

Bundle Education, Commissioning & Quality Committee (Open) 2 July 2020

AGENDA

ECQC Agenda 2 July 2020 (Open) V2.docx

1 PART 1 - PRELIMINARY MATTER

1.1 Welcome and Introductions

1.2 Apologies for Absence

1.3 Declaration of Interest

1.4 Minutes of the Education, Commissioning and Quality Committee held on 9 April 2020

1.4 - Unconfirmed ECQC Minutes_2020-04-09 (Open) V4 approved by RH.docx

1.5 Action Log

1.5 - ECQC Action Log _2020-04-09 (Open) V1.docx

1.6 Matters Arising

1.6.1 • Feedback from Visit to Scotland

1.6.1 - Paper on Visit to Scotland for ECQC.docx

2 PART 2 - STRATEGIC ISSUES

2.1 Update on COVID 19:

2.1 - June 2020 - New normal presentation.pdf

2.1.1 • Lessons Learnt

2.1.2 • Moving Education and Training to the New Normal

2.1.3 • Emerging Approaches from NHS Organisations IMTP Workforce Plans and the Impact on Training Programmes

2.1.4 • Wellbeing and Psychological Support

2.2 The Strategic Review of Healthcare Education in Wales Phase Two

2.2 - The Strategic Review of Healthcare Education in Wales Phase two_ ECQC.docx

2.3 Annual Education and Training Plan

2.3a - ET Plan cover paper ECQ Committee July 20.docx

2.3b - Education Training Plan for 2021.22 v9 FINAL branded (002).docx

3 PART 3 - EDUCATION PERFORMANCE AND QUALITY

3.1 Evaluation of Post Registration Education Provision

3.2 Quality Assurance Review of Post Graduate Medical Education (PGME) during COVID 19 Pandemic

3.2 - ECQC Paper on Ongoing governance of medical training June 2020 Final.docx

4 PART 4 - GOVERNANCE MATTERS

4.1 Draft Committee Self-Assessment Checklist

4.1a - ECQC Self Assessment Cover Report V1.docx

4.1b - ECQC EFFECTIVENESS REVIEW 2019-2020 V2.docx

4.2 Draft Committee Annual Report

4.2a - ECQC Annual Report_2019-2020 Cover Report V1.docx

4.2b - Draft Education_Commissioning_Quality_Committee Annual Report 2019-2020 V3.docx

5 PART 5 - FOR INFORMATION

5.1 Work Based Learning and Apprenticeships

5.1 - Update on Work Based Learning and Apprenticeship Frameworks in Wales.docx

5.2 Open University Annual Report on Nurse Education

5.2a - OU report board cover paper.docx

5.2b - The Open University annual report for 2018-2019 - English (002).docx

6 PART 6 - CLOSE

6.1 Any Other Business

6.2 Reflection on Today's Committee

6.3 Date of Next Meeting: Thursday, 8 October 2020 at 10.00am in the Conference Room, Ty Dysgu, Nantgarw

EDUCATION, COMMISSIONING AND QUALITY COMMITTEE (Open)

Thursday, 2 July 2020
10.00am – 12.30pm

Via Skype/Teleconference

AGENDA

PART 1	PRELIMINARY MATTERS	10:00-10:10
1.1	Welcome and Introductions	Chair/ Oral
1.2	Apologies for Absence	Chair/ Oral
1.3	Declarations of Interest	Chair/ Oral
1.4	To Receive and Confirm the Minutes of the Committee held on 9 April 2020	Chair/ Attachment
1.5	Action Log	Chair/ Attachment
1.6	Matters Arising: <ul style="list-style-type: none"> Feedback from Visit to Scotland 	Medical Director/ Attachment
PART 2	STRATEGIC MATTERS	10:10-11:10
2.1	Update on COVID 19: <ul style="list-style-type: none"> Lessons Learnt Moving Education and Training to the New Normal Emerging Approaches from NHS Organisations IMTP Workforce Plans and the Impact on Training Programmes Wellbeing and Psychological Support 	Medical Director/ Interim Director of Nursing/ Presentation
2.2	The Strategic Review of Healthcare Education in Wales Phase Two	Interim Director of Nursing/ Attachment
2.3	Annual Education and Training Plan	Interim Director of Nursing/ Attachment
PART 3	EDUCATION PERFORMANCE AND QUALITY	11:10-11:40
3.1	Evaluation of Post Registration Education Provision	Interim Director of Nursing/ Medical Director/ Discussion
3.2	Quality Assurance Review of Post Graduate Medical Education (PGME) during COVID 19 Pandemic	Medical Director/ Attachment
PART 4	GOVERNANCE MATTERS	11:40-12:20
4.1	Draft Committee Self-Assessment Checklist	Board Secretary/ Attachment
4.2	Draft Committee Annual Report	Board Secretary/ Attachment

PART 5	FOR INFORMATION/NOTING	12:20-12:25
5.1	Work Based Learning and Apprenticeships	Interim Director of Nursing/ Attachment
5.2	Open University Annual Report on Nurse Education	Interim Director of Nursing/ Attachment
PART 6	CLOSE	12:25-12:30
6.1	Any Other Business	Chair/ Oral
6.2	Reflection on Today's Committee	Chair/ Oral
6.3	Date of Next Meeting: Thursday, 8 October 2020 at 10.00am in the Conference Room, Ty Dysgu, Nantgarw	Chair/ Oral

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.

UNCONFIRMED

**DRAFT Minutes of the Education, Commissioning and Quality Committee
held on 9 April 2020
Via Skype/Teleconference**

Present:

Dr Ruth Hall	Chair and Independent Member
Tina Donnelly	Independent Member

In Attendance:

Dafydd Bebb	Board Secretary
Stephen Griffiths	Director of Nursing
Martin Riley	Head of Education, Commissioning and Quality
Prof. Pushpinder Mangat	Medical Director
Dr Tom Lawson	Postgraduate Medical Dean
Eifion Williams	Director of Finance
Dr Chris Jones	HEIW Chair
Dr Heidi Phillips	Independent Member (Observer)
Kay Barrow	Corporate Governance Manager (Secretariat)

PART 1	PRELIMINARY MATTERS	Action
ECQC: 09/04/1.1	WELCOME AND INTRODUCTIONS	
	The Chair welcomed everyone to the meeting and, in particular, Dr Tom Lawson (Postgraduate Medical Dean) who was attending his first meeting of the Committee; Dr Chris Jones (HEIW Chair) and Dr Heidi Phillips (Independent Member) who was an Observer. A quorum was confirmed present.	
ECQC: 09/04/1.2	Apologies for Absence	
	There were no apologies for absence.	
ECQC: 09/04/1.3	Declarations of Interest	
	Dr Chris Jones, HEIW Chair declared an interest in agenda item 2.3 as a retired GP returning to practice.	
ECQC: 09/04/1.4	To Receive and Confirm the Minutes of the Committee held on 16 January 2020	
	The minutes of the meeting held on 16 January 2020 were confirmed as an accurate record.	

ECQC: 09/04/1.5	Action Log	
	<p>The Committee received and considered the Action Sheet from the meeting held on 16 January 2020. The following verbal updates were received:</p> <ul style="list-style-type: none"> • ECQC 21/10/2.2 KPMG Review of Health Professional Education: It was confirmed that the delivery of courses through the medium of Welsh was being explored as part of the contract specification and tendering process with the involvement of Huw Owen, Welsh Language Services Manager. 	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the update; • requested that Bangor University be approached to make their Welsh clinical dictionary available to other universities in Wales; • requested that the Chair of the Audit & Assurance Committee be approached to discuss whether a joint meeting of the Committees was required with Procurement and Legal & Risk. 	SG SG
	<ul style="list-style-type: none"> • ECQC 21/10/2.3 Review of Medical Deanery Visits – Lessons Learnt from other Countries: It was confirmed that the approaches taken by the Deaneries of Scotland and Northern Ireland to their Medical Deanery visits were materially similar to HEIW's approach. HEIW would be sharing its approach. 	
Resolved	The Committee noted the update.	
	<ul style="list-style-type: none"> • ECQC 21/10/3.1 GMS National Trainee Survey – Complaints Handling: A written update to be provided at the next meeting. 	
Resolved	The Committee agreed that the complaints handling feedback from the visit to Scotland be presented to the Committee in July 2020.	PM
	<ul style="list-style-type: none"> • ECQC 16/01/2.2 Future Funding of Health Professional Education: It was confirmed that a Communication Strategy following the strategic Review had been implemented as part of the contracting and engagement process. <p>It was highlighted that the engagement events and meetings of the Sub Groups had been deferred due to the impact of the COVID 19 Pandemic and would be reinstated when it was safe to do so.</p>	
Resolved	The Committee noted the update.	
	<ul style="list-style-type: none"> • ECQC 16/01/2.4 Major Trauma Network – Training Needs: It was confirmed that this item had been scheduled for the March Board Development Session however, due to the COVID 19 Pandemic, the Major Trauma Centre launch had been deferred. This item would be scheduled into the Board Forward Work Programme when possible. 	
Resolved	The Committee noted the update.	

	<ul style="list-style-type: none"> • ECQC 16/01/3.1 Performance Report of Education Contracts: It was noted that the consideration for holding celebratory events with service providers will be explored once the current emergency had passed. 	
Resolved	The Committee noted the update.	
	<ul style="list-style-type: none"> • ECQC 16/01/3.2 Quality Assurance Review of Post Graduate Medical Education (PGME): It was clarified that not all of the Quality Team had been reallocated to support Scheduled Care. While the Quality Team had suspended all quality visits, they continued to undertake the basic core activities virtually which included the quality management processes. Those areas within Health Board that were in enhanced monitoring and/or where targeted visits were planned, were being reminded that they were still being observed. 	
Resolved	The Committee requested that a short summary report be added to the minutes to provide assurance in relation to the extent of the HEIW quality function during the COVID 19 Pandemic.	TL
ECQC: 09/04/1.6	Matters Arising	
	There were no matters arising.	
PART 2	STRATEGIC ISSUES	
ECQC: 09/04/2.1	Update on COVID 19 and its Impact on Impending Tender of the Health Professional Education Contracts	
	<p>The Committee received the report.</p> <p>In presenting the report, Martin Riley explained that the engagement and procurement activity was crucial to the tendering process for the new contracts. However, due to the impact of the COVID 19 Pandemic, the regional events for interested parties scheduled for the last 2 weeks of March had been cancelled. This had major implications on the procurement plan timescales designed to meet the September 2022 student start date.</p> <p>The procurement and tendering timetables were revisited in light of the government advice around COVID 19 and the uncertainty of the length of the current crisis. Due to the significance of the procurement exercise, it was felt that universities should be given as much time as possible during this period to give due consideration to the tendering process without compromising the quality of the bids being submitted.</p> <p>The revised timescales were discussed at the Executive Team. It was felt that delaying the key actions in the tendering process until October 2020 would provide much needed headroom for key stakeholders in the tendering and bid submissions. This revised</p>	

	<p>timetable would not jeopardise the September 2022 start date for students.</p> <p>The Committee considered the revised timescales. Whilst disappointed that the procurement plan needed to be revised, it acknowledged that the decision had not been taken lightly and that due consideration had been given in light of the current situation.</p> <p>In response to the query raised about whether the October 2020 deadline could be delayed any further, should the need arise, it was emphasised that any further delay could undermine the September 2022 student start date.</p> <p>Concerns were raised as to whether current contracts could be rolled over for a further year, given that the contracts had already been extended by one year. It was recognised that these were unprecedented circumstances and that there could be the option to take an extraordinary case via Procurement Services to roll the contracts forward for a further one year period.</p> <p>The Committee highlighted that the current lessons being learnt, for example from revised ways of remote and distance learning, could potentially influence the digital delivery agenda and be reflected in the contract specification for training and education programmes.</p> <p>The Committee was supportive of the pragmatic approach to the revisions to the procurement plan timetable which would assist in working towards the attainment of a September 2022 student start date.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • supported the revised timetable subject to the caveats around the prolonged impact of the COVID 19 pandemic; • requested that the matter be brought to the Board's attention. 	RH
ECQC: 09/04/2.2	Impact of COVID 19 on Nursing and Midwifery Education Provision and the Role of Students in Helping During the Crisis	
	<p>The Committee received the report.</p> <p>In presenting the report, Martin Riley updated the Committee in relation to the impact of the COVID 19 Pandemic on nursing and midwifery education. He provided an overview of the guidance and options for students to assist the health and social care system in response to the current crisis. It was emphasised that this was a voluntary 'opt in' scheme for students who met the specific criteria. For those not able to, their university would provide support to consider other options available. Student choice was being collated and recorded onto a database to monitor placements. It</p>	

