development plan (PDP) and progress against that PDP
- Study day attendance record and continuing professional development (CPD) log which is appropriate for GDC requirements
- Completed multisource feedback (MSF) – 2 in 12-month period
- Evidence of satisfactory patient feedback – 20 in 12-month period
- Evidence of formal sign-off of the trainee's period of training by the ES
- Detailed logbook

Study day content

- Each DCT1 scheme runs its own study day programme based on the DCT Curriculum. Trainees must attend 30 study days. Every study day is arranged via *Maxcourse* which enables the management of learning outcomes and evaluation of the study day.
- TPDs discuss the study days and trainee feedback at TPD meetings to determine if they were of value and should be offered again in future.
- Trainees reflect on some of their study days as part of their E-portfolio completion and their E-PDP. They also submit brief reflections as part of the study day evaluation in order to obtain their CPD certificates.
- There are no formal study days for DCT2 & 3 trainees though they have now been given access to join any existing relevant DCT1 study sessions available. All DCT 2&3 attend HEIW arranged QI training and undertake one QI project during their year in post. Trainees agree their study programme with their ES to address their individual PDP.

Management of TPDs

- Training Programme Directors are employed by HEIW therefore performance managed via the annual PADR process and via regular reviews with the Associate Dean for DCT.

Trainee surveys

- DCT 1 trainees complete end of rotation feedback forms for each rotation they undertake, the results of which are collated into a report
- DCT 2&3 trainees are asked to complete an online survey prior to the end of their training
- A confidential survey is undertaken nationally of all DCT trainees and collated by COPDEND DCT Advisory Group (DCTAG). These highlight any areas of concern both locally and nationally.

2.2.3 Dental Specialty Training

- COPDEND provide a reference guide to DST in the UK – the Dental Gold Guide – which sets out roles, responsibilities and expectations in DST
- QA of DST is managed by the GDC.

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- The GDC sets the standards for dental specialty training and approves the curricula for each specialty. [standards-for-specialty-education_2019.pdf \(gdc-uk.org\)](#).
- HEIW submitted substantial documentary evidence (available if required) against each of the Standards to the GDC as part of the QA of DST in December 2020 and is awaiting a report from the GDC.
- The curricula for Dental Specialty Training are being reviewed with a planned implementation date of September 2021.

3. PROPOSAL

All dental trainees are GDC registrants and as such expected to comply with the professional standards and expectations set out by the regulator. Dental Specialty Training is subject to QA from the GDC however DFT and DCT have no scrutiny at programme level. Fill rates, recruitment data including vacancy rates and attrition rates are reported on the performance dashboard, however these are not indicators of quality. A more formal, systematic and reportable framework should be in place to enable quality monitoring and reporting of training aligned with the medical model.

The GMC has set out standards for medical education and training in Promoting Excellence which have broad themes that apply across all training programmes:

Theme 1: Learning environment and culture

Theme 2: Educational governance and leadership

Theme 3: Supporting learners

Theme 4: Supporting educators

Theme 5: Developing and implementing curricula and assessments

At the heart of these standards is patient safety and while there are variations in the detail of what is required (as laid down in the GMC requirements), the guidance in the Dental Blue, Silver and Gold Guides provides an appropriate basis upon which to develop key aspects within each of these themes. These would encompass all of the existing mechanisms and allow for development of additional ones where gaps are identified.

As described in this paper there are multiple mechanisms in place however there is no overarching quality framework to bring all the aspects together for reporting or management.

There is a Quality Management Framework in place in HEIW overseen by the Quality Unit in the Medical Directorate (appendix 2). This framework was established to cover both medical and dental training however dental has had little meaningful engagement with it to date.

There is potential for dental to align the existing processes described in this paper for both DFT and DCT into the QMF and strengthen the arrangements utilising the skills and knowledge of the Quality Unit. Initial discussions in this respect have been positive

however further work would need to be undertaken to establish if additional resource would be needed for this, and Pharmacy should also be part of this discussion.

Dental has joined the commissioning visits to LHBs in recent years so formalising arrangements in this respect would align well and ensure that the role dental plays in these is strengthened and formalised. In addition, the work the medical team have undertaken professionalising the role of their TPDs could be adopted in large part for the Educational Supervisors in DCT to strengthen the training element and provide further assurance.

4. GOVERNANCE AND RISK ISSUES

This work needs to be taken forward to modernise the current arrangements and bring them within a quality management framework that can provide assurance to all stakeholders, trainees and HEIW on the quality of DFT and DCT programmes.

5. FINANCIAL IMPLICATIONS

No financial risks at present however further resource may be needed to support additional quality work with the Quality Unit. There may be opportunity to engage with Pharmacy colleagues and collaborate on this.

6. RECOMMENDATION

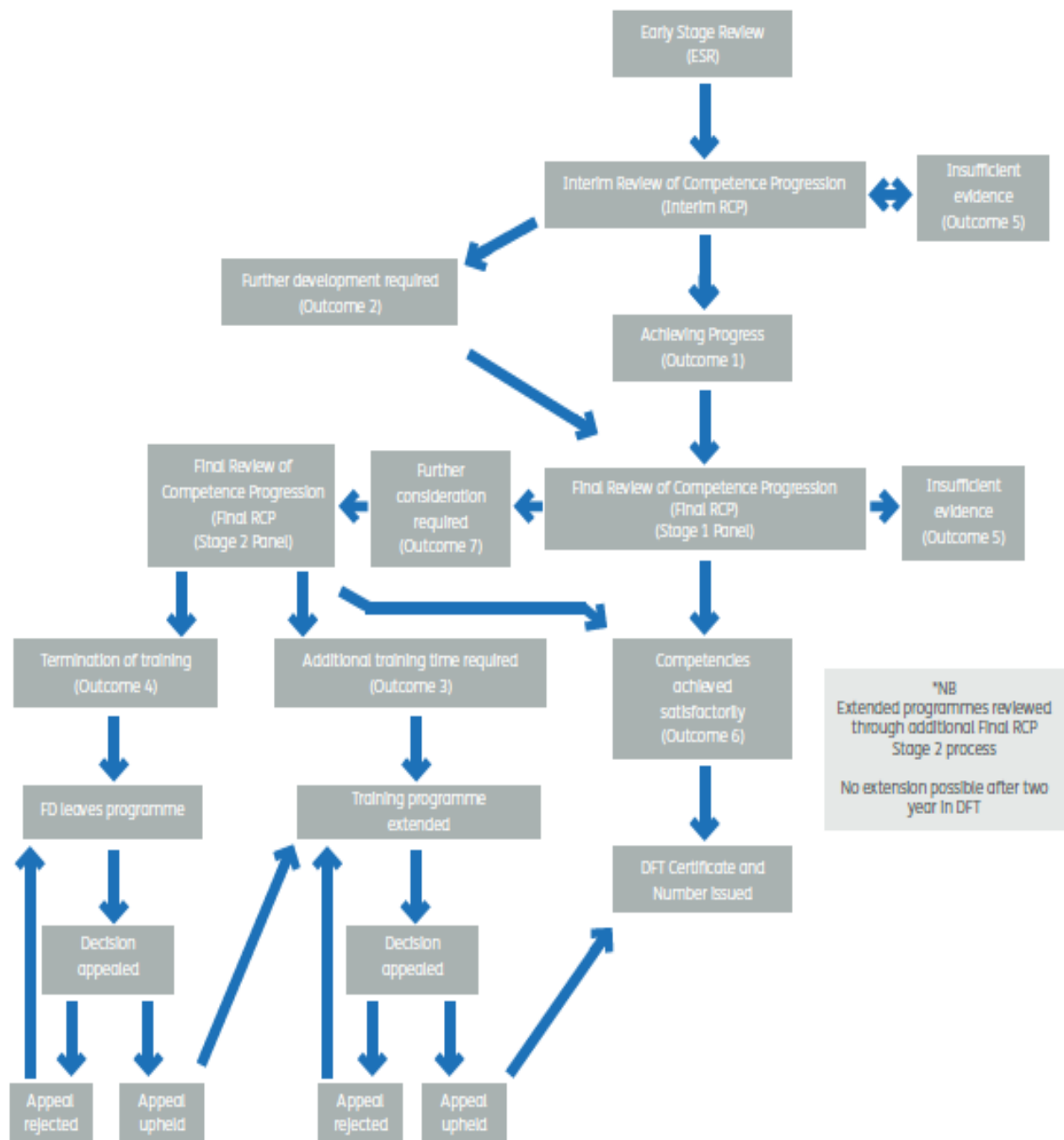
To take forward alignment with the quality management framework led by the Quality Unit and collaborate with Pharmacy to identify appropriate resource to support this work.

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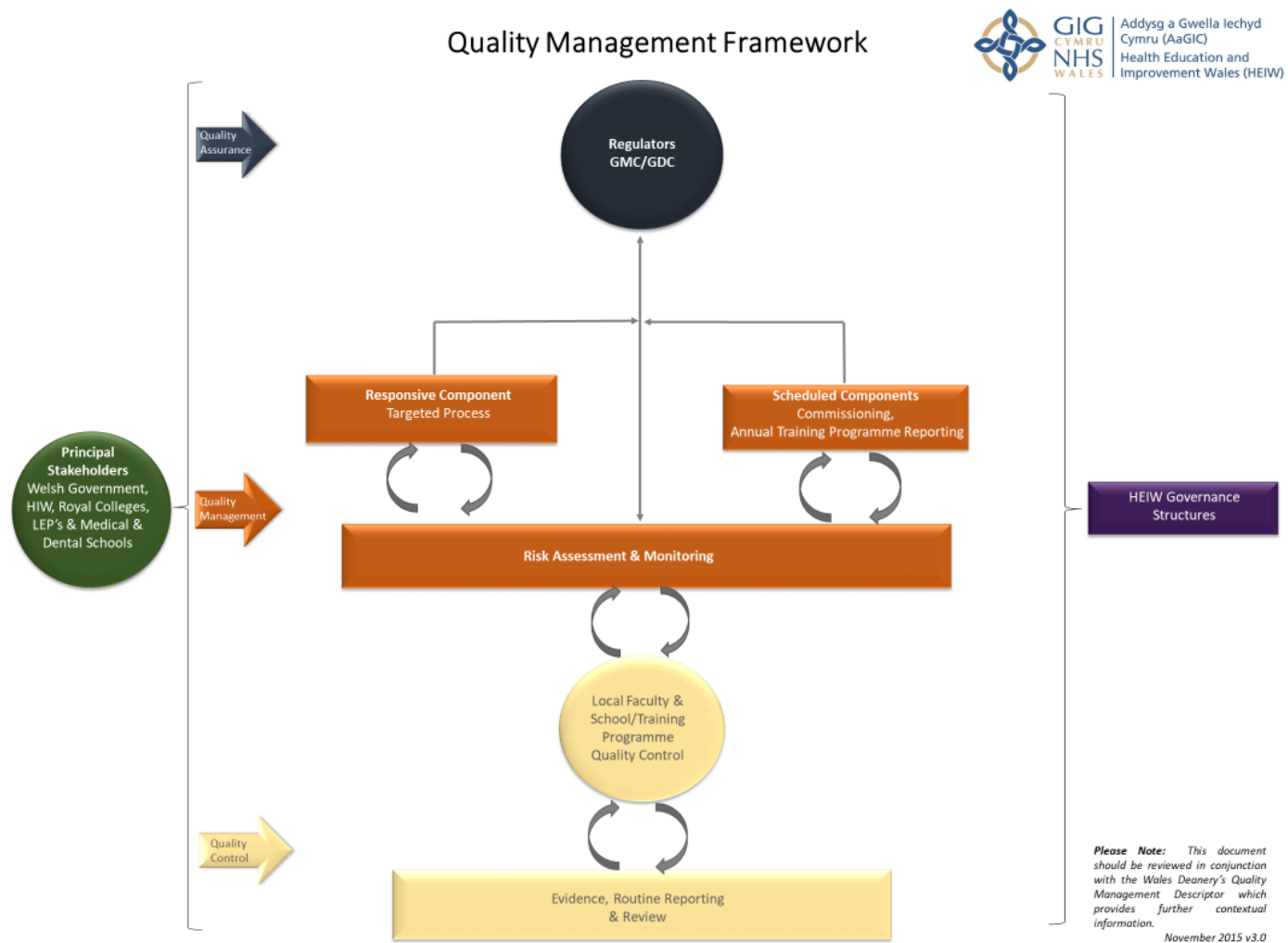
Governance and Assurance			
Link to IMTP strategic aims <i>(please ✓)</i>	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
This work will assure quality of dental Foundation and Core training at programme level and provide assurance to HEIW and all trainees and stakeholders.			
Financial Implications			
No financial implications at this stage.			
Legal Implications (including equality and diversity assessment)			
Nil			
Staffing Implications			
None at this stage			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Report History			
Appendices	Appendix 1 – Assessment of DFT Appendix 2 – Quality Management Framework		

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Assessment of DFT



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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	June 2021	Agenda Item	2.2.3
Report Title	Quality Assurance of Pharmacy Training Programmes		
Report Author	Professor Margaret Allan		
Report Sponsor	Professor Pushpinder Mangat		
Presented by	Professor Pushpinder Mangat		
Freedom of Information	Open		
Purpose of the Report	This paper sets out the arrangements currently in place for quality assurance of Pharmacy Pre-registration Foundation pharmacist and Pre-registration Pharmacy Technician training programmes and makes recommendations for areas of improvement.		
Key Issues	<ul style="list-style-type: none"> • GPhC Quality Assure pre-registration foundation pharmacist year via standard setting for the educational outcomes, submission of training plans and requirements for tutors. • Quality Management / Quality Control is managed via the training providers and this has been very variable across the UK • Pre-registration Pharmacy Technician quality assurance processes are again variable depending on the training provider. • GPhC sets the pharmacy technician educational standards and approve the training programmes which meet those standards. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note this report 		

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Quality Assurance of Pharmacy Training

1. INTRODUCTION

This paper seeks to set out the current arrangements for quality assurance of pharmacy training programmes and make recommendations for areas of improvement.

2. BACKGROUND

2.1 Overview of training

The Pharmacy Deanery provides two key training programmes for Pharmacists and Pharmacy Technicians in Wales to progress to registration. These are: Pre-registration Foundation Pharmacists (PRFP), and Pre-registration Pharmacy Technicians (PRPT).

The application of a quality framework for Pharmacy education in Wales is essential not only to ensure compliance with national training standards but also ultimately to ensure a patient centred approach which safeguards safety. Currently Health Education and Improvement Wales (HEIW) is responsible for the quality management of pre-reg foundation pharmacist and pharmacy technician education and training in Wales. This responsibility is discharged through the application of the HEIW Quality Management Framework. The purpose of this document is to provide a brief narrative of the following:

- The organisations with whom the HEIW interacts in terms of the governance structures within which HEIW's quality activity is undertaken.
- The key stakeholders with whom the HEIW interacts in the process of quality managing pre-registration pharmacy education in Wales.
- The principal processes which are utilised to quality manage pre-registration pharmacy education and training.

The paper describes the current status of quality management, our plans for improving quality management processes and our vision for the future of QM of education and training across all healthcare professions.

Organisations:

There are several key stakeholders in the quality assurance and quality management of pre-registration pharmacy education and training.

Quality Assurance:

General Pharmaceutical Council (GPhC):

The GPhC have the sole statutory responsibility for the quality assurance of all education and training to the point of professional registration for pharmacists and pharmacy technicians. This responsibility includes:

- Initial education and training standards for pharmacist and pharmacy technicians

- QA standards for the pre-reg foundation pharmacist programme
- Accreditation of MPharm undergraduate programmes
- Approval of pharmacy technician courses, which map to the quality credit framework and agree occupational standards. GPhC recognises the quality assurance of these awarding bodies and do not directly accredit the specific course providers

City and Guilds:

City and Guilds are an awarding body approved by GPhC. HEIW is a City and Guilds approved centre for the delivery on the Pharmacy Technician pre-registration programme.

Acorn Learning Solutions (ALS):

ALS is a leading provider of training, learning and development solutions for apprenticeship programmes funded by Welsh Government. HEIW currently draw modern apprenticeship (MA) funds via ALS to deliver the HEIW pharmacy technician programme.

ALS has a QA framework which all training providers must report against to ensure the MA framework is delivered the apprenticeship standards.

2.2 Current Quality Management of Training Programmes:

Currently HEIW are accountable for the quality management of the pharmacy technician programmes commissioned across Wales.

2.2.1 Pre-registration Foundation Pharmacist Training (PRFP)

GPhC sets the educational standards and minimal quality standards. HEIW has a signed MoU with GPhC and will agree a date to implement and monitor the new quality standards. HEIW is given relative autonomy to set the quality standards within Wales providing the minimum standards are met and any additional standards are agreed with GPhC.

HEIW and GPhC have a data sharing agreement for all registrants within Wales and those working towards registration

Approval and management of Educational Supervisors and training practices

Recruitment of PRFP Trainees

- Pre-reg Foundation pharmacist trainees are recruited via **Oriel** and are subject to pre-employment checks carried out by NWSSP. Trainees apply via GPhC to be enrolled on a GPhC approved training programme.
- The **Oriel** quality processes are managed via HEE in collaboration with HEIW and NES.

- Training sites sign up to the quality standards of the oriel recruitment process and submit a training plan which is currently accredited by the GPhC.

Progression of PRFP Trainees

- This is primarily monitored via completion of an e-portfolio and weekly meetings with their ESs.
- We currently use 2 e-portfolio systems – **Turas** for all existing programmes and **MyKnowledgeMap** for the HEIW multi-sector programme. Turas is being phased out as we move more trainees to the multi-sector programme.
- They also attend 15 study days and have contact with the HEIW Regional Leads for pastoral support and monitoring of progress
- HEIW Regional Leads provide quarterly reports to the supervisors on the trainees' progress at the off-site training
- Formal monitoring points in the programme are required:
 - For all existing programmes this is via completion of the progress reports from GPhC and final declaration
 - For the HEIW multi-sector programme this is done via the e-portfolio at the end of each rotation
 - All trainees will also be required to pass the GPhC registration assessment before being able to register as a pharmacist
- The e-portfolio is monitored by the educational supervisor currently however this will form part of the quality management framework by 2022/23 intake.

Study day content

- The content of the off-site training programme is mapped to the GPhC learning outcomes for the initial education and training of pharmacists and also to the registration assessment framework
- This is reviewed annually as part of the operational group

Trainee surveys

- An end of year survey is currently undertaken with all trainees
- A survey is also sent to trainees at the end of each study day for their feedback
- As part of the quality management framework development TRAP will be implemented fully by the 2022/23 cohort for triangulated feedback at the end of each rotation of the HEIW multi-sector programme.

2.2.2 Pre-registration Pharmacy Technician (PRPT) Training

Recruitment and management of PRPT Educational Supervisors

- The Educational Supervisors are not selected or managed by HEIW and are allocated their positions by the respective line managers in practice
- GPhC provide guidance for Educational Supervisors.

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- Educational Supervisors are also expert witnesses within the NVQ process. HEIW deliver induction training and standardisation meetings for these individuals.

Recruitment of PRPT trainees

- All PRPT are recruited for employment by practice employers. This includes NHS and private contractors. HEIW pays the salary of the NHS employed trainees. Each Health Board and private employer has its own recruitment process.
- HEIW stipulates the academic entry criteria: 5 GCSEs grade C or above- three must be in English, Mathematics and Science. For community pharmacy trainees, HEIW has an interview process to establish personal values and motivation of individuals to engage with the training programme.
- HEIW accept the trainees onto the training programme based on their academic qualifications.

QM of PRPT Trainee Placements

- Placements are based on meeting requirements of HEIW Quality Assurance Framework

Progression of PRPT Trainees

- Modern Apprenticeship (MA) reviews are completed every 8 weeks with PRPT and employer. Percentage completion of qualifications (BTEC and NVQ) are recorded.
- NVQ e-portfolio and BTEC provider module completion reports provide basis for weekly RAG reports at critical times during programme and regular monthly reports outside of these windows.
- Line managers and HEIW team have access to the NVQ portfolio which is used for discussion at MA reviews and where concerns have been raised by, PRPT, assessor, site or HEIW during an MA review.
- HEIW team have access to BTEC Beehive to monitor BTEC module completion, and referrals. BTEC tutors provide details where PRPTs have missed submission deadlines or rework / referrals are needed.
- Attendance at all study days is recorded and monitored

Management of TPDs

- Training Programme leads are employed by HEIW therefore performance managed via the annual PADR process

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Study day content

- PRPTs attend 6 study days during the two year programme and have contact with HEIW regional leads for pastoral care
- The content of study days enhances the learning experience and embeds professionalism, linking theory to practice in line with BTEC module completion.
- Study day content is discussed at MA reviews
- Where relevant study day content provides evidence for NVQ portfolio

Management of TPDs

- Training Programme leads are employed by HEIW therefore performance managed via the annual PADR process

Trainee surveys

- PRPTs complete evaluation forms for all study days and a Modern Apprenticeship questionnaire on completion of the programme

3. PROPOSAL

Plans for Improvement of Quality Management

3.1 Pre-registration Foundation Pharmacist Training

- Over the course of the next 12 months a quality management framework will be refined and tested with the 2021/22 HEIW multi-sector programmes. The framework will be fully implemented for the 2022/23 pre-reg foundation pharmacist cohort.
- We will have a scheduled and responsive component to the quality management framework and will have a process for risk managing training concerns.
- By August 2021 intrepid, TRAP and e-portfolio will be in place to start recording quality management data.
- Delivery of the quality management framework will require additional resource in the regional leads which will form part of the IETP business case on resource.
- There is a fitness to practice policy being developed alongside HEE and NES and trainees requiring additional support policy to further support quality management.

The proposed future PRFP QM framework can be seen in Appendix 1.

HEIW are already meeting some elements of the framework but are unable to operationalise the whole framework due to capacity within the PRFP team. Due to limited capacity within the team to deliver the whole framework our approach to QM is reactive rather than pro-active. Implementation of the complete framework would

ensure we have proactive QM processes that mitigate trainee and training site issues through supportive action plans.

3.2 Pre-registration Pharmacy Technician Training

- *The roll out of a new programme of training during 21/22 will require a review of the current QM framework to align with the required standards.

3.3 Consideration for Future HEIW Quality Management

An agreed QM framework which supports core HEIW quality standards and principles across health care professions. Any specific regulatory standards for individual professions would then be met via an ancillary QM framework.

The benefits of a profession wide HEIW QM framework would deliver the following benefits:

- Efficiency of monitoring. Training sites could be signed off on core standards and then only have to demonstrate how they meet the profession specific standards.
- Reduce the need for multiple monitoring visits to training sites by different professions.
- Provides HEIW with assurance that all profession have core set of educational standards for training programmes.
- HEIW executive and board has consistent performance metrics reporting.

IETP programme:

HEIW will also need to consider the QM partnership arrangements between HEIW and HEIs for the proposed increase in quality and quantity of clinical placements within MPharm undergraduate course. Whilst the HEIs will have the overall accountability for the QM of the undergraduate course, how clinical placements are funded and quality managed may need to be a joint process between HEIW and HEIs.

4. GOVERNANCE AND RISK ISSUES

This work needs to be taken forward to modernise the current arrangements to align with a quality management framework that can provide assurance to all stakeholders, trainees and HEIW on the quality of all pharmacy education and training to the point of registration.

5. FINANCIAL IMPLICATIONS

A business case was submitted to the HEIW executive team in December for additional resource to support the PRFP learning programme and the QM framework. At that time only the resource for the learning programme was agreed, with the recognition that future QM processes will be embedded in the new business cases to deliver the new IETP. This resource requirement has now been sourced via an

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agreement from Welsh Government to repurpose the current Preregistration funding to support the additional staff resource required.

6. RECOMMENDATION

6.1 The QM framework for PRFP be adopted by HEIW with approval from GPhC for the PRFP training programme.

6.2 The QM framework for PRPT is reviewed in line with the new initial education and training programme due for implementation 2021/22.

6.3 Development of QM framework for professional education should be aligned across HEIW to provide consistency of approach and efficiencies of implementation of QM standards

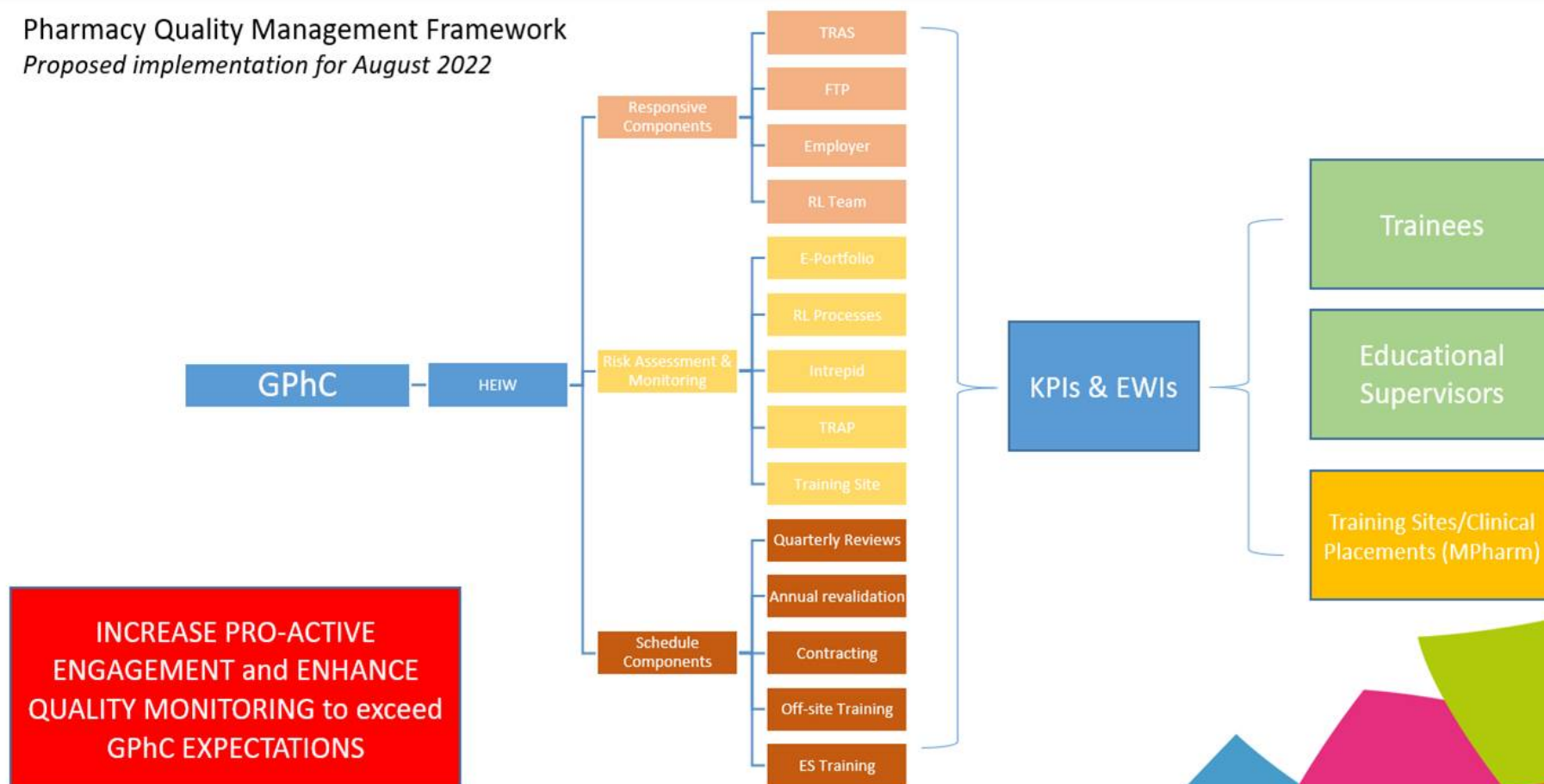
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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
This work will assure quality of dental Foundation and Core training at programme level and provide assurance to HEIW and all trainees and stakeholders.			
Financial Implications			
No financial implications at this stage.			
Legal Implications (including equality and diversity assessment)			
Nil			
Staffing Implications			
None at this stage			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Report History			
Appendices	Appendix 1 - Proposed PRFP Quality Management Framework Appendix 2 - Current PRPT Quality Assurance Structure		

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Appendix 1 - Proposed PRFP Quality Management Framework

Pharmacy Quality Management Framework Proposed implementation for August 2022



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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Trawsnewid y gweithlu ar gyfer Cymru iachach
Transforming the workforce for a healthier Wales

Appendix 2 – PRPT Quality Management Structure



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Meeting Date	16 June 2021	Agenda Item	3.1
Report Title	Education Commissioning for 2022/23		
Report Author	Martin Riley & Clem Price		
Report Sponsor	Angela Parry & Julie Rogers		
Presented by	Angela Parry		
Freedom of Information	Open		
Purpose of the Report	<p>The Education and Training Plan for 2022/23 sets out the recommendation for education commissions for the non-medical workforce and the medical workforce planning recommendations.</p> <p>This is the third year HEIW has developed a national education and training plan for the health workforce. It builds on the growth in student and training numbers as set out in previous plans and recommends that education commissions remain at the same levels as last year due to the impact of Covid and service recovery.</p>		
Key Issues	<ul style="list-style-type: none"> ▪ This plan continues the investment in education and training in Wales that has been increasing over past years. ▪ Maintains the growth in the training pipeline, recognising the ongoing impact of the Covid-19 pandemic on the service and education and training ▪ Considers workforce need and challenges and wider workforce intelligence including information from organisations' annual plans ▪ Takes into account the opportunities of changes to education and training delivery and capacity within the system to train the future workforce for Wales 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Approve 		

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EDUCATION COMMISSIONING 2021/22

1. INTRODUCTION

This is the third year HEIW has developed a national education and training plan for the health workforce

This national education and training plan for the health workforce builds on the previous two plans developed by HEIW and continues the increased focus on responding to service challenges, especially in regards to the reset and restoration of services following the pandemic, as well as addressing needs of individual professional and occupational groups. It builds on previous plans to see the continued growth in the number of students and trainees for the future workforce for Wales.

Recommendations within the paper are not based on a single year's workforce need but informed by:

- workforce needs and challenges
- wider workforce intelligence
- capacity within the system to support training/student/trainees.

This year's plan is based on a number of assumptions, designed to maintain the growth of students and trainees, especially in light of the impact Covid-19 and the reset and recovery of services following the pandemic. There has been sustained growth in health professional education over the past 3 years and HEIW has considered a period of consolidation to ensure the continuation of the supply pipeline whilst not destabilising it. We believe that this approach will afford time to assess and evaluate the medium-term impact of Covid on the workforce.

Recommendations within this plan are based on the principle of commissioning education and training based on a roll forward of the 21/22 activity as a minimum for everything except for;

- Medical trainees where a more nuanced speciality-based approach is required
- Those health professions where intakes are very small and small changes can have a major service impact

HEIW has communicated this approach with the service through a series of presentations to the Chief Executives, Executive peer groups and other key stakeholder groups. These discussions have been positively received.

2. BACKGROUND

Each year HEIW develops an Education and Training Plan which sets out the planned numbers of new students and trainees across all professions to be commissioned from Higher Education Institutes (HEIs) in Wales and recommended changes to medical and dental training places. The purpose of this paper is to provide recommendations on the level of national education and training to be supported in 2022/23 for the medical, dental and health professional workforce.

In recent years the education and training numbers have reached record numbers - although they do not match IMTP requests. The growth has been challenging but sustainable and takes account of IMTP projections, service and financial pressures, together with training and placement capacity within the NHS and HEIs.

This national education and training plan for the health workforce builds on the previous two plans developed by HEIW and continues the increased focus on responding to service challenges, especially in regards to the reset and restoration of services following the pandemic, as well as addressing needs of individual professional and occupational groups.

The plan supports the vision for the NHS Wales workforce as laid out in *A Healthier Wales: Our Workforce Strategy for Health and Social Care* through ensuring that NHS Wales will have a sufficient supply of people with the right competences and skills to meet the needs of the people of Wales. This plan seeks to maintain the growth in students and trainees that has been developed in proceeding plans.

HEIW, in line with the workforce strategy, sees supporting in the education and training pipeline as making a critical contribution to the supply of our workforce. We need to ensure that we continue to develop our capacity to train in Wales, recognising that investment in training and education is paid back within a very short time after graduation or completion of training.

In support of the actions set out under theme 5 (Excellent Education and Training) of the workforce strategy, HEIW has undertaken work against actions 18 – 22. This includes provision of support to students to learn Welsh, working with Higher Education Institutes to implement changes to curricula, widening access through the development of work based learning and grow your own (Made in Wales) approaches and continued investment to increase the numbers of students trained in Wales. Further information on the work that HEIW has undertaken this year can be found in subsequent sections of this report.

The Education and Training Plans is based on:

- workforce planning, workforce trends and intelligence
- consideration of workforce need identified through organisations' Annual Plans and education commissioning figures
- strategic intent including service developments
- numbers of students and trainees currently within the pipeline
- capacity within the system to support training/student/trainees including the quality of training.