	<p>was clarified that 'opt in' students would not have supernumerary status but remain students during their clinical placement.</p> <p>Concerns were raised in relation to appropriate supervision and support for students during their temporary clinical placement. It was clarified that students were able to raise any concerns regarding their placement and level of support with their university. It was the responsibility of the university to receive assurance in relation to the quality of the placement: it held the authority for the removal of the student if necessary.</p> <p>In terms of student mental health and wellbeing during and after the crisis, it was suggested that there could be learning from the military to assist with dealing with matters in this regard.</p> <p>A COVID 19 recruitment hub had been established to process the 'opt in' students and returners to practice. These individuals would be afforded all the same rights under the NHS Terms and Conditions which included the entitlement to Death in Service.</p> <p>Martin Riley informed the Committee that national guidance was due to be issued for Allied Health Professionals and Health Care Science students for a similar 'opt in' scheme to that being offered for nursing and midwifery students once the process had been finalised.</p> <p>The Committee was pleased to see how the students and universities had responded to the crisis, and also the changes that had been embraced to ensure the continuation and delivery of student training and education.</p>	
Resolved	The Committee noted the content of the report.	
ECQC: 09/04/2.3	Impact of COVID 19 on Medical, Dental and Pharmacy Education Provision and the Role of Trainees in Helping During the Crisis	
	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat provided an overview of the national changes agreed and affecting university students and postgraduate trainees in Medicine, Dentistry and Pharmacy, in response to the COVID 19 Pandemic.</p> <p>The Committee noted the actions that had been put in place in relation to medical students, Foundation Year 1 (FY1) doctors, and other medical trainees to allow them to support the NHS workforce during the crisis. The financial implications of deferring final exams and medical trainees taking up placements early were discussed. Whilst the cost of these measures had not been fully quantified, it was estimated that for the 340 FY1 posts in Wales, the anticipated</p>	

	<p>cost for 2.5 months was likely to be circa £2m. This matter had been raised with Welsh Government. The costs relating to the impact of COVID 19 were being tracked and captured.</p> <p>Concern was raised in relation to the move from FY1 into F2 posts and the impact of not rotating to the final attachment. It was clarified that all core aspects of training would be undertaken to allow the move.</p> <p>As all medical education and training had been suspended, it was highlighted that Welsh Government guidance was awaited in relation to other medical students accessing other established Agenda for Change roles in the NHS.</p> <p>In terms of Dentistry, Pushpinder Mangat advised that all private and NHS practice was on hold. This was because the majority of dentistry was aerosol generating and high risk. He explained that the General Dental Council had issued guidance on how dentists could be redeployed into the temporary NHS workforce. This guidance was being reviewed for all dental registrants.</p> <p>In relation to Pharmacy, it was highlighted that national guidance was awaited for the redeployment of pharmacy students and trainees as part of the temporary NHS workforce.</p>	
Resolved	<p>The Committee:</p> <ul style="list-style-type: none"> • noted the content of the report; • requested that their formal appreciation and thanks be passed to all teams for their support in response to the COVID 19 Pandemic. 	PM
PART 3	EDUCATION PERFORMANCE AND QUALITY	
ECQC: 09/04/3.1	Quality Report of Health Education Contracts	
	<p>The Committee received the annual report.</p> <p>In presenting the annual report, Martin Riley advised that this was the first All Wales quality report and provided a summary of the quality measures in place to ensure the delivery of high quality health professional contracts in Wales and ensuring value for money.</p> <p>It was emphasised that the annual report had been developed using a number of key reporting areas.</p> <p>The Committee received assurance that, in general, there were no areas of concern, however there were areas that could be improved upon to enhance the student experience. It was recognised that the content and format of the report was a work in progress. It was</p>	

	<p>suggested that the report could also benefit from a multi-professional focus; highlighting key successes; opportunities from lessons learnt; good practice and the areas of focus for the next year.</p> <p>The new health professional contracts would include key performance indicators and these would be included in the reporting.</p>	
Resolved	<p>The Committee;</p> <ul style="list-style-type: none"> • noted the report; • requested that Ruth Hall and Tina Donnelly provide further comments on the draft report to Stephen Griffiths and Martin Riley. 	RH/TD
ECQC: 09/04/3.2	Quality Assurance Review of Post Graduate Medical Education (PGME)	
	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat informed the Committee that many of the planned visits had been deferred in response to the COVID 19 Pandemic. He explained that the areas of enhanced monitoring remained the same as those reported in January 2020 except that Emergency Medicine in Morriston was now in enhanced monitoring. He explained that an Action Plan was in place to address the areas of concern.</p> <p>The Committee raised concern regarding the risk implications with the deferment of visits, particularly for those areas in enhanced monitoring. It was clarified that not all quality assurance processes had been postponed. Tom Lawson explained that many clinical teams and structures had changed in response to the current crisis. The Faculty Leads and Teams were continuing to monitor areas of concern and feedback received. Mapping of redeployments and staff affected by COVID 19 was being undertaken in order to maintain a balance and supervisory overview.</p>	
Resolved	The Committee noted the report.	
ECQC: 09/04/3.3	General Medical Council (GMC) Annual Quality Assurance Summary	
	<p>The Committee received the report.</p> <p>In presenting the report, Pushpinder Mangat advised that the HEIW Deanery had been used as one of two pilot sites to test the new GMC approach to quality assuring medical education and training. Following the evaluation of the pilots it was anticipated that the process would be rolled out across the UK.</p> <p>The findings from the self-assessment questionnaire submission and activities conducted as part of the pilot had not identified any</p>	

	<p>areas of concern. Three areas were highlighted as working well which not only met the GMC standards but were also well embedded in the organisation.</p> <p>The Committee was pleased with the report and the very positive outcome.</p>	
Resolved	<p>The Committee</p> <ul style="list-style-type: none"> • noted the report; • requested that their thanks be passed to all staff involved. 	PM
PART 4	CLOSE	
ECQC: 09/04/4.1	Any Other Business	
	There was no other urgent business for the open session of the Committee.	
ECQC: 09/04/4.2	Reflection on Today's Committee	
	Reflection from today's Committee will be picked up following the 'In Committee' session.	
ECQC: 09/04/4.3	Date of Next Meeting	
	The date of the next meeting was confirmed for Thursday, 2 July 2020 at 10.00am in the Conference Room, Ty Dysgu, Nantgarw.	

.....
Dr Ruth Hall (Chair)

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Date:

Education, Commissioning and Quality Committee (Open)
9 April 2020
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: 21/10/2.1	Review of Committee Terms of Reference			
	<ul style="list-style-type: none"> A specific agenda item on the Emerging Approaches from Workforce Planning and impact on training programmes to be added to the Committee Forward Work Programme. 	Director of Workforce and OD	July 2020	This area of work is included in the presentation to the July Committee.
ECQC: 16/01/1.5	Action Log			
	ECQC 21/10/2.2 KPMG Review of Health Professional Education:			
	<ul style="list-style-type: none"> Bangor University to be approached to make their Welsh clinical dictionary available to other universities in Wales. 	Director of Nursing	Promptly	Completed. Please refer to the response to this action at the end of the Action Log.
	<ul style="list-style-type: none"> Discuss with the Chair of the Audit and Assurance Committee whether a joint meeting of the Committees with Procurement and Legal & Risk is required. 	Director of Nursing	Promptly	The Chair of the Audit and Assurance Committee has agreed to a joint Committee to discuss the matter, as there are elements that affect the responsibilities of both Committees and would help to avoid duplication.

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	ECQC 21/10/3.1 GMS National Trainee Survey – Complaints Handling			
	<ul style="list-style-type: none"> A written update on the learning from complaints handling from the Scotland visit to be presented at the next meeting. 	Medical Director	July 2020	Item added to the Committee Forward Work Programme for July 2020.
ECQC: 16/01/2.4	Major Trauma Network: Training Needs			
	<ul style="list-style-type: none"> Feedback from Clinical and Training Leads in relation to analysis of training needs to be brought back to a future Committee meeting 	Medical Director	TBC	This item was scheduled for a Board Development Session in March however, due to the COVID 19 Pandemic, the Trauma Centre launch had been deferred. This item would be scheduled into the Board Development Forward Work Programme when possible.
ECQC: 16/01/2.5	Update on the Sub Group Terms of Reference			
	<ul style="list-style-type: none"> Feedback from the meetings of the Sub Groups to be reported to each Committee. 	Director of Nursing/ Medical Director	Ongoing	Sub Groups reports will be presented to the Committee following each meeting. However, the meetings of the Sub Groups have been postponed for the time being due to current emergency situation.
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.	Director of Nursing	TBC	Postponed. This will be picked up once the current emergency has passed.
ECQC: 16/01/3.2	Quality Assurance Review of Post Graduate Medical Education (PGME)			
	New column 'Reason for Visit' to be added to the Visit Summary.	Medical Director	July 2020	This will be included in the future reporting.



Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	The Audit and Assurance Committee to be updated in relation to those Health Board areas in enhanced monitoring arrangements and at high risk.	Medical Director	Ongoing	There will be exception reporting to the Audit & Assurance Committee when there are high risk areas to report.
ECQC: 16/01/3.3	New Arrangements for Annual Commissioning Process for Post Graduate Education			
	Summary Report to be presented to the Committee in October 2020.	Medical Director	October 2020	Item added to the Committee Forward Work Programme for October 2020.
ECQC: 09/04/2.1	Update on COVID 19 and its Impact on Impending Tender of the Health Professional Education Contracts			
	<ul style="list-style-type: none"> The revisions to the procurement plan timetable to be brought to the Board's attention. 	Ruth Hall	May 2020	Completed. An update was provided as part of the Committee Chair's Key Issues Summary Report to the May Board.
ECQC: 09/04/2.3	Impact of COVID 19 on Medical, Dental and Pharmacy Education Provision and the Role of Trainees in Helping During the Crisis			
	<ul style="list-style-type: none"> The formal appreciation and thanks of the Committee to be passed to all teams for their support in response to the COVID 19 Pandemic. 	Medical Director	Within 2 weeks	Completed.
ECQC: 09/04/3.1	Quality Report of Health Education Contracts			
	<ul style="list-style-type: none"> Ruth Hall and Tina Donnelly provide further comments on the draft report to Stephen Griffiths and Martin Riley. 	Ruth Hall/ Tina Donnelly	Within 1 month	Completed.
ECQC: 09/04/3.3	GMC Annual Quality Assurance Summary			

Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	<ul style="list-style-type: none"> The thanks of the Committee to be passed to all staff involved. 	Medical Director	Within 2 weeks	Completed.

ECQC 21/10/2.2 KPMG Review of Health Professional Education:

- Bangor University to be approached to make their Welsh clinical dictionary available to other universities in Wales.

Bangor University has confirmed the following regarding Welsh clinical dictionary availability:

Welsh version of Baillere's Dictionary for Midwives – see https://cy.wikipedia.org/wiki/Geiriadur_Bydwagedd_Bailliere

Welsh National Terminology Portal <http://termau.cymru/> - the portal contains a small dictionary Termau Nyrsio a Bydwreigiaeth but that hasn't been updated for years.

Termiadur Addysg is the dictionary for schools and further education colleges in Wales – see <http://www.termiaduraddysg.org/> and this contains a growing number of terms for health and social care.