This year's plan is based on a number of assumptions, designed to maintain the growth of students and trainees, especially in light of the impact Covid-19 and the reset and recovery of services following the pandemic. There has been sustained growth in health professional education over the past 3 years and HEIW has considered a period of consolidation to ensure the continuation of the supply pipeline, whilst not destabilising it. We believe that this approach will afford time to assess and evaluate the medium-term impact of Covid on the workforce. Therefore, commissioning will be based on the principle of building on the growth in supply that has been in place for a number of years and we have explored a roll forward of the 21/22 activity.

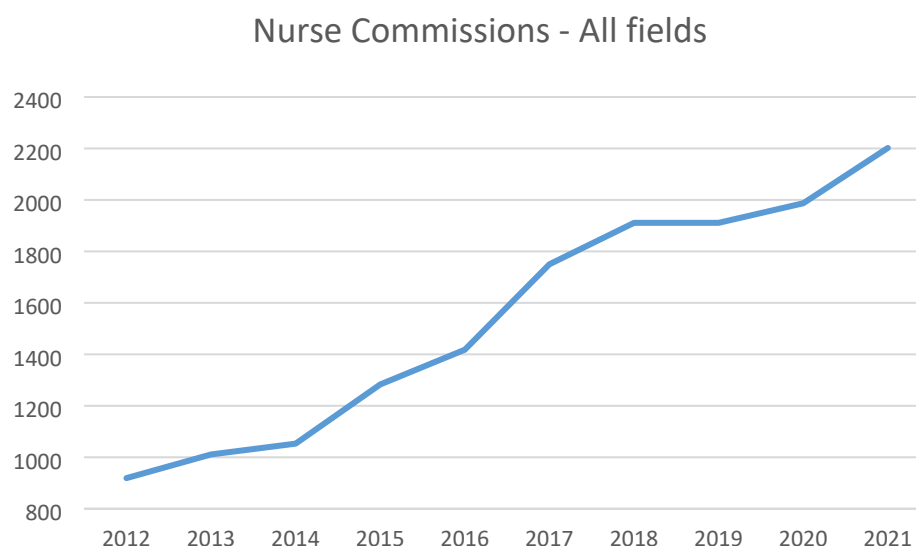
3. PROPOSAL

The key proposal for Health Professional Education is to **maintain the 21/22 levels of education commissioning, which builds on 3 years of considerable growth**. This will help manage the impact on capacity as a result of recent increases and COVID, as well as supporting the significant change programme to transform HEI provision. There are some exceptions to this in smaller professions where increases may be

needed. There are no decreases to commissioning levels as this would be out of alignment with manifesto pledges.

There is a case for increasing Adult, Mental Health and LD Nursing Field numbers above 21/22 levels.

The graph below highlights the increases in nurse commissions over the last 10 years. Commissions are at record levels.



However, the table below shows that, despite increasing commissions to record levels in Wales by planned challenging but manageable growth, there is a large gap between the number of new commissions requested in the last 3 years IMTP submissions and the number of students that will graduate and be available to work in Wales.

	Increase in commissioning numbers between 19/20 & 21/22	WFP Numbers from last 3 IMTP cycles	Expected available graduates to Wales - next 3 years	Numbers available to Wales over next 3 years compared to request in IMTP	% Expected available graduates to Wales - next 3 years against WFP
Adult Nursing	27%	6,566	3,217	-3,349	49%
Child Nursing	14%	782	401	-381	51%
MH Nursing	24%	1,679	855	-824	51%
LD Nursing	0%	375	167	-208	45%

Therefore, increasing commissioning numbers further is a Service priority. From an application perspective there was no concerns. Application rates across adult and mental health nursing have always been above three applicants to every commissioned place available in Wales and applications have reached record highs in 2021/22. In addition, Universities approach to blended learning – which will continue beyond 2021 – means there's less pressure on the estate and therefore on

maximum cohort size. Streamlining for nursing has demonstrated there is not a shortage of posts and with escalating agency costs more nurse graduates will reduce the impact of the agency bill.

The main issue relating to increasing commissioning numbers surrounds the availability of placements. HEIW are recruiting a Head of Placement Experience and Improvement to work with the Health Boards and Universities to open up new, innovative placement areas across secondary. Primary, community and social care. In addition, the development of simulated learning placements will assist and the outcome of the NMC review incorporating the number of placement hours and how these can be accumulated may also reduce pressures across the system. However, a commitment from Health Boards and Trusts, to work with HEIW and the Universities to develop more placement capacity and innovative solutions is key as to whether additional student nurses, above 21/22 levels can be commissioned. The proposal would be for an additional 194 student nurses split across adult, MH and LD as outlined below,

	Commissioning at 21/22 levels	Potential increase	Revised 22/23 commissions
<i>Adult field</i>	1,540	111	1,651
<i>MH field</i>	410	73	483
<i>LD field</i>	77	10	87

The additional cost is shown in the financial section.

A number of specialties have been reviewed in detail by the Postgraduate Medical Dean based on a review of workforce intelligence and data submitted by Training Programme Directors, Heads of School Royal Colleges, Health Board IMTPs. This included

- Demographics of the current medical workforce in the specialty including data and trends over time
- Predicted regional and national demand for the future workforce
- Current supply routes for the workforce
- Impact on quality of training programme if places were increased/decreased
- Opportunities for changes to service delivery e.g. upskilling other healthcare professionals
- Recruitment and retention trends within the specialty

This has informed the recommendations for increases in posts in a number of areas for 22/23 as shown on the table below;

Unscheduled Care	
Higher Anaesthetics	Increase of 3 STRH posts
Intensive Care Medicine	Increase of 4 STRH posts
Cancer Care	
Clinical Oncology	Increase by 4 STRH posts
Medical Oncology	Increase by 3 STRH posts
Palliative Medicine	Increase by 2 STRH posts
Small Specialty Review	
Community and Sexual Reproductive Health	Increase by 2 STRL posts
Oral and Maxillofacial Surgery (OMFS)	Increase by 2 STRH posts
Clinical Genetics	Increase by 1 STRH post
Diagnostic Specialties	
Medical Microbiology and Infectious Diseases	Increase of 3 STRL posts
Clinical Radiology	Increase by approx. 15 STRL posts
Interventional Neuro Radiology	Increase of 1 STRH post
Histopathology	Increase of 1 STRL post

Mental Health	
Child and Adolescent Psychiatry	Increase of 4 STRH posts
Old age Psychiatry	Increase of 2 STRH posts
Core to Higher Programme Alignment	
ACCS Emergency Medicine	Increase of 4 STRL posts
ACCS Anaesthetics	Increase of 5 STRL posts
Core Anaesthetics	Increase of 4 STRL posts
Internal Medicine	Increase of 12 STRL posts
Core Psychiatry	Increase of 8 STRL posts
Additional workforce priority areas	
Public Health Medicine	Increase of 2 STRL posts (50% funding required)
Rheumatology	Increase of 2 STRH posts
Gastroenterology – Hepatology Specialist post	Increase of 1 STRH post
Paediatrics	Increase of 4 STRL posts

4. GOVERNANCE AND RISK ISSUES

HEIW has identified the minimum information that it requires to develop the Education and Training Plan and to minimise impact on Health Boards and Trusts during the ongoing pandemic.

Failure to deliver the Education & Training Plan by July could impact on a delay to Welsh Government sign-off and HEIW's ability to commission the correct levels of education for the supply of workforce required by NHS Wales in 2025.

5. FINANCIAL IMPLICATIONS

The following detail sets out the total funding requirement for Education Commissioning and Training for 2022/23 calculated as **£260.436m** increasing to **£280.384m** by 2024/25. This can be broken down into **£144.353m** for the wider health professional education, **£11.873m** for pharmacy training, **£60.468m** for medical training places, **£34.195m** for GP training and **£9.547m** for Dental training.

	2022-23 £m	2023-24 £m	2024-25 £m
Health Professional Commissioning	144.353	153.654	156.805
Pharmacy	11.873	14.110	14.117
Medical Training	60.468	62.885	64.136
GP Training	34.195	33.196	35.393
Dental Training	9.547	9.738	9.933
Total	260.436	273.583	280.384

The above costs exclude the option for increasing pre-registration nursing commissions which outlined in section 3 of this report and is costed separately and identified below. The costs are for increasing commissions by 194 recurrently.

FINANCIAL YEAR	2022.23 £m	2023.24 £m	2024.25 £m
CONTRACT	1.166	2.914	4.662
BURSARY	0.490	1.388	2.323
	1.656	4.302	6.985

6. RECOMMENDATION

The recommendations are set out in section 3 of the attached report. There are some proposed increases to some post-graduate training doctor posts.

The recommendations surrounding health professional education is to maintain the 21/22 levels of education commissioning, which builds on 3 years of considerable growth. This will help manage the impact on capacity as a result of recent increases and COVID, as well as supporting the significant change programme to transform HEI provision. There are some exceptions to this in smaller professions where increases may be needed and these are set out in **Appendix 6**.

However, there is a separately costed section surrounding increasing nurse commissions by 194 across adult, mental health and the LD fields to help meet the workforce requirements. This is set out in **section 3** and would require the Health Boards and NHS Trusts to work closely with HEIW and education providers to create and establish more placement capacity.

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Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Financial Implications			
See financial summary above			
Legal Implications (including equality and diversity assessment)			
These have been addressed within the attached plan			
Staffing Implications			
N/a			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
This is contained within the attached plan			
Report History	<p>This report is the third annual HEIW Education and Training Plan.</p> <p>A paper on the planning assumptions for this year's plan was presented to Executives in April 2021.</p>		
Appendices	Education & Training Plan 2022/23 attached		

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NHS Wales

Education and Training Plan for 2022/23



**June 2021
Final Draft**

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1. Introduction

Each year HEIW develops an Education and Training Plan which sets out the planned numbers of new students and trainees across all professions to be commissioned from Higher Education Institutes (HEIs) in Wales and recommended changes to medical, dental and pharmacy training places. The purpose of this paper is to provide recommendations on the level of national education and training to be supported in 2022/23 for the medical, dental and health professional workforce.

In recent years the education and training numbers have reached record numbers - although they do not match IMTP requests. The growth has been challenging but sustainable and takes account of IMTP projections, service and financial pressures, together with training and placement capacity within the NHS, other sectors and HEIs.

This national education and training plan for the health workforce builds on the previous two plans developed by HEIW and continues the increased focus on responding to service challenges, especially in regards to the reset and restoration of health and care services following the pandemic, as well as addressing needs of individual professional and occupational groups.

The plan supports the vision for the NHS Wales workforce as laid out in *A Healthier Wales: Our Workforce Strategy for Health and Social Care* through ensuring that NHS Wales will have a sufficient supply of people with the right competences and skills to meet the needs of the people of Wales. This plan seeks to maintain the growth in students, trainees and registrant professional development that has been shown in proceeding plans.

HEIW, in line with the workforce strategy, sees supporting in the education and training pipeline as making a critical contribution to the supply of our workforce. We need to ensure that we continue to develop our capacity to train in Wales, recognising that investment in training and education is paid back within a very short time after graduation or completion of training.

In support of the actions set out under theme 5 (Excellent Education and Training) of the workforce strategy, HEIW has undertaken work against actions 18 – 22. This includes provision of support to students to learn Welsh, working with Higher Education Institutes to implement changes to curricula, widening access through the development of work based learning and grow your own (Made in Wales) approaches and continued investment to increase the numbers of students trained in Wales. Further information on the work that HEIW has undertaken this year can be found in subsequent sections of this report.

The Education and Training Plans is based on:

- workforce planning, workforce trends and intelligence

- consideration of workforce need identified through organisations' Annual Plans and education commissioning figures
- strategic intent including service developments
- numbers of students and trainees currently within the pipeline
- capacity within the system to support training/student/trainees including the quality of training.

This year's plan is based on a number of assumptions, designed to maintain the growth of students and trainees, especially in light of the impact Covid-19 and the reset and recovery of services following the pandemic. There has been sustained growth in health professional education over the past 3 years and HEIW has considered a period of consolidation to ensure the continuation of the supply pipeline. We believe that this approach will afford time to assess and evaluate the medium term impact of Covid on the workforce. Therefore, commissioning will be based on the principle of building on the growth in supply that has been in place for a number of years and we have explored a roll forward of the 21/22 activity as a minimum for everything except,

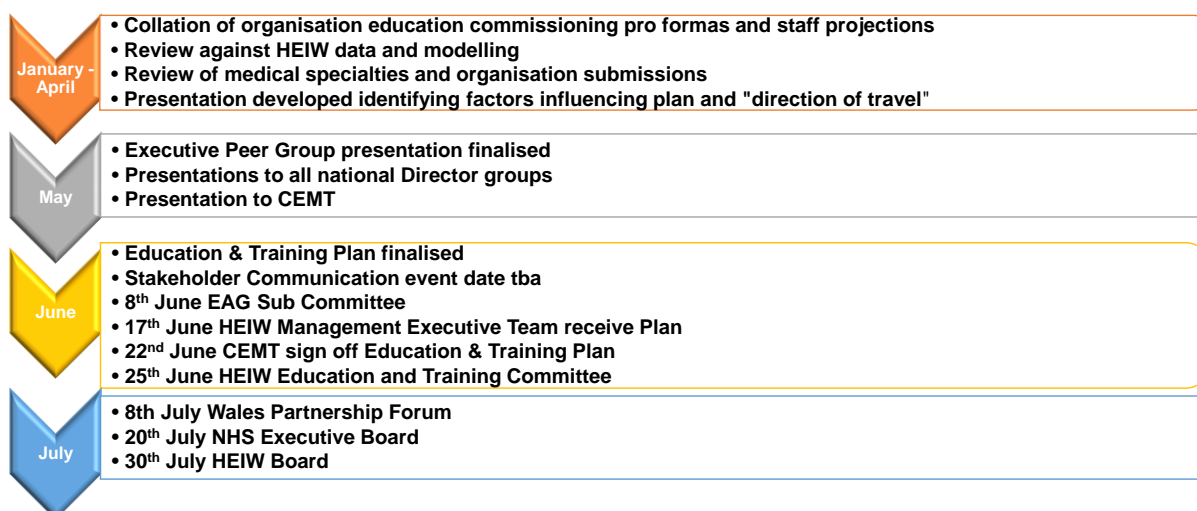
- Medical trainees where a more nuanced speciality based approach is modelled
- Health professions where intakes are very small and small changes can have a major service impact

2. Stakeholder Communication

The primary drivers for the development of this plan are the organisations' Annual Plans, previous IMTPs and national service priorities. In previous years, following the development of the draft medical and non-medical training and education commissioning recommendations, HEIW (and previously WEDS) engaged with a range of key stakeholders to present and discuss the draft recommendations (see diagram overleaf). With the establishment of HEIW and due to the impact of Covid-19, which impacted on both the 2020 and 2021 planning rounds, and building on the process that was introduced for the development of the previous plan, there has been an opportunity to introduce a new and virtual approach to our communication.

Stakeholder communication has been a virtual process this year and despite restrictions due to the Covid-19 pandemic HEIW has engaged with a wide range of stakeholders regarding this plan. HEIW's Executive Directors have attended their respective Executive Peer Group meetings to give presentations on the development of the Plan that outline the proposed education and training numbers and the rationale behind the proposed numbers i.e. maintaining the growth from previous years and the opportunities that the new education and training contracts will afford the service. This has shown support for the proposed plan. The plan has also been shared with members of our External Advisory Group, a sub-committee of our Education and Quality Committee which has wide stakeholder representation (see Appendix 8).

Analysis of the new graduates, that will be available to organisations over the forthcoming 5 years, indicates that there will be continued growth in the output across a range of courses. The anticipated increases in staffing levels will have the effect of improving the quality and safety of patient care and assist in reducing agency and locum costs.



3. Summary of main recommendations

Health professional staff

The recommendation is to maintain the 21/22 levels of education commissioning, which builds on 3 years of considerable growth. This will help manage the impact on capacity as a result of recent increases and COVID, as well as supporting the significant change programme to transform HEI provision. There are some exceptions to this in smaller professions where increases have been recommended to provide continuity of small but vital services, including healthcare science.

Course Title	2022/23 recommendations
Adult Nursing	1,540*
Child	175
Mental Health Nursing	410*
Learning Disability Nursing	77*
Total Nursing	2,202
Midwifery	185
B.Sc. Human Nutrition - Dietician	40
PG Diploma Human Nutrition - Dietician	20
PG Diploma Medical Illustration	7
B.Sc. Occupational Therapy	129
PG Diploma Occupational Therapy	30
B.Sc. Occupational Therapy (Part Time)	20
Degree in ODP	49
B.Sc. Physiotherapy	174
B.Sc. Podiatry	27
PhD Clinical Psychology Doctorate	32
B.Sc. Speech & Language Therapy	40
B.Sc. S< - Welsh Language	9
B.Sc Paramedicine	84
Paramedics - EMT conversion	30
Diploma in Dental Hygiene	18
Degree in Dental Hygiene & Therapy	13

Physicians Associates	54
BSc Diagnostic Radiography	140
BSc Therapy Radiography	26
Assistant Practitioners Radiography - Diagnostic	12
HE Cert in Audiological Practice	15
Physiological Science - PTP	
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	24
B.Sc. (Hons) Healthcare Science - Audiology	12
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	8
B.Sc. (Hons) Healthcare Science - Neurophysiology	3
Physical and Biomedical Engineering - PTP	
B.Sc. (Hons) Healthcare Science- Clinical Engineering	2
B.Sc. (Hons) Healthcare Science - Nuclear Medicine	3
B.Sc. (Hons) Healthcare Science - Radiotherapy Physics	3
Life Science - PTP	
B.Sc. (Hons) Healthcare Science- Blood, infection, Cellular, Genetics	25
HIGHER SPECIALIST SCIENTIST TRAINING - HSST	
Physical Sciences	3
Life Sciences	3
Physiological Sciences	2
Post Graduate Healthcare Science Education	
MSc Genomic Medicine	20

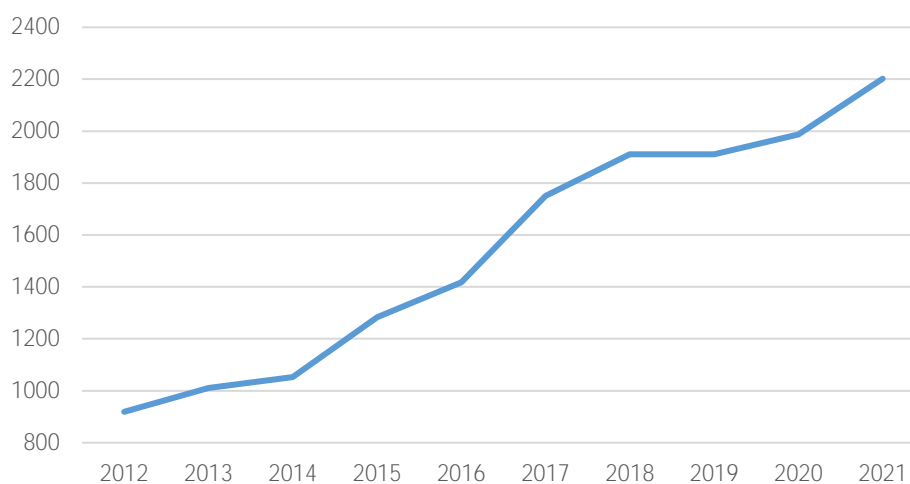
*see below

A full analysis of the numbers are identified in **Appendix 6**.

There is a case for increasing Adult, Mental Health and LD Nursing Field numbers above 21/22 levels.

The graph below highlights the increases in nurse commissions over the last 10 years. Commissions are at record levels.

Nurse Commissions - All fields



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However, the table below shows that, despite increasing commissions to record levels in Wales by planned manageable growth, there is a large gap between the number of new commissions requested in the last 3 years IMTP submissions and the number of students that will graduate and be available to work in Wales.

	Increase in commissioning numbers between 19/20 & 21/22	WFP Numbers from last 3 IMTP cycles	Expected available graduates to Wales - next 3 years	Numbers available to Wales over next 3 years compared to request in IMTP	% Expected available graduates to Wales - next 3 years against WFP
Adult Nursing	27%	6,566	3,217	-3,349	49%
Child Nursing	14%	782	401	-381	51%
MH Nursing	24%	1,679	855	-824	51%
LD Nursing	0%	375	167	-208	45%

Therefore, increasing commissioning numbers further is a Service priority. From an application perspective there are no concerns. Application rates across adult and mental health nursing have always been above three applicants to every commissioned place available in Wales and applications have reached record highs in 2021/22. Furthermore 89% of nursing applicants to Welsh universities are Welsh domiciled. In addition, Universities' approach to blended learning – which will continue beyond 2021 – means there's less pressure on the estate and therefore on maximum cohort size. Streamlining for nursing has demonstrated there is no shortage of posts and with escalating agency costs more nurse graduates will reduce the impact of the agency bill.

The main issue relating to increasing commissioning numbers surrounds the availability of placements. HEIW are recruiting a Head of Placement Experience and Improvement to work with the Health Boards and Universities to open up new, innovative placement areas across secondary, primary, community and social care. This is further facilitated by the introduction of 3 regional care home education facilitators hosted by HEIW and funded by Welsh Government. In addition, the development of simulated learning placements will assist with placement capacity together with the anticipated outcome of the NMC review into placement hours following Brexit may also reduce pressures across the system. However, a commitment from Health Boards and Trusts, to work with HEIW and the Universities to develop more placement capacity and innovative solutions is key as to whether additional student nurses, above 21/22 levels can be commissioned. The proposal would be for an additional 194 student nurses split across adult, MH and LD as outlined below,

	Commissioning at 21/22 levels	Potential increase	Revised 22/23 commissions
Adult field	1,540	111	1,651
MH field	410	73	483

LD field	77	10	87
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The costs for increasing nurse commissions by 194 recurrently are:

FINANCIAL YEAR	2022.23 £m	2023.24 £m	2024.25 £m
CONTRACT	1.166	2.914	4.662
BURSARY	0.490	1.388	2.323
	1.656	4.302	6.985

These costings are in addition to the costs in the finance summary in section 4 below.

Post Registration and Postgraduate Education

The recommendation this year is to retain the budget for both Post Registration and Postgraduate education at the current levels. Investment in these areas has increased in recent years but due to the impact of Covid, in the last year there was an underspend against this budget as registrants were unable to be released to undertake postgraduate study. For Independent Prescribing, capacity within universities cohort sizes are at capacity and in areas such as Medical Ultrasound/Sonography, the programme will be reviewed as part of phase 2 of the strategic review of education. Programmes in Community Education, including Specialist Practice Qualifications are currently under review by the NMC.

Maintaining the current funding levels, across a number of areas, will enable HEIW to continue to allocate funding based on priority areas that will enable organisations to develop advanced and extended skills.

Healthcare Support Worker Development

The recommendation this year is maintain current funding levels. Investment has increased in this area over a number of years and through developments in the education and development of this workforce, greater workforce flexibility and education pathways have been developed.

Healthcare Support Workers (HCSW) play an increasingly important role in the delivery of all care across all areas of healthcare provision and their development, will better meet the health and care needs of services users. It will also provide those with aspirations to continue their careers and progress to formal training programmes to become registered professionals. This will be an increasingly important route into training and deliver the Made in Wales ethos, through enabling HCSW to 'earn as you learn'. A number of HCSW qualifications sit within Apprenticeship Frameworks and HEIW has developed a draft Governance Framework for Work Based Learning that includes examples of different modes of delivery. HEIW is also Welsh Government's Development Partners for Healthcare Apprenticeship Frameworks, a role previously undertaken by Skills for Health which will enable HEIW to ensure that NHS Wales has a suite of apprenticeship Frameworks that meets the need of our HCSW workforce.

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Medical Workforce Planning

A number of specialties have been reviewed in detail by the Postgraduate Medical Dean based on a review of workforce intelligence and data submitted by Training Programme Directors, Heads of School Royal Colleges, Health Board IMTPs. This included

- Demographics of the current medical workforce in the specialty including data and trends over time
- Predicted regional and national demand for the future workforce
- Current supply routes for the workforce
- Impact on quality of training programme if places were increased/decreased
- Opportunities for changes to service delivery e.g. upskilling other healthcare professionals
- Recruitment and retention trends within the specialty

This has informed the recommendations for increases in posts in a number of areas for 22/23 as shown on the table below;

Unscheduled Care	
Higher Anaesthetics	Increase of 3 STRH posts
Intensive Care Medicine	Increase of 4 STRH posts
Cancer Care	
Clinical Oncology	Increase by 4 STRH posts
Medical Oncology	Increase by 3 STRH posts
Palliative Medicine	Increase by 2 STRH posts
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Community and Sexual Reproductive Health	Increase by 2 STRL posts
Oral and Maxillofacial Surgery (OMFS)	Increase by 2 STRH posts
Clinical Genetics	Increase by 1 STRH post
Diagnostic Specialties	
Medical Microbiology and Infectious Diseases	Increase of 3 STRL posts
Clinical Radiology	Increase by approx. 15 STRL posts
Interventional Neuro Radiology	Increase of 1 STRH post
Histopathology	Increase of 1 STRL post
Mental Health	
Child and Adolescent Psychiatry	Increase of 4 STRH posts
Old age Psychiatry	Increase of 2 STRH posts
Core to Higher Programme Alignment	
ACCS Emergency Medicine	Increase of 4 STRL posts
ACCS Anaesthetics	Increase of 5 STRL posts
Core Anaesthetics	Increase of 4 STRL posts
Internal Medicine	Increase of 12 STRL posts
Core Psychiatry	Increase of 8 STRL posts
Additional workforce priority areas	
Public Health Medicine	Increase of 2 STRL posts (50% funding required)
Rheumatology	Increase of 2 STRH posts
Gastroenterology – Hepatology Specialist post	Increase of 1 STRH post
Paediatrics	Increase of 4 STRL posts

GP Registrars

A new Model of GP Training has been introduced, which increases time spent in primary care. In addition, the training infrastructure has been strengthened, which over the last 2 years, has seen the introduction of 129 new GP trainers and 32 new GP training practices throughout Wales.

Recruitment to GP Training in Wales increased significantly between 2018 and 2020 from 130 to 200. In 2021 it is anticipated (with one round of recruitment still to come)

that a figure less than 200 but well within the explicit Welsh Government commissioning target range of between 160 and 200 will be recruited. This predicted level of recruitment for 2021 takes into account the level of COVID impact on training capacity.

In 2022, deferrals and extensions to GP training arising from the pandemic will not have played out fully; and recruitment will in all probability follow a similar pattern to 2021.

4. Finance Summary – Education Commissioning and Training Financial Impact

The following detail sets out the total funding requirement for Education Commissioning and Training for 2022/23 calculated as **£260.436m** increasing to **£280.384m** by 2024/25. This can be broken down into **£144.353m** for the wider health professional education, **£11.873m** for pharmacy training, **£60.468m** for medical training places, **£34.195m** for GP training and **£9.547m** for Dental training.

	2022-23 £m	2023-24 £m	2024-25 £m
Health Professional Commissioning	144.353	153.654	156.805
Pharmacy	11.873	14.110	14.117
Medical Training	60.468	62.885	64.136
GP Training	34.195	33.196	35.393
Dental Training	9.547	9.738	9.933
Total	260.436	273.583	280.384

The above costs exclude the option for increasing pre-registration nursing commissions which were outlined in section 3 of this report and is costed separately and identified again below. The costs are for increasing commissions by 194 recurrently.

FINANCIAL YEAR	2022.23 £m	2023.24 £m	2024.25 £m
CONTRACT	1.166	2.914	4.662
BURSARY	0.490	1.388	2.323
	1.656	4.302	6.985

Further detailed financial analysis is shown in **Appendix 1**.

5. Impact of the Covid-19 pandemic and planned recovery

Emergency planning in response to the Coronavirus pandemic during 2020 led to significant changes to training and education including to undergraduate training across all 3 years, with disruption to examinations, placements and competence

assessments. HEIW worked closely with the GMC, NMC, GPHC, HCPC, WG Professional and Policy leads, the professional bodies, the Council of Deans for Health and NHS organisations to develop plans to place students in paid supervised roles (as opposed to supernumerary placements) or to suspend placements to allow students to take up posts as support workers or in the Test and Trace Service. Simulated placements were also developed to enable student unable to deploy to maintain progress on their programme of study.

During the second peak in the autumn of 2020 and Spring 2021, a decision was made not to deploy students and trainees to protect progression and to limit interruptions to education and training. There was some impact on pre-registration nursing fill rates for March cohorts (2-3% of total commissioned places). HEIW worked collaboratively with education providers and the service to develop a range of resources ensuring that placements were able to continue including student guidance, a student passport and a student PACT document. There were also blueprints created to provide innovative solutions in relation to simulated placements and student access to virtual consultations. This ensured that that clinical placements could continue for students studying on programmes where services were disrupted or modified as a result of Covid, including ODPs, Diagnostic Radiography, OT, Cardiac Physiology and that students could catch up on learning missed. The pandemic did impact on continuing professional development (CPD) for courses including non-medical prescribing and Specialist Community Public Health Nursing which are postgraduate learning as these staff were required to support the service during the pandemic. During the first wave of Covid all universities reported a disruption to post graduate provision including prescribing programmes. Study was swiftly moved to online provision, and some programmes were suspended or postponed. this resulted in HEIW seeing a significant underspend across advanced/extended practice and prescribing budgets.

Health visiting across the south and west of Wales also experienced severe disruption, due to the redeployment of staff to intensive care etc. this was not the case in the North. The programme across Wales was also affected by staff who needed to shield which resulted in HEIW developing the A Covid 19 Funding Protocol for Salaried Trainees who are Shielding. HEIW worked closely with HEI's and health boards to facilitate the return of Health Visiting trainees to the programme, this resulted in adaptations to ensure competencies were achieved and issuing some extension to some trainees by June 2020 all trainees were back on programme or on their way back. One programme was rescheduled to start in September.

HEIW conducted a survey of student experience of placement learning during the pandemic. There were 1,041 responses (45% of all students who opted into revised programme arrangements). Whilst there were a number of student conflicts in relation to practice learning reported, students' overall scoring of survey statements attracted majority positive ratings of 'strongly agree,' or 'agree' in all categories. Student reported that being welcomed as part of the placement team, an ability to adapt, and person-centred, values-based care were evident within practice settings and all scored highly. Likewise, cultural inclusivity, equality, and diversity, feeling able to raise a concern, and the willingness of staff to support students and share their expertise were also positively evaluated. More detailed qualitative data demonstrated the personal determination of students to continue their programme, organisational 'communication

issues' impacting on students' experience and the importance of students' support infrastructure.

Covid also impacted on priority workforce areas and HEIW will be undertaking work, as part of its Annual Plan 2021/22 to support the development of the workforce in Critical Care, Diagnostics, Re-habilitation (Advanced AHP), Infection Prevention and Control, Primary Care, Eye Care and Mental Health. More detail on this work can be found at **Appendix 7**.

Simulated learning

As the placement and practice-based education became problematic for trainees and students during Covid, attention has turned towards the role of simulated learning environments. HEIW has now an established Simulation Team consisting of Medical and Nursing Practitioners who are working towards building the Simulation Capacity through faculty development, resource scoping and the development of an interprofessional Simulation Strategy for Wales.

Professional, Statutory and Regulatory Bodies are supportive of this change with the NMC recently modifying its recovery standards to allow 300 simulated practice learning to count towards practice hours.

Foundation Training

Foundation trainees were redeployed across all areas during the pandemic, significantly impacting on their experience and planned placements. However, due to the generalist nature of Foundation training, this had minimal impact on their progression.

Core & Specialty Training

Contingency arrangements were introduced for recruitment into Core and Specialty programmes with the introduction of online interviews and increased use of situational judgment testing as a method of entry. The necessary changes to the recruitment timetable during 2020/21 will mean that final appointed numbers will not be available until mid-May and the end of June. Deferral arrangements and delayed start dates may need to be introduced for certain trainees who, due to VISA applications and travel restrictions, are unable to commence their programme as originally planned.

General Practice Specialty Training

Following initial suspended sittings of the MRCGP examination as well as GP trainees having to shield due to the COVID pandemic, the number requiring extensions to their training increased. Additionally, a number of recruits had to defer their start dates to 2021 because of COVID related issues. These developments will delay the achievement of some GP CCTs for mostly only a few months, and hence an equivalent number of applicants for qualified GP vacancies in Wales in the next few years. A potentially much greater impact of the pandemic on progression has, however, been mitigated by supporting the RCGP to create a new exam, the Recorded Consultation Assessment (RCA) instead of the cancelled Clinical Skills Assessment (CSA), enabling the vast majority of GP specialty trainees to qualify as GPs no later than they otherwise would have.

Dental Training

In Wales, dental services responded quickly to the pandemic, and continue to evolve to adapt to future delivery of safe, effective care. The lockdowns led to a large backlog of work with some patients unwilling, or unable to access full dental over a 15 month period. Dental teams and dental services were severely impacted by Covid, including the financial impact on dental practices and the time needed to recover these services and delivery of care to patients services will be significant. The continuing need for infection control measures will continue to constrain capacity and limit the pace of recovery. Due to these issues, the pandemic has impacted on progression of the current cohort of dental trainees, both those in specialty training and dental care practitioners and will have a knock-on impact on recruitment into the next cohort of both students and trainees.

With the introduction of the vaccination campaign in early 2021, and at the time of writing this plan, NHS Wales is moving into the planned recovery phase with the restoration of normal service.

6. Supporting students Mental Health and Wellbeing

HEIW has collaborated closely with key stakeholders to coproduce a range of innovative placement resources and solutions that have contributed to students' well-being and enabled their continuation on healthcare programmes throughout the pandemic period.

These arrangements, supported at Health Board, University, HEIW Executive Team and Board level, have been key to enabling healthcare students' continued programme learning and entry onto their professional register with as minimal delay as possible. With over 9,000 students across healthcare professions enrolled on programmes at any one time, placement experience makes up significant programme time, critical for achievement of required professional competencies.

7. Strategic and Policy context

The Wellbeing of Future Generations (Wales) Act has become more important than ever, describing the core strategic principles for the public sector in Wales; the impact of the pandemic has highlighted societal inequalities in many ways. The HEIW ambitions aligns the Act as it seeks to develop a more sustainable workforce that meets the needs of future service models, and to reduce the reliance on short term, expensive solutions which often have a negative impact on the well-being of staff.

Education, training and workforce development are critical to this, recognising the importance of supporting our existing workforce to acquire new skills as well as ensuring that the pipeline into health careers is as wide as possible. The NHS is a significant employer for many local communities and widening access into training and employment opportunities can support the development of health and prosperity in these areas.

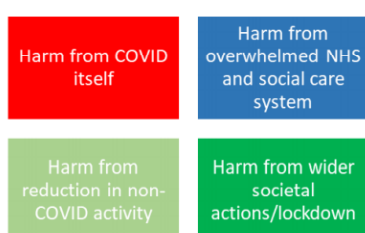
The ways of working' are clearly embedded in the HEIW PEOPLE principles and Our Workforce Strategy for Health and Social Care. We recognise that we have levers

and tools though our commissioning and leadership functions to generate opportunities to support people to have better health and wellbeing throughout their lives and to improve the prosperity of local communities.

A Healthier Wales continues to challenge NHS organisations to develop sustainable plans and actions to deliver care closer to home, through strengthening primary and community services, and refocusing on prevention. The learning from the pandemic has accelerated many of these aims which have been reiterated through the supplementary Primary and Community Care 2021-22 Annual Planning Framework.

Quality improvement in a transformational system, and the need to maximise the opportunities of digital and other technology will be developed - an area which has seen a step-change in delivery in response to COVID-19. The development of new models of seamless local health and social care are being taken forward through the Regional Partnership Boards and it is intended that the funding provided by the national Transformation Programme will ensure that change happens quickly. There is an opportunity for HEIW to contribute to the removal of the barriers between different healthcare providers to make more efficient use of resources in order to find better outcomes for patients.

Prudent Healthcare Principles remain central to the education and training commissioned or delivered by HEIW, and the Four Harms have been developed as a quality framework for services and care to use for planning for 2021-22 to ensure that the mitigation of harm from COVID-19 is balanced with the non COVID-19 harms of the pandemic response.



The Nurse Staffing Levels (Wales) Act 2016 describes the need to both provide sufficient nurses and to allow nurses time to care for patients sensitively in both provided and commissioned services. Interim nurse staffing principles for paediatric inpatient wards were published in July 2019. The aim of these principles is to prepare paediatric inpatient wards for the full extension of the Act in these settings..

At the UK level, there continues to be uncertainty caused by Brexit but HEIW will continue to look for opportunities offered by this change to support workforce challenges. The UK Government's significant majority means that there is an increased likelihood of political stability in England for the next few years and an expectation amongst counterparts in England that this will lead to greater potential for driving the implementation of the NHS England People Plan, published in summer 2020, which provides a focus for developing the sustainability of high-quality health and care services. This long-term plan sets out clear ambitions and proposals for the workforce and has implications for the workforce agenda in Wales and requires us to understand the implications of these in relation to our plans.

The plan focusses on key shortage areas of nursing (for which there is a global crisis), general practitioners and the medical workforce shortages caused by the UK Government pension legislation. The development of new roles across the UK can affect what happens in Wales and needs to be closely monitored. In some instances, this helps us accelerate local developments (for example, in relation to Physicians Associates). In others, we may have a different policy direction which results in different approaches, for example the Nursing Associate role which has been introduced over the last few years in England but has not been implemented in Wales.

In Wales, the Senedd election in May 2021 saw a majority government and stability. There will be a new Programme for Government and plans for the delivery of manifesto pledges. COVID-19 has highlighted the need for closer working with the four nations in the context of our field of work, such as the Code of Practice for International Recruitment.

The Equality Act (2010) (statutory duties) (Wales) Regulations 2011. The pandemic has had a differential impact on people from Black and Ethnic Minority (BAME) backgrounds and we are also highly engaged in work on differential attainment in higher education.

Changes to professional standards and regulation

Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all four UK Governments. The Department of Health has consulted on the need to reform professional regulation in England and Wales to help maximise public protection while supporting workforce development and improved clinical practice. This recognises the need for regulation to adapt and change to new service models and in particular, the development of multi-disciplinary teams and extended roles.

Education and training standards for many healthcare professions changed in 2020 and HEIW will need to respond to these changes to education standards. The implementation of New Pre-Registration Nursing Standards by the Nursing and Midwifery Council (NMC), has led to a focus on core competences being embedded in curricula which may increase levels of supervision and placement capacity needed. However, the standards also extend the range of professionals who can supervise practice which is a positive change. Changes to pre-registration education has a subsequent impact on existing registrants, who require professional development opportunities to align their skill levels with those of new registrants. UK Nursing and Midwifery Council *Future nurse* (2018) and *Future midwife* (2019) standards of proficiency, are also underpinned by new student supervision and assessment arrangements. This model of supervision and assessment extends student learning responsibilities across a wider range of professionals within academic and practice learning environments. Both agreed as three-year programmes, future nurse and midwife proficiency requirements are welcomed, as curricula content benchmark students' learning against contemporary models of healthcare delivery. There is also an onus on universities, health boards, commissioners, and wider stakeholders, to ensure there is placement capacity to facilitate students' opportunities to work towards achievement of new programme outcomes. The SPQ and SCPHN standards are currently under review by the NMC, with no date confirmed as to when this when this will be completed.

The Health and Care Professions Council (HCPC) have changed the threshold level of qualification for entry to the Register for paramedics to degree. From 1 September 2021, HCPC will withdraw approval from existing programmes delivered below the new threshold level. In Wales, the Paramedic BSc was introduced last year and students have commenced the degree programme.

The optometry regulator, the General Optical Council (GOC) are making major reforms to the education and training of optometrists across UK nations. The first cohort of students on the new programme will commence in 2023/24. GOC key reforms include 48 weeks of placements integrated throughout any programme and a registrable degree. Additionally, degrees are likely to include independent prescribing and take 4 years. Cardiff university are putting forward plans for a registrable degree. Changes will also be introduced by HEIW, such that new postgraduate CPD which will include reflection and targeted at scope of practice.

A new set of Initial Education and Training Standards (IETP) for Pharmacists were agreed by GPhC Council in December 2020. All education and training will need to be compliant with the standards by 2026 with an agreed transition plan in place between 2021 and 2026. The outcomes of the overall change are that pharmacists will have an earlier and greater involvement in direct patient care and clinical contribution to multi-professional teams across primary and secondary care. The change is designed to enable pharmacists to be integral to the transformation and transference of patient services from secondary to primary care as described in A Healthier Wales.

In 2020, the pharmacy regulator, General Pharmaceutical Council (GPhC), published major reforms to the undergraduate and early postgraduate education and training requirements for pharmacists across the UK. These require fundamental changes to the way pharmacist training is delivered. The new and extended learning outcomes require a shift in competence from pharmacists demonstrating how knowledge would theoretically apply in practice, to being observed applying their skills in practice with patients. The current eight years of learning to achieve this level of practice must be achieved in five years, through transformed programmes, with registrants emerging as independent prescribers. Though this requires initial investment, the benefit will be pharmacists who can offer patients enhanced medicines care from the point of registration. In April 2021 GPhC announced a change in nomenclature with pre-registration trainees to be known as 'trainee pharmacists' and their tutors known as 'designated supervisors' from July 2021.

Key differences to the initial education and training for pharmacists

Learning Pathway	Change	Current Funding Source
Undergraduate MPharm	Significantly increase in the number of quality clinical placements	Welsh Government Education
Pre-Registration Foundation	GPhC-led changes to replace Pre-Registration with 1 year Trainee Pharmacist programme with new learning outcomes	HEIW
Independent Prescriber (IP)	Current 8 years to reach IP (Undergraduate, Trainee Pharmacist, 2 years post-reg experience, IP course) will be blended across 5 years of initial education and training. All existing pharmacists who are identified as requiring IP, should meet the new learning outcomes.	HEIW

Post-registration Foundation	Development of a national post-registration programme from 2022 that meets the RPS curriculum outcomes which support transition to the revised GPhC standards for initial education and training over the next 5 years	HEIW Business case to Welsh Government
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Commencing August 2021, the next five years, represent a period of significant change to learning pathways to deliver the new and extended learning outcomes published in the Initial Education and Training Standards for Pharmacists (IETPs).

The General Medical Council will become the regulator for Physician Associates and Anaesthetics Associates. The date of regulation has been delayed due to Covid and will now likely be in the second half of 2022 and will require legislation. It is anticipated that once regulated, there will be opportunity for the roles to undertake additional training to become independent prescribers.

8. Strategic Reviews of Health Professional Education

The Strategic Review of Health Professional Education Phase 1 has reached the contracts award stage. The HEIW Board approved the contract specification and Invitation to tender in October 2020. The tenders went live in November 2020 and the final date for submission of bids was 27th January 2021. The first students to benefit from the Strategic Review will commence their education in September 2022.

This process was always intended to be more than just a procurement exercise and through HEIW's extensive stakeholder engagement and researching of international best practice; several key themes emerged and were built into the contract specification. In addition, where appropriate, HEIW moved from single providers of All Wales provision to more local and regional provision. Bids have been received for each lot and sub-lot, which provides assurance that,

- the diversification / shape of education was “attractive” to the market and that all lots were viable,
- the key themes captured the imagination of bidders and these have been addressed in the bids and will be incorporated into pre-registration health professional education

The outcomes of the extensive evaluation process are set out within this report and the key benefits of this procurement are identified below.

Health Boards were consulted during the stakeholder engagement phase on both the key themes to be incorporated into the new contracts and changes to the shape of Health Professional education in Wales. The move from all Wales provision to, when economically viable, more regional, and local delivery was embraced. The focus on closer partnership working and collaboration between the Health Boards, HEI's and HEIW as commissioners was welcomed. Whilst all Health Boards and NHS Trusts will benefit from this approach, there are specific tangible benefits to the three Health Boards of West, Mid and North Wales.

The change to more local and regional provision will also provide a benefit for graduates to progress into roles in Wales. By recruiting higher numbers of local students who understand the local population and community needs and are able to

undertake their academic learning and placements more locally, it is envisioned that there will be more opportunities for Health Boards to fill their vacancies from Welsh University graduates. Particular emphasis has also been given to recruit students from disadvantaged areas of Wales and from hard to reach communities, whereby a financial incentive is incorporated to enable greater support to be given to those students

There are also increased opportunities, and challenging targets, for more support workers to enter pre-registration education.

In addition to two outputs per annum for pre-registration nursing and physiotherapy, the new contracts will deliver two outputs per annum of midwives to ease recruitment into the service.

Betsi Cadwaladr UHB

More Health Professional education will be delivered in BCUHB. Currently, the four fields of pre-registration nursing, midwifery, diagnostic radiography, occupational therapy, physiotherapy and physician associates' education is delivered in North Wales. From 2022, this will be increased with the addition of speech and language therapy, dental hygiene, paramedics, dietetics and operating department practitioner training. In addition, an academic hub will be created in the St. Asaph area, thus providing BCUHB with health professional education delivery in the west, central and east, close to each district general hospital.

Hywel Dda UHB

Three specific nursing contracts have been developed for Hywel Dda UHB. This will result in academic delivery in both Carmarthen and, for the first time, Aberystwyth. A dispersed nurse education contract, specifically targeting Hywel Dda residents will enable flexibility of learning and undertaking placements close to home. A new learning disability nursing field course has been created for South West and West Wales that should provide opportunities for more local residents to access nurse education, thus alleviating some of the pressures on application rates to this specific nursing field. For AHP's and Healthcare Science courses there will be all Wales and South Wales provision which has been diversified to, where appropriate, create contracts for South West and West Wales. These include occupational therapy, physiotherapy, ODP and diagnostic radiography. This will provide education in or closer to the Health Board and provide the opportunity for more local residents to undertake health professional education.

Powys UHB

Powys UHB will also benefit from a new dedicated dispersed nurse education contract and additionally a proportion of the distance learning places will be commissioned on behalf of Powys – and open to Powys residents only. HEIW is investing in strengthening placement education facilitators in Powys to open up new, safe, quality and multi-disciplinary placement opportunities. In addition, Powys is identified separately in the relevant contract awards (for nursing, AHP's and healthcare sciences) which generates additional accountability and transparency for the Health Board in securing its workforce for the future.

The **Welsh language** is a key theme identified and the new contracts have specific Welsh language requirements for HEIs as well as additional measures that support our student body to learn and utilise the Welsh language. These principles are now also being extended by working in partnerships with colleagues in the Deanery, and for undergraduates coming under the auspices of the Schools of Medicine, Dentistry and Pharmacy at Cardiff and Swansea Universities. Benefits include,

- Basing the requirement on the current Welsh Language Standards
- Assessment of students' Welsh language skills levels
- Simple online Welsh awareness course
- Health based online simple greetings learning for all
- Encouragement of all students to sit the Coleg Cymraeg's Language Skills Certificate

Further All Wales benefits include,

- Increased and strengthened placements opportunities in **Primary, Social and Community care**
- Delivery of a more **Local / regional approach** to commissioning
- Embedding **technologies** to enhance teaching, student support and placement preparation
- Integrating the **digital environment** into learning
- An enhanced approach to **inter-professional education**
- More **flexible and part-time routes** across many professions and more parts of Wales
- Closer **Regional Collaborative Education Consortium** working arrangements
- **Compassionate Leadership** embedded in all pre-registration education

The new **Socio-Economic Duty** came into effect on 31st March 2021 and the new Education contracts fully embrace better decision-making, ensuring more equitable outcomes. A full Equality Impact Assessment was produced in relation to this procurement in March 2020 and all elements have been addressed including:

- Supporting students from disadvantaged backgrounds
- Creation of a socio-economic funding stream and set targets to attract and support students from the most deprived areas of Wales
- Focus on contextual admissions recognising
 - Applicants that have been in care
 - Applicants who are young carers
 - Applicants residing in areas of high socio-economic deprivation
 - Applicants whose parents are not educated at Higher Education level
 - Applicants with protected characteristics underrepresented in Higher Education
- Introduced a guaranteed interview scheme
- Increased access to education in rural areas
- Increased opportunities for more support workers to enter pre-registration education
- Enhanced Student Wellbeing Services

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Phase 2 of the strategic review provides the opportunity to have in place a robust contractual arrangement and a governance structure to ensure that post registration education is of high quality, fit for purpose and reliable. Phase 2 will support a process to be established where periodic review of post graduate education provision becomes core business for HEIW. It will allow annual planning for new post registration education provision, that will feed into the Education and Training plan and IMTP to support services as they shape and evolve. It will also bring efficiencies with regard to how and what we commission in terms of post graduate education. Phase 2 also provides HEIW with the opportunity to introduce new education programmes into Wales, and education delivered differently e.g. work based to support the transformation of the workforce.

9. Student bursary and Streamlining graduate recruitment

Nursing, AHPs, Healthcare Scientists, Midwifery and Physician Associates

In 2017, Welsh Government amended the long-standing NHS Wales bursary scheme, introducing a requirement for recipient students to work in Wales for two years on completion of a BSc programme or 18 months on completion of a pre-registration post graduate diploma/masters. HEIW has worked in conjunction with NHS Wales Shared Services Partnership (NWSSP) to operationalise the tie in and consequently have implemented processes to manage the students into health and social care recruitment.

Previous changes to the NHS Bursary System in England had resulted in the withdrawal of funding for nursing, midwifery or Allied Health Professional courses which could result in the reduction of student applications and affect the viability of some courses in England. The new UK Government announced in late 2019 the introduction of maintenance grants to offset some of this impact; in Wales we are continuing to monitor developments. The NHS Wales bursary will be extended for another two academic cohorts until 2023 for nurses, midwives and allied health professionals. Health professional students in Wales also have the option of the normal student finance package.

In 2018, a streamlining job matching process, managed by NWSSP for the recruitment of graduate nurses, was introduced. This process has now become an embedded and successful method for managing students into posts in Wales. Following evaluation of the 2020 recruitment of AHPs and HCS graduates HEIW worked collaboratively with NWSSP to introduce a streamlining process for the graduates from the following programmes:

- Diagnostic Radiography
- Dietetics
- Healthcare Science: Biomedical Sciences
- Healthcare Science: Cardiac Physiology
- Occupational therapy
- Operating Department Practitioners
- Physiotherapy
- Radiotherapy and Oncology
- Speech and Language Therapy

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This process ran between February and April 2021. 492 vacancies were made available for the 501 graduating students and 400 students engaged with the process. 381 students were allocated a post through the scheme. 26 students are known to have taken up posts just prior to the implementation of the process. 19 students were unsuccessful in being allocated a post in the first round and did not take up the opportunity to accept a post during escalation. The students who opted out of the scheme will be asked to engage with the bursary team in the coming weeks to confirm their plans for employment.

Processes for Midwifery and Physicians Associate graduates are also being introduced and are due to complete later in the spring/summer 2021. HEIW has undertaken extensive engagement with the service to identify sufficient posts to be made available to employ all graduates based in the IMTP submission from each employer.

HEIW and NWSSP will undertake a full evaluation of the streamlining processes introduced in 2021 which will inform decisions in relation to 2022 graduate recruitment.

10. Equality and Welsh Language

HEIW published its first Strategic Equality Plan on the 1st October 2020 and embedded actions within our Intermediate Medium-Term Plan (IMTP) Strategic Objective 5.4: Implement and embed HEIW Strategic Equality Plan and continue partnership working across the public sector.

With Covid-19 shining a light on many societal impacts and inequalities, we welcome the enactment of the Socio-Economic Duty, Part 1, Section 1 of the Equality Act 2010 which came into force on the 31 March 2021. The aim of the Duty is to achieve a more equal Wales, particularly highlighting the Welsh Government's commitment to safeguarding equality and human rights. HEIW will ensure its strategic decisions, has given due regard to reducing inequalities of outcome, caused by socio-economic disadvantage. This has become increasingly important and highlighted further in the light of COVID-19 and Brexit. HEIW has developed an integrated approach to equality impact assessments, enabling us to assess the socio-economic impacts of our strategic decisions and highlight how our decisions may help to reduce inequalities. The equality impact assessment would also reflect and align to A Healthier Wales (2018), Is Wales Fairer? (2018) and the Well-being and Future Generations Act (2015) to further ensure we embed actions towards a more equal Wales.

Our commitment to providing a socio-economic lens and response to our work is visible in our Integrated Equality Impact Assessment of the Strategic Review of Health Professional Education undertaken in 2020-21 which is documented earlier in the report.

Since early in its existence, HEIW has adopted its own Welsh Language policy which is based on the need to meet the statutory requirements set out in the Welsh Language (Wales) Measure (2011). While HEIW does not currently come under the Welsh Language Standards, we are currently engaging with the Welsh Government and the Welsh Language Commissioner to ensure that the appropriate set of standards are

applied. In the meantime, we have agreed with the Welsh Language Commissioner that we will create a Welsh Language Scheme, as prescribed under the Welsh Language Act (1993). This was consulted on publicly in Q3 and Q4 of 2020/21 and was approved by our Board in Q4. We are currently awaiting endorsement of the Scheme by the Commissioner so that this can be published as an interim Scheme leading up to the time when we come under Welsh Language Standards.

The driving force behind the Scheme is the delivery of objectives and actions set out in the More than just words Action Plan (2019-20), A Healthier Wales (2018) and the Our Workforce Strategy for Health and Social Care. Two of our Strategic Aims, within our IMTP, also refer to the Welsh Language – how we aim to provide processes and support to allow HEIW to function as a bilingual organization, as well as working with key partners and stakeholders externally to help them recruit, train and qualify more Welsh speakers, and to encourage more people to learn Welsh in a way that is relevant to delivering better clinical outcomes throughout the NHS in Wales.

The Welsh language is a key theme identified within the Strategic Review of Health Professional Education and the new contracts have specific Welsh language requirements for HEIs as well as additional measures that support our student body to learn and utilise the Welsh language. These principles are now also being extended by working in partnerships with colleagues in the Deanery, and for undergraduates coming under the auspices of the Schools of Medicine, Dentistry and Pharmacy at Cardiff and Swansea Universities.

The importance of Welsh language to the NHS is also being emphasized in our recruitment activities, with plans for a dedicated online Welsh language careers advice to be produced in the current financial year.

11. Workforce Planning and Trends

The Covid-19 pandemic will impact on the workforce going forward. Health and Social Care in Wales – Covid 19: Looking Forward (March 2021) identifies that recovery from the pandemic is estimated to take 5 years, that there will be increased demand across services including in Mental Health, that there will need to be a greater focus on health and wellbeing and there will be continued working from home. Some of the impact on the workforce is yet to emerge and will need to be monitored. There could be a short term impact on people choosing early retirements, especially in light of the recent changes to the NHS Pension scheme.

The Wales population continues to grow and age and combined with the impact of the pandemic on the delivery of services, associated backlogs and potential impact on workforce behaviours will drive the need for workforce. The pandemic has seen a rise in flexible working patterns with the requirement for non-public facing staff to work from home where possible and this coupled with the ongoing changes in attitudes towards work and career will be an import trend to monitor. NHS Wales has invested in supporting the health and wellbeing of staff during and beyond the pandemic and the need for flexibility to provide people opportunities to maintain a work-life balance will be key.

Patterns of migration are changing in the UK as a result of the changes being brought about as a result of Brexit. The Government has introduced a new points-based

immigration system from January 2021 and this, coupled with the COVID-19 pandemic is likely accelerate the work to produce more 'home grown' workforce and reduced the reliance of overseas workers.

More detailed workforce analysis is provided in **Appendix 2**.

12. Priority Service and Workforce Areas

This multi-professional education and training plan reflects future workforce priorities. While each individual professional/staff group is identified separately, there are many inter-related training/workforce issues. In many cases, the solution to one workforce challenge cuts across many different staff groups, for example, the current challenges in providing the primary care service/workforce, requires additional GP trainees but also requires investment in, physicians associates, advanced practitioners/extended skills practitioners (nurses and AHP), pharmacists and pharmacy technicians, healthcare support workers, non-medical prescribing and the introduction of new emerging roles.

HEIW has identified a number of national service/workforce priorities, which are identified in its Integrated Medium Term Plan for 2020 -23 which require a multi-professions workforce response. The Welsh Government has established a number of areas of work that have been taken into consideration when developing this plan.

The plan has specific focus on:

- Critical care – which has become a very high priority in lieu of the Covid-19 pandemic
- Unscheduled care
- Cancer and diagnostic pathways
- Mental health
- Primary care
- Eye Care

These are discussed in detail at **Appendix 5**.

13. Growing Our Own Workforce; Made in Wales

In recent months HEIW has established the 'Made in Wales' programme to bring together our approach to 'growing our own' workforce from our current staff and attracting a new workforce from our local population. This transformational approach will maximise opportunities to create on-the-job development offering flexible transferrable learning opportunities, and structured programmes which provide the ability to build formal qualifications from this learning, underpin registration requirements as well as offering future options for our existing registered staff who may be looking for alternative careers.

Made in Wales will,

- offer a sustainable workforce pipeline
- create opportunity for existing Health Care Assistant at Support Worker roles

- offer an alternative route to gain professional registration while remaining employed
- deliver an attractive and alternative career pathway for our Welsh population
- meets our corporate social responsibility by widening access to careers in the NHS and investing in our local populations to build our future workforce

The intention is to build programmes within the 'Made in Wales' suite, which will allow staff to earn while they learn, and be supported with an agreed salary while they complete their programme. They will need to commit to remaining within the NHS in Wales for an agreed period of time once they have completed their programme.

14. Recommendations

The recommendations are set out in section 3 of this report. There are some proposed increases to some post-graduate training doctor posts.

The recommendations surrounding health professional education is to maintain the 21/22 levels of education commissioning, which builds on 3 years of considerable growth. This will help manage the impact on capacity as a result of recent increases and COVID, as well as supporting the significant change programme to transform HEI provision. There are some exceptions to this in smaller professions where increases may be needed and these are set out in appendix 6.

However, there is a separately costed section surrounding increasing nurse commissions by 194 across adult, mental health and the LD fields to help meet the workforce requirements. This is set out in section 3 and would require the Health Boards and NHS Trusts to work closely with HEIW and education providers to create and establish more placement capacity.

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Education Commissioning and Training Financial Impact

The following detail sets out the total funding requirement for Education Commissioning and Training for 2022/23 calculated as **£260.436m** increasing to **£280.384m** by 2024/25. This can be broken down into **£144.353m** for the wider health professional education with more detail, **£11.873m** for pharmacy training, **£60.468m** for medical training places, **£34.195m** for GP training and **£9.547m** for Dental training.

	2022-23 £m	2023-24 £m	2024-25 £m
Health Professional Commissioning	144.353	153.654	156.805
Pharmacy	11.873	14.110	14.117
Medical Training	60.468	62.885	64.136
GP Training	34.195	33.196	35.393
Dental Training	9.547	9.738	9.933
Total	260.436	273.583	280.384

Health professional education commissioning

The table below summaries the calculated requirement for 2022/23:

	2022.23 £m	2023.24 £m	2024.25 £m
Health Professional Commissioning	144.353	153.653	156.805

To commission the numbers set out funding of £144.353m would be required. A number of assumptions underpin the calculation of this value as set out below:

- All newly commissioned places will be fully recruited to,
- An inflationary uplift of 2% has been applied to the fee per student (where applicable)
- A 2% inflationary uplift has been applied to the value of the bursary.

This assumption is set out in more detail below.

		Increase / (Decrease against 2021/22 Levels	
		Budget Requirement	% Increase / (decrease)
2022/23 HEIW Recommendations		£144.353m	16%

A total requirement of £144.353m would represent an increase of £20.040m (approximately 16%) above the 2021/22 budget level of £124.313m. The additional costs are due to the following factors:

- An increase in contracts costs of circa £11.4m
- An increase in bursaries costs of circa £5.8m
- An increase in student salary costs of circa £5.1m
- Reduction in budget due to increase of self -funding students circa (£2.3m)

Implications for future years

It is important to note that the increase in student numbers agreed in the commissioning paper for financial year of 2021/22 did not have a significant impact in that financial year. The full impact of the increase in numbers is reflected in the 2022/23 financial year and beyond.

Another point to consider is the new Education and Training Contracts will come into place in 2022.23. For the courses that are affected there will be a fixed price of £9,000 for the student fees for new commissions. In addition, the introduction of the High Cost Subject Allowance and the Welsh Index of Multiple Deprivation also has a financial effect that would not have been in place in previous years.

The table below shows the future impact of the current funding requirement described above:

FINANCIAL YEAR	2022.23 £m	2023.24 £m	2024.25 £m
CONTRACT	97.851	103.902	105.055
Non-take up of tie in Fees Element	-9.911	-10.145	-10.170
BURSARY	38.511	41.351	41.801
Non-take up of tie in Bursary Element	-4.827	-5.047	-5.143
SALARY	22.729	23.592	25.262
	144.353	153.653	156.805

Predicting funding requirements beyond 2022/23 is difficult as the needs of the service, which inform the commissioning numbers for 2023/24 and beyond, will not be known until NHS organisations have submitted and agreed their IMTPs for the period 2023/24 to 2025/26, likely to be between December 2021 and March 2022. However, the numbers set out above demonstrate the future full year impact of the funding requirement based on the broad assumptions that are set out here:

- The level of attrition will remain at current levels.
- Commissioning numbers will remain at similar levels.
- Where applicable, inflationary pressures in future years will be consistent with current levels.
- The regulatory environment for education provision remains unchanged.
- The bursary system remains unchanged.

Impact of students selecting to take the Student Finance support package

The figures presented above include an assumption firstly that the bursary system will remain unchanged, and secondly that a number of students will select student loans

instead of the NHS Wales Bursary and so will not be subject to the 2 year commitment to work in Wales.

Below gives breakdown of student numbers that have opted to select the student loan route over the NHS Bursary Scheme since it came into existence in 2017/18 an assumption has been made for costing purposes that the numbers will remain at the 2020.21 level.

- 17.18 – circa 59 opted for student loans
- 18.19 – circa 165 opted for student loans
- 19.20 – circa 307 opted for student loans
- 20.21 – circa 377 opted for student loans

The increase to date is thought to be due to the enhanced package offered as a result of the “Diamond Review” which was implemented across Higher Education in Wales in 2018.

It is important to note that if a higher number of students select student loans instead of the NHS Wales Bursary option the actual costs would reduce further. Any material favourable or adverse change in bursary uptake would change the total requirement. The assumption made is deemed reasonable based on information available at this time but further dialogue with Welsh Government may be required in this event to manage significant variation to the figures quoted below.

Pharmacy Training

For 2022/23 to 2024/25 the following additional funding will be required for Pharmacy training. This is reflected in the overall cost for the education commissioning and training budget.

	2022/23 £	2023/24 £	2024/25 £	2025/26 £
Pharmacists - Foundation Trainee Pharmacists Salary/Bursary	5,631,729	5,866,487	5,916,471	5,959,239
Pharmacists - Post registration Foundation Salary/Bursary	2,537,005	3,381,197	3,082,569	2,946,867
Pre-reg Pharmacy Technician Salary/Bursary	2,145,264	2,936,620	2,967,809	2,997,019
Independent Prescribing	642,850	982,500	1,232,500	1,238,825
Advanced & Extended Practice	592,000	597,920	603,899	609,938
Dip/MSc Pharmaceutical Technical Services and Quality Assurance	43,400	62,000	28,200	15,600
GP Transition Programme	241,619	244,035	246,476	248,940
'Access to' Programme	39,000	39,390	39,784	40,182
TOTAL	11,872,868	14,110,149	14,117,707	14,056,610

Medical training places – funding implications

The financial analysis below relates to the cost of existing and additional medical training posts and assumes the ongoing funding for existing trainees as indicated by the training grade salary allocation in the table below.

Total Allocation	2022/23	2023/24	2024/25	2025/26	2026/27
Training Grade Salary Allocation	£ 57,369,446	£ 58,516,835	£ 59,687,172	£ 60,880,915	£ 62,098,534
Additional Workforce	£ 2,681,244	£ 4,101,236	£ 4,182,192	£ 4,264,768	£ 4,348,995
Supervisor costs per post	£ 178,000	£ 178,000	£ 178,000	£ 178,000	£ 178,000
Relocation costs	£ 239,000	£ 89,000	£ 89,000	£ 89,000	£ 89,000
Total	£ 60,467,690	£ 62,885,071	£ 64,136,364	£ 65,412,683	£ 66,714,529

Revised Salary and Support Costs Schedule

A revised cost schedule, comprising salary and support (study leave) costs is shown in the following tables. Costs have been provided based upon a 100% contribution increase from the Welsh Government for the additional posts recommended into the Training Grade Salary budget reflected from August 2022 to August 2026, including a 2% provision for inflation uplift

Costing is based on STRH grade with the exception of radiology at STRL grade.