For university level education, the Geiriadur Termau'r Coleg Cymraeg Cenedlaethol is the definitive dictionary, and contains much relevant scientific terminology (both dictionaries can be accessed through the national portal) – see <http://www.colegcymraeg.ac.uk/cy/adnoddau/termau/>

The Ap Geiriaduron - which also contains the two main educational dictionaries above. For front line NHS staff this might be the most useful version to have.

If off-line e-dictionary resources are needed, the Cysgliad Welsh support software includes the Cysgeir compendium of electronic dictionaries (broadly the same ones as are available in the National Terminology Portal plus a general non-technical dictionary) as well as the Cysill spelling and grammar checker. University students and staff can download a free copy of this software through their university email account if their university licences this software.



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

Meeting Date	2 July 2020	Agenda Item	1.6.1
Report Title	Briefing on 4 Nations discussions on Quality Issues during visit to NHS Education Scotland		
Report Author	Professor Pushpinder Mangat		
Report Sponsor	Professor Pushpinder Mangat		
Presented by	Professor Pushpinder Mangat		
Freedom of Information	Open		
Purpose of the Report	To update the Education Commissioning and Quality Committee on 4 Nation discussions and Benchmarking of various Quality Issues.		
Key Issues	The GMC Trainee survey reported that while trainees rated Wales as the highest in the UK for Quality of training, they showed an outlier status on management of complaints raised by trainees. Also, the way in which QA visits were done across the UK were compared		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> Note 		

BRIEFING ON 4 NATIONS DISCUSSIONS ON QUALITY ISSUES DURING VISIT TO NHS EDUCATION SCOTLAND

1. INTRODUCTION / BACKGROUND

There was a joint meeting of the Medical Directors from the 4 nation at this meeting in Scotland. This provided the opportunity to discuss matters that were important to us in Wales with others in the UK

2. Discussions

a. Complaints Handling

The Datix System for complaints handling were used in Northern Ireland and Scotland and had been in place for a considerable time. There are a variety of complaints handling systems across English Deanery areas.

The Scottish Deaneries had added to this by creating alternative systems within the Educational staff in Health Boards to raise concerns which were dealt with through the Medical Directors Department. We already have something similar in Wales. While this addresses the complaints made by Medical Trainees, it does not address complaints made by other professionals.

The advice from Scottish and Northern Irish counterparts was that they had previously seen similar difficulties to ours. As our system had only recently been upgraded to their version, we should keep the pressure on Local Education Providers to use these systems more effectively.

b. Medical Deanery Visits

A brief discussion showed that our Quality visits as traditionally done by the Deanery in Wales were almost exactly the same as Scotland and Northern Ireland. The other nations were particularly interested in the way our modified visits this year worked out.

c. Rural Credentialing

The draft credential was circulated for discussion soon after this meeting.

d. GMC Pilot QA

The process of the GMC Pilot was discussed. I have circulated the final outcome to the other Nations Medical Directors since the last ECQC meeting.

e. The Distance Learning Medicine Course in Edinburgh

This course was discussed. There had been issues with retention of students due to expense issues.

3. GOVERNANCE AND RISK ISSUES

Regular Discussions on issues of Quality should continue across the 4 nations to ensure that we achieve the highest standards of Education and Training

4. FINANCIAL IMPLICATIONS

None

5. RECOMMENDATION

That the ECQC note this report

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			
Regular Discussions on issues of Quality should continue across the 4 nations to ensure that we achieve the highest standards of Education and Training and therefore patient safety			
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)			
Report History	Previous NTS outcome		
Appendices			

The `New Normal' for Education & Training in Wales The Positive Lessons from COVID-19

Pushpinder Mangat
Medical Director HEIW

Consultant ITU/Anaesthesia
Honorary Professor Swansea Medical School



Unique Opportunity Appetite for Change

- ◆ Perfect Healthcare Storm pending
- ◆ Previous attempts to modernise have seemed shackled
- ◆ Impending recession
- ◆ Global Pandemic
- ◆ World Crisis



Unique Opportunity

The Need

- ◆ Prepare NHS for an avalanche of COVID 19 infections
- ◆ Without interventions, risk of overwhelming
 - ◆ Primary Care
 - ◆ General Medical/Respiratory Services
 - ◆ Critical Care Capacity
- ◆ Infrastructure - oxygen
- ◆ Equipment – Medical and protective
- ◆ Danger to NHS Staff - infection



Unique Opportunity Appetite for Change

- ◆ Many changes have happened out of necessity
- ◆ Opportunities for Education & Training & related processes
- ◆ Opened doors/broken barriers for permanent changes
- ◆ Public, Clinical Workforce and Managers engaged
- ◆ Opportunity to reset Clinical Pathways
- ◆ Change of demand (good and bad)
- ◆ Collaboration between NHS bodies
- ◆ **HEIW/SC Workforce strategy**



Unique Opportunity HEIW/SC Workforce strategy

What will be different

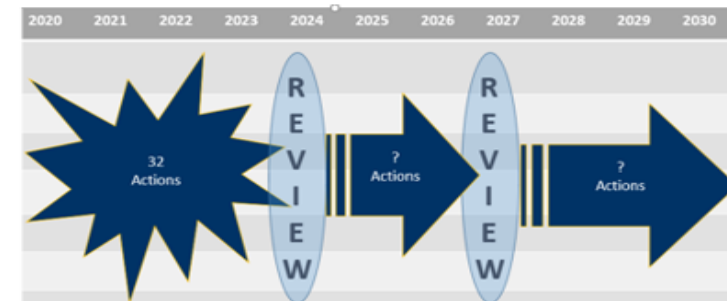
- Our workforce feels valued, is treated fairly and their wellbeing is supported
- Workforce language, culture and diversity reflects our population
- Potential shortage areas are known earlier and targeted effectively
- Widespread values based and inclusive recruitment ensures we have the right people
- Common competences are identified and underpin new and different ways of working
- Learning is delivered through flexible and accessible routes
- Widespread digital skills capability underpins care delivery
- National bi-lingual careers service is widening access to careers in health and care for all ages

The Ambition – 2030

To have a motivated, engaged and valued Health and Social Care workforce
with the capacity, competence and confidence
to meet the needs of the people of Wales



Implementation



What success will look like

- Very high levels of staff engagement, motivation, wellbeing and satisfaction
- Better recruitment and retention of staff through attractive and flexible working arrangements and career opportunities
- Increased levels of Welsh language skills in the health and care workforce
- Flexible education opportunities and career development
- Intelligence led workforce planning enabling us to change our workforce to meet our population need
- A compassionate culture, role modelled by excellent leaders and managers

The Legislative Framework



Engagement & Consultation – what we heard



Unique Opportunity HEIW/SC Workforce strategy

- ◆ An Engaged, Motivated and Healthy Workforce
- ◆ Attraction and Recruitment
- ◆ Seamless Workforce Models
- ◆ Building a Digitally Ready Workforce
- ◆ Excellent Education and Learning
- ◆ Leadership and Succession
- ◆ Workforce Supply and Shape
- ◆ Wellbeing, Welsh Language, Inclusion



Unique Opportunity

What did we do?

- ◆ Co-ordinated System Response
 - ◆ Government Machinery – UK and Wales
 - ◆ Health Boards/Trusts/NHS Organisations
 - ◆ Education Institutions
 - ◆ Professional Bodies
 - ◆ Regulators
 - ◆ **SEBs**



Unique Opportunity

What did we do?

- ◆ Rapid repurposing of NHS
 - ◆ Multi-professional Training in single specialty
 - ◆ Creation of Increased Capacity
 - ◆ Equipment and Disposables
 - ◆ Alternatives to traditional practices
 - ◆ Mobilisation of workforce,
 - ◆ Students/early graduation
 - ◆ Returners
 - ◆ Volunteers
 - ◆ **HEIW Staff**



Unique Opportunity

What happened?

- ◆ Co-ordination between health systems
- ◆ Opportunity for important engagements between staff, patients and Community
- ◆ Truly Professional Response in Real Teams
- ◆ Leaders have emerged (particularly clinical)
- ◆ Innovations welcomed
- ◆ Valued our Staff
- ◆ Agile system



Unique Opportunity Lessons Learned

◆ Impact on Patient Care

- ◆ Remote Consultations VC/Telephone – primary care
- ◆ Digital Discussions with Families/Friends
- ◆ Discussions with clinical colleagues
- ◆ Clinical meetings- MDTs
- ◆ Imaging advances being embedded
- ◆ Patient pathways redefined



Unique Opportunity Modernise Education

- ◆ Undergraduate Training
 - ◆ Professionals ready to practice – assistantships
 - ◆ Meaningful Clinical Placements strategies
 - ◆ Simulation facilities
 - ◆ Multi-professional Team learning
 - ◆ Shorten duration of course and early point of registration
 - ◆ Generalist skills
 - ◆ **Deliver graduates we need – not the ones we are given**



Unique Opportunity Modernise Education

◆ Postgraduate Training

- ◆ Education in Digital methods of service
- ◆ Wider range of Generalist Skills and Portfolios
- ◆ Flexible training options
- ◆ Interprofessional training (Simulated training as routine)
- ◆ Recognition of skills obtained “out of training” (Medicine)
- ◆ Modernise progression processes ARCP, CCT etc – **Digital by default**
- ◆ Ensure progression is geared more to competency not duration
- ◆ Review of Professional Exams – **Digital by default**
- ◆ **Deliver Professionals we need – not the ones we are given**



Unique Opportunity

Modernise Education

- ◆ Other Postgraduate training
 - ◆ Multi-professional opportunities
 - ◆ Multi-professional Consultants
 - ◆ Advanced Practice
 - ◆ International Recruits
 - ◆ Permanently employed Doctors (Consultants and SAS)
 - ◆ Newer professionals (e.g. PAs AAs)



Digital by default

Recruitment, Assessment and Progression

- ◆ Successful Virtual Recruitment, ARCP, and exams
 - ◆ Education Institutions
 - ◆ Professional Bodies
 - ◆ Regulators
- ◆ Acceptance of different (not inferior) standards based on capability not training duration
- ◆ Do we need Exit/Final exams



Digital by default Observations

- ◆ Remote/Home working - the norm
- ◆ Paper light approach
- ◆ Green/Carbon footprint
- ◆ Less Road Risk
- ◆ Expense to NHS/Individual
- ◆ May help Home circumstances
- ◆ Wellbeing factor



Digital by default

UK wide benefits

- ◆ 4 Nation collaboration
- ◆ Regulatory reform/challenge
- ◆ Flexibility in registration guidance
- ◆ Professional College engagement
- ◆ Health Education Institutions – engagement
- ◆ Union Partnerships



What Next Restart

- ◆ Restart Education and Training programmes
- ◆ Use opportunity for system change
- ◆ Convert urgent changes to permanent
 - ◆ **digital by default**
- ◆ Expensive times ahead
- ◆ Use opportunity to implement Workforce strategy
- ◆ **Produce professionals that we need**









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

Meeting Date	2 July 2020	Agenda Item	2.2
Report Title	The Strategic Review of Healthcare Education in Wales Phase Two		
Report Author	Christine Love		
Report Sponsor	Eifion Williams		
Presented by	Martin Riley		
Freedom of Information	Open		
Purpose of the Report	To update the Committee on the education programmes and process that will form phase 2 of the strategic review of healthcare Education in Wales to ensure that a procurement process and subsequent contract specification is developed to fully meet the needs of Wales.		
Key Issues	<ul style="list-style-type: none"> Engagement Plan – there are a number of programmes where further discussion with service is necessary. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> Note the contents of this report including the programmes that are included in the second phase Note the draft timelines and engagement plans being undertaken Note the engagement being undertaken within HEIW to either justify the de commissioning of some programmes, or expansion of the provision currently being commissioned 		

THE STRATEGIC REVIEW OF HEALTHCARE EDUCATION IN WALES PHASE TWO

INTRODUCTION

Phase one of the strategic review of health Professional education during 2019 and 2020 will include the consultation on and procurement of the majority of pre-registration healthcare professional education that are commissioned by HEIW. The scale of this procurement exercise is significant; however, this first phase does not include all the education currently commissioned. This report intends to update the executive team:

- with what the proposed process is for the second phase of this procurement exercise.
- Outline to the executive team the list of programmes which will form stage 2
- where there are questions relating to the viability of continuing to commission some programmes
- Where there is an anticipated need to commission additional education programmes

PHASE 2 PROCESS

Pre-registration programmes

Phase 2 will be made up of a number of elements, the first being small pre-registration programmes where the numbers are very small and/or there is currently no provision in Wales which is causing concerns, these programmes are as follows:

- PGDip Clinical Photography
 - Very small numbers (5), employed model delivered by Cardiff university
- BSc Clinical Engineering
 - Very small numbers (2-3), employed model delivered by university West of England this model is not working for service and they require something different preferably delivered within Wales
- Orthoptists
 - Have not commissioned any students for Wales for 4 years as provision only in 2 English universities. The bursary tie in has complicated any recruitment previously undertaken. Health Board placement circuit is not fully developed.
- Part time Healthcare Science BMS programmes and +1 IBMS portfolio year.