Total of Salary plus Support Costs - Per Trainee

Speciality	Total				
	2022/23	2023/24	2024/25	2025/26	2026/27
Higher Anaesthetics	£32,922	£49,383	£49,383	£49,383	£49,383
Intensive Care Medicine	£32,922	£49,383	£49,383	£49,383	£49,383
Clinical Oncology	£32,922	£49,383	£49,383	£49,383	£49,383
Medical Oncology	£32,922	£49,383	£49,383	£49,383	£49,383
Palliative Medicine	£32,922	£49,383	£49,383	£49,383	£49,383
Community and Sexual Reproductive Health	£28,377	£42,565	£42,565	£42,565	£42,565
Oral and Maxillofacial Surgery (OMFS)	£32,922	£49,383	£49,383	£49,383	£49,383
Clinical Genetics	£32,922	£49,383	£49,383	£49,383	£49,383
Medical Microbiology and Infectious Diseases	£28,377	£42,565	£42,565	£42,565	£42,565
Clinical Radiology	£28,377	£42,565	£42,565	£42,565	£42,565
Interventional Neuro Radiology	£32,922	£49,383	£49,383	£49,383	£49,383
Histopathology	£28,377	£42,565	£42,565	£42,565	£42,565
Child and Adolescent Psychiatry	£32,922	£49,383	£49,383	£49,383	£49,383
Old age Psychiatry	£32,922	£49,383	£49,383	£49,383	£49,383
ACCS Emergency Medicine	£28,377	£42,565	£42,565	£42,565	£42,565
ACCS Anaesthetics	£28,377	£42,565	£42,565	£42,565	£42,565
Core Anaesthetics	£28,377	£42,565	£42,565	£42,565	£42,565
Internal Medicine	£28,377	£42,565	£42,565	£42,565	£42,565
Core Psychiatry	£28,377	£42,565	£42,565	£42,565	£42,565
Public Health Medicine	£14,388	£21,583	£21,583	£21,583	£21,583
Rheumatology	£32,922	£49,383	£49,383	£49,383	£49,383
Gastroenterology – Hepatology Specialist post	£32,922	£49,383	£49,383	£49,383	£49,383
Paediatrics	£28,377	£42,565	£42,565	£42,565	£42,565

Total of Salary plus Support Costs - Overall Cost

Speciality	Total				
	2022/23	2023/24	2024/25	2025/26	2026/27
Higher Anaesthetics	£98,766	£148,150	£148,150	£148,150	£148,150
Intensive Care Medicine	£131,689	£197,533	£197,533	£197,533	£197,533
Clinical Oncology	£131,689	£197,533	£197,533	£197,533	£197,533
Medical Oncology	£98,766	£148,150	£148,150	£148,150	£148,150
Palliative Medicine	£65,844	£98,766	£98,766	£98,766	£98,766
Community and Sexual Reproductive Health	£56,753	£85,130	£85,130	£85,130	£85,130
Oral and Maxillofacial Surgery (OMFS)	£65,844	£98,766	£98,766	£98,766	£98,766
Clinical Genetics	£32,922	£49,383	£49,383	£49,383	£49,383
Medical Microbiology and Infectious Diseases	£85,130	£127,695	£127,695	£127,695	£127,695
Clinical Radiology	£425,651	£638,476	£638,476	£638,476	£638,476
Interventional Neuro Radiology	£32,922	£49,383	£49,383	£49,383	£49,383
Histopathology	£28,377	£42,565	£42,565	£42,565	£42,565
Child and Adolescent Psychiatry	£131,689	£197,533	£197,533	£197,533	£197,533
Old age Psychiatry	£65,844	£98,766	£98,766	£98,766	£98,766
ACCS Emergency Medicine	£113,507	£170,260	£170,260	£170,260	£170,260
ACCS Anaesthetics	£141,884	£212,825	£212,825	£212,825	£212,825
Core Anaesthetics	£113,507	£170,260	£170,260	£170,260	£170,260
Internal Medicine	£340,521	£510,781	£510,781	£510,781	£510,781
Core Psychiatry	£227,014	£340,521	£340,521	£340,521	£340,521
Public Health Medicine	£28,777	£43,165	£43,165	£43,165	£43,165
Rheumatology	£65,844	£98,766	£98,766	£98,766	£98,766
Gastroenterology – Hepatology Specialist post	£32,922	£49,383	£49,383	£49,383	£49,383
Paediatrics	£113,507	£170,260	£170,260	£170,260	£170,260
Total	£2,629,369	£3,944,053	£3,944,053	£3,944,053	£3,944,053
Total plus 2% inflation	£2,681,244	£4,101,236	£4,182,192	£4,264,768	£4,348,995

GP Training

Following the submission and agreement of a business case to expand the GP training places for 2020/21 to 2023/24 the following additional funding will be required. This is reflected in the overall cost for the education commissioning and training budget.

	2022/23	2023/24	2024/25	2025/26
Expected No of Trainees (assuming 3 year throughput)	578	578	600	600
No in GP Practice	402	381	400	400
Rate Per Trainee (subject to uplift for 21/22)	£79,070	£80,652	£82,265	£83,910
Basic Budget Requirement	£31,746,766	£30,728,339	£32,905,938	£33,564,056
No of 6 mth Extensions	24	24	24	24
Cost Per extension	£39,535	£40,326	£41,132	£41,955
Total Cost of Extensions	£948,845	£967,822	£987,178	£1,006,922
Protected Pay Element	£1,500,000	£1,500,000	£1,500,000	£1,500,000
Total Budget Requirement	£34,195,610	£33,196,161	£35,393,116	£36,070,978

Incentive Payments

Incentive payments are not included in the total funding requirement above as they are held centrally by Welsh Government and drawn down as required on an actual basis.

GP Incentives

The “targeted” incentive is targeted at selected training areas within Hywel Dda University Health Board (‘H DUHB’), Betsi Cadwaladr University Health Board (‘BCUHB’) and Powys Teaching Health Board (‘PtHB’) (‘Eligible Health Board Areas’). Currently the incentive covers a maximum of 38 incentive places and is based on an incentive payment of £20,000 with NI contribution. The planned expansion in the number of GP trainees will have an impact on the total number of trainees eligible to claim an incentive and so total cost but is dependent on whether recruitment to eligible schemes increases.

The Universal incentive: All trainees who start or have started in their first post of the GP training programme from February 2017 recruitment rounds will be eligible to receive reimbursement of the costs of the first sitting of the Clinical Skills Assessment (CSA) and the first sitting of the Applied Knowledge Test (AKT) (£1,811) (cited <https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-examination-fees.aspx>)

Based on 160 GP trainees at a cost of £1,509 per trainee, the total cost of GP examination fees would be £240k. It should be noted that the GP expansion will result in an increase in the total cost of the universal incentive if the terms of the offer remain unchanged.

At present this figure cannot be determined with certainty as recruitment is not yet complete for 2019/20. The assessment of total anticipated cost is further complicated by factors including requests for flexible working and less than full time trainees which are difficult to predict.

Psychiatry Examination Fees

All trainees commencing their first post in the psychiatry core training programme from August 2018 will be eligible to receive reimbursement for the costs of the first sitting of Paper A, Paper B and the Clinical Assessment of Skills and Competencies exam (CASC)

The cost of Part A is £445 and the costs of Part B & CASC is £1,318.

Dental Training Places

The following tables detail the cost of existing and additional dental training numbers and dental therapist numbers over the four year period.

Dental Foundation Training (subject to uplift from 21.22)

Year	No of Trainees	Trainers Grant	Service Costs	DF Salary Costs	Total	Total with Uplifts (2%)
2022.23	74	£ 938,501	£ 5,168,719	£ 3,069,434	£ 9,176,654	£ 9,547,391
2023.24	74	£ 938,501	£ 5,168,719	£ 3,069,434	£ 9,176,654	£ 9,738,339
2024.25	74	£ 938,501	£ 5,168,719	£ 3,069,434	£ 9,176,654	£ 9,933,106

Dental Therapists

Year	Number	Rate	Total
2021.22	10	£16,000	£160,000
2022.23	10	£16,320	£163,200
2023.24	10	£16,646	£166,464
2024.25	10	£16,979	£169,793

WORKFORCE ANALYSIS

The Covid-19 pandemic will impact on the workforce going forward. Health and Social Care in Wales – Covid 19: Looking Forward (March 2021) identifies that recovery from the pandemic is estimated to take 5 years, that there will be increased demand across services including in Mental Health, that there will need to be a greater focus on health and wellbeing and there will be continued working from home. Some of the impact on the workforce is yet to emerge and will need to be monitored. There could be a short term impact on people choosing early retirements, especially in light of the recent changes to the NHS Pension scheme.

The Wales population continues to grow and age and combined with the impact of the pandemic on the delivery of services, associated backlogs and potential impact on workforce behaviours will drive the need for workforce. The pandemic has seen a rise in flexible working patterns with the requirement for non-public facing staff to work from home where possible and this coupled with the ongoing changes in attitudes towards work and career will be an import trend to monitor. NHS Wales has invested in supporting the health and wellbeing of staff during and beyond the pandemic and the need for flexibility to provide people opportunities to maintain a work-life balance will be key.

Patterns of migration are changing in the UK as a result of the changes being brought about as a result of Brexit. The Government has introduced a new points-based immigration system from January 2021 and this, coupled with the COVID-19 pandemic is likely accelerate the work to produce more 'home grown' workforce and reduced the reliance of overseas workers.

The NHS workforce is widely dispersed across Wales and different parts of the country have very different needs. This is largely due to the urban/rural geography of Wales with staff being attracted more to working in large urban centres than rural areas and thus creating recruitment issues in some of these areas. It is HEIW's role as a system leader, in partnership with NHS Organisations, for education and training to bring the different strands of the workforce together and to consider innovative ways of ensuring the provision of education and training for the NHS workforce in rural and remote areas. HEIW will continue to explore how the development of programmes such as Made in Wales, the Strategic Review of Health Professions Education and a move towards more blended learning can contribute to the sustainability of local communities as well as contributing towards the Environment (Wales) Act 2016 by reducing reliance on travel and negative impacts on the climate and environment.

HEIW regularly analyses key workforce trends and the main trends to note for the Education and Training Plan are:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 21% (over 15,000 FTE) over the last 6 years (2015 – 2021)
- During this period, the medical workforce has grown by 24% (up from a 16.5% growth as reported in the last plan - an increase of over 1,500 FTE) and the

nursing workforce by 8% (up from a 3.2% as reported in the last plan - an increase of 1,767 FTE)

- Over the last six years agency and locum spend has increased by 47% from £135.2 million to £199.1 million (in 2019/20 it was £177 million). This represents an increase of 13%). Nursing and Midwifery has the largest agency spend at £94.4 million for 20/21, an increase of 16% increase on the previous financial year (despite an 8% increase in the workforce between 2015 and 2021). Locum spend for Medical and Dental was £58.5 million for 20/21 a 3% decrease on the previous financial year and a reduction of 6% since 2015/16. This will have been driven by the pandemic and mass vaccination programmes.
- The cost of the directly employed workforce in 2020/21 is circa £4.8 billion, a 15% increase from the previous year. This is the biggest annual increase in over 10 years and can be attributed to increasing agency spend, the increased size of the workforce and increases in employers pension contributions.
- In 2020/21 the twelve-month rolling sickness absence level peaked at 6% as compared to 5.6% in the previous year. Over the last few years Anxiety/Stress and Back and other Musculoskeletal have been the two most common reasons for sickness however, between April 2020 and March 2021 there was an increase in sickness due to Infectious Disease/Respiratory.
- The participation rate for the female workforce equates to 0.85 and 0.95 for males. The NHS Wales workforce is predominantly female, accounting for 77% of the total workforce, however, as the workforce ages staff tend to reduce their hours especially from age 55 onwards.
- The age profile of the workforce changed between 2015 and 2021. The workforce aged 55+ has increased 7,509 in 2021 as compared to 2015. The proportion of staff in this age group has increased from 19% in 2015 to 24% in 2021. Looking at participation rates.

Analysis of Annual Plans

Due to the ongoing Covid pressures felt across the entire NHS, organisations were asked to submit an Annual Plan as opposed to a full IMTP outlining their future strategic aims and workforce planning needs.

The Annual Plans identified a number of significant workforce risk and challenges including: -

Recruitment Challenges

- Nursing across all four fields of practice; - adult, children, learning and disability and mental health, and further to the extension of the Nurse Staffing Levels (Wales) Act 2016 with provisions due to extend to paediatric inpatients in late 2021
- Health Care Support Workers and gaps within the funded establishment
- Existing vacancies within specialist posts which have been hard to recruit into, including CAMHs Child Psychiatrists, Dermatology, Plastic Surgery, Urology, COTE, Intensivists, Stroke and Psychiatry
- Gaps within Mental Health services, as well as Trauma/Emergency Department
- Shortages and pinch points within diagnostic testing including Radiology, Neurophysiology, Cardiac Physiology and Endoscopy
- Shortages of Junior Doctors across secondary care

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The Impact of Covid and post-Covid

The full impact of the Covid pandemic will be felt over the entire NHS system for years to come. Key concerns impacting the workforce noted in the Annual Plans included:-

- Although high levels of retirements are expected across Nursing and Consultant posts over the next five years due to an ageing workforce, the impact of Covid on staff retention is currently unknown. There may be an increase in desire of staff to retire earlier than planned.
- It is anticipated that there may be a reduction in the workforce available to undertake overtime or out of hours shifts, again due to Covid fatigue and where NHS organisations were previously reliant upon staff goodwill to reduce gaps in workforce cover. There has been an increase in the number of requests for flexible or part-time working which may impact upon service delivery.
- There is a concern that the focus on the immediate need to sustain services post Covid may have an impact upon organisations' ability to future-focus and undertake long-term workforce planning.

The Impact of Brexit

The Annual Plans indicate that it has been impossible to fully understand the impact of Brexit following the end of the transition period in January 2020 and the beginning of the Covid pandemic in the early spring of 2020 specifically on overseas recruitment. There will need to be a re-set period as the pandemic subsides to fully consider the implications of Brexit on NHS organisations and their ability to regularly recruit from outside of the UK.

The Annual Plans have also identified a number of opportunities for workforce transformation, as follows: -

1. Workforce Redesign

Whilst it will take many years to full assess and comprehend the impact of Covid on the entire NHS, the pandemic has highlighted that NHS organisations can make better use of digital technology to deliver effective patient care, utilising a range of new technology. It is unlikely that NHS services will ever return to their pre-Covid ways of operating with virtual appointments with GPs and telephone triage with 111/Phone First (as just two examples) being here to stay. There is a real appetite to make effective use of the technology available to shift how, when and where work is undertaken, making greater use of the range of skills of a diverse workforce to deliver world-class patient care.

2. Strengthening the Multi-Disciplinary Team

Each of the annual plans intends to focus the delivery of care within the community setting for those with chronic or long-term conditions (as far as practicably possible) by integrating speciality practitioners into broader multi-disciplinary teams, utilising cross-organisation working and sharing resources. In addition, the desire is clear to develop Ambulatory Care Assessment Centres within the community which are integrated with acute community teams to support day cases and reduce hospital admissions, managing patients in their home environment provided that it is appropriate and clinically safe to do so.

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3. Up-skilling the existing Workforce

NHS organisations understand that the majority of their workforce of tomorrow is in post today. Promoting top of license working for registrants (whilst reviewing their skill mix), developing new roles and maximising the contributions of the unregistered Workforce will all help to up-skill and shape the future workforce. Organisations also see the importance of investing significantly in “Grow your Own” to meet the range of post-Covid demands, including through the development of the Band 4 Assistant Practitioner post.

The creation of a range of new roles will not only support alternate models of care but will also help in facilitating the move towards 7 days working e.g. looking at the introduction of Surgical Scrub Technicians for day surgery cases. Up-skilling extends beyond secondary care as support will be given to community Pharmacy development to increase the number of independent Pharmacist prescribers and contribute to a fully integrated community-based multi-disciplinary team.

Across the UK, national bodies continue to recognise the need to grow the workforce in order to meet the increasing demands, Wales is in a similar position and this plan has been developed in the knowledge that there is a need for the health care workforce in Wales to continue to grow. HEIW has undertaken an extensive modelling exercise for a number of professions to consider future changes in the workforce and used this information to underpin this year’s recommendations to maintain the growth in the numbers of students and trainees.

In recent years the UK Government has made changes to the previous Shortage Professions list for England/Wales. The Skilled Worker Visa: Shortage Occupations for Healthcare and Education, published 6 April 2021 now indicates that all healthcare professionals are on the list.

The above provides important context for the Education and Training Plan, ensuring that there are clear links to these priority areas, whilst recognising the Plan will not address all of the challenges, particularly in the short term.

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Appendix 3

Commissioning Trends – Health Professional Staff

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Pre Registration Nursing	1,987	1,911	1,911	1,750	1,418	1,283	1,053	1,011	919	1,035	1,070	1,179	1,095	1,079	1,271	1,265	1,247	1,387	1,291	990	1,113	976	905
Midwifery	161	134	134	134	94	94	94	109	107	102	123	110	95	90	100	97	97	100	120	96	86	70	72
District Nurses	80	80	80	80	41	41	24	31	20	26	30	26	28	45	71	68	71	65	57	62	69	50	52
DN (Modules)	123	123	123	123	123	123	163	172	100	50	40	40	98										
Health Visitors	92	92	90	82	71	66	49	39	31	31	36	46	36	36	37	47	53	62	55	48	36	44	44
Health Visitors (Modules)	30	30	30	40																			
CPNs	30	30	30	39	21	27	23	13	26	20	21	21	21	13	23	15	17	34	34	30	40	16	35
CPN (Modules)	60	60	60	40	48	48	40	40	30	20	20	20	20										
CLDNs	0	0	0	0	12	12	0	0	5	0	2	3	2	3	6	5	10	10	14	10	13	7	15
CLDNs (Modules)	0	10	10	10	12	12	7	8	0	4	10	6	4										
School nurse	19	19	19	19	18	18	18	18	27	22	24	24	24	22	21	21	24	20	17	13	6	0	0
School nurse (modules)	3	3	3	3	2	2	6	10	0	25													
Practice nurses	20	20	20	20	1	1	14	12	39	16	16	18	16	20	23	17	11	15	15	23	0	0	0
PN (Modules)	29	29	29	29	29	34	18	8	10	12	16	16	16										
Paediatric nurses	7	0	0	16	12	12	11	13	10	8	6	9	7	2	15	10	7	13	15	0	0	0	0
Paed. nurses (Modules)	10	24	24	24	3	3	13	8	3	8	8	8	8										

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Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Occupational Therapists	163	133	133	121	116	111	88	79	71	69	102	100	93	81	98	91	106	112	79	65	45	40	37
Physiotherapists	164	147	147	134	134	121	96	89	103	90	90	95	85	82	86	101	126	140	115	91	77	73	67
Speech & Language Therapy	49	44	44	0	44	44	37	30	25	36	43	35	35	54	44	40	39	40	38	33	33	33	27
Dietetics	40	30	30	30	42	38	30	33	28	30	36	40	34	22	24	24	30	31	28	28	28	28	27
Post grad. Dietetics	20	12	12	12									12	12	14	15	15	15	15	15	30		
Podiatry	24	24	24	24	20	20	26	15	24	24	31	30	26	28	26	26	26	27	28	28	28	28	21
Orthoptics	5	5	5	5	5	5	5	3	2	0	0	0	0	0									
Medical Photography	5	5	5	5	4	4	4	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3
ODPs	49	49	49	49	39	39	46	44	28	32	29	30	25	23	32	32	39	41	36	33	32	14	14
Surgical Care Pracs	0	0	0	0	0	0	0	0	0	0	0	8	8										
Physicians Associate	60	42	32	32	27																		
Clinical Psychologists	29	27	27	27	27	27	26	25	21	16	18	19	18	18	21	21	21	20	19	18	15	15	15
Pharmacists - Pre Reg.	40	50	41	41	38	38	40	40	39	43	45	43	38	36	40	40	40	40	36	34	4	30	30
Pharmacists Dip & Techs	99	85	75	75	60	60	62	63	63	41	54	66	54	51	66	64	50	53	21	20	19	14	12
Dental Hygienists	18	18	18	18	18	18	10	12	10	7	9	11	9	9	9	9	9	9	8	8	7	7	6
Dental Therapists	13	13	13	13	13	13	12	11	11	6	8	11	8	8	8	8	8	8	7	7	6	6	0
Ambulance Paramedics	115	85	76	86	69	94	36	25	24	40	57	75	101	70	90	85	85	70	57	48	48	40	48

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Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Diagnostic Radiographers	140	112	112	112	102	92	73	58	56	51	58	55	51	51	54	49	61	63	61	57	49	27	33
Therapeutic Radiographers	22	20	20	20	22	21	21	23	23	15	17	17	17	21	15	13	14	15	14	13	12	8	7
Asst Practitioners Radiography	12	12	12	12	0	0	17	12	15	17	18	21	10	19	13								
PTP																							
BMS - Blood/Infection/Cellular/Genetics	24	21	21	21	23	27	26	28	0	27	45	45	45	43	53	45	49	51	44	34	34	24	35
HE Cert in Audiological Practice	15																						
Clinical Physiologists - Cardiac																							
Physiology/Audiology/Respiratory and Sleep																							
Science	39	45	47	47	33	27	30	27	0	34	30	32	40	44	35	35	30	28	23	20	14	10	6
Neuro Physiology	4	3	3	3	3	4	5	5	3														
Medical Radiation Techs - Nuclear Medicine &																							
Radiotherapy Physics	3	3	3	3	3	3	2	5	0	3	3	4	3	3	3	3	7	7	4	2	2	0	2
Clinical Engineering in Rehab	2	3	3	2	1	1	2	1															
Medical Engineering	0	0	0	0		1																	
STP																							
Audiological Scientists/Neurosensory Sciences	6	6	3	3	5	4	3	4	3	3	3	3	3	3	3	5	5	3	2	2	1	1	1
Neurophysiology	0	2	2																				
Respiratory and sleep science	1	3																					
Reconstructive Science	0	1																					
Cardiac Physiology	3	1	3																				
Haematology and Transfusion Science	1																						
Biochemists/Blood Sciences	4	2	0	3	3	5	3	0	2	2	3	2	2	2	2	1	2	1	1	1	1	1	1
Cytogeneticists	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	2	1	1	1	1	2	1
Medical Physics/Radiotherapy Physics/INIR/IIR	7	3	3	4	4	5	4	3	4	4	5	4	4	3	3	5	6	5	4	3	2	2	2
Molecular Geneticist/Genomics/	1	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Cancer Genomics	1	1	1																				
Genomic Counselling	2																						
Bioinformatics	1	1	2	1																			
Tissue Typing/Immunology/Histocompatibility	0	0	0	0	0	2		1	0	0	1	1	0	1	0	1	1	0	1	0	1	0	0
Clinical Engineering	2	1	2	4	1	3	3	4	3	2	2	1	2	2	2	1	2	2	1	0	0	0	0
Cellular Science/Embryology	1	2	0	0	2	1	0	2															
Infection Science - Clinical Microbiology	2	0	3	3	0	1	0	1															
HSST																							
Life Sciences - Genetics/Genomics	1	0	0	1	1																		
Microbiology	0	0	1																				
Life Sciences - Molecular Pathology of acquired																							
disease	0	0	1	0	1																		
Physical Sciences and Biomedical Engineering -																							
Medical Physics (Radiotherapy)	1	1	1	1	1																		
Physical Sciences and Biomedical Engineering -																							
Clinical Biomedical Engineering	1	1	0	1	1																		
Bioinformatics	0	1																					
Audiology	1	0	0	1																			
Histocompatibility & Immunology	1	1	0	1																			
Transfusion Science	0	0	1																				

Appendix 4

Medical Specialty Training Posts and Changes

Specialty	2022 propo sals	August 2021 post numbers	Changes August 2021	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Anaesthetics/ICM							
Core Anaesthetics Training/ACCS Anaesthetics	+9 ¹	122					
Higher Anaesthetics	+3	140	+3	+3			
ACCS Intensive Care		14					
Higher Intensive Care Medicine	+4	31	+4	+4	+2		+4
Emergency Medicine							
Acute Care Common Stem - Emergency Medicine	+4	23	+2				+4
Emergency Medicine (includes PEM & PHEM)		54	+5	+7	+4		+2
Medicine							
Core Medical Training/ACCS Acute Medicine	+12	259	+15	+13			
Acute Internal Medicine		14	+2				
Audiovestibular medicine		1					
Cardiology		38					
Clinical Genetics	+1	5					
Clinical Neurophysiology		1					
Clinical Oncology	+4	20	+4				
Clinical Pharmacology and Therapeutics		2					
Dermatology		17		+3			
Endocrinology & Diabetes		23					
Gastroenterology	+1	26	+2				
Genito-urinary Medicine		4					
Geriatric medicine		52					+3
Haematology		18					
Immunology		1					
Medical Oncology	+3	9	+3				
Neurology		17					

¹ 5 posts for ACCS Anaesthetics to be in Emergency Medicine and Acute Medicine and 4 posts for the Core Anaesthetics programme

Palliative Medicine	+2	13					
Rehabilitation Medicine		2		+1			
Renal medicine		17					
Respiratory Medicine		31	+2				
Rheumatology	+2	10					
Surgery							
Core Surgical Training		100					
Cardio-thoracic surgery		7					
General surgery		58	+4				
Neurosurgery		7	-1				
Ophthalmology		40				+4	
Oral and Maxillo-facial Surgery	+2	9					
Otolaryngology		18					
Paediatric Surgery		2					
Plastic surgery		15	+2				
Trauma & Orthopaedic surgery		45			+4		
Urology		20	+4				
Vascular surgery		9					
Pathology							
Chemical pathology		4					
Histopathology	+1	20					+2
Infectious diseases		2					
Medical Microbiology and Infectious Diseases	+3	16	+3	+3			
Paediatric & Perinatal pathology	-1	2					+1
Psychiatry							
Core Psychiatry Training	+8	85					
Child and Adolescent Psychiatry	+4	12					
Forensic Psychiatry		6					
Old Age Psychiatry	+2	11		+2	+2 (not filled)		
General Psychiatry		29					
Psychiatry of Learning Disability		5					
Imaging and Radiology							
Clinical Radiology	+15 ²	92	+10	+ 10	+4	+7	+11
Interventional Neuro Radiology	+1	0					
Nuclear medicine		1					
Women's Health							

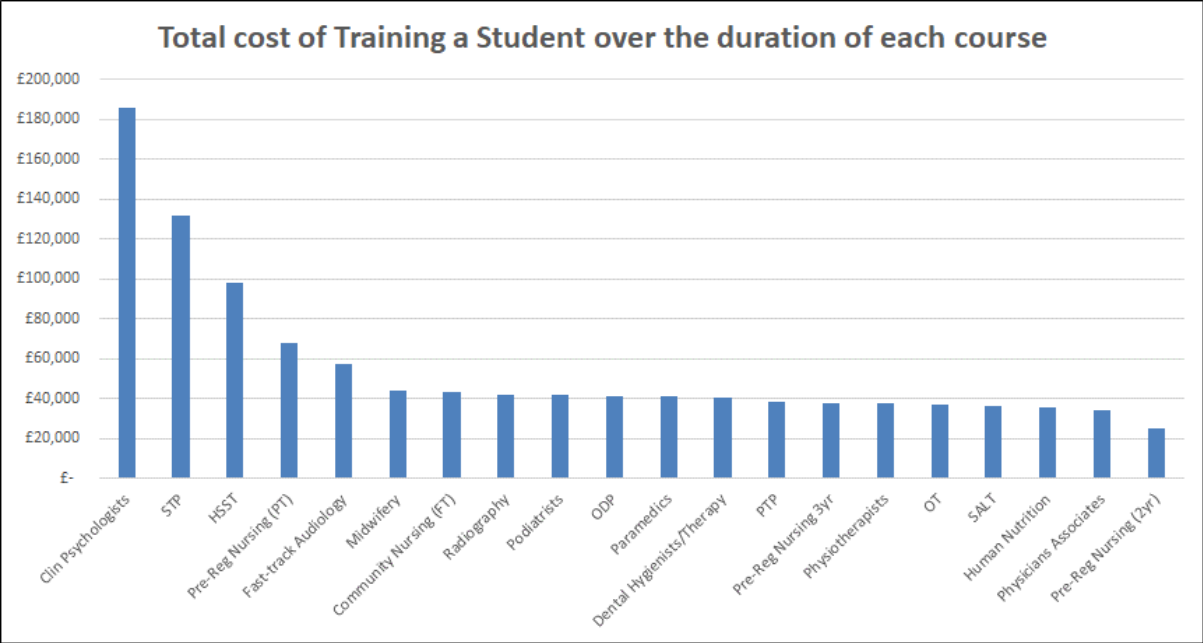
² Estimated number based on current projections of trainees completing in order to maintain an intake of 20 for August 2022

Obstetrics and gynaecology		95	+2				
Community Sexual & Reproductive Health	+2	2					
Paediatrics	+4	149	+6				
Public Health Medicine	+2 ³	23					
Foundation Training							
Foundation Year 1	+30	381	+30	+12			
Foundation Year 2	+30	351	+12				

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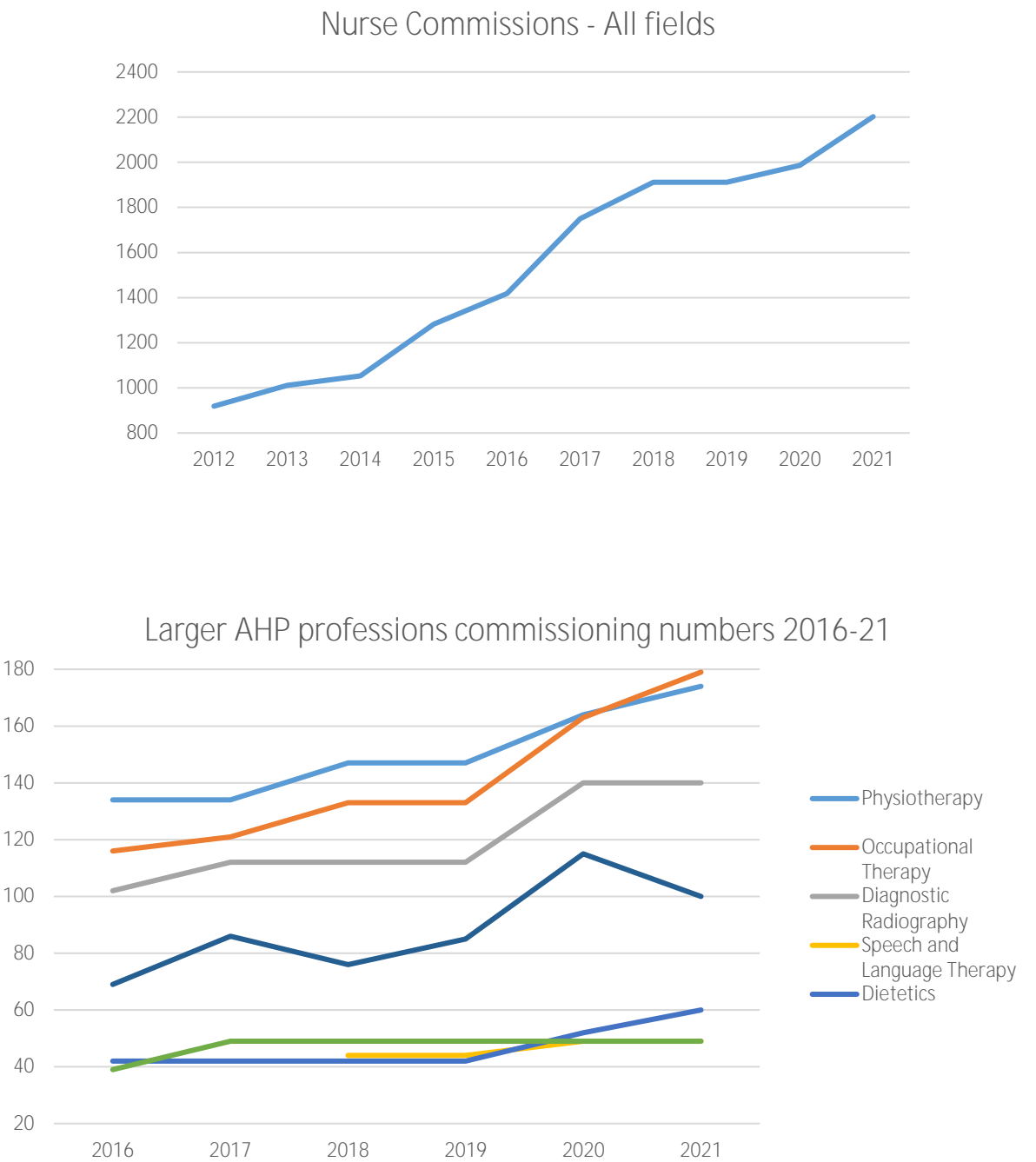
³ This will not increase the posts numbers beyond 23 however it will maximise the use of these posts which is not currently the case.

Total Cost of Training a Student over the duration of the course



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Growth in Students



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SUPPORTING INFORMATION

In developing the recommendations made within this plan a wide range of information has been taken into consideration, the following section provides a commentary on this to inform the position taken within this paper.

1. Nursing & Midwifery

There are five well-established routes into nursing within Wales.

- 3-year pre-registration programme
- A 2-year graduate entry accelerated education programme leading to registration
- A 2-year HCSW accelerated pre-registration programme
- Route for HCSW (this includes existing and new HCSW) to complete nurse education on a part time basis (over 4 years) while they continue to be employed by their existing NHS employer
- A distance-learning programme for existing and new HCSW, which will take on average 4 years to complete. Staff will be employed by the NHS

Over the past two years HEIW has commissioned more places on the part time employed routes. These routes are an excellent route for HCSWs to progress their careers and provide a much-needed workforce of local people who want to train and stay in Wales to work on completion of the programme. HEIW propose a continuation of the increases the commissioned places for these programmes. This will provide a number of benefits, which include:

- Provide widening access to the local workforce
- Support career development for HCSWs currently employed in NHS Wales, which will promote recruitment and retention within the NHS Wales workforce.
- Increase supply of nurses from the local population.
- HCSWs are a valuable supply source for the recruitment to pre-registration programmes and therefore this will contribute to a solution to the recruitment challenges currently faced.
- Increase the opportunity to make places available to care home providers.

The additional investment in three of the nursing fields as identified below should be considered against the following:

- The potential impact of Brexit on the available nursing workforce.
- The potential impact of Covid on the number of people seeking to leave the profession or taking the opportunity to retire.
- Health Board need to comply with the requirements of the Nurse Staffing Levels (Wales) Act (2016) which came into full force from 6th April 2018.
- Nursing remains a shortage profession,
- Ongoing recruitment difficulties across the UK
- Changes in work patterns – increasing levels of part time working, this results in a greater

- Agency nursing costs and the need to invest now to prevent an escalation of the agency expenditure in the medium/long term

Following the award of the new education contracts HEIW will be able to commission more nurse pre-registration education places in Wales. In recent years the HEIs in Wales have struggled to meet the target commissioned pre-registration places in some fields. The number of applicants has not dropped but the number of training places increased. From 2022 HEIW will be commissioning two more Adult Nursing programmes in Wales that will help to attract people who previously may not have been able to access this training. There will be a full-time programme to service HDUHB North and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

HEIW added to the distance learning commissions with a small pilot of pre-registration adult nurse training for care home HCSW. The progression of this pilot is currently being evaluated. HEIW will look to increase the number of places available through this route once the first cohort of students have completed the first year of study.

The table below summarises the number of nursing students, recommended for 2022/23 and those commissioned over the past 3 years.

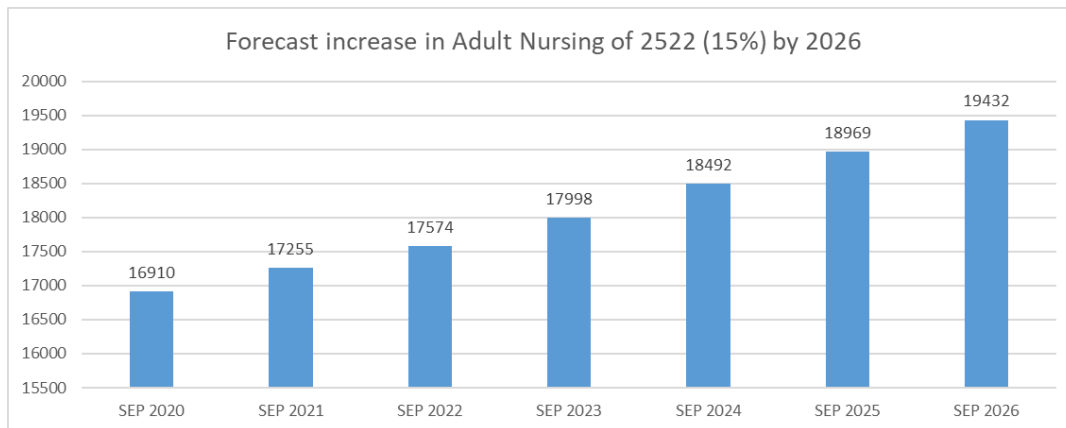
Course Title	Ed Com. 2019/20	Ed Com. 2019/20	Ed Com. 2020/21	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
Adult Nursing	1,216	1,400	1,540	2,502	1,540
Child	154	154	175	234	175
Mental Health Nursing	330	356	410	576	410
Learning Disability Nursing	77	77	77	117	77
Total Nursing	1,777	1,987	2,202	3,486	2,202

Adult Nursing

It is recommended that Adult places will increase remain at **1,540**. In 2019/20 1,400 adult places were commissioned. Therefore in 2 years the recommendation is for a 18% increase in adult nurse training numbers.

The workforce intelligence model developed by HEIW shows that the adult nursing workforce is projected to grow by **2,522 (15%)** between September 2020 and September 2026 taking the projected workforce to **19,432 FTE's** (see table below). While this is a significant increase, the current expenditure on agency costs would indicate that there is a significant vacancy factor which is yet to be filled.

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However, in the main report there is an option to increase adult nurse commissions by 111 to **1,651**.

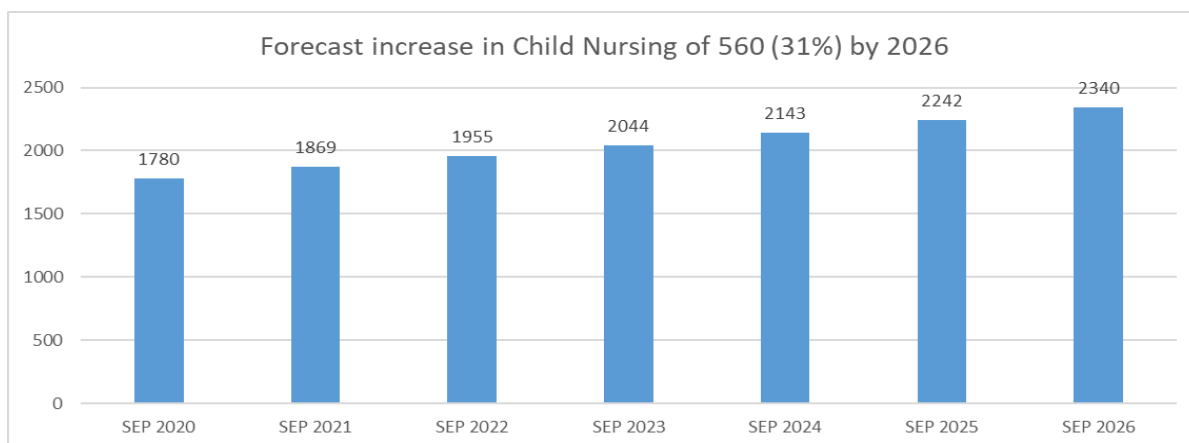
The high level rationale is set out in the main body of the report but other contributory factors when considering this option include:

- 89% of nursing students are Welsh domiciled
- Retention is good for graduates.
- Agency costs for nursing increased last 10 years and all organisations reporting vacancies.
- Cost effective to train additional nurses.
- July first report to WG on Nurse Staffing Act – anticipating identification of vacancy factor
- 2022 introduction of 2 dispersed learning to offer education locally and for rural areas – Hywel Dda and Powys.
- New provider in Aberystwyth for North Hywel Dda.
- New contracts enables increase commissions: maximum possible in 2022 across all contracts: 1,651
- March cohort under recruited in 2021
- Streamlining very successful conversion graduates into employment
- Age profile: 22% could retire next 5 years
- Participation rate drops off with age and 85% across other age bands
- +200 HCert places in addition for existing staff
- Working to open new training placements across primary, social care, independent sector etc.
- Commissioning of max of 1,651 students likely to give output of 1,442 graduates

Children's Nursing

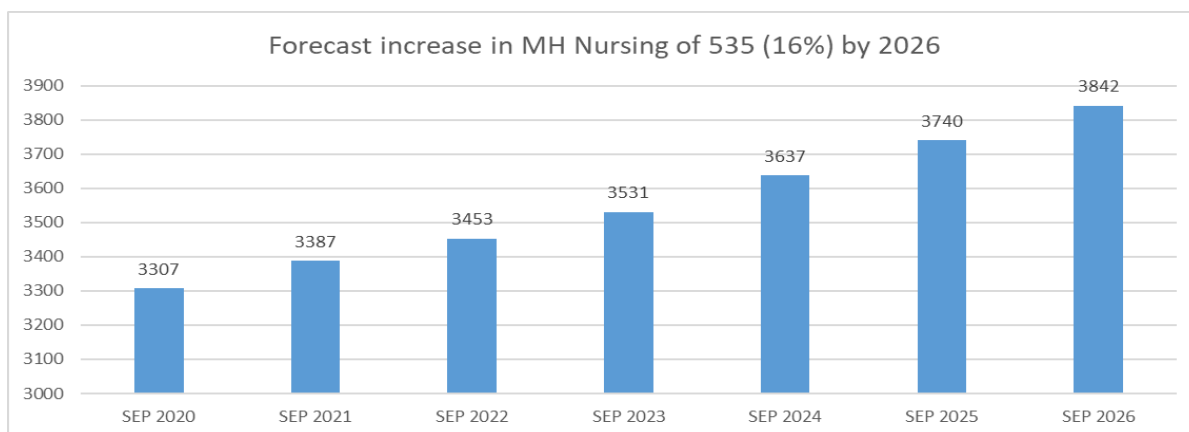
It is recommended that Children's nursing numbers are maintained at **175**. In 2021/22 years the number of pre-registration training places for children's nursing increased from **154 to 175**, this represents a 14% increase in places. Applications and fill rates for this field remain buoyant and therefore no further increase is recommended for 2022.

In addition, the workforce intelligence model developed by HEIW shows that the children nursing workforce is projected to grow by **560 (31%)** between September 2020 and September 2026 where the forecast is **2,340 FTE's** (see table below).



Mental Health

It is recommended that Mental Health numbers remain at **410**. The workforce intelligence model identifies that the mental health nursing workforce is projected to grow by **585 (16%)** between September 2020 and September 2026 where the forecast is **3,842 FTE's** (See table below).



However, in the main report there is an option to increase adult nurse commissions by 73 to **483**.

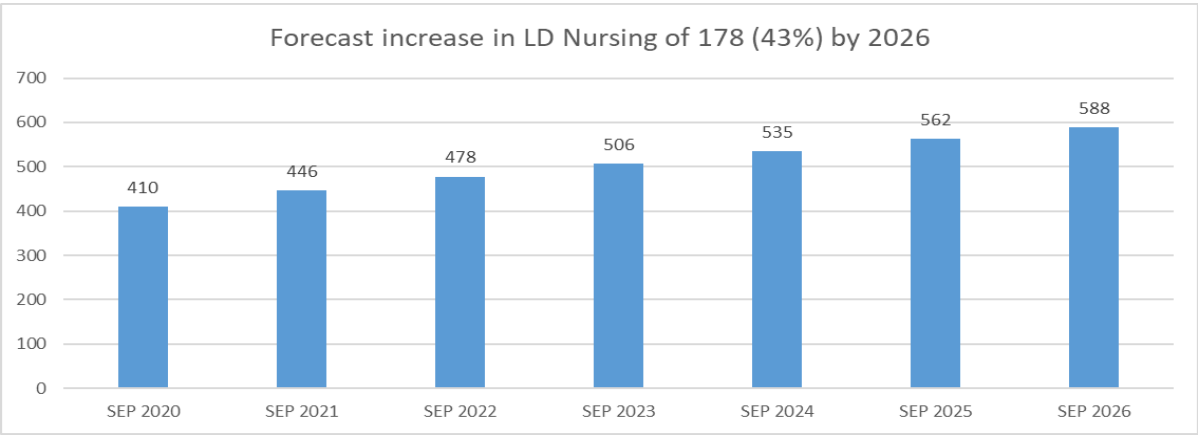
Learning Disability

It is recommended that Learning Disability field numbers is maintained at **77**. Over the past three years both Welsh education providers were unable to recruit to the full commissioned education levels. This is a reflection of a national workforce challenge in this sector. The HEIs have work collaboratively to increase the profile of learning disability nurse education and career opportunities in Wales and it is anticipated that this commissioning level will be achieved in 2021 and 2022.

In addition, from 2022, HEIW will be commissioning one additional LD nursing pre-registration education programme in South West Wales which allows people to access this education who would have not been able to previously.

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The workforce intelligence model identifies that the LD nursing workforce is projected to grow by 178 (43%) between September 2020 and September 2026 where the forecast is 588 FTE.



However, in the main report there is an option to increase adult nurse commissions by 10 to **87**.

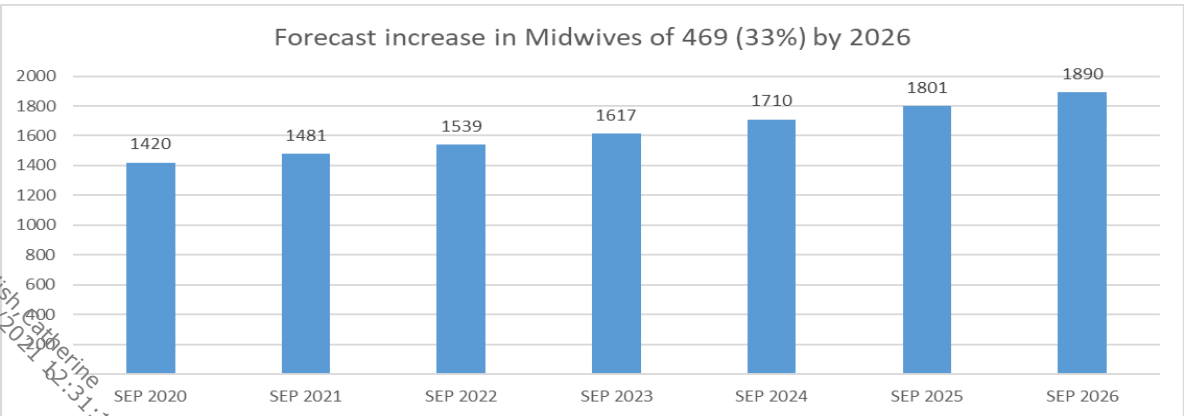
Midwifery

It is recommended that midwifery places will be maintained at **185** (see table below).

Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
Midwifery	134	161	185	169	185

Over the past four years midwifery places have increased from 134 to the proposed 185, which represents a 38% increase in commissioning numbers. The additional numbers commissioned have now begun to graduate and a streamlining process to match graduates into posts in Wales has now been introduced. Ensuring there are sufficient posts to available at the right time to recruit the graduates has been a key ambition of the scheme.

The workforce intelligence model developed by HEIW shows that the midwifery workforce is projected to grow by **469 (33%)** between September 2020 and September 2026 where the forecast is **1,890 FTE's**.



2. Allied Health Professionals

In recent years HEIW has invested in increasing the education commissions for the AHP workforce in order for the 'A Healthier Wales' plan to be realised. Allied Health Professionals have a key role to play in the plans to expand community/primary care services and developing a wider range of professionally led services and support. IMTPs indicated that a number of professional roles will need to be expanded. This was in a climate of growing recruitment challenges for these professionals, with evidence of unfilled vacancies particularly in rural areas. Greater numbers of AHPs in comparison to nursing disciplines opt to work in England following graduation, therefore the bursary two year tie in with a commitment to work in Wales following the completion of their programme was predicted to have an impact on filling vacancies.

As discussed in section 2.4 HEIW worked with NWSSP to implement a streamlining process for AHP graduates in 2021. The introduction of this process has highlighted issues with the number of vacancies available across Wales for this workforce. Health Boards were required to recruit over establishment in many cases to ensure that sufficient posts were made available at the right time. The impact of Covid on these professions has been significant with many practitioners redeployed during the first wave and a perceived reduction in service development against IMTPs.

In terms of education provision for AHPs in Wales, the majority is based in the Cardiff area and is delivered by sole providers i.e. only one training programme in Wales exists delivered by one University. The Strategic Review of Health Professional Education will address this from 2022 as where it is possible to both,

- Maintain financial viability of programmes and
- Still provide an excellent student experience

Commissions will be spread across Wales. This will add resilience to the commissioning model, attract more local students and also better meet the needs of all parts of Wales when students graduate. HEIW are increasing the numbers of providers in Wales in the following areas:

Course	Current Provision		Shape of Provision in 2022	
	Providers	Location	Providers	Location
Occupational Therapy	2	SEW, NW	3	SEW, SWW, NW
Physiotherapy	3	SEW, NW(x2)	4	SEW, SWW, NW (x2)
Diagnostic Radiography	2	SEW	3	SEW, SWW, NW
Speech & Language Therapy	1	SEW	2	SW, NW

Dietetics	1	SEW	2	SW, NW SEW, SWW,
ODPs	1	SEW	3	NW
Dental Hygiene and Therapy	1	SEW	2	SW, NW
Paramedics	1	SWW	2	SW, NW

Key: SEW - South East Wales, SW - South Wales, SWW - South West Wales, NW - North Wales

Despite recruitment challenges there have been a number of publications including the NICE guidance on managing the long term effects of Covid, UK AHP public Health Strategic Framework, AHP Framework (Wales), Healthy Weight: Healthy Wales Obesity Strategy, 3 year action plan for the delivery of outpatient services and Rehabilitation Post COVID19 Evaluation Guidance that lead HEIW to believe that supporting the ongoing growth and development of these professions in Wales is required in the following areas:

- COVID-19 Rehabilitation – e.g. supporting the multi-professional rehabilitation and self-management following acute and long COVID-19.
- Rehabilitation – e.g. supporting people indirectly affected by COVID-19 (including people with Dementia whose quality of life has been compromised by prolonged social isolation).
- Public health – e.g. reducing risk of long-term conditions / increasing awareness of existing lifestyle and risk reduction programmes (consider priority populations including childhood obesity – Healthy Weight Healthy Wales / supporting work-place health)
- Primary and community care – e.g. widening access to AHP services through direct access. Early intervention of rehabilitation and other AHP interventions from primary and community care / restructuring services to provide interventions closer to home.
- Surgical waiting list reduction – e.g. provision of multi-professional lifestyle / behaviour change interventions for people who may not be suitable for surgery.
- Surgical waiting list support– e.g. provision of pre-habilitation to ensure those on the waiting list overcome social-restriction-related debility and become fit for surgery.

The table below summarises the number of students, recommended for 2022/23 and those commissioned over the past 3 years.

Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23-HEIW Recommendations
Allied Health Professionals					
B.Sc. Human Nutrition - Dietician	30	35	40	39	40
PG Diploma Human Nutrition - Dietician	12	17	20	25	20

PG Diploma Medical Illustration	5	5	7	7	7
B.Sc. Occupational Therapy	113	125	129	93	129
PG Diploma Occupational Therapy	20	23	30	20	30
B.Sc. Occupational Therapy (Part Time)	0	15	20	24	20
B.Sc. ODP	49	49	49	58	49
B.Sc. Physiotherapy	147	164	174	131	174
B.Sc. Podiatry	24	24	27	24	27
PhD Clinical Psychology Doctorate	27	29	32	56	32
B.Sc. Speech & Language Therapy	36	40	40	23	40
B.Sc. S< - Welsh Language	8	9	9	5	9
B.Sc Paramedicine	0	52	75	86	86
Paramedics - Diploma	70	70	0	0	0
Paramedics - EMT conversion	15	30	30	30	30

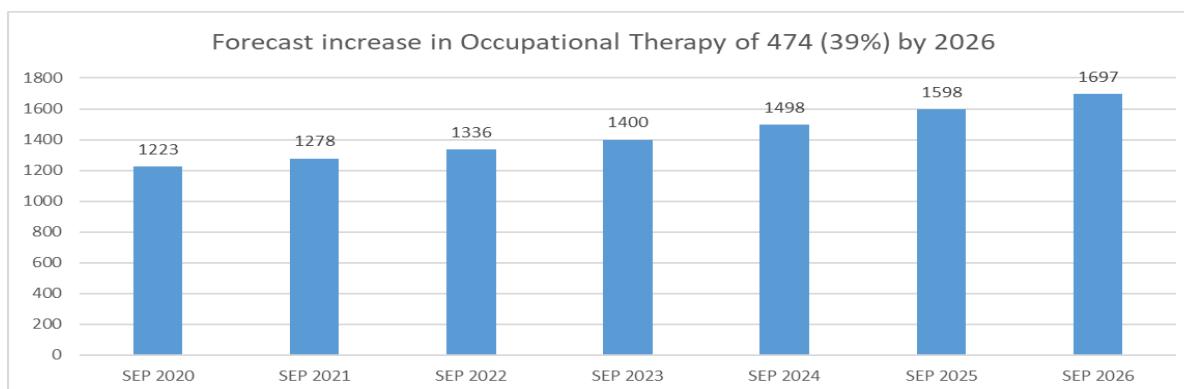
Course Title	Ed Com. 2019/20	Ed Com. 2020/21	Ed Com. 2021/22	2022/23 (WF Plans)	2022/23 - HEIW Recommendations
Other					
Physicians Associates	42	54	54	41	54

Occupational Therapy

Occupational Therapists (OT) are key to realising the plan to develop primary care services. Areas of work where OTs can evidence impact and a requirement for future growth include; rehabilitation frailty, social prescribing, self-management of chronic conditions, mental health and fitness for work, all linked with the Healthier Wales values of developing health and wellbeing; keeping people in their homes for longer. Occupational Therapists can reduce demand on General Practitioners by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with the Practice. Workforce modelling undertaken by HEIW provides evidence that the recent investment in pre-registration training will result in an increase in the workforce in coming years.

HEWI recommends maintaining the commissions for this profession at 179 for 2022/23. Commissions will be split across the fulltime, part time and PG Dip routes and recruitment into Local Authority posts has been included in the total commissioned places.

The workforce intelligence model developed by HEIW shows that the OT workforce is projected to grow by **474 (39%)** between September 2020 and September 2026 where the forecast is **1,697 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



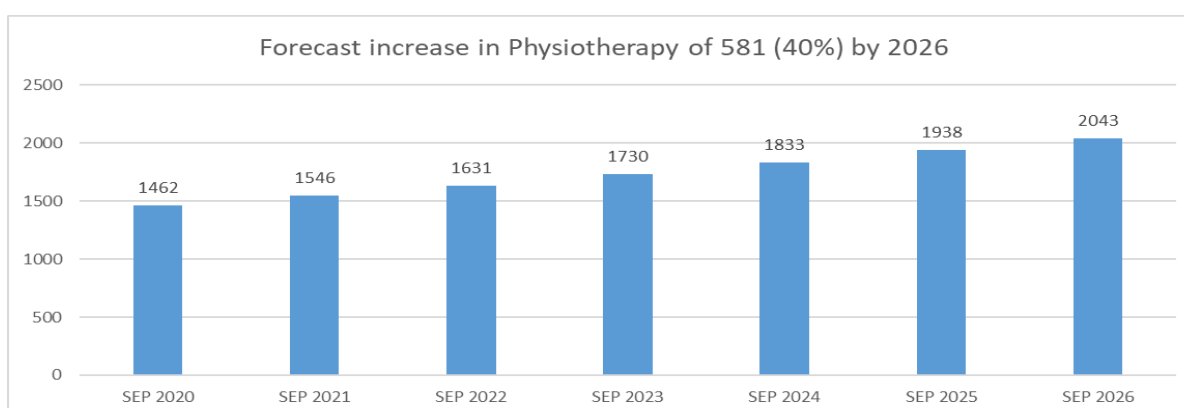
Physiotherapy

NHS Wales currently employs circa 1,462 physiotherapists. In recent years, increasing demand has been driven by the development of first contact physiotherapy services in primary care. Success in the therapy led MSK conditions service has been identified in the IMTPs. There is a well-developed model comprising of band 7 and a smaller number of 8a advanced practice/extended role physiotherapists that undertake prescribing and therapeutic injections reducing dependency on General Practitioners and emergency services. The development of new models of physiotherapy will also potentially impact on requirements in Trauma & Orthopaedic medical requirements.

Workforce modelling undertaken by HEIW provides evidence that the recent increases in investment in pre-registration training will result in an increase in the workforce in coming years.

HEIW recommends the maintenance of the commissioning numbers of **174** places in 2022/23.

The workforce intelligence model identifies that the physiotherapy workforce is projected to grow by **581 (40%)** between September 2020 and September 2026 where the forecast is **2,043 FTE's**.



Dietetics

Escalating rates and earlier presentation of diabetes and unacceptably high levels of obesity across Wales are well documented. In line with the Healthy Weight Health Wales obesity Strategy, dietetic services have been developed in all health boards

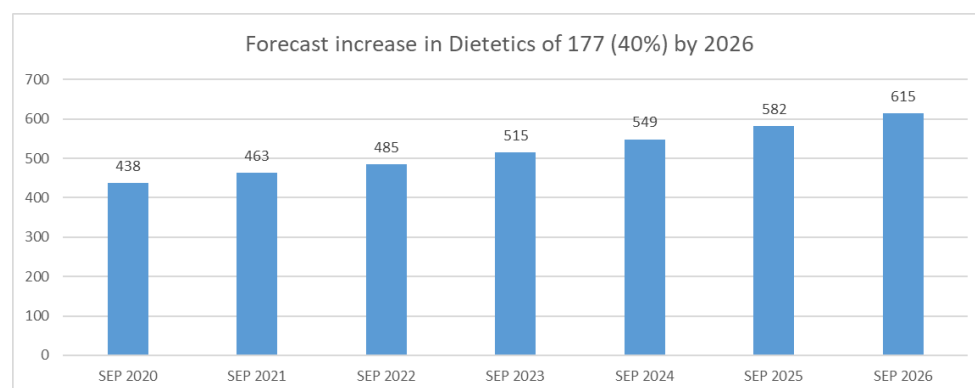
and, working with their partners, are providing level one and two services. Aneurin Bevan University Health Board, Cardiff, and Vale University Health Board offer adult level 3 services. Other health boards are also currently developing their level 3 specifications, emphasising a future requirement for growth in dietetic services. There has also been a growth in requirement for patient group education to support diabetes management in addition to irritable bowel FODMAP dietary therapy group support. Other developments that will require dietetic services include the single cancer pathway and expansion of eating disorder services.

The Nutrition and Dietetic workforce in Wales needs to be able to meet the challenges of Healthy Weight: Healthy Wales in its entirety from prevention to complex treatment and the long term challenges of rehabilitation stemming from the COVID pandemic. The core clinical risk factors identified in the pandemic included Obesity and Diabetes. The demand for dietitians is across the spectrum from prevention and chronic condition management to rehabilitation and reablement, The NHS Wales Delivery Unit has also released Right Sizing Community Services to Support Hospital Discharges. The role of nutrition and dietetics is pivotal in the recovery and reablement pathway and a key enabler to achieving the desired rehabilitation goals. There is also a role in educating the wider multi- professional team in health and social care to enable the wider workforce impact and ensure consistency of nutrition messages across a range of settings.

Evidence exists of ongoing vacancies in service particularly in rural areas of Wales and use of agency staff.

HEIW significantly increased the commissions for this profession in 2021 (52 to 60 places an increase of **43%**). HEIW recommends maintaining commissioning at **60** for 2022/23.

The workforce intelligence model identifies that the dietetics workforce is projected to grow by **177 (40%)** between September 2020 and September 2026 where the forecast is **615 FTE's**.



Podiatry

Within podiatry there is an ageing workforce. Over 55% of the podiatry workforce in Wales are aged 50+ (HCPC data, 2018). It is imperative for the sustainability of the

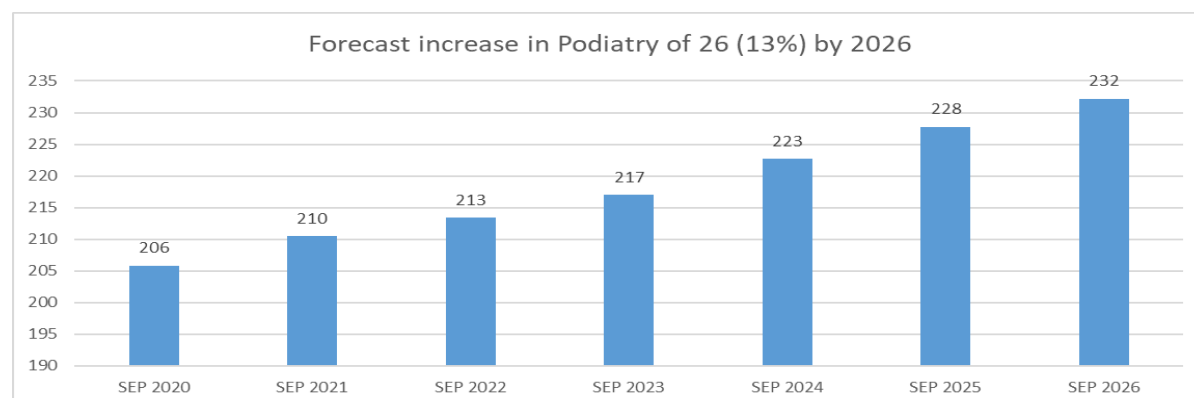
profession that there are adequate numbers of podiatrists being trained to replace those who are retiring.

The number of people living in Wales with long term conditions which can affect the feet and lower limbs, such as rheumatoid disease, vascular disease and diabetes continues to rise, as does the population who are at risk of falls. It is vital that the podiatry workforce can meet the podiatric needs of the population both now and in the future as demand for podiatric interventions increases. Investment in the podiatry workforce will prevent a number of adverse and costly health outcomes including falls and lower limb amputations and help the population to remain healthy, mobile and active, supporting crucial public health outcomes and wellbeing of people across Wales.

Podiatry was not included in the recent round of streaming as one of the smaller professions but also because of the likelihood of progressing to work in the private sector.

HEIW recommends maintenance of the current commissioning numbers at **27**.

The workforce intelligence model developed by HEIW shows that the Podiatry workforce is projected to grow by **26 (13%)** between September 2020 and September 2026 where the forecast is **232 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



Speech and Language Therapy

All health boards are required to provide clinical services through the medium of Welsh however the pressures in North Wales are more acute than other parts of Wales. Clinical posts exist which are deemed to be Welsh-essential and it is increasingly challenging to recruit suitably qualified and experienced staff to fill these posts. Welsh language use reported in Anglesey is 57% and Gwynedd 65% of the population. The BCU IMTP highlights the need for Welsh speaking SLT professionals specifically.

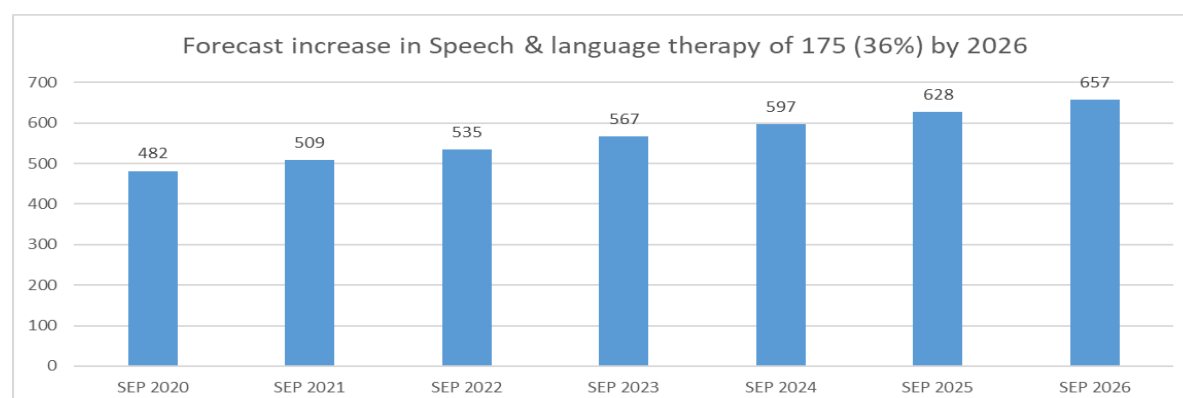
The strategic review of healthcare professional education will help to address this with the formation of a new SLT pre-registration programme in North Wales.

New developments within Unscheduled Care, Primary Care and Mental Health settings are predicated to lead to greater demand for SLT services. Currently, SLTs

have replaced ENT Consultants' and Radiologists' time within instrumental swallowing clinics. Modelling suggests that currently, demand is being met by the existing training provision apart from Welsh language medium training.

It is recommended that speech and language therapy numbers remain at **49**.

The workforce intelligence model identifies that the speech and language therapy workforce is projected to grow by **175 (36%)** between September 2020 and September 2026 where the forecast is **657 FTE's**.



Paramedics

For 2021 the WAST IMTP stated the need for 100 paramedics to be commissioned. This is not possible for a number of reasons including the move to two providers in 2022. The need to ensure stable and sustainable growth within this area is vital. Therefore, in 2021 it was recommended that 75 places are commissioned on the BSc programme (an increase of 31%) in addition to an increase in EMT places. From 2022 as a result of the education strategic review HEIW is able to commission the full number requested in the IMTP.

HEIW recommends **86** on the BSc Programme (**13% increase from last year**) and **30** EMT conversion places. (It is noted that the EMT conversion programme is now 2 years in duration due to the HCPC requirement to education to degree level for this profession).

Physician Associates

This year saw the third cohort of Physicians Associates graduate. The numbers in training have steadily increased and as part of the bursary tie-in arrangements, Physician Associates graduating in 2021 have been recruited as part of the streamlining processes. HEIW has worked with organisations to identify suitable positions for the graduates and this has led to an increase in the interest in employing Physician Associates across a wide range of medical specialties in secondary care and in a number of practices in primary care. Regulation of Physician Associates will come under the General Medical Council in 2022 which will open the opportunity for this role to become independent prescribers.

HEIW recommends maintaining the level of education provision at **54**.

3. Pharmacy

A notable change for 2022/23 is that NHS Wales, as single lead employer, is unique in moving to offer only multi-sector trainee pharmacist programmes, based on GPhC 2021 interim learning outcomes and standard curriculum which starts to move further towards the new IETPs. The single programme will drive transformational changes to developing the pharmacist workforce. A single learning programme will improve alignment to the HEIW Strategic Equality Plan ensuring an equitable experience for all learners.

As pre-reg. foundation pharmacist recruitment is becoming more challenging, with demand for trainees exceeding supply, a very clear offering to students of a single consistent and high- quality national multi-sector programme provides Wales with a marketing and recruitment advantage.