Regarding the programmes above there needs to be further engagement with professional groups to determine if there is still a service need to commission these and if so to ensure that the shape of this education is procured to meet the need of NHS Wales. Due to COVID19 a face to face engagement process will not be able to take place until restrictions are lifted. Likewise, health boards are currently under immense pressure due to the pandemic therefore it is anticipated that May 2021 will be the earliest that any face to face engagement will be able to take place.

Clinical Psychology Provision

The second element to phase 2 will be 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. There is evidence that new and emerging roles within psychology services need to be considered to support the work of the clinical psychologists. One example is the **Clinical Associate Psychologists (CAPs)** which is a new grade of professional psychologist which is emerging in the NHS in England. The 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. There are a copious supply of these graduates exiting from Cardiff university annually. CAP's are an advanced practice role which deliver psychological assessments and interventions, under the supervision of a registered practitioner psychologist.

The introduction of clinical associates in psychology, along with other emerging roles, will help to increase access to psychological therapies. The British Psychological Society (BPS) is working with education providers to ensure quality standards in education and training for associate psychologists, just as they already accredit psychology courses throughout the UK. HEIW has had initial engagement with the chair of the National Psychological Therapies Management Committee (NPTMC), which currently reports to the Together for Mental Health National Partnership Board. Further engagement is required to determine if this role is something required within Wales. Early indications are that it would be, and this is an exciting opportunity to expand the psychological workforce.

Other areas that need to be considered with regard to a centralised commissioning model the expansion of Staff with cognitive behavioural therapy (CBT) skills with the option of developing the Post Graduate certificate/diploma course into a Masters. There is also a 'low intensity' course in development in Swansea – similar to English IAPT stage 1, which we feel requires consideration.

We are also aware that Newport / USW have a therapies team who are also likely to be willing to expand what they do; their focus is rather different from Cardiff, Swansea and Bangor.

All of this could be centrally commissioned as currently no funding exists to support the development of these skill sets.

Specialist Practitioner Qualification (SPQ), Community Health studies and Specialist Community Public Health Nursing (SCPHN)

Once a nurse or midwife has joined the NMC register they can undertake further education and training to join the Specialist Community Public Health Nurse (SCPHN) part of the register (third part) or be noted as having a Specialist Practitioner Qualification (SPQ) on the register.

Both SCPHN and SPQ standards have not been updated for some time and in April 2018, the NMC commissioned an independent evaluation of the existing standards for

post-registration education for nurses and midwives. The primary aim of the research was to explore whether the current standards are fit for purpose and how far they meet the needs of the current and future nursing and midwifery workforce.

During January 2020 it was agreed to withdraw the current specialist community public health nursing (SCPHN) qualification standards no later than 2023, and develop new standards of proficiency for health visiting, school nursing and occupational health nursing fields of SCPHN practice and associated programme standards. Also, to withdraw the current nine specialist practice qualification (SPQ) standards no later than 2023, and scope standards of proficiency content of a proposed new SPQ for community nursing practice and associated programme standards.

HEIW were aware this review was taking place therefore it seemed pragmatic to not include these programmes in the first phase. It is recommended that as there is an ongoing review that any engagement should be moved to the later part of phase 2 when there is more clarity regarding the new programmes, as the NMC are expected to consult near the end of September 2020 with a view that standards will be approved by September 2021.

Clinical Scientist Training programme (STP)

STP trainees undertake a master's qualification that leads to registration with the HCPC. These trainees are employed as Band 6 trainees within Health boards, and Public Health Wales. HEIW funds the education and salary of these trainees. There are multiple specialisms with very small numbers. All but one programme is delivered outside of Wales. It is likely that HEIW will continue to purchase the majority of this education from English HEI's as it is very specialised. However, it is recommended that HEIW, the Science workforce and Universities have the opportunity to explore whether for some of the larger specialisms those programmes could be commissioned from a Welsh HEI, as we already have provision across undergraduate programmes. However, it is anticipated that May 2021 will be the earliest that any face to face engagement will be able to take place.

Postgraduate and post registration education

Additionally, there is a plethora of post registration education programmes that HEIW currently commissions that will need to be procured during this second phase which is listed below:

- **Advanced Practice MSc and modules**
- **Extended Practice education**
- **Non- Medical prescribing**
- **Medical Ultrasound PG Cert/Dip/modules**
- **Part time PG Cert/Dip/MSc Genomic Medicine**
- **Clinical Endoscopist Training**
- **Reporting Radiographer Training**
- **Higher Specialist Scientific Training programme (HSST)**

Due to the extensive nature of the first phase the timescales for the main procurement exercise has not allowed engagement and review of Postgraduate and post registration education needs. It is likely that a framework contract will be developed to procure all or some of this education as this will provide greater flexibility to meet the demands of an ever-changing healthcare environment. We are committed to ensuring that the education commissioned meets the needs of the NHS in Wales, the healthcare professional workforce and population of Wales.

Future events will be advertised to take the remaining pre-registration and the post registration education procurement forward.

Please be assured that there are plans to engage with all relevant groups in order to ensure the successful ongoing commissioning of this education into the future.

Key Action	Date
Roadmap creation	May 20 - June 20
Determine Appropriate Procurement Route(s) (FA vs Contract)	July 20
Documentation preparation	October 20 – December 20 Mid-March 21 – May 21
Engagement	May '21 – July '21
Approvals (HEIW Exec Board, Velindre & WG)	August 21 – September 21
Place OJEU Notice to trigger procurement	Mid-September 2021 – end October 21
Evaluation of bids	November '21 – December '21
Award sign-off / ratification procedures	January '22 – February '22
Award of Framework Agreement	March 2022
Run Mini Competitions (where applicable)	April 2022
Mini Competition Award for Academic Year 22-23	June 2022
New education programmes commence	September 2022

Extending the existing contracts

HEIW intends to issue a modification notice to extend all current contracts, due to expire on 31st July 2021, by a further year to 31st July 2022.

New contracts

The new contracts will commence in April 2022 but there will be no expectation that students will start on the new contract until September 2022.

For existing providers that are awarded new contracts there will be two contracts in place in 2021/22.

- a) The first will be the current contract, supporting students in the system and this will be subject to the current contract performance and quality scrutiny.
- b) The second will be the new contract which will be in its set up phase. HEIW, through formal contract meetings, will monitor the progress against the delivery plan and assist in ensuring that all commitments for the new contract are delivered on time and in line with the contract specification.

If, on award of the new contract it is feasible, and all conditions of the new contract are met then students could start in April 2022 on the new contract.

For any new providers the contract will start in April 2022 and HEIW will commence contract meetings to monitor the progress against the delivery plan and assist in ensuring that all commitments for the new contract are delivered on time and in line with the contract specification for students to commence in September 2022.

Engagement Plan

To ensure the new contracts derives maximum benefits and meets the needs of the Service and Universities the following draft engagement plan has been developed. Time frames are very fluid due to the present situation.

Date	Engagement
May 2021	Commence engagement events for Pre-registration programmes <ul style="list-style-type: none"> • Clinical Photography • Clinical Engineering • Orthoptists
June 2021	Commence engagement with Psychology workforce and universities to explore potential of commissioning CAP's
July 2021	HEIW, will visit all Universities who currently deliver SCPHN and SPQ's to discuss progress of NMC review HEIW to engage with Health care science workforce and universities to explore options of delivery within Wales for Clinical Scientist Training programmes (STP)
Aug-Dec 2021	Working with procurement agree and develop framework contracts for post graduate education: <ul style="list-style-type: none"> • Advanced Practice MSc and modules • Extended Practice education • Non- Medical prescribing • Medical Ultrasound PG Cert/Dip/modules • Part time PG Cert/Dip/MSc Genomic Medicine • Clinical Endoscopist Training • Reporting Radiographer Training • Higher Specialist Scientific Training programme (HSST)

The Committee is asked to:

- Note the contents of this report including the programmes that are included in the second phase
- Note the draft timelines and engagement plans being undertaken
- Note the engagement being undertaken within HEIW to either justify the de commissioning of some programmes, or expansion of the provision currently being commissioned

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			
None			
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)			
Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			
<ul style="list-style-type: none"> • Long term: appropriately educated workforce to meet the current and future health needs of the population • Prevention: Well educated workforce that supports people to keep healthy, well and at home • Integration: multi professional working for a healthier Wales • Collaboration: Development of extended skills to support the diversification of the multi-disciplinary team. 			
Report History	N/A		
Appendices	None		



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

Meeting Date	2 July 2020	Agenda Item	2.3
Report Title	Draft Education & Training Plan 2021/22		
Report Author	Martin Riley		
Report Sponsor	Pushpinder Mangat / Angela Parry		
Presented by	Martin Riley		
Fol	Open		
Purpose of the Report	The purpose of the report is to provide the ECQ Committee with an opportunity to comment upon the draft Education & Training Plan 2021/22.		
Key Issues	Recommendations for the future investment in education 7 training for 2021/22. Potential impact of covid-19		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
		✓	
Recommendations	The Committee are asked to, <ul style="list-style-type: none"> • Note the information and recommendations contained within this plan • Discuss the recommendations 		

DRAFT EDUCATION & TRAINING PLAN 2021/22

1. INTRODUCTION

This is the second year HEIW has developed a national education and training plan for the health workforce. It builds on the first plan last year with increased focus on responding to service challenges as well as addressing needs of individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors.

In recognising that investment in training and education is paid back within a very short time after graduation, Education and Training Plans will be based on workforce need and the case made where this requires increased investment. Recommendations within the paper will not be based on a single year's workforce need but will be informed by:

- IMTP's
- wider available workforce intelligence
- capacity within the system to support training/student/trainees.

From the IMTP's the following workforce challenges were identified;

- **Medical** - varies across HBs and Trusts and Consultant/training/ SAS grades but includes: Psychiatry, GPs, Radiologists, Emergency Medicine, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties including Histopathology and Microbiology & Infectious Diseases, Care of the Elderly, Anaesthetics and ICM, Neurology, Paediatrics, Urology, Geneticist, Sexual Health, ENT, Gastroenterology, Rheumatology, Ophthalmology, Dental
- **Nursing** – across the board including adult, child health, mental health (including CAMHS), practice nursing
- **AHPs** – in a number of plans – including physiotherapy (including entry grade), SALT, OT, ODP, Dietetics, Orthoptists, Clinical Psychologists
- **Health Care Science** - Radiographers, Sonographers, Cardiac Physiologists, Rehab Engineers, Nuclear medicine practitioner,
- **Pharmacy** – less recruitment difficulties reported in this year's plans
- **CBT and other psychological therapists** including in primary care and CAMHS, all staffing groups across mental health services

2. STAKEHOLDER ENGAGEMENT

The primary drivers for this plan are the IMTPs and national service priorities. In translating this information into recommendations there has also been extensive engagement with stakeholders. In normal times HEIW attend peer meetings to discuss the proposals for training of Health professional staff for the coming year. Given the pandemic circumstances in 2020 however, a different approach was required for stakeholder consultation regarding the 2021/22 Education and Training plan. A brief presentation summarising proposals was issued during May and a three week period of consultation ensued where HEIW staff engaged using virtual media to discuss and clarify any issues which may arise from the proposals.

Therefore, despite restrictions due to the Covid-19 pandemic HEIW has engaged with a wide range of stakeholders regarding this plan including,

- Regulatory Bodies
- Professional Bodies
- Various Colleges / Societies
- The Council of Deans for Health (Wales)
- Welsh Government Professional and Policy Leads
- All Health Board and Trust Executive Directors
- Deputy Directors within of Nursing within Health Boards and NHS Trusts
- Deputy Directors of Therapies and Healthcare Science within Health Boards and NHS Trusts

In the discussions held with the above there has been widespread support for the need to develop the workforce in the community and primary care setting to support the shift of services from secondary care. There has also been support to extend the role of health professionals and support staff in meeting the workforce challenges and enabling the prudent principles to apply.

As a result of engagement several recommendations have been modified including the re-profiling of paramedic commissions to meet service need and, following discussions with Service and some AHP Colleges, further increases some AHP professions.

Analysis of the impact on the workforce of all factors (new graduates, non-graduate joiners, leavers, retirements etc), derived from the workforce intelligence model developed by HEIW for predicted FTE's in the workforce up to 2025 is shown for key professions in **Appendix 4**. The impact of last years' increases and this years' proposals make a significant impact across many areas. The predicted 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 IN THE PLAN

Having reviewed all of the available evidence, including identified organisation needs, capacity within the system, published evidence and the information from HEIW workforce intelligence tools, the following recommendations are made:

Health professional staff

a. Education commissions should continue to:

- i. Expand the number of health professional education programmes delivered through part time and shortened programmes
- ii. Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
- iii. Expand the provision of part time places available to the care home sector.
- iv. Increase the level of investment in both advanced practice to build clinical careers and health care support worker development

b. Increases are proposed in the following areas:

Specialty	FROM	TO	% increase
Adult Nursing	1,400	1,540	10%
Mental Health Nursing	356	410	15%
Child Nursing	159	175	10%
Midwifery	161	185	15%
Radiotherapy & Oncology	22	26	18%
Dietetic places	52	60	15%
Physiotherapy places	164	174	6%
Paramedics	52	75	44%
Doctorate in Clinical Psychology places	29	32	10%
Healthcare Science: STP	32	37	17%
Healthcare Science: PTP / BMS	24	25	4%
Increase in post-registration / Advanced Practice funding	£1.5m	£2m	33%
Increase in HCSW / Work Based Learning funding	£2m	£2.5m	25%

Medical Workforce Planning Recommendations

General Practice:	Continue to advertise 160 with option to over recruit should there be sufficient suitable applicants.
Emergency Medicine:	5 additional Higher Training posts (ST3) to address the deficit following the conversion of higher posts to ACCS in previous years 2 additional ACCS posts on the North Wales rotation.
Anaesthetics:	3 additional Higher Training posts to address ongoing and predicted workforce shortages at consultant level. NB: Due to the impact of the Coronavirus pandemic the planned changes to the Anaesthetics curriculum will now be delayed by one year. As a result of curriculum changes projected requirements for additional posts for 2021 will now not be required until August 2022 and Anaesthetics will be reviewed again next year.

Intensive Care Medicine:	<p>4 additional Higher Training posts are required to increase our ICM workforce in Wales.</p> <p>The Coronavirus pandemic has highlighted the need to expand and provide critical care capacity; the other 4 nations are planning expansion. ICM requirements to be reviewed again in 2021.</p>
Major Trauma Network	
Plastic Surgery:	2 additional Higher Training posts to support the workforce model for the Major Trauma Centre
General Surgery:	4 additional Higher Training posts in General Surgery to support the workforce model for the Major Trauma Centre; address predicted workforce shortages at consultant level and in response to increased demand and changes to curricula to support cancer treatments.
Trauma & Orthopaedics:	No change required following the increase of 4 trainees from the 2019 intake.
Urology:	4 additional Higher Training posts to support the Cancer agenda and workforce shortages at consultant level
Neurosurgery:	A reduction of posts in line with trainees completing their training. Reducing the training programme by 1 post over the next year followed by further review
Paediatrics:	<p>4 additional ST1 posts to address the recommendations of the RCPCH workforce report and feminisation of the workforce which has led to an increase in the numbers of trainees opting for LTFT training resulting in persistent gaps within this training programme and consultants opting to work part time.</p> <p>2 Higher Training Clinical Teaching fellowships to support recruitment and retention within the Paediatrics training programme,</p>
Obstetrics & Gynaecology workforce:	2 additional ST1 posts in response to ' <i>Maternity Care in Wales, a 5 year vision for the future</i> ' and to address attrition during the early years of the training programme.
Community Sexual & Reproductive Health (CSRH):	Specialty to be reviewed in 2021.

Internal Medicine	15 additional Core Training posts to support the changes to the Internal Medicine curriculum and the requirement to maintain the balance between core and higher specialty training. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in Higher Training posts.
Acute Medicine:	4 additional Higher Training posts to support the expansion of the Acute Care Physician consultant workforce in this area; Acute Medicine is still a relatively new specialty
Respiratory Medicine:	2 additional Higher Training posts to support future workforce requirements. The coronavirus pandemic has demonstrated the need for an increase in respiratory physicians
Gastroenterology:	2 additional Higher Training posts to support future workforce requirements and to support the single cancer pathway work.
Renal Medicine:	No change to training numbers and specialty to be reviewed in 2021
Diabetes & Endocrinology:	No change to training numbers and specialty to be reviewed in 2021
Medical Oncology:	3 additional Higher Training posts per year for 5 years to support the increased incidence of cancer and the Cancer agenda
Clinical Oncology:	4 additional Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments.
Medical Microbiology/Combined Infection Training:	Continue the recommendation from last year's plan of 3 additional posts for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.
Clinical Radiology:	To maintain an intake of 20 trainees per annum as agreed last year to maximise the capacity of the Imaging Academy and review again for 2021.

4. FINANCE SUMMARY

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31st March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24. This can be broken down into **£127.924m** for the wider health professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
Total	227.901	250.972	263.693

The total for 21/22 included in the Education Commissioning paper is £227.9m, last year's paper had £196.7m for 21/22, the values are not directly comparable though as Dental Foundation training and GP training weren't included last year. The dental foundation training is a transfer from WG so not an increase as such and although there were significant increases in GP training and Pharmacy they don't exceed the reduction in Health Professional Commissioning. As a result the figure quoted last year is broadly comparable.

5. RISKS

The impact of covid-19 and how long the implications will last are still uncertain. The NHS in Wales, and the attitude and skills of the staff involved in dealing with the pandemic have received many accolades. It is uncertain whether the positivity will result in more applications to courses or whether this will be mitigated or reduce numbers due to the risks associated with covid-19. Therefore, the overall impact on potential student numbers to fill all commissioned places is uncertain.

There is a recognition that the resilience of the workforce across Wales needs to be further strengthened, both in terms of numbers and the development of extended skills and advanced practice, however, the financial investment in education required to deliver this plan has not been approved by the Welsh Government at this time.

6. NEXT STEPS

The draft plan is going to the following groups for comment and support prior to submission to the Welsh Government,

- Health Board and NHS Trust Chief Executive Group
- HEIW Education, Commissioning and Quality Committee
- HEIW Board

7. RECOMMENDATION

The Committee are asked to,

- Note the information and recommendations contained within this plan
- Discuss the recommendations

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			
HEIW has a core responsibility to train and educate the workforce			
Financial Implications			
None			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
No staffing implications for HEIW. However, the plan contains staffing implications for the medical, dental, general practice, pharmacy and health professional workforce			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			
Report History	NA		
Appendices	Appendix 1: Draft Education & Training Plan 2021/22		



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NHS Wales Education Commissioning and Training Plan for 2021/22



June 2020

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Appendices

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NHS Wales Education Commissioning and Training Plan for 2021/22

PURPOSE

1. Introduction

The purpose of this paper is to provide recommendations on the level of national education and training to be supported in 2021/22 for the medical and health professional workforce.

This is the second year HEIW has developed a national education and training plan for the health workforce. It builds on the first plan last year with increased focus on responding to service challenges as well as addressing needs of individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors.

In recognising that investment in training and education is paid back within a very short time after graduation, Education and Training Plans will be based on workforce need and the case made where this requires increased investment. Recommendations within the paper will not be based on a single year's workforce need but will be informed by:

- IMTP's
- wider available workforce intelligence
- capacity within the system to support training/student/trainees.

From the IMTP's the following workforce challenges were identified;

- **Medical** - varies across HBs and Trusts and Consultant/training/ SAS grades but includes: Psychiatry, GPs, Radiologists, Emergency Medicine, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties including Histopathology and Microbiology & Infectious Diseases, Care of the Elderly, Anaesthetics and ICM, Neurology, Paediatrics, Urology, Geneticist, Sexual Health, ENT, Gastroenterology, Rheumatology, Ophthalmology, Dental
- **Nursing** – across the board including adult, child health, mental health (including CAMHS), practice nursing
- **AHPs** – in a number of plans – including physiotherapy (including entry grade), SALT, OT, ODP, Dietetics, Orthoptists, Clinical Psychologists
- **Health Care Science** - Radiographers, Sonographers, Cardiac Physiologists, Rehab Engineers, Nuclear medicine practitioner,
- **Pharmacy** – less recruitment difficulties reported in this year's plans
- **CBT and other psychological therapists** including in primary care and CAMHS, all staffing groups across mental health services

Stakeholder Engagement

The primary drivers for this plan are the IMTPs and national service priorities. In translating this information into recommendations there has also been extensive engagement with stakeholders. In normal times HEIW attend peer meetings to discuss the proposals for training of Health professional staff for the coming year. Given the pandemic circumstances in 2020 however, a different approach was required for stakeholder consultation regarding the 2021/22 Education and Training plan. A brief presentation summarising proposals was issued during May and a three week period of consultation ensued where HEIW staff engaged using virtual media to discuss and clarify any issues which may arise from the proposals.

Therefore, despite restrictions due to the Covid-19 pandemic HEIW has engaged with a wide range of stakeholders regarding this plan including,

- Regulatory Bodies
- Professional Bodies
- Various Colleges / Societies
- The Council of Deans for Health (Wales)
- Welsh Government Professional and Policy Leads
- All Health Board and Trust Executive Directors
- Deputy Directors within of Nursing within Health Boards and NHS Trusts
- Deputy Directors of Therapies and Healthcare Science within Health Boards and NHS Trusts

In the discussions held with the above there has been widespread support for the need to develop the workforce in the community and primary care setting to support the shift of services from secondary care. There has also been support to extend the role of health professionals and support staff in meeting the workforce challenges and enabling the prudent principles to apply.

As a result of engagement several recommendations have been modified including the re-profiling of paramedic commissions to meet service need and, following discussions with Service and some AHP Colleges, further increases some AHP professions.

Analysis of the impact on the workforce of all factors (new graduates, non-graduate joiners, leavers, retirements etc), derived from the workforce intelligence model developed by HEIW for predicted FTE's in the workforce up to 2025 is shown for key professions in **Appendix 4**. The impact of last years' increases and this years' proposals make a significant impact across many areas. The predicted 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.