Pharmacy Technicians

In 2017 new initial education and training standards for pharmacy technicians were published incorporating extending learning outcomes in specific areas, such as accuracy checking of dispensed medicines and with an increased focus on person-centred care.

Our future aspiration is for multi-sector training for pharmacy technicians to become the norm to ensure person-centred care across the integrated care pathway. Initial steps have been taken with multi-sector pilots for pre-registration pharmacy technicians, but further explorations into workable models are needed during 2022-23.

Due to the fact that the learning outcomes relating to preparation of pharmaceuticals changed to 'shows how', rather than 'does', a new pathway has been created to engage a minimum number of trainees, thereby providing new registrants for the pharmacy technical and manufacturing services in Wales. The first intake for both strands of the course is autumn 2021-22.

Existing workforce

During the whole period of implementation of the new IETs, 2021-2026, the HEIW plan is to upskill the existing pharmacist workforce to achieve independent prescribing (IP) status. A career pathway for new registrants is being developed that will provide the opportunity to achieve IP status alongside a Royal Pharmaceutical Society (RPS) credential which will offer recognition of competence at the 'early career' stage, facilitating the pathway to RPS advanced and consultant level practice.

During 2021 the GPhC are reviewing the current requirement for a pharmacist to have worked in a clinical area for two years before training to prescribe in that area. If this requirement were removed, the rate at which the existing pharmacists workforce could reach IP status could be accelerated.

The pharmacy technician workforce will be developed to lead pharmacy teams, specifically developing education, leadership and clinical skills in line with the national foundation and primary care frameworks.

Pharmacy requests in IMTPs have been prioritised in the context of the new initial education and training standards (IETs) that must be delivered for pharmacists and pharmacy technicians and the requirement to upskill the existing workforce to an equivalent level.

Recruitment challenges in specific staff groups and training capacity have been considered along with additional workforce intelligence to supplement Health Board education and training requests which have not all fully captured training needs of primary and community teams.

Recommendations are intended to support diversification within pharmacy teams. The key priorities for the pharmacy workforce in 2022-23 are:-

Priority	Purpose
Provide access to programme for health care support staff to gain the necessary entry criteria for level 3	Provides a 'widening access' route to pharmacy technician training, and a prudent workforce, releasing pharmacy technicians from historic roles (including dispensing).
Implement a national post-registration foundation pharmacist programme that follows the multi-sector trainee pharmacist programme (pending business case approval)	Equitable support for novice pharmacists in all areas of practice to an RPS credential, assuring employers of 'level of competence' and expediting the registrant journey to prescriber and advanced practice.
Increase annual numbers of independent prescribing courses for community pharmacists to 100 with supporting bursaries	All patient facing pharmacists in Wales are independent prescribers.
Continue to increase competency in advanced practice amongst the existing pharmacist and pharmacy technician workforce and for those transitioning to GP practice	To deliver service transformation in medicines management close to people's homes.
Introduce Wales first 'Pharmaceutical Sciences' Science Training Programmes	Support growth and diversification in the technical services and manufacturing workforce to deliver the Welsh Government Transforming Access to Medicines (TrAMs) project for three new medicines manufacturing hubs in Wales

By ensuring all training of our future pharmacy professionals is of high quality and across all the main sectors of practice, in particular within primary and community care, HEIW can ensure a seamless approach to the care of patients and deliver on the goals of A Healthier Wales.

Pharmacy Support Staff

Health boards report increasing utilisation of pharmacy assistants in place of pharmacy technicians as they can be more easily recruited and retained and can be developed into extended roles, for example undertaking medicines management in critical care during the pandemic.

There is a need to offer routes for progression for the additional assistants recruited during COVID. The 'access to' course is a priority with initial delivery planned early in 2022 through the Made in Wales workstream.

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Pre-reg Pharmacy Technicians

Health Boards report difficulty recruiting and retaining Band 4 pharmacy technicians as the number and type of roles for pharmacy technicians have increased. In addition, the existing pipeline of new registrants has slowed due to the introduction of new Initial Education and Training Standards (IETs) requiring a new training programme to be tendered and implemented, delaying the start date for the 2021 cohorts until Q3.

Currently this development has a course funded through the modern apprenticeship route with NHS employers receiving full salary support for trainees and NHS contractors receiving a £2000 bursary to support workplace release over 2 years.

In hospital sites, training capacity for the 2-year, work-based apprenticeship is currently a barrier to increasing numbers. In community pharmacy, barriers are the ability of existing staff to meet the entry threshold for the training course, and the need for time with experienced tutors.

Despite the shortage of pharmacy technicians, post numbers are recommended to be maintained at 2021-22 levels for the next 12 months of commissioning. With the new training programme for pre-registration pharmacy technicians expected to commence in autumn 2021, it is recommended the course has time to 'bed-in' before increasing numbers.

During 2022-23 the priority is to introduce the 'access to' course, through the Made in Wales workstream, to create a pathway to pre-registration pharmacy technician training for pharmacy employees working at the assistant level who have potential to progress. This will create a new pipeline to increase post numbers in future years.

Recommendation

- **NHS Employed 55**
- **NHS Employed Pharmacy Technical and Manufacturing services 8**
- **NHS contractor/community employed 20**

The medium-term aspiration for pharmacy technician training mirrors that for pharmacists; a quality clinical and technical experience across the whole integrated care pathway with an equitable bursary package. Whilst numbers are held constant in 2022-23, workable future models to deliver this aspiration will be explored.

Trainee Pharmacists

Community pharmacists were added to the Home Office shortage occupation list in 2020 and with new GP practice and cluster pharmacist roles continuing to emerge in 2020-21, a continued gradual increase in trainee pharmacist numbers would be desirable.

However, for 2022-23 the number of trainee pharmacists must first be stabilised to facilitate an essential and accelerated transition to the new GPhC Initial Education and Training standards (IETs) through a single multi-sector model, with 100% training posts having time in hospital, community and GP practice.

Initially, a five-year financial model was generated to support an increase in training post numbers towards 180 in 2022. A revised proposal for 2022-23 outlines why the subsequent announcement of an accelerated implementation of new IETs, requires

post numbers first, to be stabilised at 132 to permit additional investment in the infrastructure that this more complex training model requires. The original increasing post funding will be re-purposed to support host organisations in all sectors via increased training grants for local administration, the introduction of Training Programme Director roles and increased staff infrastructure within the pharmacy foundation team.

The picture GB-wide is that the demand for trainee pharmacists in England, Scotland and Wales has begun to exceed the available number of graduates. It is vitally important Wales presents the best quality training model to continue its impressive 100% multi-sector fill rate, supported by the 'This is Wales: Train Work Live' campaign.

Recommendation: 132 multi-sector posts

Post-Reg Foundation Pharmacists

In 2021 the new UK post-reg foundation curricula developed by the Royal Pharmaceutical Society (RPS) will be launched. The curricula and assessment strategy have been produced through extensive stakeholder engagement across all sectors of practice. In addition, the curricula has been adapted to reflect the new GPhC IETs.

HEIW welcomes an agreed UK wide post-reg foundation framework for all sectors of practice. In line with these developments, HEIW intends to reshape the current commissioned Clinical Diploma/MSc for hospital pharmacists to offer a revised programme of learning aligned to the RPS post-reg foundation curriculum.

For 2022, the Wales transition includes financial modelling for 50 pharmacists on the new 'national post-registration foundation programme', and, a final intake of 40 Clinical Diploma/MSc pharmacists in the NHS managed sector, prior to all posts being commissioned through the new national post-registration foundation programme in 2023.

Foundation Pharmacy Technicians

Requests for developments for this staff group through IMTPs have increased three-fold since last year and include requests from community, primary and secondary care. There is increasing recognition of the need to upskill the existing pharmacy technician workforce, primarily as the value of the professional role is acknowledged and secondly, in direct response to role expansion prompted by the changing pharmacist role.

In anticipation of increased development of the pharmacy technician framework in all sectors against foundation and primary care frameworks:-

Recommendation:

- **Increase the number of £1000 training bursaries for Level 4 Agored units (education, leadership, professional practice, procurement) from 20 to 30 in community pharmacy**
- Increase the BTEC Level 4 clinical skills to 20.**

Independent Prescribing (IP) and Advanced & Extended Practice (A&EP)

Considering that from 2026 all new pharmacist registrants will be IPs, this presents a five-year window where the need to upskill Wales existing patient-facing pharmacist workforce is a priority as Wales moves towards greater uniformity in terms of a proposed national programme of community pharmacy services, including independent prescribing.

In 2022-23 there is a need to further increase access to independent prescribing courses and advanced and extended practice developments for pharmacy professionals.

Independent Prescribing

Approximately 50% of Wales 578 NHS employed patient facing pharmacists are IPs and this is significantly lower for the 1084 NHS contractor employed pharmacists and the figure is not known for locum pharmacists.

Recommendation: increase IP courses to 200 in 2022-23

- 100 hospital and**
- 100 community, including 3k bursary**

The number of IP courses cannot realistically be higher due to two limiting factors. Firstly, the availability of Designated Prescribing Practitioners (including Designated Supervising Medical Practitioners). Steps to improve access ready for a continuing increase of commissions must be addressed to realise increases in academic intakes 2022. Also, the demand for affordable IP courses in Wales has reached the current HEI capacity and may necessitate tendering outside Wales.

Advanced & Extended Practice for Pharmacists

Currently rotations in the second year of the diploma provide a pipeline of pharmacists competent to cover specialist hospital wards including: - mental health, paediatrics, critical care and technical services. It is important to maintain stability in areas of national clinical priority during transition and so adequate access to advanced and extended practice resources for the hospital sector need to remain whilst other mechanisms for developing generalist advanced practice are embedded to follow on from a national foundation programme.

In community pharmacy the rate of engagement with minor ailments training has proved sustainable and remains a suitable pre-cursor to IP training.

Education is one of the 'four pillars of advanced practice'. Due to the need for more quality clinical placements for students and trainees in all sectors of practice to implement the new IETs, there is an increased need for skilled educational supervisors and mentors to be developed in the pharmacy workforce and health boards have not identified this in IMTPs.

As new courses for digital skills development of the clinical workforce are coming on-line, an increase in IMTP requests in this area has been seen and is supported as the pharmacy workforce seek to engage with this agenda.

Recommend: increase funds 10% for hospital and maintain 2022 level for community
242k hospital and 250k community

GP Transition programme

The GP transition programme is currently the required programme for any pharmacist to achieve competence working in this sector. For 2022-23, continuing provision at current levels matches well with demand. This will be reviewed within 12 months as outputs from the primary care group aligning programmes to a central primary care training model.

Recommendation: 30 transition programmes

Specialist Services - Pharmacy Technical Services

Pharmacy Technical and Manufacturing Services in Wales are currently undertaking a transformation project with Welsh Government. An approved capital fund of 67 million over the next 5 years will be used to reconfigure the way in which medicines are prepared and manufactured to meet the populations growing demand of 5-10% per annum. NWSSP will be the employer for three new manufacturing hubs across Wales, with one Clinical Director.

Overall, a skilled technical and manufacturing workforce needs to be grown using existing health board sites to train the staff for the future NWSSP units. The future workforce must be more diverse using different supply lines like science graduates and health care science apprenticeships alongside the minimum number of qualified pharmacy professionals required to attain regulatory compliance with the MHRA and for the Quality Assurance of Aseptic Services Standards.

Pharmacy professionals

There have been difficulties recruiting specialist pharmacists due to a lack of skills and experience in this area due to significant underfunding for training over many years. Manchester University provides the only manufacturing MSc - Pharmaceutical Technology and Quality Assurance (PTQA) which enables pharmacists to specialise in technical services and, following a pan-Wales approach, pharmacy has a plan to stabilise and sustain the service through specialist staff development which can be seen through IMTP requests.

Recommendation: 7 MSc/PTQA courses

Pharmacy procurement

Purchase of medicines is a specialist role outside of NHS Welsh Health Supplies and requires a team trained to a global standard. The value of this service was proven during the pandemic as high demands on a narrow range of medicines was dealt with by skilled teams for which we need to undertake succession planning.

A foundation in the area will be provided through vocational training with an Agored Level 4 qualification in Procurement. For those then looking to specialise the entry level qualification is Chartered Institute of Procurement and Supply Diploma Level 4, which has previously been considered outside of the current Advanced practice criteria but needs to be available to enable succession planning for the whole of Wales in this specialist area. Level 5 and 6 have already been supported through the Advanced Practice route.

Recommendation: 5 CIPS course at the required level

Consultant Level Practice

An interim review of a 'Learning Needs Analysis', of the advanced practice pharmacist workforce, provides new evidence that pharmacists need support to develop multi-professional practice research credentials.

HEIW will work with stakeholders to identify the learning needs of the pharmacist workforce, which will prepare them for Consultant Pharmacist roles.

4. Healthcare Scientists

Healthcare Scientists within healthcare represent a broad range of professional groups and specialisms and represent a rich and diverse group of over 50 disciplines. Staff numbers within each specialism or discipline are relatively small and the number of staff trained each year reflects this. There are greater numbers commissioned at undergraduate level Practitioner Training Programme (PTP) with smaller numbers at MSc Clinical Scientist Training Programme (STP) and PhD Higher Specialist Scientist Training (HSST) level. There has been a year on year increase in trainees at STP and there are now the most scientist trainees in the system than ever.

Healthcare Science PTP

The pathology workforce has been identified as a key area for workforce development following the demands of the pandemic and projected changes to workforce requirements in the development of diagnostic hubs and workstream progression such as the single cancer pathway. HEIW therefore recommends the expansion of the commissioned education for these professions.

HEIW Recommends **28** commissioned places (**10% increase from 2021**).

The Clinical Engineering professions have been key to meeting the demands of the pandemic and development of this very small workforce is at risk. HEIW has undertaken some work to commission a PTP programme in Wales as part of the education strategic review.

HEIW recommends **8** (**4** Rehabilitation Engineering and **4** Medical Engineering).

Workforce shortages and the service development plans in both Neurophysiology and Respiratory physiology has led to recommendations to increase commissions **8** and **4** respectively.

Healthcare Science STP

The STP trainee programme continues to be a highly competitive and sought after training programme with the NHS Wales recruitment process for 2021 lead by HEIW yielding 1500 applicants for the 35 available posts.

New areas to be introduced within the recommended numbers **39** for 2022/23 are Cellular pathology **HEIW recommend 3 posts** and MSc Clinical Science (Pharmaceutical) **HEIW recommend 3 posts**

- MSc Clinical Science (Pharmaceutical) trainees will utilise specialist centres in Technical Services Production, Radio pharmacy, Quality Assurance and Quality Control to create a new career pathway for science graduates. STP Pharmaceutical Sciences are already established in England. Graduates from Wales first cohort will complete in 2025 as new opportunities within Wales manufacturing units are anticipated to be coming on-line.
- The curriculum review of the cellular pathology STP programme undertaken by the National School of Healthcare Science has initiated an appetite to train STPs in this field, as previously the curriculum was not deemed suitable.

HEIW recommends an increase of clinical scientist trainees (STP) to 39 for 22/23

HEIW recommends maintaining the same level of HSST at 8 for 22/23

Equivalence routes to registration

HEIW worked successfully with NHS organisations throughout 2019 to embed 'equivalence' pathways into the NHS for the healthcare science workforce. This supports individuals to gain professional registration and progress through the scientific career structure.

There is a continuing theme around a need for "grow-your own" and for in-house training to extend practice for Healthcare Science. Using equivalence to develop clinical and consultant scientists is a cost-effective way of realising the increase in numbers as reported in the IMTPs, whilst recognising the value and skills currently employed. This will enable the workforce to grow and develop and will support staff within the service to progress their careers whilst continuing to work.

HEIW recommends that investment in equivalence continues at current level of £80,000.

5. Post Registration and Post Graduate Education

Developing the registrant workforce is integral in supporting the transformation and redesign of clinical services. Providing clinicians with funding to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in step with changing service requirements. This in turn ensures service users receive high quality patient care from expert practitioners.

There are a number of different funding streams to support staff development:

- Advanced and extended Practice education
- Non-medical prescribing
- Medical ultrasound education
- Reporting Radiography education
- Genomic Medicine Education
- Community Health studies (SPQ)
- Specialist Community Public Health Nursing (SCPHN)

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

Advanced and Extended Practice Education

Investment has been consistently growing year on year. This has supported a wide range of clinicians to develop advanced and extended skills and has also supported health services to gain advanced practitioners. Priority areas identified for health boards and trust to target their spend for 2022 will be:

- Community and Primary care/GP OOHs
- Unscheduled care to include, emergency care, critical care
- Cancer services
- Diagnostics
- Eye Health/Ophthalmology access
- Mental Health

It is clear that the Covid 19 pandemic affected the ability for registrants to be able to be released to undertake post graduate education programmes, as we saw an underspend against this budget at year end 20-21. The pandemic affected the ability for registrants to be able to be released to undertake post graduate education programmes. HEIW are working with Health Boards to minimise the impact on study leave in 2021/22.

The recommendation is that the budget remains at £2 million

Non-Medical prescribing Education

Investment in these programmes increased for 20/21 to £500k. It is clear that the Covid 19 pandemic affected the ability for registrants to be able to be released to undertake these programmes, as we found ourselves in the same position as with advanced practice education. Also, the capacity within the university's in terms of numbers per cohort is at it upper limit.

The recommendation is that the budget remains at the current level of £500k

Reporting Radiographers

Consultant radiologists as well as radiographers remain on the occupational shortage list, therefore there is a need to develop more reporting Radiographers and expand other areas of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession.

The recommendation is that the budget remains at the current level of £40k

Medical Ultrasound/Sonography

The development of Medical ultrasound/sonography skills amongst clinicians is now well established within NHS Wales. In 19/20 the fund started to be accessed across a broader range of professionals e.g. podiatrists and physiotherapists. The level of need amongst the workforce continues to be significant, with some of this education requiring topping up from the advanced practice funding. This programme will be re-tendered for as part of phase 2 of the strategic review and the plan is to have new contracts in place by 2022. HEIW have had discussions with the Imaging Academy

with regards to what part they can play in the delivery of this education. This funding also includes salary backfill funding at 2/3rd of the current trainee salary

HEIW recommends that the budget remains at current level

MSc in Genomic Medicine

Genetics and Genomic medicine continue to build momentum within healthcare provision. Advances in this field have provided patients with earlier and more accurate diagnosis and more individualised treatment and patient care. Welsh Government has identified a need to increase the capacity and capability of the scientific workforce in genomic medicine, and the Genomics for precision medicine strategy was published in July 2017, which sets out the Welsh Government's plan to create a sustainable, internationally-competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales. Since then the Topol report (2019) has also been published which contains eight recommendations for genomics specifically, with a heavy emphasis on workforce development and planning.

HEIW recommends that the budget remains at the current level.

Community Education

Specialist Practice Qualifications (SPQs): These programmes are currently under review by the NMC and a consultation on draft new standards is underway. The NMC states that:

“Our new standards will ensure that people who use health and care services can be confident that they will receive high quality care from their specialist practitioner whether they're at home, in the community, or accessing public health services.”

These standards have not been reviewed in around 15 years and now need to reflect how modern healthcare services are delivered in the community. Currently the funding supports the following:

- Programmes which lead to a **recordable** qualification i.e. District Nurse, Practice Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse, Paediatric Community Nurse
- Programmes which may lead to an academic award which is not formally recognised by the NMC.

The tables below identifies the number of students which it is recommended are commissioned for 2022-23.

Course Title	Ed Com. 19/20	Ed Com. 20/21	Ed Com. 21/22	22/23 (WF Plans)	2022/23 - HEIW Recommendations
Community Health Studies					
District Nursing (Part-time)	80	80	80	114	80
District Nursing Modules	123	123	123	100	123
Practice Nursing (Part-time)	20	20	20	22	30
Practice Nursing Modules	29	29	29	78	50

Community Paediatric (Part-time)	0	0	0	12	0
Community Paediatric Modules	24	24	24	17	24
CPN (Part-time)	30	30	30	62	30
CPN Modules	60	60	60	19	60
CLDN (Part-time)	0	0	0	10	0
CLDN Modules	10	10	10	12	10
Additional Modules	472	560	560	22	560

Specialist Community Public Health Nursing

Health Visiting

These programmes are currently under review by the NMC and a consultation on draft new standards is underway. Health Visiting is currently delivered through a number of routes:

- Full time: This is a full-time continuous 45 week course with a period of consolidation which takes the student up to 52 weeks.
- Part time: The part time route is undertaken on a part-time basis and usually completed over a period of 2 years
- Modular: Students undertake one or more specific taught modules over an undefined period of time.

The modular route continues to prove a challenge to service in releasing staff to undertake this programme.

HEIW recommend maintaining the same level of education provision as in 2021/22.

The tables below identifies the number of students which it is recommended are commissioned for 2022/23

Course Title	Ed Com. 19/20	Ed Com. 20/21	Ed Com. 21/22	22/23 (WF Plans)	2022/23 - HEIW Recommendations
Health Visiting (Full-time)	58	58	58	85	58
Health Nursing (Part-time)	34	34	34	13	34
Health Visiting (modules)	30	30	30	6	30
School Nursing (Full-time)	14	14	20	31	20
School Nursing (Part-time)	5	5	10	8	10
School Nursing (modules)	3	3	0	0	0
Occupational Health (Full-time)	0	0	0	3	0
Occupational Health (Part-time)	0	0	0	7	0

6. Healthcare Support Worker Development

Healthcare Support Workers (HCSWs) make up 41% of the NHS Wales workforce and make a valuable contribution to service delivery in all settings with over half of this 41% working in roles supporting nurses and allied health professionals. Workforce profiling suggests that 80% of tomorrow's NHS workforce is in post today, therefore

greater priority needs to be given to developing the skills and competences of the current workforce, to better meet the health and care needs of service users today and tomorrow. Without building capacities and capabilities in the HCSW workforce, there is the risk of being perpetually out of step and continually training and developing a workforce to address yesterdays and not tomorrow's healthcare needs. There is an urgent need, therefore, to develop and invest in HCSWs working in primary, community and hospital services. In addition, many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. Evidence would suggest that these individuals would stay with their local Health Board/Trust employer.

In addition, there needs to be equal opportunities for all HCSWs including those who work within Healthcare Science and Facilities Services. HEIW and WEDS previously have worked to fill the education gaps within the HCSW Career Framework and broadened it to include non-clinical areas by developing appropriate work-based learning qualifications. A number of HCSW qualifications sit within Apprenticeship Frameworks and HEIW have developed a draft Governance Framework for Work Based Learning which includes examples of the different models for delivery and where HEIW could add value to the learner's experience. This workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sort to increase the numbers of HCSWs undertaking Apprenticeships, which are referenced to within a number of the IMTPs. It is expected that organisations will continue to maximise the use of Apprenticeship funding, which would increase the breadth of support that could be given to organisations from the non-medical education budget. HEIW is now the Welsh Government's Development Partner for the Healthcare Apprenticeship Frameworks, role previously held by Skills for Health. An overarching Steering Group has been established, chaired by Alex Howells. One of the purposes of this Group is to ensure that NHS Wales has a suite of Apprenticeship Frameworks that met the needs of the HCSW workforce.

Other areas for the development of HCSWs outlined within the IMTP/Annual Plans and from ongoing discussions with Health Boards/Trusts include:

- Primary Care
- Joint Health and Social Care roles
- Theatres
- Healthcare Science
- Therapies, including Rehabilitation Support Workers

Healthcare support workers are playing an increasingly important role in the delivery of care across all areas of healthcare provision. HEIW has reviewed and refreshed the All Wales Delegation Guidelines to support the better use of the skills and competencies of Health Care Support Workers. HEIW will continue to increase its investment in the education of this workforce to ensure they are competent and confident to take on new areas of care and registered practitioners are confident to delegate work to them.

The development of this workforce will also provide those with the aspiration to continue their career and progress on to formal training programmes to become registered healthcare professionals, thus delivering the 'Made in Wales' ethos and also enabling individuals to 'earn while they learn'. Where possible this will be achieved using existing Apprenticeship Frameworks and the development of new Frameworks should this be required.

HEIW recommends that funding levels are maintained.

7. Medical & Dental

For 2022/23 the approach to workforce planning for the medical workforce has focused on several key themes:

- Impact of the Coronavirus pandemic on medical training
- Unscheduled Care
- Cancer Care
- Review of small specialties, which have not been considered to date
- Diagnostic Specialties
- Review of specialties aligned to supporting Mental Health
- Promoting training programme sustainability by ensuring appropriate alignment of Foundation, Core and Higher training post numbers
- Other workforce priority areas identified by national policy or local UHB need.

Following a decision on the specialties for review for 2022/23 a series of engagement and planning meetings were set up, with membership comprising the Postgraduate Medical Dean and other leads within HEIW, to review workforce intelligence and data submitted by Training Programme Directors, Heads of School, Royal Colleges, Health Board IMTPs and any other relevant source of information in the following areas:

- Description of the demographics of the current medical workforce in the specialty including data and trends over time
- Predicted regional and national demand for the future workforce
- Current supply routes for the workforce
- Impact on quality of training programme if places were increased/decreased
- Opportunities for changes to service delivery e.g. upskilling other healthcare professionals
- Recruitment and retention trends within the specialty

This systematic approach has enabled a detailed review of a large number of medical specialties (Table 1), further developing our ambition to provide a comprehensive, responsive and consistent modelling approach to medical workforce planning.

Recommendations to commission or decommission training posts as outlined in this paper were agreed following an analysis of the key data as highlighted above alongside consideration of the recruitment and retention rates and historical trends within the specialty to determine appropriate levels of change (see Table 2 for the Workforce planning 2022/23- Criteria with supporting data).

In addition to the process as outlined above a 'deep dive' analysis was undertaken for Renal Medicine and Diabetes and Endocrinology; specialties where previous workforce modelling by the Centre for Workforce Intelligence indicated a potential oversupply of trainees in Wales and elsewhere in the UK. This 'deep dive' process has analysed and mapped trainee and consultant data over time to identify potential trends to assist with modelling and forecasting future numbers. This detailed process remains a work in progress and so at the point of writing recommendations for these specialties are not yet available and so will feature in the 2023/24 plan.

The medical workforce planning process and its recommendations is not undertaken in isolation from the process for other healthcare professionals. It is increasingly important to understand how new roles and new ways of working might support delivery of service in areas which were traditionally considered the remit of the doctor. Cross sectional collaboration within HEIW is undertaken to explore future needs in this context and ensure clear understanding of progress for establishing new roles in other healthcare professionals, which could impact on the recommendations for medical training posts. This work is ongoing and at this point in time has relatively little impact on the medical recommendations in the specialty areas included for 2022/23. It is important to notice that in several specialty areas there is a limit in available medical training capacity eg histopathology and neurophysiology, something which impacts not just on medical training post opportunities but also on the support and supervision available to develop alternative roles for specialist/advanced practitioner provide future service.

Table 1 – Medical specialties considered for 2022/23

Unscheduled care		
Intensive Care Medicine	Emergency Medicine	Anaesthetics
See Foundation, Core and Higher alignment for Acute Care Common Stem, Core Anaesthetics and Internal Medicine		
Cancer Care		
Clinical Oncology	Medical oncology	Palliative Medicine
Small specialties		
Community and Sexual Reproductive Health	Oral and Maxillofacial Surgery	Clinical Genetics
Clinical Neurophysiology	Clinical Pharmacology & Therapeutics	
Diagnostic specialties		
Medical Microbiology/ Infectious Diseases	Clinical Radiology	Histopathology
Mental Health		
Child & Adolescent Psychiatry	Old Age psychiatry	Forensic Psychiatry
Learning disabilities	See Foundation, Core and Higher alignment for Core psychiatry	
Foundation, Core and Higher alignment		
Internal Medicine	Core Psychiatry	Acute Care Common Stem
Core Anaesthetics		
Additional workforce priorities		
Paediatrics	Public Health Medicine	Rheumatology
Gastroenterology/Hepatology	Diabetes & Endocrinology	Renal Medicine

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Impact of the Coronavirus Pandemic on medical training

The Coronavirus pandemic which commenced in early 2020 has impacted medical training in a number of key areas and highlighted the need for more resilience in some specialties. There has also undoubtedly been an impact on the wellbeing of the medical workforce with reports suggesting increase level of fatigue and potentially burnout. The Professional Support Unit has seen a significant increase in numbers of self-referrals from medical trainees for health reasons since the second wave of the pandemic. It remains to be seen whether this will impact future recruitment and retention

Foundation Training: The majority of Foundation trainees were redeployed to support the care of COVID patients during the pandemic, significantly impacting on their experience and planned placements. However, due to the generalist nature of Foundation training, this had minimal impact on their progression.

Core & Specialty Training: Contingency arrangements were introduced for recruitment into Core and Specialty programmes with the introduction of online interviews and increased use of situational judgment testing as a method of entry. The necessary changes to the recruitment timetable will mean that final appointed numbers will not be available until mid-May for round 1 (core level (CT1/ST1)) and the end of June for round 2 (higher specialty (ST3/4)). Deferral arrangements and delayed start dates may need to be introduced for certain trainees who, due to VISA applications and travel restrictions, are unable to commence their programme as originally planned.

Completion of Specialty Training: Amendments to the Annual Review of Competence Programme (ARCP) process remain in place with the continuation of COVID specific ARCP outcomes alongside derogations of Training curriculum requirements. These have enabled the vast majority of trainees to progress in their training programme or from Core to Higher training, however the focus now is ensuring arrangements are in place going forward to support trainees and ensure outstanding competence and training requirements are met. Whilst derogations have enabled progression in the short term there is a significant cumulative risk and it is crucial this is mitigated by avoiding future redeployment of those most impacted up to this point. Of those trainees at critical progression points i.e. approaching their Certificate of Completion of Training (CCT) we anticipate 10% are at high risk and 20% at intermediate risk of non-progression.

General Practice Specialty Training: Following initial suspended sittings of the MRCGP examination as well as GP trainees having to shield due to the COVID pandemic, the number requiring extensions to their training has increased. Additionally, a number of recruits had to defer their start dates to 2021 because of COVID related issues. These developments will delay the achievement of some GP CCTs for mostly only a few months, and hence an equivalent number of applicants for qualified GP vacancies in Wales in the next few years. A potentially much greater impact of the pandemic on progression has however been mitigated by supporting the RCGP to create a new exam, the Recorded Consultation Assessment (RCA) instead of the cancelled Clinical Skills Assessment (CSA), enabling the vast majority of GP specialty trainees to qualify as GPs no later than they otherwise would have.

Table 2 –Workforce planning 2022/23- Criteria with supporting data

Specialty	Longstanding consultant vacancies/ understaffed departments	Significant consultant /SAS retirement projected for next 5 – 10 years	Significant increase in demand	Curriculum changes/ Training shortage	Impact of part time working on training output and consultant WTE	Royal College recommendations
Intensive Care Medicine			✓			
Emergency Medicine	✓	✓	✓		✓	
Anaesthetics	✓	✓	✓	✓	✓	✓
Clinical Oncology	✓	✓	✓			✓
Medical Oncology	✓	✓	✓			
Palliative Medicine		✓	✓	✓	✓	
Community and Sexual Reproductive Health		✓	✓			
Oral and Maxillofacial Surgery	✓	✓	✓			
Clinical Genetics		✓	✓			
Clinical Neurophysiology	✓	✓				
Clinical Pharmacology & Therapeutics		✓	✓			
Medical Microbiology/ID	✓	✓	✓			
Histopathology	✓	✓	✓			✓
Clinical Radiology		✓	✓			✓
Child & Adolescent	✓	✓	✓			
Old Age Psychiatry	✓	✓	✓			
General Adult Psychiatry	✓	✓	✓			
Forensic Psychiatry						
Learning Disabilities	✓	✓	✓			
Paediatrics		✓			✓	✓
Public Health Medicine			✓			
Rheumatology	✓	✓	✓	✓		
Gastroenterology – Hepatology	✓			✓		
Renal Medicine						
Diabetes and Endocrinology						

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Unscheduled Care

Emergency Medicine, Anaesthetics and Intensive Care Medicine:

The supply and demand analysis for Emergency Medicine, Anaesthetics and Intensive Care highlights a need to increase training post numbers just to maintain current levels but also to increase output to futureproof services against projected consultant retirements. Each of these three specialties have seen expansion agreed through recent workforce plans however in the case of Intensive Care Medicine and Anaesthetics further expansion is required.

Emergency medicine will require further expansion, in future years due to a rapid increase in the proportion of trainees and consultant workforce choosing to work part time. The main feeder programme for emergency medicine higher training is the Acute Care Common Stem (ACCS) pathway. Although recruitment directly into higher training in Emergency Medicine is feasible, this has traditionally not been a successful route in Wales. The focus therefore needs to be on ensuring that the ACCS programme can deliver what is needed. There is currently significant attrition from the programme meaning that the alignment between ACCS and the higher programme is not ideal and needs to be addressed to ensure sustainability. A review of the ACCS programme is currently underway to address these issues. Recommendations to expand ACCS follow below.

Alongside increased post numbers in these key areas, expansion is also required in core programmes directly aligned to these specialties. i.e Core Anaesthetics, ACCS and internal Medicine to ensure a constant pool of applicants for future Higher Programme vacancies. This is covered in more detail in the Foundation, Core and Higher alignment section.

Cancer Care

Clinical and Medical Oncology

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020) with incidences of new cases rising by approximately 1.5% a year and set to rise by at least 2% a year for the next 15 years⁴. Both Clinical and Medical oncology are projected to see a significant workforce shortfall in future years due to increase in demand and projected consultant retirements.

Palliative Medicine

With a recognised increased lifespan of patients with advanced disease and comorbidities requiring longer periods of specialist palliative care and a need to support the provision of palliative care services in hospital, care home, and community with particular focus on community provision out of hours, the demand for end of life care has increased significantly. Projected consultant vacancies in Palliative Medicine over the next 5 years will not be met by the current projected supply of trainees on the training programme.

⁴ Welsh Cancer Intelligence & Surveillance Unit (2015) Cancer in Wales: 2001-2013. <http://www.wcisuwales.nhs.uk/sitesplus/documents/1111/WCISU%20Official%20Stats%20Report%20Final%20English.pdf>

Small specialty review

Community and Sexual Reproductive Health Medicine

Community Sexual and Reproductive Health (CRSH) is a relatively new training programme and a small specialty with 2 training posts in Wales commencing at ST1. The Faculty for Sexual Reproductive Health (FSRH) is concerned that the CSRH consultant workforce is in a succession crisis as it is estimated that one third of the current medical workforce (in Wales and the rest of the UK) could retire in the next 5 years. There is considerable overlap between Genito Urinary Medicine (GUM) and CSRH, but also a different emphasis on areas of expertise. GUM consultants work closely with CSRH colleagues to provide complex sexually transmitted diseases and HIV care as well as basic contraception services. CSRH specialists have greater expertise in complex contraception and gynaecology, but also possess some of the basic skills of a GUM physician. Whilst CSRH is a popular specialty with high competition rates across the UK, GUM has experienced sustained recruitment challenges with vacant posts despite multiple recruitment rounds. As a result of long-term vacancies on the GUM programme in Wales and for the reasons outlined above, a temporary shift of funding from GUM to enable CSRH post expansion has been agreed for August 2021.

Oral and Maxillofacial Surgery

Across Wales there are ongoing recruitment challenges to Consultant Posts in Oral and Maxillofacial Surgery (OMFS). There have been reported consultant and SAS grade vacancies in almost every UHB in Wales over the past 5 years. This is despite successfully recruiting Specialty Trainees at almost every recruitment round and excellent retention post CCT, showing that the output from the training pipeline is currently insufficient to meet the needs of the service in Wales. With an ageing population and an associated significant rise in skin cancers & other malignancies of the head and neck, the demand for OMFS services will continue to rise.

Clinical Genetics

The recommendations from the Genomics for Precision Medicine Strategy launched by Welsh Government in July 2017 reflect the increasingly important role of genomics in future healthcare, something that was also highlighted in the Topol Review published in 2019⁵. Both reports recognise the need for more genomically-trained clinicians, including consultants in clinical genetics. As a result of the Genomics for Precision Medicine Strategy funding was made available for two new full-time consultant posts within the All Wales Medical Genomics Services (AWMGS). Unfortunately, the service was unable to recruit to these posts as no Wales genetics trainees had completed their training at that point and there was no interest from outside of Wales. The lack of applicants from outside Wales is not unusual; in the last 20 years, only one of the eleven substantive consultants recruited to South Wales was not on the Wales genetics training programme. AWMGS are therefore very dependent on the Wales training programme to supply and maintain the permanent workforce. Other genetics services across the UK are in a similar situation and there are a significant number of unfilled posts nationally.

Clinical Neurophysiology

⁵ [The Topol Review — NHS Health Education England \(hee.nhs.uk\)](https://www.hee.nhs.uk/the-topol-review)

Clinical Neurophysiology is a small specialty with a small number of consultants spread across Wales, one of whom is likely to retire in the next 5 years. There are long term consultant vacancies reported across most Health Boards. The training programme comprises one training post which is currently vacant following an inter-deanery transfer. Historically recruitment into the specialty is challenging with posts remaining vacant on the programme following multiple recruitment rounds. Both previous trainees completing training in Wales subsequently took up consultant posts in England. Across the UK there is a significant demand for Clinical neurophysiology consultants. Previous reviews by Welsh Government have suggested that much of the work delivered by the Consultant workforce could be performed by non-medically trained Physiologists. Swansea Bay UHB and Cardiff and Vale UHB Joint Executives, the Chief Scientific Adviser in Welsh Government agreed to sponsor an all Wales Neurophysiology project in 2019 under the [National Healthcare Science 'Looking Forward' Framework](#), bringing together Neurophysiology colleagues from across Wales to identify key issues that Neurophysiology face as a service. With concerns regarding the current training capacity, recruitment and retention impacting on the sustainability of this training programme in Wales we await the outcome of this review prior to making further recommendations.

Clinical Pharmacology and Therapeutics

The Clinical Pharmacology and Therapeutics (CPT) programme comprises 2 posts with 1 trainee having recently commenced in February 2021. Recruitment into this programme has been a challenge with multiple years of unsuccessful recruitment attempts. It is a higher training programme (recruitment at ST3 level) and the fact that trainees have very little exposure to CPT during their foundation and core training is thought to be part of the reason for poor recruitment into the specialty. With recent consultant expansion in CPT across North Wales, along with an increase in the training capacity we will be exploring the movement of the current vacant training post from South Wales to North Wales. Within the proposed expansion of Internal Medicine, a post will be created in CPT to provide exposure to the specialty earlier in a trainee's career, which can influence career choices if the training experience is good.

Diagnostic Specialties

Medical Microbiology & Infectious Diseases

Demand for Medical Microbiology and infectious Diseases continues to increase, a need further highlighted by the Coronavirus pandemic. There is a recognised national shortage of trained medical microbiology/infectious diseases staff and these shortages are also present for nursing and scientific staff in this specialty area. Across the current establishment of consultants in this area in Wales approximately 30% of posts are currently vacant and projected retirements over the next 5 years will exacerbate this.

Histopathology

Workload in Histopathology increases year on year and complexity of reporting has dramatically increased in recent years especially around cancer reporting and the developing requirements and technology for genetic and molecular testing. The evolving field of genomics will significantly increase histopathology workforce requirements. The most recent Royal College of Pathology Census report highlighted that in Wales, 36% of consultant staff are aged 55 years or over, a disproportionate

percentage compared to the other UK nations. There is a need for an increase in the number of histopathology training posts in Wales to support the current and future workforce needs. There is however a major challenge is retaining these trainees due to a significant pay differential between England and Wales and limited training capacity to support expansion. Exit interviews with 2 trainees who have been awarded CCTs in May 2021 confirm high satisfaction with the training programme but both flagged the issue of pay differential as impacting on retention of some of their trainee colleagues. Work is underway to explore the issues around training capacity and potential solutions.

The training sites in South Wales are at the limit of training capacity, however there is scope to expand by small numbers in North Wales.

Paediatric and Perinatal Pathology

Paediatric and Perinatal Pathology is a relatively new specialty with two training posts in Wales, which are now vacant. The only trainee to complete training on this programme has recently finished and taken up a post in Bristol due to a lack of suitable consultant vacancies in Wales. With only one Consultant trainer on the programme, recruitment into the programme is currently frozen as the current trainer feels unable to train alone.

Clinical Radiology

The 5-year Clinical Radiology training programme has seen a significant expansion in recent years resulting from recommendations in previous workforce plans. The expanded numbers of radiology trainees will result in an increased output of CCT holders from 2023 on. The expansion was driven by the stated needs from UHBs in Wales and it is essential UHBs begin to plan for this output and commit to appointing them as consultants. The most recent Royal College of Radiologists census report highlighted continued issues with the radiology workforce in Wales with 25% of the consultant workforce predicted to retire by 2024. To ensure the training programme continues to sustain an intake of 20 per year in South, Mid and West Wales and up to 2 per year in North Wales, further expansion is required for 2022 in line with the Imaging Academy Workforce recommendations.

Interventional Neuro Radiology

Interventional Neuroradiology (INR) is a subspecialty within the Clinical Radiology training Programme. Across Wales there is an unmet need in INR most significantly in the south. The INR service in South Wales does not currently support a full mechanical thrombectomy service to meet the needs of patients presenting with large vessel stroke. A GMC regulated credential in mechanical thrombectomy is likely to be approved in 2021. This is intended to enable existing CCT holders with relevant endovascular catheter skills e.g. cardiologists & neurosurgeons, to undertake training to support mechanical thrombectomy services in Wales. There is however a significant concern that the training of this credential may not currently be deliverable in Wales. HEIW continues discussions with the stroke lead for Wales and radiology colleagues to explore how this might be supported. Even if deliverable, this approach is unlikely to address the service gap and patient needs long term and there is a requirement to also support radiology trainees to access the relevant INR training as part of their training programme. In the absence of current training capacity, this training will initially

have to be provided outside Wales. Arrangements have been put in place to pilot this approach in a specialist centre in London commencing February 2022.

Mental Health

The supply and demand analysis for Higher Psychiatry training and associated services highlights a need to increase training post numbers to address current shortfalls in consultant numbers, projected consultant retirements and future service demand.

Child and Adolescent, Old Age, General Adult Psychiatry and Learning Disabilities all report significant workforce challenges now and in the future. Forensic Psychiatry, however, has a stable NHS consultant workforce with young consultants and with good recruitment and retention in the specialty. Whilst expansion is needed within the Higher General Adult Psychiatry training programme, this is not currently recommended as recruitment to the current establishment remains challenging with ongoing vacancies; therefore, the priority for this specialty is to recruit to the current establishment before expanding further. Expansion in Child and Adolescent and Old Age Psychiatry is also much needed and the probability of filling any vacancies within these specialties is much higher. Recruitment into Higher Psychiatry Specialty training remains a challenge following successive years of low fill rates in the Core Psychiatry programme (the feeder stream); a range of incentives have seen an increase in recruitment to core psychiatry over the last few years and we are reviewing the impact of this on recruitment to higher psychiatry training.

Foundation, Core and Higher alignment

When reviewing training workforce plans and recommendations it is essential that an overall view considers the training pipeline from Foundation to Core and then to Higher training where applicable. Any increase or decrease in post numbers will impact alignment between training grades and subsequent recruitment and retention into the specialty.

Foundation to Core alignment

In 2019 a Business Case was shared with Welsh Government outlining a need to expand training posts at Foundation level to address training pipeline challenges we have now and in the future with expanded Medical School output and increases across Specialty Training Programmes as detailed in this and previous Education and Workforce plans. The paper recommended a phased expansion programme commencing in August 2020 with increases to Foundation Year 1 and Year 2 posts required over a 5-year period as detailed in Table 3.

Table 3 – Proposed Foundation Expansion Programme

	Number of F1 posts	Number of F2 posts
August 2020	351 (+12)	339
August 2021	381 (+30)	351 (+12)
August 2022	411 (+30)	381 (+30)
August 2023	450 (+39)	411 (+30)
August 2024	450	450 (+39)

Core to Higher Alignment

The Medical Workforce recommendations incorporated within this paper for the August 2022 intake include expansions within Higher training programmes to ensure the output aligns to future consultant workforce needed. However, candidates for these higher programmes will need to have completed Core training or equivalent to be eligible at application. As a result, a review considering the alignment of our core to higher programme has been undertaken to ascertain what impact expanding posts at the higher level may have if no change is made to the feeder streams.

Internal Medicine

Within this paper recommendations have been included to increase the number of higher medicine programmes (Clinical and Medical Oncology, Clinical Genetics, Rheumatology and Palliative Medicine). Recruitment into Internal Medicine has previously been a challenge however following curriculum changes and a move to a three-year programme instead of two years has enabled a redistribution of posts across the three years. This however has reduced the number of trainees progressing through the Internal Medicine Programme which in turn will reduce the output of the programme and trainees eligible to apply for and progress into Higher Medical Training. The ratio is currently 1:1 in terms of numbers completing Internal Medicine training and posts advertised for Higher Training however as expansion continues across the Higher programmes this ratio will reduce in future years.

Core Psychiatry

Within this paper, recommendations have been included to increase the number of training posts in higher psychiatry programmes (Child and Adolescent and Old Age Psychiatry). In addition to this there are long term vacancies across the higher programme with insufficient suitable applicants at present. Applicants to Higher Psychiatry Training must have completed Core Training or demonstrate equivalence. After years with significant recruitment challenges the Core Psychiatry Training Programme has been able to demonstrate fill rates of 100% over the last few years which will provide a throughput of more eligible applicants for higher training. However, the rates currently completing Core Training remain too low to address the significant vacancy levels across all higher Psychiatry training areas therefore an expansion to this programme is recommended to meet future current and future workforce demand across this specialty area. There is risk that the significant expansion of core psychiatry posts across England may impact on fill rates of these core posts in Wales, but it is considered important to try and align core and higher and maximise the intake at core level

Acute Care Common Stem and Core Anaesthetics

The Acute Care Common Stem (ACCS) programme is made up of 2 years rotating across Emergency Medicine, Intensive Care Medicine, Anaesthetics and Acute Medicine before a final 2 years in the 'parent' specialty. This programme is the feeder programme for Higher Emergency Medicine training and provides run through training opportunities for Emergency Medicine trainees thereby removing a need to apply for the Higher Emergency Medicine Programme. In order to ensure appropriate alignment between ACCS and the Higher Emergency Medicine Programme, address attrition rates within the programme and expand CCT holders to meet service demand there remains a requirement to increase the numbers of trainees following the ACCS Emergency Medicine pathway. Whilst recruitment to Emergency Medicine training

can also occur at ST3/ST4 this is a less attractive option to trainees and has been a much less successful approach in Wales.

Trainees who have undertaken the ACCS Anaesthetics programme are much more likely to dual accredit and train in Intensive Care Medicine (ICM) and Anaesthetics. For those trainees entering ICM who have not completed an ACCS programme they immediately need to take time out of programme to obtain the necessary skills in Emergency Medicine and Acute Medicine prior to commencing ICM training. This creates temporary gaps on the ICM programme and pathway. To meet ICM future demand we are recommending an increase in the number of posts on the ACCS Anaesthetics Programme. Existing Core Anaesthetics posts will be converted to ACCS Anaesthetics posts however to enable the completion of the programme additional posts in Emergency Medicine and Acute Medicine will be required.

In August 2022 the new Anaesthetics training pathway will be introduced which will see Core training increasing by one year (from 2 to 3 years) and Higher training reducing by the same amount (from 5 to 4 years). To maintain the required output of the Higher programme to meeting projected consultant demand and ensure alignment between Core and Higher training going forward a small increase in posts on the Core Anaesthetics programme will be required.

Additional workforce priorities

Public Health Medicine

The COVID-19 pandemic response has highlighted long-standing challenges within Public Health Medicine highlighting the work of health protection and epidemiology alongside broader work of the specialty in terms of determinants of health inequalities. The need for public health medicine to address the post-pandemic impact on health, wellbeing and inequalities will keep the demands on the specialty elevated for very many years and will necessitate expansion in the workforce.

Rheumatology

Across the UK it is estimated that 40% of Rheumatology posts are unfilled with a high turnover of jobs in some areas, including parts of Wales with longstanding vacancies. The demand for rheumatology services are increasing and consultant expansion is progressing in other parts of the UK to meet this demand alongside initiatives to improve waiting times and the requirement for early and intensive treatment of inflammatory arthritis following the development of new drugs which transform patient outcomes. Several centres in Wales have explicitly outlined the need to expand their consultant workforce and there are long standing vacancies in other centres in Wales. The service need has been accentuated as trainees have been required to dual train with general medicine for the last few years and more are opting to support general medicine services as consultants thus reducing the proportion of their time to support rheumatology service delivery.

Gastroenterology – Hepatology

There is currently no provision for Wales Gastroenterology trainees to undertake advanced Hepatology training leading to sub-specialty accreditation in Hepatology. Over the last few years Welsh trainees have had to apply for these posts in England/Scotland and relocate; over half of those moving returned to Wales to become Consultant Hepatologists. Liver disease is the commonest cause of

premature death in men in the UK and has resulted in a major rise in outpatient and inpatient episodes. During the past 5 years, 50% of advertised gastroenterology and hepatology consultant posts particularly in district general hospitals in the UK, have been unfilled because of an undersupply of CCT holders. A significant expansion in Hepatology Consultants is required, according to workforce data and the need to improve outcomes for patients with liver disease. From September 2022 with the introduction of the new training curriculum, Gastroenterology trainees will do 2 years of core training in Gastroenterology and Hepatology and trainees will have a choice of spending the final 2 years in luminal gastroenterology or hepatology. Gastroenterology trainees currently would have to become sub-specialty accredited in Hepatology to become Consultant Hepatologists. The sub-specialty accreditation is achieved by spending 9 months in a level 2 hepatology training unit and 3 months at a transplant centre in London to address training requirements.

Paediatrics

The most recent Workforce Census Overview from the Royal College of Paediatrics and Child Health (RCPCH) estimates that the demand for Paediatric Consultants in the UK is 21% higher than the workforce in place in 2017. The report notes that demand for paediatrics is increasing stating that paediatric emergency admissions have grown in Wales by 17.2% between 2013/14 and 2016/17. There has also been an increase in the numbers of children presenting to primary care and secondary care as well as increases in paediatric A&E cases. The Paediatrics Consultant workforce has a fairly even age profile in Wales, however 2017 RCPCH Census data highlighted that 49% of consultants in Wales are aged 50 or over. Within the training programme, there is a move towards less than full time training (LTFT) with rates in paediatrics having increased across the UK. With almost 75% of UK paediatric trainees now being women, the proportion of trainees choosing to train LTFT is likely to increase further and early data suggest this may also translate into an increase in part time working at the consultant grade. The increase in the numbers of trainees opting to train LTFT, coupled with feminisation of the workforce and increased frequency of maternity leave is leading to an increase in rota gaps particularly in the higher part of the programme (ST4+). Paediatrics is predominantly a run through training programme with most recruitment occurring at ST1 level. Trainees often commence the programme working at 100% WTE at ST1 level, with at least 30% reducing to 60-80% whole time equivalent by ST4 and therefore the intake at ST1 needs to reflect this change in working pattern.

General Practice

In early 2019, Welsh Government supported HEIW to increase its GP training input target from 136 to 160 with the option to recruit up to 200 if suitable applicants were available. GP training capacity has been increased significantly to support this expansion. This target window was provided in the knowledge that future variability both in numbers of applicants passing selection assessments and also placement capacity between these limits would be likely to vary somewhat from year to year depending on training capacity, applicant numbers and numbers requiring extensions to training which will inevitably increase as a consequence of both the increased intake and COVID related factors.

In 2019, 187 Drs were successful recruited to GP training in Wales. In 2020, this number increased to 200. HEIW is scoping methods to help understand current

qualified GP workforce levels in Wales and to help develop ways to predict the future required workforce. These initiatives will help inform future refinements to the target window for recruitment to GP Specialty Training in Wales. In the interim, we recommend that the current target of 160 intake per annum, with an option to over-recruit to 200 when feasible, is maintained.

Workforce Recommendations for 2022/23

Following a comprehensive review of all information and data made available to HEIW the table below details the recommendations for 2022/23.

Unscheduled Care	
Emergency Medicine	No increases are recommended for the Higher Emergency Medicine programme for 2022 (see Unscheduled Care section for further details). To review again for 2023.
Higher Anaesthetics	Increase of 3 Higher Anaesthetics posts.
Intensive Care Medicine	Increase of 4 higher Training Programme posts
Cancer Care	
Clinical Oncology	Increase by 4 additional Higher Training posts implementing year 2 of the proposal to expand by 4 posts per year for 5 years.
Medical Oncology	Increase by 3 additional Higher Training posts implementing year 2 of the proposal to expand by 3 posts per year for 5 years.
Palliative Medicine	To increase Palliative Medicine training by 2 posts for August 2022 and a further 2 posts for August 2023.
Small Specialty Review	
Community Sexual & Reproductive Health (CSRH)	To temporarily convert one of the GUM posts to CSRH using existing funding to enable an additional appointment into CSRH for 2021 if possible but if not 2022.
	To recommend an increase of 2 CSRH posts for August 2022
	To explore options for increasing exposure to both CSRH and GUM on the Foundation Programme and for GUM within Internal Medicine.
Oral and Maxillofacial Surgery (OMFS)	To increase the OMFS training programme by 2 posts in August 2022.
Clinical Genetics	To increase the Clinical Genetics Training programme by 1 post in August 2022. <i>Note - agreement and temporary funding was identified to enable this to commence in August 2021.</i>
Clinical Neurophysiology	To await the recommendations of the Neurophysiology workforce review. This is considered a fragile and vulnerable training specialty.
Clinical Pharmacology and Therapeutics (CPT)	To retain the 2 posts in CPT and review for 2023. To explore moving one post to North Wales.
	To increase exposure to CPT during Internal Medicine training to increase recruitment in the specialty.
Diagnostic Specialties	
Medical Microbiology/ Infectious Diseases	Increase of 3 Medical Microbiology/Infectious Diseases posts implementing year 3 of a plan to increase posts every year for 5 years.
Clinical Radiology	To support the recommended expansion as required to appoint 22 trainees for the 2022 intake with 20 in the South and 2 in north Wales.
	To create an INR post which will rotate as required to specialist centres in England to enable Welsh trainees to obtain this much needed training.
Histopathology	To increase Histopathology training in North Wales by 1 post for August 2022.
	To undertake an urgent review exploring solutions to the training capacity challenges within Histopathology and Paediatrics and Perinatal Pathology to make recommendations to Chief Executives in June 2022.
Mental Health	

Child Adolescent Psychiatry	and	North Wales – to increase by 2 posts for 2022. <i>Note - agreement and temporary funding was identified to enable one of these posts to commence in August 2021 as part of a phased introduction.</i> South Wales – to increase by 2 posts for 2022 and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Old age psychiatry		To increase by 2 training posts for 2022, 2 for 2023 and a further 2 for 2024. With a review once the HEIW review on Mental Health workforce has reported its findings.
General Psychiatry	Adult	To make no changes to the current level of posts on the General Adult Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Forensic Psychiatry		To make no changes to the current level of posts on the Forensic Psychiatry programme and to review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Learning Disabilities		To convert the shared LD/CAMHS post in North Wales to LD thereby increasing the programme by 1 post. To review further for 2023 once the HEIW review on Mental Health workforce has reported its findings.
Foundation, Core and Higher Programme Alignment		
Foundation		To increase the number of Foundation Year 1 posts by 30 and Foundation Year 2 posts by 30 for August 2022 as detailed in the Foundation Expansion Business Case.
ACCS Emergency Medicine		The ACCS Programme is expanded by a further 4 posts for 2022 and a further 2 posts in 2023. This will complete the development of the Bangor Programme and enable a new Programme in Cardiff to be created to maximise current training capacity.
ACCS Anaesthetics		5 new posts are to be created in Emergency Medicine and Acute Medicine to enable the creation of a ACCS Anaesthetics programmes to support the alignment with Intensive Care Training
Anaesthetics		Increase of 5 Core Training Programme posts to ensure alignment between Core and Higher programmes and to meet training curriculum and LTFT requirements going forward.
Internal Medicine		To increase Internal Medicine training by 12 posts for August 2022
Core Psychiatry		To increase Core Psychiatry Training by 8 posts for August 2022.
Additional workforce priority areas		
Public Health Medicine		Recruitment into existing training posts is to be maximised and to support this funding for 2 posts is required for 2022 and for 3 posts in 2023. Work should be undertaken to maximise the current interest in the specialty from Junior Doctors. This includes the provision of Foundation Training Placements in Public Health Medicine within the Foundation expansion programme
Rheumatology		To increase Rheumatology training by 2 posts for August 2022 and a further 2 posts for August 2023.
Gastroenterology – Hepatology Specialist post		To create 1 Hepatology Sub-specialty post for August 2022 with 3 months of this time spent is a specialist centre outside of Wales.
Paediatrics		Increase of 4 ST3 posts to enable the expanded numbers of trainees created in 2020 and 2021 to progress through the training programme and to front-load the programme to maximise %WTE from ST4 onwards.
General Practice		Maintain the current target of 160 intake per annum, with an option to over-recruit to 200 when feasible

Medical Workforce challenges

This workforce review has highlighted several key themes which require further work and consideration over the next 12 months.

Training Capacity: Anaesthetics novice opportunities are currently limiting our ability to expand the ACCS Emergency Medicine pathway to the rate required to produce sufficient applicants for the Higher Emergency Medicine programme to meet future

consultant workforce demands. Likewise, within Histopathology there is a clear workforce need to expand training numbers within this specialty however training capacity, particularly in the South, limits Wales' options to deliver this.

Fragile specialties: Paediatrics and Perinatal Pathology has seen recruitment frozen this year due to insufficient trainers on the programme to deliver sustainable training. The Occupational Medicine programme is also on hold due to limited sustainable training options. The Clinical Neurophysiology is now also vacant with concerns regarding sustainability across this programme where trainers are fragmented across Wales. These small fragile programmes require a detailed review to ascertain the most appropriate action to inform future workforce and delivery plans for Wales.

8. Dental

Oral health care in Wales is delivered predominantly in primary care settings with independent contractors in General Dental Practice, however dental services operate across all healthcare sectors. The dental team provide routine, urgent and out of hours emergency dental services. Dental specialist care is also available in primary and secondary care settings. Most dental speciality training is undertaken at Cardiff Dental School and District General Hospitals situated in Local Health Boards.

In order to meet current and future oral health needs, evidence suggests that there needs to be increased access to dental teams, specifically those professionals that can deal with the needs of an ageing and more vulnerable population. The emphasis on dental care is likely to shift from multiple treatments to prevention of disease and the dental team is well placed to address this. The introduction of dental contract reform will allow greater participation from Dental Care Professionals (DCPs) that would allow the capacity of the whole system including those working across the community sector to increase.

Greater numbers of consultant/specialist dental staff need to be trained, along with additional skilled DCPs to meet identified needs. In general, Wales does not have a problem recruiting undergraduate dental professionals, however there is a lack of dental expertise as there is a failure to retain many of the young professionals that are trained. Policies need to be developed to attract and encourage dental professionals to train, live and work in Wales on a long-term basis to sustain the workforce supply.

Workforce planning – Dental Specialty Training (DST) – work has commenced to bring DST into the planning cycle for the HEIW annual Education Training and Commissioning Plan. This will ensure posts are commissioned and training is provided in areas of need based upon evidence.

Workforce planning – Dentists with Enhanced Skills (DES) – a key aim of A Healthier Wales is to provide patients with rapid and increased access to specialised services close to their home, thus reducing unnecessary referrals to secondary care. HEIW are planning to develop an All-Wales Dentists with Enhanced Skills Framework that will provide quality assurance for those who wish to undertake the next level of training to deliver specialised services in general dental practices. Health Boards will be able to commission the services of those trained to meet local need.

Workforce planning – Dental Care Professionals (DCPs) - to date there is little contemporaneous information on the DCP workforce to evidence workforce, training and education needs. This is a priority area for dental and HEIW as this workforce underpins much of the system reforms in primary dental care. We will work with Workforce Analytics colleagues in HEIW to address this.

We will engage with a range of key stakeholders to ask specific scoping questions regarding the development needs of DCPs in regard to meeting the expectations of A Healthier Wales, and the Looking Forward publication which will be produced by the CDO in the next few months to support the whole system change that dentistry will adopt later in 2021 and in to 2022.

We want to be able to accurately place the right emphasis on delivering the skills and competencies the workforce needs in order that we can meet the needs of our service users today and tomorrow. This will build on capacity and capability within our existing dental workforce. Workforce planning suggests that 80% of tomorrow's workforce is in post today.

We will work with colleagues in the All Wales Faculty for DCPs to identify career pathways and training routes for DCPs, engaging with the Made in Wales campaign. This would further support a positive route for attracting and retaining staff into a role as a dental nurse and help to support a career structure for DCPs.

English Catherine
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Priority Workforce Areas

Critical Care

In July 2018 the Minister for Health and Social Services announced an additional £15million for Critical Care in Wales and a task and finish group was established that made recommendations to Welsh Government in July 2019 on the workforce. It is recognised that the coronavirus pandemic, which commenced in March 2020, impacted on the health boards implementation plans for critical care, as emergency planning for the pandemic saw an immediate expansion of critical care capacity across all health boards. Welsh Government has established a revised group to consider workforce issues in this area and HEIW is a key stakeholder in this group, including as a representative on the UK group looking at education and training for critical care nursing.

HEIW has reviewed Health Board Annual Plans in regard to workforce planning for the critical care workforce and to inform specific recommendations within the Education and Training Plan including in relation to medical training. HEIW will prioritise requests for funding for extended practice training for critical care.

Diagnostics

There have been a number of strategic documents published in the past 5 years that outline the issues and the need for change in diagnostic services. The recent coronavirus pandemic has also highlighted pressures on these services which has led to an increase in demand due, in part to backlogs as a result of Covid, and as a result of issues such as changes in practice and potential further increase in demand due to Long Covid.

The two Statements of Intent for Imaging and Pathology note a number of workforce challenges within diagnostic services and recommended the need for changes to the workforce including development of extended roles and the need for skill mix change. Despite the impact of the pandemic, work has started to develop strategic workforce plans and during 2021/22, HEIW will be working with the NHS Wales Collaborative to develop workforce plans for the Imaging and Cellular Pathology workforces in Wales.

HEIW has reviewed Health Board Annual Plans in regard to workforce planning for these areas and to inform any recommendations within the Education and Training Plan. For imaging this has been in relation to Diagnostic Radiographers and ongoing increase to the training of Radiologists and in Cellular Pathology this has been in relation to healthcare science and medical training. Consideration will also be given to requests for extended skills training in advance of the development of the national strategic workforce plan and to the need for Radiology Assistant Practitioners or alternative Level 4 training routes.

The National Endoscopy Programme for Wales was introduced as part of the Welsh Government initiative to ensure that services were able to meet the increasing demands for this service as part of the support for the single cancer care pathway.

The demand for services is currently significantly higher than the available core services, the development of a sustainable solution is of paramount.

HEIW will work with the National Endoscopy Programme to develop approaches to support Health Boards to review their endoscopy workforce and ensure sufficient capacity is planned with commissioning of the endoscopy training programme to include all bands of staff, developing sustainable and transformational roles to accommodate the demand, to maximise the output of the endoscopy service in Wales.

Infection Prevention and Control

HEIW have been working with the service, Social Care Wales and Welsh Government to support improvements in the compliance of infection control practices across the system. HEIW worked with partners to produce Infection Prevention and Control (IP&C) educational standards which are providing the foundation for the development of new programmes of training and development. This includes a review of the current mandatory training in NHS Wales and a new programme targeted specifically at operational clinical leaders, including nursing leads within care homes.

HEIW is progressing work on the development of an IP&C workforce plan for the specialist IPO&C workforce which will be completed during 2021/22.

Proposals for A Primary and Community Education and Training Framework

Working with partners, HEIW is leading a programme of work to establish an all Wales framework for primary and community care education, training and workforce transformation, that supports a network of Locality Training Hubs that will sit alongside Health Boards.

The HEIW vision will enable local training hubs to support the delivery of a multi-disciplinary team model of working through a consistent all Wales approach and influence service and workforce development in the following way, by:

1. Creating more training practices for training the future [multidisciplinary] primary care workforce
2. Increasing the impact of health professionals in primary care
3. Having more health care professionals with supervision roles
4. Ensuring that multi-disciplinary training and interprofessional learning become regarded as markers of training quality.

The aim is to establish an All-Wales Framework for education, training and workforce transformation, for a wide range of occupational groups. HEIW proposes a network of 'Locality' Training Hubs that will sit alongside and have close links with Health Boards. The Locality Hubs would be supported and guided by a multi-professional group within HEIW.

More work is required, in terms of consultation and project planning, prior to Welsh Government scrutinising HEIW's proposals.

Engaged
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Optometry/Eye Care

Eye care is delivered across all sectors by a wide range of healthcare professionals in primary and secondary care in both scheduled and unscheduled services. Given the aging population, the development of new treatments and the cancellation of outpatients appointments during the Covid epidemic, demands on all eye care services are increasing. Ophthalmology currently has the 2nd largest waiting list of all specialities. The 'Future approach to Optometry Services in Wales' document from Welsh Government outlines the direction for the future delivery of eye care services over the next decade. Negotiations for a new optometry contract are in line with recent changes to dental and GP contracts, with emphasis on clinical service development and patient centred decision making. The new contract will be phased in from 2022.

The optometry regulator, the General Optical Council (GOC) are making major reforms to the education and training of optometrists across UK nations. The first cohort of students on the new programme will commence in 2023/24. GOC key reforms include 48 weeks of placements integrated throughout any programme and a registrable degree. Additionally, degrees are likely to include independent prescribing and take 4 years. Changes will also be introduced such that new postgraduate CPD will include reflection and targeted at scope of practice.