Summary of main recommendations

Having reviewed all of the available evidence, including identified organisation needs, capacity within the system, published evidence and the information from HEIW workforce intelligence tools, the following recommendations are made:

Health professional staff

a. Education commissions should continue to:

- i. Expand the number of health professional education programmes delivered through part time and shortened programmes
- ii. Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
- iii. Expand the provision of part time places available to the care home sector.
- iv. Increase the level of investment in both advanced practice to build clinical careers and health care support worker development

b. Increases are proposed in the following areas:

Specialty	FROM	TO	% increase
Adult Nursing	1,400	1,540	10%
Mental Health Nursing	356	410	15%
Child Nursing	159	175	10%
Midwifery	161	185	15%
Radiotherapy & Oncology	22	26	18%
Dietetic places	52	60	15%
Physiotherapy places	164	174	6%
Paramedics	52	75	44%
Doctorate in Clinical Psychology places	29	32	10%
Healthcare Science: STP	32	37	17%
Healthcare Science: PTP / BMS	24	25	4%
Increase in post-registration / Advanced Practice funding	£1.5m	£2m	33%
Increase in HCSW / Work Based Learning funding	£2m	£2.5m	25%

Medical Workforce Planning Recommendations

General Practice:	Continue to advertise 160 with option to over recruit should there be sufficient suitable applicants.
Emergency Medicine:	5 additional Higher Training posts (ST3) to address the deficit following the conversion of higher posts to ACCS in previous years 2 additional ACCS posts on the North Wales rotation.
Anaesthetics:	3 additional Higher Training posts to address ongoing and predicted workforce shortages at consultant level.

	NB: Due to the impact of the Coronavirus pandemic the planned changes to the Anaesthetics curriculum will now be delayed by one year. As a result of curriculum changes projected requirements for additional posts for 2021 will now not be required until August 2022 and Anaesthetics will be reviewed again next year.
Intensive Care Medicine:	<p>4 additional Higher Training posts are required to increase our ICM workforce in Wales.</p> <p>The Coronavirus pandemic has highlighted the need to expand and provide critical care capacity; the other 4 nations are planning expansion. ICM requirements to be reviewed again in 2021.</p>
Major Trauma Network	
Plastic Surgery:	2 additional Higher Training posts to support the workforce model for the Major Trauma Centre
General Surgery:	4 additional Higher Training posts in General Surgery to support the workforce model for the Major Trauma Centre; address predicted workforce shortages at consultant level and in response to increased demand and changes to curricula to support cancer treatments.
Trauma & Orthopaedics:	No change required following the increase of 4 trainees from the 2019 intake.
Urology:	4 additional Higher Training posts to support the Cancer agenda and workforce shortages at consultant level
Neurosurgery:	A reduction of posts in line with trainees completing their training. Reducing the training programme by 1 post over the next year followed by further review
Paediatrics:	<p>4 additional ST1 posts to address the recommendations of the RCPCH workforce report and feminisation of the workforce which has led to an increase in the numbers of trainees opting for LTFT training resulting in persistent gaps within this training programme and consultants opting to work part time.</p> <p>2 Higher Training Clinical Teaching fellowships to support recruitment and retention within the Paediatrics training programme,</p>
Obstetrics & Gynaecology workforce:	2 additional ST1 posts in response to ' <i>Maternity Care in Wales, a 5 year vision for the future</i> ' and to address attrition during the early years of the training programme.

Community Sexual & Reproductive Health (CSRH):	Specialty to be reviewed in 2021.
Internal Medicine	15 additional Core Training posts to support the changes to the Internal Medicine curriculum and the requirement to maintain the balance between core and higher specialty training. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in Higher Training posts.
Acute Medicine:	4 additional Higher Training posts to support the expansion of the Acute Care Physician consultant workforce in this area; Acute Medicine is still a relatively new specialty
Respiratory Medicine:	2 additional Higher Training posts to support future workforce requirements. The coronavirus pandemic has demonstrated the need for an increase in respiratory physicians
Gastroenterology:	2 additional Higher Training posts to support future workforce requirements and to support the single cancer pathway work.
Renal Medicine:	No change to training numbers and specialty to be reviewed in 2021
Diabetes & Endocrinology:	No change to training numbers and specialty to be reviewed in 2021
Medical Oncology:	3 additional Higher Training posts per year for 5 years to support the increased incidence of cancer and the Cancer agenda
Clinical Oncology:	4 additional Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments.
Medical Microbiology/Combined Infection Training:	Continue the recommendation from last year's plan of 3 additional posts for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.
Clinical Radiology:	To maintain an intake of 20 trainees per annum as agreed last year to maximise the capacity of the Imaging Academy and review again for 2021.

Finance Summary

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31st March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24. This can be broken down into **£127.924m** for the wider health professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
Total	227.901	250.972	263.693

A detailed financial analysis is contained within section 6.

1.1 Impact of the Covid-19 pandemic

Emergency planning in response to the Coronavirus pandemic during early 2020 has led to significant changes to training and education and will have ongoing impact. These impacts have been to undergraduate training across all 3 years, with disruption to examinations, placements and competence assessments. Changes have also been felt in relation post graduate medical and dental education, as a result of the impact on rotations and experience.

HEIW have 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) during this period. For example as at the end of May over 2,500 nursing, midwifery, AHP and Healthcare Science students were working across Wales, in secondary, primary and social care settings to support services.

Now that the first peak is over, and essential services have been restored, HEIW is leading work to restore education and training to ensure that the pipeline of graduates into the NHS is maintained. HEIW is working with the Universities and the NHS to ensure that future placements replicate the environment the students will be working in upon graduation.

HEIW is working with Universities to ensure that education delivery, including supporting the 2020 cohorts due to start in September, is in place. Latest data suggests that application rates are buoyant and it is anticipated that, in relation to

health professional courses, recruitment against commissioning targets will exceed 98%.

Universities recruited to, and commenced delivery of, Spring 2020 nursing cohorts. These are being delivered 100% virtually and there is a high level of engagement from students. In September 2020 it is anticipated that there will be a mixed model of virtual teaching with small group work and simulation preparation being undertaken within University settings with the new socially distanced measures in place. The impact of Covid-19 on the strategic review of health professional education is discussed further in section 2.4.

While the delivery of clinical care has been affected by Covid 19, all of the healthcare training programmes have been fast tracked, or altered to enable students to support the response to Covid 19 by delivering patient care to the level of competence they have achieved to date. This has been a substantive exercise with HEIW working with NWSSP and our University colleagues to identify the correct students and trainees, and deploy them into suitable areas without negatively impacting on the studies. This does mean however that some students will need to confirm outstanding competencies on return to their universities / rotations. The goal will be to continue to develop new ways of delivering education and assessment through blended learning with a much greater focus on digital methods and simulation.

The 4 nations worked quickly together to produce guidance and make changes to our regulation system for health care professionals. This bringing together of government, professional bodies, regulators, unions and training commissioners has allowed us to make changes the way that students and trainees have completed their courses, including examinations which have been undertaken through digital solutions (e.g. GP training) while ensuring competence is fully assessed.

NHS Wales must move forward and improve on this, challenging lengths of courses, building a flexible and sustainable workforce with key skills in a range of professional roles rather than single specialties, points of registration, expanding apprenticeship type models at all levels, increase multi-professional and multi-agency experiences for placement and working and not return to the old ways of doing things. Alongside this, we will reflect the opportunity available to attract our future workforce.

What needs to be different

We have learnt that induction, pre-registration, post registration and continuing professional development education programmes can be delivered differently. HEIW is well positioned to expedite this, as the commissioning of the new education contracts will ensure greater focus on blended learning, multi-professional learning and simulation. As our delivery of healthcare shifts more rapidly to the community and primary care settings, we need to use education to break down professional silos and underpin the development of new roles. We need to break through the traditional methods which delay, disrupt or disadvantage our workforce in delivering high quality patient care and optimise educational delivery to respond in an agile way to changing situations and also to reflect new ways of working.

The pandemic has also impacted on medical training in both the short and longer term with the financial impact of medical students commencing foundation training early

and some disruption to core and specialty training. HEIW are developing processes to mitigate disruption.

2. Strategic and Policy context

2.1 Policy Drivers

Below are a list of the main policy documents which have driven focus and emphasis within the 2021/22 Education and Training plan:

- The Wellbeing of Future Generations Act (Wales) 2015
- A Healthier Wales (2018)
- Welsh Government national strategy to build the Welsh economy entitled 'Prosperity for All: Economic Action'.
- The Nurse Staffing Levels (Wales) Act (2016)
- Allied Health Professions Framework for Wales: Looking Forward Together (2020)
- Healthcare Science in NHS Wales: Looking Forward (2018)
- The Health and Social Care (Quality and Engagement) (Wales) Bill (2019)
- NHS England: Interim NHS People Plan (2019)
- A Workforce Strategy for Health and Social Care (Draft)

2.2 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.

The implementation of Nursing and Midwifery Council new Nursing Standards (2020) 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. In addition, there will be a review of Midwifery Standards which has the potential to lead to the development of a four-year programme with implications for costs and take up.

The Health and Care Professions Council (HCPC) have changed the threshold level of qualification for entry to the Register for paramedics to 'bachelor's degree with honours'. From 1 September 2021, HCPC will withdraw approval from existing programmes delivered below the new threshold level. This will have a direct impact in Wales where the programme is currently at diploma level.

In Optometry, the General Optical Council, is in the process of an Education Strategic Review for the profession. They have proposed a new outcomes-based approach offering the benefits of greater freedom and flexibility and a robust approach to approval and quality assurance of relevant optical education. This will change the

delivery of education in optometry including undergraduate, pre-qualifying and postgraduate training.

The General Pharmaceutical Council is also consulting on changes which will lead to registration as a pharmacist. The changes aim to ensure pharmacists joining the register in the future will have the necessary knowledge, attitudes and behaviours to meet the future needs of patients and the public. The Pharmacy Education Governance Oversight Board has recently broadly welcomed a proposal to further transform the five-year initial education and training standards for pharmacists. It is expected that progress on the proposal will move at pace over the coming twelve months.

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. To date, the Welsh Government has retained the bursary arrangements in Wales and this includes a 2-year tie-in to working in Wales. It has recently been announced that 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.

2.3 Equality

Welsh Governments announcement to enact the Socio-Economic Duty, Part 1, and Section 1 of the Equality Act 2010 means that we will undertake an equality impact assessment, enabling us to assess the socio-economic impacts of our strategic decisions and highlight how our decisions might help to reduce health inequalities associated with socio-economic disadvantage. Whilst being reflective and aligning with 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. We will act to ensure equality of opportunity through our implementation plans and objectives to meet the needs of people with one or more protected characteristics; embed the citizens' voice and consider the needs of the current and future diverse workforce and service users, for example, flexible routes into nursing.

2.4 Strategic review of health professional education

The strategic review of health professional education that HEIW is undertaking will enable the strategic direction for education for the coming years to be set, and ensure alignment with the Draft Workforce Strategy for Health and Social Care. All Health Professional Education Commissioning Contracts are expiring in 2022 and HEIW is leading a Strategic Review of Healthcare Professional Education to ensure that the new contracts, to run from August 2021 (with new students commencing education in September 2022), are fit for purpose, offer value for money and align with A Healthier Wales, the draft Workforce Strategy and HEIW's strategic aims and objectives.

Extensive stakeholder engagement has taken place and the timetable for the procurement exercise is identified below. This has been modified, and agreed with all potential bidders, in light of the Covid-19 pandemic.

	Original timeframe	Revised timeframe
Place OJEU Notice to trigger procurement	May '20	October '20
Bid submission	July '20	End of December '20
Evaluation of bids	August – Nov. '20	January - February '21
Award procedures / sign-off	Dec. '20 – Jan. '21	March – mid April '21
Award of Contracts	Dec. '20 – Feb. '21	Mid-April '21
Contract commencement	August '21	August '21
New education programmes commence	September '22	September '22

2.5 Welsh Language

As a newly established organisation, HEIW has already 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, it is our intention to implement and embed the HEIW Welsh Language policy as prescribed by the Welsh Language Act (1993). Key to this will be the delivery of objectives and actions set out in the More than just words Action Plan (2019-20), A Healthier Wales (2018) and the Workforce Strategy. The Welsh language is a key theme identified within the Strategic Review of Health Professional Education and the new contracts will have specific Welsh language requirements for HEIs as well as additional measures that support our student body to learn and utilise the Welsh language.