Commissioning of training and education

Extended eye care services in primary care optometry practice requires personnel with appropriate training and qualifications to manage patients. NICE guidance provides clear evidence-based monitoring and management options for eye care professionals e.g. in glaucoma. Additionally, having more optometrists capable of independent prescribing enables greater numbers of patients to be treated in community without onward referral, reducing demand on secondary care and General Practice. Continuation of commissioning will continue to ensure that there is at least one optometrist in every cluster in Wales with higher qualifications and Independent Prescribing registration by 2023 to support a reduction in demand for ophthalmology. HEIW began commissioning 3 types of higher qualifications and placements in 2019 with the aim of having at least one optometrist qualified in every cluster in each health board by the end of 2022. In 2019 only one health board (Hywel Dda) had 100% coverage for one qualification. The situation by the end of this year is shown in the table below.

% qualified for all clusters in each HB				
Health Board	Independent Prescribing	Medical Retina	Glaucoma Certificate	Higher
Aneurin Bevan UHB	100%	100%	50%	
Betsi Cad UHB	64%	107%	29%	
Cardiff & Vale UHB	144%	178%	44%	
Cwm Taf Morg UHB	113%	175%	88%	
Hywel Dda UHB	142%	229%	114%	
Powys THB	113%	125%	50%	
Swansea Bay UHB	167%	100%	50%	

During 2020/21, Independent prescribing optometry services (IPOS) have been in operation in 3 health boards. These services have ensured that patients can have access to independent prescribing optometrists so that they can be managed in primary care without referral. As an example of how these services have proved effective, during Covid in CAVUHB using 4 optometry practices resulted in 375 IPOS appointments between 1st April 2020 – 31st May 2020 with 95% of appointments resulting in no onward referral to the hospital (UHW). HEIW is in discussion with BCU Optometry Advisers to facilitate further placements to support the increase in Independent Prescribing and Glaucoma Higher Certificates.

The challenges have been qualifications requiring placements; these stopped during Covid. This has meant there is a lag for Higher Certificate in Glaucoma progress. There has also been a reluctance in some health boards for optometrists to attend glaucoma clinics as there is a lack of glaucoma consultants. This is an ongoing challenge, but some health boards have taken on extra placements to ensure continuity.

HEIW supports the allied health professions and nursing workforce by funding postgraduate qualifications. Publication of the Royal College of Ophthalmologists Ophthalmic Common Clinical Competency Framework (OCCF) in 2019, creates a common educational pathway for secondary care for allied health professions and nursing teams to upskill. It includes a set of clinical competencies suitable for supporting the delivery of eye care to specific groups of patients in hospital eye care services. It assesses those competencies to defined standards in several key areas of ophthalmology. The OCCF may be a useful tool to help secondary care service provision by making best use of the nursing and AHP workforce to support ophthalmology.

To optimise the nursing and orthoptists workforce to provide extended eye care services, targeted education and training is necessary. HEIW has set up a working group with representatives from each health board in Wales with the aim of delivering education and training that supports and delivers optimal patient services for all the eye care workforce. Aged Level 3 training has been developed which HEIW has supported to ensure that Health Care Support Workers and other professionals can take on roles within hospital eye units and be trained in basic ophthalmology skills. HEIW will work with health board representatives to support and build the eye care workforce from Aged Level 3 up to advanced practice.

Development of a workforce plan and strategy

Optometry is a growing profession. The numbers of optometrists registered with the GOC stating that they work in a practice in Wales has grown from 602 in 2012 to 743 in 2020 (GOC, personal communication). There are currently approximately 1,000 optometrists with supplementary list numbers registered in Wales, representing all practicing optometrists, employed, locum and cross border optometrists. The discrepancy in the numbers highlights the problems associated with a changing workforce picture. Currently, to register on a Wales Supplementary list or Contractor list, each performer (optometrist) must apply to NHS Wales Shared Services Partnership via a paper application form. An optometrist performer must apply to a specific health board. Dispensing opticians and contact lens opticians are not required to be on any list. Once approved, each performer (optometrist) is issued with a list

number. The list details are checked annually although if the performer is still active throughout the year, it is presumed that no details have changed. The list number is assigned to the health board to which the performer (optometrist) applied for, although the performer is able to use the same list number to work in any health board area.

To implement a workforce strategy, robust data of our existing workforce 'shape' needs to be collected. HEIW has set out to collect and collate the workforce data for optometry and the ophthalmic workforce in all areas of Wales, including a standard supply model outlining the supply, shape and skill mix of our workforce. Our current data does not allow this, therefore, HEIW has implemented a workforce survey supported by NHS SSP, Welsh Government and the profession. The results of this survey will be used to start to define the current and potential future shape of our workforce. A first proper, informed workforce plan can then start to be developed alongside recommendations for future workforce data gathering. The results from the workforce survey will be presented in September 2021.

HEIW will continue to build on the work initiated to extend the role of optometrists through additional postgraduate education, to shift the focus of common eye conditions into primary care optometry practices. We will integrate the training, education and support of optometrists and contact lens opticians in Wales into HEIW and we have extended the Welsh Clinical Leadership Training Fellowship programme to incorporate optometrists as the next phase of developing this into a multi professional programme.

Evaluating a new mentor and support service for newly qualified optometrists will enable us to determine further plans and link into Continuing Professional Development (CPD) and scope of practice. We will build on success in providing multi-professional education and continuing professional development in line with HEIW's aspirations with a focus on quality assurance and determining value of CPD in changing practice.

Mental Health

HEIW is undertaking a review of the current workforce model and is working with the Mental Health Network, Social Care Wales and Welsh Government to develop recommendations for future roles. Development of roles will focus on a sustainable long-term workforce.

The education mental health practitioner is a newly developed role within England and early indications are that this would be an opportunity to commission places in Wales specific to the CAMHS workforce with a focus on early intervention and prevention in line with Welsh Government "together for mental health, delivery plan 2019-2022". Similar roles will be explored for the entire mental health workforce with a view to commissioning appropriate training and education programmes.

We are working with the perinatal and early years CAMHS T&F group to develop an infant mental health training programme, open and accessible to a range of professions at multiple levels.

HEIW is commissioning 30 places for the CAMHS level 7 this year and is reviewing and developing in partnership with our education providers expanding a portfolio of

relevant modules linked to ensuring increased skills and knowledge children and young people (including identified areas of perinatal mental health).

Clinical Psychology

Demand is increasing across the service due to increased demand for mental health services, this has been exacerbated by the pandemic. The mental health workforce plan identifies a need to grow the workforce which delivers talking therapies and sufficient clinical psychology workforce is needed to ensure we have adequate numbers to support and supervise the introduction of new roles and extended team. Workforce data also shows that there is an ageing workforce with the risk of a third retiring within the next 5 years.

There have been large rises in psychology trainees in England which has been widely publicised which has led to greater pressure for Wales to follow suit. The number of trainees has been rising year on year in Wales but only by very small margins, due to placement capacity. September 2020 saw 29 trainees commence as agreed in the training plan, but we were fortunate to be able to provide an extra 2 places which have been deferred to September 2021.

The second phase of the strategic review of health professional education will include the procurement of the Clinical Psychology Doctoral programme which is currently commissioned from Bangor university and a Cardiff and Vale/Cardiff university collaboration. Numbers for these programmes are relatively small however IMTP's each year identify that more numbers of trainees need to be commissioned. This training programme is the most expensive one to fund as trainees are employed on a band 6 salary and HEIW also covers faculty costs. If numbers continue to grow sufficiently and the investment in this workforce is forthcoming, then we may be in a position to introduce a third provider to cover the west Wales hard to reach areas.

HEIW recommends that clinical psychology doctorate trainee numbers will increase to 36.

Clinical Associate Psychologists (CAPs)

In the training plan for 2021 we introduced CAPs as an emerging role, that will help to increase access to psychological therapies. These roles have been successfully introduced in England over the past few years. This role is an exciting opportunity to expand the psychological workforce. These roles are open to psychology graduates who undergo one year of training at master's level to become part of the applied psychology workforce at pre-registration level. This is an employed model of training which is predominantly work based. There is a supply chain as there are a copious amount of these graduates exiting from HEI's annually. CAP's are an advanced practice role which deliver psychological assessments and interventions, under the supervision of a registered practitioner psychologist.

The plan for 2021-22 is to commence the procurement process to be in a position to commission these roles by 2023 hence the need to increase the clinical psychology workforce who will supervise their training. This training programme has been incorporated into phase 2 of the strategic review and we aim to go out to tender for a contract to deliver this training in Wales alongside the tender for Clinical psychology provision.

Rehabilitation/AHP Workforce (Advanced AHP)

There are 13 Allied Health Professionals (AHPs) which make a diverse contribution across the whole health and care system. AHPs are core professions providing rehabilitation and other therapeutic interventions across all health and care settings, for all age groups and have played a significant role in meeting the rehabilitation needs of people directly or indirectly affected by COVID-19. Previous years' commissioning numbers reflected the key role that AHPs play in the plans to expand community/primary care services. Whilst this transition has not yet taken place across Wales, there is a continued need for transformation in this direction. This need is reinforced by the impact of the COVID-19 pandemic, greater strategic leadership for AHPs in the Strategic Programme for Primary Care and initiation of the AHP Programme to support delivery of the AHP Framework: 'Looking Forward Together'.

There has been a climate of growing recruitment challenges for AHPs, with evidence of unfilled vacancies particularly in rural areas. 2021 saw the introduction of streamlining for AHP graduates to overcome this challenge and to reduce the number of graduates trained in Wales under the bursary scheme lost to other the wider UK job market.

In terms of education provision for AHPs in Wales, the majority has been based in the Cardiff area and delivered by sole providers i.e. only one training programme in Wales delivered by one University. With the Strategic Review of Pre-Registration education contracts in 2021, for some AHP professions there will be new courses initiated in 2022. In order maintain financial viability of all courses and continue to provide an excellent student experience, minimum commissioning numbers have been included into the contracts. This will add resilience to the commissioning model, enable students to have local access to healthcare education and support more regions of Wales to develop a more local workforce.

HEIW will build on recent innovations in practice through the delivery of the Allied Health Professional (AHP) Framework for Wales – Looking Forward Together over the next two years. Through improvements in workforce design and planning, education, training, innovative service models and leadership development we aim to support the development of the AHP workforce to transform how we meet the needs of people in Wales. The AHP programme of work aims to marry the key themes from the AHP Framework, A Healthier Wales and the Workforce Strategy for Health & Social Care, to support Health & Social care recovery and reset following COVID-19 by making the most of the current spotlight on the key role AHPs play. This programme offers the opportunity for AHPs to showcase their offer to improve population resilience and enable their ability to self-care. There is a commitment to whole systems shift from hospital-centric models to out of hospital / community and primary care provision, from reactive management to early intervention and prevention. The programme embraces the need to think more broadly around how people can have their care needs met closer to home. The programme aims to build on HEIW priorities to ensure AHPs embrace digital technologies in practice, build accessible rewarding career pathways for the registered and unregistered workforce and enhance the leadership infrastructure for AHPs.

Close working with both multidisciplinary and multi-sector partners will aim to improve innovation in the provision of practice placement education to increase the range and quality of education outcomes and student experience. These partnerships will also be instrumental in shaping the AHP offer within in primary and community care, and associated education and training required to support this shift in practice.

We will also review the learning from the streamlining agreement that has been put in place for AHP graduates to ensure that the process meets the needs of services and graduates, facilitating smooth transition from education into employment across the health and care system in Wales.

English Catherine
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EDUCATION ADVISORY GROUP (EAG) MEMBERSHIP

MEMBERSHIP ROLE	MEMBER NAME
HEIW:	
Director of Nursing	Angela Parry
Medical Director	Pushpinder Mangat
Postgraduate Medical Dean	Tom Lawson
Dean of Pharmacy	Margaret Allan
Deputy Director of Education, Commissioning and Quality	Martin Riley
Dental Dean	Kirstie Moons
Head of Workforce Modernisation	Charlette Middlemiss
Board Secretary (In attendance)	Dafydd Bebb
PEER GROUP REPRESENTATIVES:	
Health Board/Trust Medical Director	Stuart Walker (CVUHB)
Health Board/Trust Director of Nursing	Greg Dix (CTMUHB)
Health Board/Trust Director of Therapies and Healthcare Science	William Oliver (HDUHB)
Health Board Chief Pharmacist	Jenny Pugh-Jones (Hywel Dda)
• Deputy HB Chief Pharmacist	Bethan Tranter (Velindre)
STAKEHOLDER REPRESENTATIVES:	
Representative from the Council of Deans	Ian Mathieson

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MEMBERSHIP ROLE	MEMBER NAME
Representative from Wales Health Student Forum (WHSF)	Sophie Mundell (2 nd Year Adult Nursing - Cardiff)
Representative from Wales Health Student Forum (WHSF)	Annabel Harris (1 st Year Physio Student - Cardiff)
Representative from Post Graduate Trainees - Dental	Dr Maryam Ezzeldin (Paediatric Dentistry)
Representative from Post Graduate Trainees – Medical	Dr Farook Sarfraz (Welsh Clinical Leadership Fellow and Vice Chair of the Trainee Think Tank)
Representative from Welsh Health Partnership Forum (WHPF)	Helen Whyley - RCN
Representative from Welsh Health Partnership Forum (WHPF)	Vicky Richards - RCM
Representative from Welsh Health Partnership Forum (WHPF)	Adam Morgan - CSP
Representative from Welsh Health Partnership Forum (WHPF)	Peter Hewin - BAOT
• Deputy WHPF	Kevin Tucker – SOR
• Deputy WHPF	Paul Summers - UNISON Cymru Wales
Social Care Wales	Sarah McCarty
• Deputy Social Care Wales	Jon Day
Colleges Wales (Colegau Cymru)	Lesley Robins - Health & Social Care Lead for the Colegau Cymru Curriculum & Quality Group and Vice-Principal at The College Merthyr Tydfil
Coleg Cenedlaethol Cymraeg	Dafydd Trystan
Diverse Cymru	Ele Hicks, Policy Manager

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GIG
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WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	25 June 2021	Agenda Item	4.1
Report Title	Education, Commissioning and Quality Committee Self-Assessment 2020/21		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	To provide the Committee with a draft Education Commissioning and Quality Committee effectiveness checklist.		
Key Issues	<p>In line with good practice, the Education Commissioning and Quality Committee should assess its effectiveness annually.</p> <p>A draft Education Commissioning and Quality Committee checklist is attached as Appendix 1 for consideration by the Committee.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendation	<p>Committee members are asked to:</p> <ul style="list-style-type: none"> • Discuss the draft Committee Effectiveness Checklist and provide comment. 		

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EDUCATION, COMMISSIONING AND QUALITY COMMITTEE SELF ASSESSMENT 2020/21

1. INTRODUCTION

In line with good practice the Education Commissioning and Quality Committee (Committee) should assess its effectiveness annually. The draft Committee Effectiveness Checklist (Checklist) is proposed as a tool to help assess its effectiveness.

2. BACKGROUND

The Committee should play a crucial role in supporting effective arrangements to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation. It should play a pivotal role in advising on where and how HEIW's education systems and assurance framework may be strengthened and further developed.

3. PROPOSAL

It is proposed that the Committee use a Checklist annually to measure its effectiveness. The assessment will take place in time for the September meeting of the Committee.

4. GOVERNANCE AND RISK ISSUES

The Checklist will assist the Committee to assess its effectiveness in respect of discharging its responsibilities as set out in its Terms of Reference and operating arrangements as set out in HEIW's Standing Orders and to provide the required assurance to Board.

5. FINANCIAL IMPLICATIONS

There are no financial implications.

6. RECOMMENDATION

The Committee is asked to:

- **Discuss** the draft Education Commissioning and Quality Committee Effectiveness Checklist (Appendix 1) and provide comment.

Governance and Assurance			
Link to IMTP strategic	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable	Strategic Aim 2: To improve the quality and accessibility of education and training for all	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through

aims (please ✓)	and flexible workforce to support the delivery of 'A Healthier Wales'	healthcare staff ensuring that it meets future needs	building compassionate and collective leadership capacity at all levels
		✓	
	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
	✓		
Quality, Safety and Patient Experience			
n/a			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
n/a			
Report History			
Appendices			
Appendix 1 – Education, Commissioning and Quality Committee Effectiveness Checklist			

EDUCATION COMMISSIONING AND QUALITY COMMITTEE (ECQC)
COMMITTEE EFFECTIVENESS REVIEW 2020/21

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
The Role/Purpose of the Committee					
1	The role of the Committee is understood and clearly defined in its Terms of Reference.				
2	Committee Members understand their individual role and what is expected of them.				
3	The Committee has clear mechanisms in place to keep it aware of topical, legal and regulatory issues, particularly in relation to external NHS and Welsh Government planning and commissioning requirements.				
4	The Committee is aware of the areas in which it can take decisions under the Scheme of Delegation.				
5	The frequency and scheduling of Committee meetings are sufficient to carry out its functions and responsibilities.				
6	The Committee has established and follows an agreed plan for the year.				
7	Overall, the Committee is effectively fulfilling its Terms of Reference.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
Scope of Work					
8	The Committee receives sufficient and timely information to review, understand and assess the issues for discussion, on which to base its decisions.				
9	The quality of presentations made to the Committee is appropriate.				
10	The Committee understands the issues which are on the horizon for HEIW which may impact on its areas of work.				
11	The work of the Committee culminates in appropriate recommendations to the Board.				
12	The Board takes due regard of the recommendations from the Committee.				
13	The Committee has effective escalation arrangements in place to alert relevant individuals and committees of any urgent/critical matters that may compromise training and education and affect the operation and/or reputation of HEIW.				
Assurance					
14	The Committee works effectively with its designated Sub-Groups.				
15	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to developing HEIW				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
	commissioning plans to meet the identified population training and education needs.				
16	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to developing HEIW's annual plan and integrated medium-term delivery plan.				
17	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to determining a suite of performance and assurance measures to assess delivery against integrated plans and objectives.				
18	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to reviewing, monitoring and improving HEIW performance against specific performance measures as determined by the Board.				
19	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to ensuring alignment of HEIW's plans with partnership plans developed with, Health Education Institutions.				
20	The Committee is effective in providing assurance to the Board regarding the strength of HEIW's performance management and accountability arrangements.				

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Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
21	The Committee is effective in providing assurance to the Board regarding achievement against HEIW's plans and objectives.				
22	The Committee is assured of the procedures and indicators in place to identify concerns in relation to individuals, services and the organisation.				
23	The Committee is aware of the work of regulatory authorities and external bodies, including the outcomes of their work.				
24	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to the quality and experience of education and training.				
25	The Committee is effective in providing assurance to the Board with regard to improving the experience of students/trainees and all those that come into contact with services.				
26	When areas of good practice emerge from the Committee's deliberations, there are effective arrangements in place for them to be shared with other committees/executives as appropriate.				
Meetings					
27	Committee meetings are scheduled with sufficient time to cover all agenda items,				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
	including discussion and answering questions.				
28	Committee meetings are managed and controlled effectively and conducted in a business-like manner.				
29	The Committee meeting dynamic encourages full participation and open communications.				
30	Meeting time is used well with issues getting the time and attention proportionate to their importance.				
31	The length of the Committee's meetings is appropriate in relation to the agenda.				
Membership					
32	Committee Members receive induction, advice and ongoing development opportunities to support them in their role.				
33	Committee Members have the collective skills, knowledge and expertise to fulfil its Terms of Reference and to advise and assure the Board.				
34	Committee Members have a good understanding of HEIW's planning and commissioning activities e.g. training needs assessment, prioritisation, design, delivery and performance management.				

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Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
35	The Committee is the right size and sufficiently diverse.				
36	Committee Members come to meetings prepared and ready to contribute.				
37	There is consistent attendance and timely arrival by Members at Committee meetings.				
38	Attendance at Committee meetings is evaluated as a criterion for continued membership on the Committee.				
Support for the Committee					
39	An appropriate agenda is set before Committee meetings and is followed.				
40	The Committee receives clear and concise papers which focus on the key issues and priorities				
41	The agenda and papers are received in a timely manner in advance of the meetings to allow time for appropriate review and preparation.				
42	The Committee receives appropriate advice from or via the Executive Team and staff.				
43	The Committee enjoys a good working relationship with management and significant issues are reviewed with the Chief Executive Officer or the relevant Lead Executive Director(s).				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
44	The minutes of the meetings are accurate and reflect the discussion, next steps and/or action articulated by Members.				

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Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Meeting Date	25 June 2021	Agenda Item	4.2
Report Title	Education, Commissioning and Quality Committee Annual Report 2020/21		
Report Author	Catherine English, Corporate Governance Manager		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Dafydd Bebb, Board Secretary		
Freedom of Information	Open		
Purpose of the Report	The main purpose of the Education, Commissioning and Quality Committee Annual Report is to assure the Board that the system of assurance is fit for purpose and operating effectively. The report summarises the key areas of business activity undertaken by the Committee during 2020/21.		
Key Issues	This report summarises the key areas of business activity undertaken by the Committee during 2020/21 and highlights some of the key issues which the Committee intends to give further consideration to over the next twelve months.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendation	Committee members are asked to: <ul style="list-style-type: none"> • Approve the Annual Report 2020/21 for submission to the Board for assurance. 		

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EDUCATION, COMMISSIONING AND QUALITY COMMITTEE ANNUAL REPORT 2020/21

1. INTRODUCTION

The main purpose of the Education, Commissioning and Quality Committee (the 'Committee') Annual Report is to assure the Board that the system of assurance provided by the Committee is fit for purpose and operating effectively. The report also confirms that the Committee has discharged its Terms of Reference effectively.

2. BACKGROUND

This annual committee report has been developed following a review of the approved minutes and papers of the Committee, with due consideration of the remit of the Committee as set out in its Terms of Reference.

3. PROPOSAL

This report summarises the key areas of business activity undertaken by the Committee during 2020/21 and highlights some of the key issues which the Committee intends to give further consideration to over the next twelve months.

4. GOVERNANCE AND RISK ISSUES

Any governance risks and issues are managed via the committee meetings and exception reports will be provided to the Board by the respective Chairs.

5. FINANCIAL IMPLICATIONS

There are no financial implications for the Board to consider/approve.

6. RECOMMENDATION

The Committee is asked to:

- **Approve** the Annual Report 2020/21 for submission to the Board for assurance.

Governance and Assurance			
Link to IMTP strategic aims (please ✓)	Strategic Aim 1: To lead the planning, development and wellbeing of a competent, sustainable and flexible workforce to support the delivery of 'A Healthier Wales'	Strategic Aim 2: To improve the quality and accessibility of education and training for all healthcare staff ensuring that it meets future needs	Strategic Aim 3: To work with partners to influence cultural change within NHS Wales through building compassionate and collective leadership capacity at all levels
		✓	

	Strategic Aim 4: To develop the workforce to support the delivery of safety and quality	Strategic Aim 5: To be an exemplar employer and a great place to work	Strategic Aim 6: To be recognised as an excellent partner, influencer and leader
Quality, Safety and Patient Experience			
Ensuring the Board carries out its business appropriately through its Committees and aligned with its Standing Orders is a key factor in the quality, safety and experiences of patients receiving care.			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
It is essential the Board complies with its Standing Orders, which includes receiving updates from its Committees.			
Staffing Implications			
None			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The report outlines work undertaken by the Committee to advise and assure the Board in relation to education, education commissioning and quality management of education provision and contracts. The Committee governance structure aims to identify issues early to prevent escalations; work closely with the Audit and Assurance Committee and integrate into the overall Board arrangements.			
Report History	Considered by the Executive Team.		
Appendices	Appendix 1 – Education, Commissioning and Quality Committee Annual Report 2020/21.		

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Committee Chairs Reflection

Reflecting on the past year, the second full year of the Education Commissioning and Quality Committee (ECQC), the onset of COVID 19 inevitably comes first to mind. As the months progressed and impacts of the pandemic grew, it became a year we are unlikely to forget.

Early on, our meetings were transferred on-line to enable remote working. Members adjusted quickly to the new arrangements which have worked well. The Committee's membership was strengthened with welcome additional appointments. ECQC's new internal advisory sub-committee (MPQEG) was convened and, although it proved more challenging to inaugurate the external sub-committee (EAG) in these circumstances, this is now established. I am grateful to both groups for their on-going contributions.

Through these means, and through incredible hard work from executive and secretariat staff, it has been possible to cover planned commitments, as well as contribute to education and training aspects of the COVID pandemic response.

The Committee has overseen a range of major initiatives on behalf of HEIW Board during the year, summarised in this Annual Report including Phase 1 and emerging work on Phase 11 of the Strategic Review of Health Professional Education; adapting approaches to assure quality of training and education during the COVID emergency response; and monitoring the wellbeing of those in training.

Thank you to all who have contributed, including my non-executive colleagues on the Committee.

Looking ahead new priorities are emerging, not least to ensure education programmes are restored fully, and capture and build on lessons of recent times. Digital technologies will be key to future education and training; ECQC will support the HEIW Board as this area of work escalates. Phase 11 of the Strategic Review is gathering pace and quality assurance remains a priority. The education and training implications of the Workforce Plan for Health and Social Care are significant and will also influence the Committee's agenda.

Monitoring the progress and facilitating support services for young people aspiring to and training for health service careers has already been a priority for HEIW. ECQC remains glad to contribute. The needs of health-professional refugee and asylum seekers will also be on our agenda.

Finally, it would be difficult to overstate the depth of appreciation due to the HEIW staff who have responded to the pandemic, kept substantial routine business on track, and supported the Committee and its sub-committees valiantly throughout. Thank you wholeheartedly.

1. Introduction and Background

The purpose of the Education, Commissioning and Quality Committee (the 'Committee') is to **advise** and **assure** the Board and Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provides assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2020/21 was as follows:

Chair:	Dr Ruth Hall, Independent Member
Vice Chair:	Tina Donnelly, Independent Member
Deputy Member:	Gill Lewis, Independent Member
Member	Ceri Phillips, Independent Member*

*In September 2020, the Board appointed Ceri Phillips to the Committee. Ceri Phillips resigned from HEIW on 31st March 2021 to take up the Vice Chair's role at Cardiff and Vale University Health Board.

HEIW officers also attend to support key matters.

The Committee met on five occasions between April 2020 and March 2021 and was well attended with good engagement from all attendees. The Committee continues to report regularly to the HEIW Board and to ensure an appropriate interaction with the Audit and Assurance Committee.

2. Planning and Review

In line with good practice, the Education, Commissioning and Quality Committee reviewed its Terms of Reference in October 2020 endorsing a number of revisions including the alignment of the appointment date of Committee Members with that of the Audit and Assurance Committee, the appointment of a Committee Vice Chair and the addition of the Dental Dean, Pharmacy Dean and Postgraduate Medical Dean as standing 'in attendance' members of the Committee.

The Committee also considered the revised **Terms of Reference for the Multi-Professional Quality Education Group (MPQEG) and Education Advisory Group (EAG)**, approving several changes in September. These were reviewed by each of the groups at their inaugural meetings and a number of additional members to the MPQEG were approved by the Committee in October.

During the year a review of the effectiveness of the Committee was carried out and the **Evaluation of Committee Effectiveness** was considered by the Committee at its meeting in October. The review highlighted how the Committee had been strengthened by the creation of two sub Committees the Education and Advisory Group (EAG) and Multi-Professional Quality and Education Group (MPQEG), and the addition of a further Independent Member. The review also highlighted a number of areas for focus for the Committee including the development of an induction programme for new Committee members.

The Committee approved its **Annual Report 2019-20** which was noted and approved for publication by the Board in July 2020.

3. Key Achievements in 2020/21

Throughout the year, the Committee has received and considered regular updates on the progress of **Phase 1 of the Strategic Review of Health Professional Education**. This review sought to secure pre-registration health professional education in Wales for the next seven to ten years. The programme of work provided an opportunity to take a whole system review of the shape and focus of the education and training provision needed to support the NHS in Wales.

In April, the Committee received an update on the impact of COVID-19 on **Phase 1 of the Strategic Review of Health Professional Education** and the timetable of the impending tendering process. Recognising the significance of the procurement exercise and satisfied the decision had received due consideration, the Committee was supportive of revising the procurement timescales which retained the original September 2022 student start date. In September, the Committee considered the final procurement proposals in detail and endorsed the plan and procurement strategy, recommending submission of the Invitation to Tender (ITT) and Contract Specification to Board, and the submission of the Procurement Report to Welsh Government. The Committee received an update on the contract specification in October following the submission of the procurement report to Welsh Government. In February 2021, following the closing of the tendering window, the Committee received an overview of the next stage of the procurement process, including an update on the development and planning of the **Evaluation Framework**.

The Committee also received an overview of **Phase 2 of the Strategic Review of Health Professional Education**, and considered the lessons learned from Phase 1 of the review. Acknowledging the scale of the Phase 2 procurement exercise the Committee supported the creation of a three-year fixed term Project Manager post recognising it would help provide the due diligence required to ensure the new contracts were fit for purpose.

In July, the Committee considered the draft **Annual Education and Training Plan 2021/22** and highlighted the need to closely monitor the impact of COVID-19 on trainers to ensure there was sufficient capacity to support delivery of the Plan. The final Plan was supported by the HEIW Board on 30 July 2020 and submitted to Welsh Government for approval.

4. Scrutiny and Monitoring

The Committee received:

- The first **All Wales Quality Report of Health Education Contracts in April 2020** which summarised the quality measures in place to ensure the delivery of health professional contracts in Wales.
- Regular reports on the **Quality Assurance Review of Post Graduate Medical Education (PGME)** and were reassured that despite service pressures in response to COVID-19, HEIW had maintained its regulatory

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accountability and had adopted an alternative approach to quality management during the crisis.

- Regular **Quality Management Reports** which provided an overview of the quality management monitoring arrangements within the Medical Deanery. This included updates on the areas within the Medical Deanery which were in enhanced monitoring status. The Committee noted the impact of COVID-19 on the Medical Deanery, in particular the pausing of routine elective operations and the impact on the progress of surgical trainees and were encouraged by efforts to mitigate the impact of a lack of face to face surgical operating time.
- A **Simulation Team Report** at its meeting in February 2021.
- A summary of the **Local Education Provider Commissioning Review 2019/2020** and welcomed the multi-professional format, noting the emergence of a number of all Wales themes including workforce development, curriculum change and simulation and several actions arising from lessons learned.
- The **General Medical Council (GMC) Annual Quality Assurance Summary** and were pleased with the positive outcome.
- A briefing on the **Four Nations Discussions on Quality Issues** in July 2020. Following feedback from the previous year's GMC Trainee Survey, the Committee requested HEIW review its complaint handling process and compare the approach to Quality Assurance Visits across the UK. The review highlighted the importance of communication throughout the complaints process and of sharing lessons learned. While the approach to quality assurance visits in Wales was similar to that in Scotland and Northern Ireland, feedback on the modified visits in Wales was shared with other nations.
- An update on the **Work-Based Learning and Apprenticeship Framework in Wales** and noted the potential additional required to facilitate implementation in July 2020. It also considered the **Open University Annual Report on Nurse Education for 2018-2019** and the potential to widen access to health professional education and learning into other professional disciplines.
- A presentation by members of the **South Wales Trauma Network (SWTN)** on their education and training plan and were encouraged by the multi-professional approach to education and training in October 2020.
- The **GMC National Trainee Survey** and **Health Professional Education 2020 National Student Survey (NSS) Summary** and **All Wales Health Professional Education Performance Report for Academic Year 2019/20** in February 2021.

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5. Key Risks/Issues

Impact of Covid-19 on Education, Commissioning and Quality

As a result of the Board approval to change its governance arrangements temporarily, members of the public were unable to attend or observe the Committee. To facilitate as much transparency and openness as possible during this extraordinary time, the Committee published on the HEIW website a synopsis of the meetings within 72 hours and the unconfirmed minutes within two weeks of a meeting.

HEIW has been and continues to be actively involved in the emergency planning response to the current COVID-19 crisis. The priority for HEIW during this time has been to mobilise the organisation to both fulfil the leadership and support requirements and to use its expertise and resources to support the NHS Wales frontline services in light of the increasing demands from the pandemic, and to maintain the safety and wellbeing of its staff and learners across Wales.

In response to the pandemic, the Committee received regular updates on COVID-19 and its impact on a number of key education and commissioning programmes throughout the year. In October 2020, the Committee noted the briefing paper **Enshrining the Positive Lessons from COVID-19: Defining the 'New Normal' in Education and Training in Wales** and considered the learning opportunities for education and training in Wales as a result of the NHS response to COVID-19. Recognising the importance of continuous improvement, the Committee recommended a briefing paper on the 'new normal' be drafted so the lessons learned could be captured for the purposes of implementation and monitoring.

6. Key Areas of Focus for 2021/22

To keep pace with the many developments in education and training currently taking place, the Committee will review its forward work programme regularly. However, the following are key areas that will be addressed during 2021/22:

- Lessons learned from COVID-19 and the implications on Education & Training
- Phase 2 of the Strategic Review of Health Professional Education.
- Emerging approaches from workforce planning and the impact on training programmes.
- Impacts and opportunities of digitalisation on health education.
- Widening access to education through differential attainment and alternative education routes.
- The development of an induction process for Committee members.

Sponsored by: Dr Ruth Hall

Chair of Education, Commissioning and Quality Committee

Date: June 2021

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