2.6 A Healthier Wales – A Workforce Strategy for Health & Social Care (Draft)

The final draft strategy, submitted to Welsh Government in December 2019, sets out the vision, ambition for the workforce over the next decade, to support NHS Wales to transform traditional roles and ways of working to support the new models of care that are being developed through Regional Partnership Boards, the Strategic Programme for Primary Care, the National Clinical Plan and the Care and Support at Home Plan. As new models of care are developed, including those developed as a result of the Covid-19 pandemic, NHS Wales will gather evidence of what skills are needed, what works best and which skills and competencies are needed to meet future needs, so that improvements can be adopted or adapted.

3. Workforce planning and trends

3.1 Workforce trends

Investment in education and training is a key enabler to growing the workforce, **Appendix 1 and 2** provides information on education and training over recent years.

In Wales, the growing and ageing population (with more complex health needs) is placing increasing demand on services and generating pressures in terms of staff shortages for example shortages of GPs and Dentists in certain parts of Wales.

There has been a change in attitudes towards work and careers with the need to find a work life balance becoming an increasingly important requirement for people. It is widely accepted that work has become more intense than it was a decade ago, people are working long hours under increasing levels of pressure and this is making work very stressful. The knock-on effect is having a detrimental effect on people's overall physical and psychological health which often impacts on their family life too. In recognition of this, people are looking for opportunities to find a better balance between their personal life, professional life and family life through flexible working arrangements.

Patterns of migration are changing in the UK as a result of the changes being brought about as a result of Brexit which will have an impact on jobs (in terms of supply and demand) and pay. In February, the UK Government announced the new points-based immigration system shape the future immigration system that will be implemented in a phased approach from January 2021. 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. It is therefore important to explore how the development of programmes such as 'grow your own' and local training opportunities 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 has developed an internal range of key trends and data analysis tools to inform this work. Key points to note are:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 14% (over 10,000 FTE) over the last 6 years (2014 – 2020)
- During this period, the medical workforce has grown by 16.5% (over 1,000 FTE) and the nursing workforce by 3.2% (668 FTE)
- Over the last two years agency costs have increased by 30%, in 2017/18 the agency bill was £136 million and in 2019/20 it was £177 million. The Nursing and Midwifery staff group now spends the most on agency workers, in 2019/20 the agency bill was over £81 million.
- Cost of the directly employed workforce in 2019/20 is circa £4.2 billion, this has increase by 10.2% from the previous year. This is the biggest annual

increase in over 10 years. The increase is attributed to; increasing agency spend, increased size of the workforce and increases in employers pension contributions.

- For the past two years the 12 month rolling sickness rates has remain at 5.3%
- The age profile of the workforce shows that in March 2020, 24% (22,560 FTE) of staff employed are now aged 55 or over.

Across the UK, national bodies are recognising 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 grow. HEIW has undertaken an extensive modelling exercise **Appendix 4** for a number of professions to consider future changes in the workforce and used this information in the development of the recommendations.

There are a number of staff groups, which the UK Government includes on a Nationally Recognised Shortage Professions list for England/Wales. Inclusion on this list influences visa and migration status. Staff groups include Nursing, Radiographers, Paramedics, Sonographers, Medical Consultants in Clinical Radiology, Emergency Medicine, Old Age Psychiatry, Neurophysiology Scientists, Nuclear Medicine Scientists and others¹. This has been taken into account in this plan.

IMTPs identify several areas of significant workforce risk and challenges including:

- Recruitment challenges in a range of areas including:
 - Nursing and midwifery across all areas,
 - Medical specialties including Anaesthetics and Intensive Care Medicine, Psychiatry, General Practice, Radiologists Acute Medicine, General Medicine, Emergency Medicine, Ophthalmology, Medical and Clinical Oncology, Cardiology, Rheumatology, Paediatric Audiology, O&G and Paediatrics, T&O, Urology and Microbiology & Infectious Diseases.
 - Allied health professionals, notably within mental health services
 - Pharmacy, Psychology and psychological therapists
 - Health Care Scientists including Cardiac Physiology, Microbiology.

IMTPs also identify a number of **opportunities** for workforce transformation:

- Redesign: A number of organisations reported issues with regards to the ageing of their workforce and actions they were taking to address this. The plans highlighted areas of ongoing workforce redesign including apprenticeships, growing your own, development of Assistant Practitioners across new areas, Advance Practice Radiographers and Healthcare Scientists and utilising digital and technological advances to change workforce practice.
- Growing the MDT especially in areas such as;

¹ <https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-k-shortage-occupation-list>

- Primary Care including mental health workers
- Pharmacists including Pharmacy Technicians and integration with Community Pharmacy
- Paramedics
- Advanced Nurse Practitioners
- Physicians Associates, Physician Anaesthetic Associates and Surgical Care Practitioners
- First Contact MSK Physiotherapists
- New emerging skills and roles in areas such;
 - Bioinformaticians
 - Care Coordinators to support patients requiring multiple treatments
 - Band 4 in District Nursing
 - Social Prescribers

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.

Additional detail on the above risks and opportunities from IMTPs is incorporated in the detailed staff group narrative contained in the appendices to this report.

4. 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**.

5. Other key areas

5.1 Post-Registration Education

Post registration education is essential in supporting the vision set out in *A Healthier Wales* in terms of transforming services for the Welsh population, care closer to home and echoes the core values that underpin the NHS in Wales specifically:

- *Putting quality and safety above all else – providing high value evidence based care for our patients at all times.*
- *Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.*

Post registration education that supports the training of clinicians to undertake a new role or that advances or extends their scope of practice is integral in supporting health organisations with the transformation and redesign of clinical services. It also promotes and supports the diversification within teams and a healthy balance of skill mix. Supporting clinicians 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.

HEIW supports staff at post registration level in a number of ways, these include:

- Advanced and extended Practice education
- Non-medical prescribing
- Community Health studies
- Specialist Community Public Health Nursing (SCPHN)
- Medical ultrasound education
- Genomic Medicine Education

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

5.1.1 Growing Your Own Workforce

We recognise that alongside the traditional ways of educating our future healthcare professionals, there is an increasing opportunity to do things differently, while simultaneously improving our workforce supply and supporting workforce transformation and sustainability.

During 2020-21, we will be further developing our Grow your Own approach maximising opportunities to create on-the-job development through structured programmes, offering flexible transferrable learning opportunities, and promoting the ability to build formal qualifications from this learning which underpin registration.

We will be building on examples already in place, such as the Hywel Dda model, creating pathways from induction and level 2 through to professional registration, while remaining employed. There are arrangements currently in place for nursing programmes into either part time or shortened programmes for those who have reached the appropriate Level 4 and Level 5 education. Simultaneously, we will

continue to support staff to gain education at levels 2 and 3 in readiness for future progression through other frameworks.

We will be doing this, as these programmes;

- 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 Grow Your Own 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 received professional registration.

5.2 Simulation training and the digital agenda

5.2.1 Simulation training

There is increasing evidence that simulation training can improve individual and team performance with benefits to patient experience and improved safety. It allows learners to repeat practice, in a risk-free environment, until they have reached a safe level of ability. It contributes to the development of an enlightened, resilient and adaptable workforce that is able to embrace change – developing human and psychological capital through Human Factors.

Despite increasing evidence of the benefits, the relevance and importance of simulation and immersive technologies in healthcare is being underestimated. Whilst simulation is embedded within all postgraduate medical curricula, Wales is lagging behind the rest of the UK in implementing a collaborative strategy with Local education providers, to ensure appropriate governance, quality management, faculty development and accountability around roles and responsibilities related to simulation and human factors training. HEIW has an objective to develop a simulation strategy for NHS Wales within our IMTP. Therefore, simulation will be a key education strategy going forward. HEIW will be collaborating nationally with stakeholders to embed simulation across education programmes where appropriate through inter-professional education to contribute to the patient safety agenda. HEIW has developed an All Wales Leads network and is developing a multi-professional internal group and appointed clinical staff at associate dean level to take forward.

5.2.2 Digital Agenda

The Topol Review (2019) supports the aims of the NHS long term plan to create a digitally ready workforce able to use new technology and medicines and to adapt to new ways of working. This will have consequences for selection, curricula, education, training and development and lifelong learning of current and future NHS workforce. There is a lot to do to prepare the workforce in Wales for a digital future.

Continuing medical advances in technology (including genomics, artificial intelligence, digital medicine, robotics) will require changes to the roles and functions of clinical staff and to the education and training of the workforce. Changes within technology and communications infrastructure will require a change in roles and functions of clinical staff. It also proposes that there will be a need for more sophisticated digital solutions to analyse data to improve intelligence.

Digital health and care in Wales will be led by the new Chief Digital Officer for Health and Care and the establishment of a new NHS Wales organisation to deliver national digital services. This will result in the transition of NHS Wales Informatics Service (NWIS) to a new standalone NHS Wales organisation, reflecting the importance of digital and data in modern health and care. We hope to develop stronger links with this new special health authority to recognise the close connections between digital and workforce strategies.

As indicated in the Draft Workforce Strategy for Health and Social Care, there is a need to develop a digital ready workforce. HEIW will be at the forefront of supporting the NHS Wales system with regards to enhancing workforce digital capabilities, enabling staff to be able to utilise and make best use of increasing digital technologies across clinical settings. This aligns with the recommendations made in the Topol Review.

In relation to education and training, the digital agenda will be at the forefront of developments in enabling trainees and students to be able to train and receive education remotely and mitigate the impact of an individuals' location from accessing the training they require or engaging with a programme of choice. Enhancing our e-learning capacity will be a fundamental element of supporting this.

6. Education Commissioning and Training Financial Impact

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31st March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24. This can be broken down into **£127.924m** for the wider health professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
Total	227.901	250.972	263.693

Health professional education commissioning

The table below summaries the calculated requirement for 2021/22:

	2021.22 £m	2022.23 £m	2023.24 £m
Health Professional Commissioning	127.924	143.008	152.508

To commission the numbers set out above funding of £127.924m 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
- A 1% inflationary uplift has been applied to the value of the bursary.
- Healthcare Support Workers and Advanced Practice have increased by £0.50m
- Take up of bursary funding will remain at 90%.

This assumption is set out in more detail below.

			Increase / (Decrease) Against 20/21 Levels:	
	Budget Requirement	Commissions (WTE)	Commissions	Budget
2021/22 HEIW Recommendations	£127.924m	4,026	8%	7%

A total requirement of £127.924m would represent an increase of £9.124m (7%) above the 2020/21 budget level of £118.8m. The additional cost is due to the following factors:

- An increase in contracts costs of circa £4.8m
- An increase in bursaries costs of circa £1.1m
- An increase in student salary costs of circa £2.2m
- An increase in Advanced Practice of £0.50m
- An increase in HCSW development of £0.50m

Implications for future years

It is important to note that the increased number of commissioned places will only affect 8 months of the 2021/22 financial year and therefore the full impact of the increase will not be apparent until 2022/23 and beyond. The increased number of students will be in the system for the full financial year 2022/23 and 2023/24 therefore it is important to highlight the associated funding requirements for future years.

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

Financial Year	2021-22 £m	2022-23 £m	2023-24 £m
Core Budget	105.946	118.330	125.638
Bursary	33.409	37.110	39.525
Non-take up of tie in Fees Element	-7.695	-8.354	-8.531
Non-take up of tie in Bursary Element	-3.736	-4.078	-4.124
Total	127.924	143.008	152.508

Predicting funding requirements beyond 2021/22 is difficult as the needs of the service, which inform the commissioning numbers for 2022/23 and beyond, will not be known until NHS organisations have submitted and agreed their IMTPs for the period 2022/23 to 2024/25, likely to be between December 2020 and March 2021. 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.
- 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.

There were 59 students that selected student loans over the option of NHS Wales Bursary funding with the associated two-year tie-in in September 2017. The position for September 2018 was circa 165 based on actual autumn numbers and estimated for spring 2019. The assumption made for the calculation in the table below, is that this could increase to 200 per year, which would represent circa 7% of the total numbers commissioned.

- 17.18 – circa 59 opted for student loans
- 18.19 – circa 165 opted for student loans
- 19.20 – circa 297 opted for student loans
- Assumed 20.21 at 300 and would follow the same pattern for 21.22 this equates to 10% of students opting for student loan

The increase 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. The table below illustrates the anticipated impact across a three-year time scale. 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.

Bursary		21/22	22/23	23/24
Sep-19	297	297.0	123.8	0.0
Sep-20	300	300.0	300.0	125.0
Sep-21	300	175.0	300.0	300.0
Sep-22	300	0.0	175.0	300.0
Sep-23	300	0.0	0.0	175.0
Sep-24	300	0.0	0.0	0.0
		831.6	898.8	900.0
Average bursary		-4,493	-4,537	-4,583
Total bursary		-3,735,905	-4,078,029	-4,124,538

Fees		21/22	22/23	23/24
Sep-19	297	297.0	99.0	0.0
Sep-20	300	300.0	300.0	100.0

Sep-21	300	200.0	300.0	300.0
Sep-22	300	0.0	200.0	300.0
Sep-23	300	0.0	0.0	200.0
Sep-24	300	0.0	0.0	0.0
		844.7	899.0	900.0
Average fees		-9,110	-9,293	-9,479
Total fees		-7,695,311	-8,354,119	-8,530,680

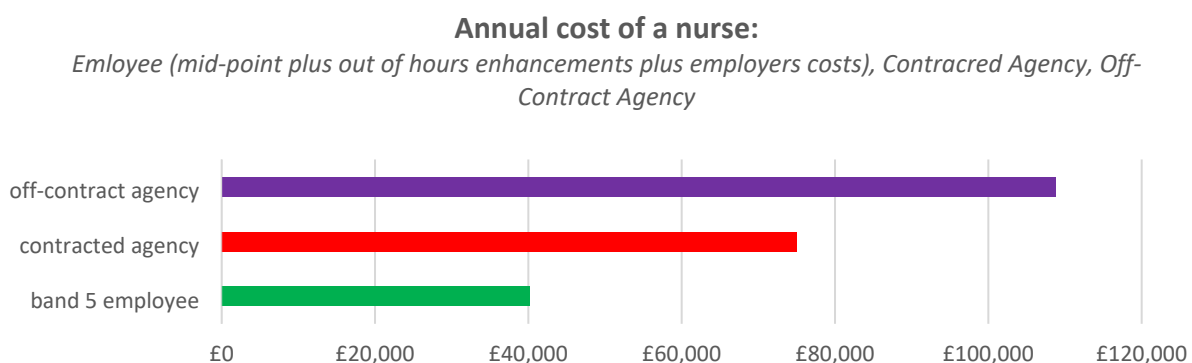
Total	-11,431,216	-12,432,149	-12,655,218
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Value for Money

Pre-registration nursing attrition in Wales is 11%. This is significantly lower than England. The gap between Wales and England continues to increase with England still reporting attrition at a minimum of 20%. The Welsh average midwifery rate is 9%. Midwifery attrition in England is quoted at 21%. The Welsh average Allied Health Profession rate is 9% the English comparator is 13%.

Modelling work has been undertaken identifying the payback period of training a nurse.

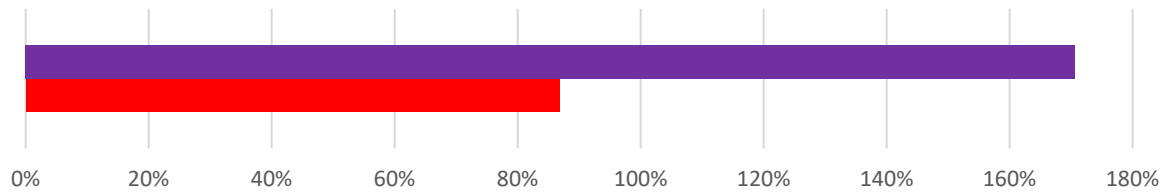
The table below presents the costs of employing a band 5 nurse on A4C terms and conditions (mid-point plus enhancements plus employers' costs) with the cost of a contracted agency nurse and an "off-contract" agency nurse.



Over the course of the average rostered shifts, it can be seen that per annum, a band 5 nurse will cost the organisation £40,198, compared to a contract agency nurse which will on average, cost £75,077 with off contract agency totalling £108,773 per annum.

The additional annual cost of an agency nurse over the average rostered shifts is highlighted in the graph below.

Contracted agency nurse costs **£35k (87%) more** per annum than a band 5 employed nurse, off-contract is **£69k (171%) higher**



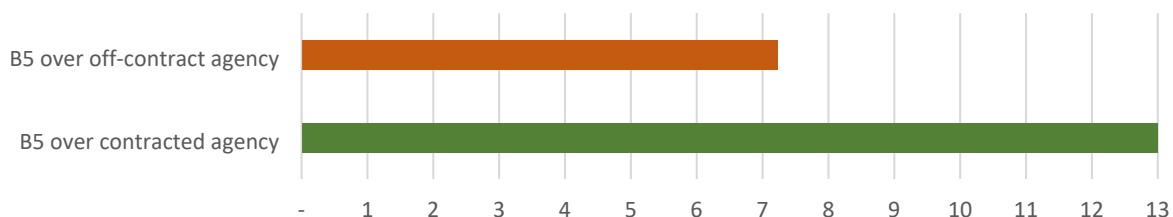
1. The cost of training a student nurse.

The cost of training a nurse over 3 years is £41,346. This cost includes the tuition fees, bursary, travel and an average of any other payments the student may be entitled to e.g. childcare and disability allowance. The cost also includes supporting the student on placement and an estimate additional cost relating to investment in students that do not graduate.

2. Return on Investment

The payback period for the training costs incurred, once the nurse has completed training, is estimated as being 14.2 months when comparing to the costs of a band 5 employee with the costs of a contracted agency nurse. The payback period for training costs when comparing an employee against an off-contract nurse agency worker is even shorter at just 7.2 months.

Payback period of training a student nurse is **14.2 months compared to a contracted agency nurse** and **7.2 months for off-contract agency nurse.**



Training just one additional nurse would save the Service between £202k and £439k over 10 years compared to utilising an agency nurse and the payback period of training costs is 14 months from when the newly qualified nurse starts work.

Pharmacy Training

For 2021/22 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.

	2021/22 £	2022/23 £	2023/24 £	2024/25 £
Pharmacists - Pre Registration Bursary/Salary	4,985,851	5,337,654	5,695,973	5,855,641
Pharmacists - Diploma contract & Bursary/salary	1,790,474	1,816,647	1,836,064	1,855,688
Pharmacy Technicians Bursary/Salary	2,173,988	2,353,090	2,429,438	2,453,673
Pharmacy Dip Tutor - Cwm Taf HB	84,997	86,697	88,430	90,199
Pharmacy Dip Tutors - Betsi HB	80,747	82,362	84,009	85,690
Pharmacy Dip Tutors - ABMU HB	87,122	88,865	90,642	92,455
Pharmacy Weekend School	10,200	10,404	10,612	10,824
Pharmacy Tech Top-up costs	80,726	82,340	83,987	85,667
Pharmacy Tech Support days costs	22,355	22,802	23,258	23,723
TOTAL	9,316,460	9,880,861	10,342,413	10,553,560

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

	2021/22	2022/23	2023/24	2024/25	2025/26
Training Grade Salary Allocation	£ 52,882,000	£ 53,939,640	£ 55,018,433	£ 56,118,801	£ 57,241,177
Additional Workforce	£ 2,361,479	£ 3,914,590	£ 4,480,847	£ 5,067,449	£ 5,675,505
Total	£ 55,243,479	£ 57,854,230	£ 59,499,280	£ 61,186,250	£ 62,916,683

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 2021 to August 2026, including a includes 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				
	2021/22	2022/23	2023/24	2024/25	2025/26
Emergency Medicine	£27,753	£41,422	£41,422	£41,422	£41,422
Anaesthetics	£32,196	£47,894	£48,054	£48,054	£48,054
Intensive Care Medicine	£32,196	£48,054	£48,054	£48,054	£48,054
Plastic Surgery	£32,196	£48,054	£48,054	£48,054	£48,054
General Surgery	£32,196	£48,054	£48,054	£48,054	£48,054
Urology	£32,196	£48,054	£48,054	£48,054	£48,054
Neurology	£31,392	£46,854	£46,854	£46,854	£46,854
Obstetrics & Gynaecology	£27,753	£41,422	£41,422	£41,422	£41,422
Internal Medicine	£27,753	£41,422	£41,422	£41,422	£41,422
Respiratory Medicine	£32,196	£48,054	£48,054	£48,054	£48,054
Gastroenterology	£32,196	£48,054	£48,054	£48,054	£48,054
Medical Oncology	£32,196	£40,125	£42,768	£44,090	£44,882
Clinical Oncology	£32,196	£40,125	£42,768	£44,090	£44,882
Paediatrics	£27,753	£41,422	£41,422	£41,422	£41,422
Medical Microbiology	£27,753	£36,866	£38,005	£38,688	£39,144
Clinical Radiology	£27,753	£41,422	£41,422	£41,422	£41,422

Total of Salary plus Support Costs - Overall Cost

Speciality	Total				
	2021/22	2022/23	2023/24	2024/25	2025/26
Emergency Medicine	£216,486	£323,114	£323,114	£323,114	£323,114
Anaesthetics	£96,589	£143,681	£144,162	£144,162	£144,162
Intensive Care Medicine	£128,785	£192,216	£192,216	£192,216	£192,216
Plastic Surgery	£64,392	£96,108	£96,108	£96,108	£96,108
General Surgery	£128,785	£192,216	£192,216	£192,216	£192,216
Urology	£128,785	£192,216	£192,216	£192,216	£192,216
Neurology	-£32,196	-£48,054	-£48,054	-£48,054	-£48,054
Obstetrics & Gynaecology	£55,505	£82,844	£82,844	£82,844	£82,844
Internal Medicine	£416,291	£621,330	£621,330	£621,330	£621,330
Respiratory Medicine	£64,392	£96,108	£96,108	£96,108	£96,108
Gastroenterology	£64,392	£96,108	£96,108	£96,108	£96,108
Medical Oncology	£96,589	£240,751	£384,913	£529,075	£673,237
Clinical Oncology	£128,785	£321,001	£513,217	£705,433	£897,649
Paediatrics	£175,403	£261,796	£261,796	£261,796	£261,796
Medical Microbiology	£166,516	£331,790	£456,056	£580,322	£704,588
Clinical Radiology	£416,291	£621,330	£621,330	£621,330	£621,330
Total	£2,315,791	£3,764,555	£4,225,679	£4,686,323	£5,146,967
Total plus 2% inflation	£2,361,479	£3,914,590	£4,480,847	£5,067,449	£5,675,505

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.

GP Trainees

	2021.22	2022.23	2023.24	2024.25
Budget Requirements	£ 26,221,870	£ 30,848,649	£ 31,777,249	£ 32,111,980
No of GP Trainees	580	600	600	600
No in GP Placement	380	400	400	400

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 £18,11 per trainee, the total cost of GP examination fees would be **£290k**. It should be noted that the GP expansion business case 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 over the four year period.

Dental Foundation Training

Year	No of Trainees	Trainers Grant	Service Costs	DF Salary Costs	Total
2021.22	74	£ 944,871	£ 5,205,186	£ 3,046,233	£ 9,196,290
2022.23	74	£ 963,768	£ 5,309,290	£ 3,107,158	£ 9,380,215
2023.24	74	£ 983,043	£ 5,415,476	£ 3,169,301	£ 9,567,820
2024.25	74	£ 1,002,704	£ 5,523,785	£ 3,232,687	£ 9,759,176

	2021.22	2022.23	2023.24	2024.25
No of Trainees	74	74	74	74
Trainers Grant	£ 944,871	£ 963,768	£ 983,043	£ 1,002,704
Service Costs	£ 5,205,186	£ 5,309,290	£ 5,415,476	£ 5,523,785
DF Salary Costs	£ 3,046,233	£ 3,107,158	£ 3,169,301	£ 3,232,687
Total	£ 9,196,290	£ 9,380,215	£ 9,567,820	£ 9,759,176

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										

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	11	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

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																	
	87																						
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																				

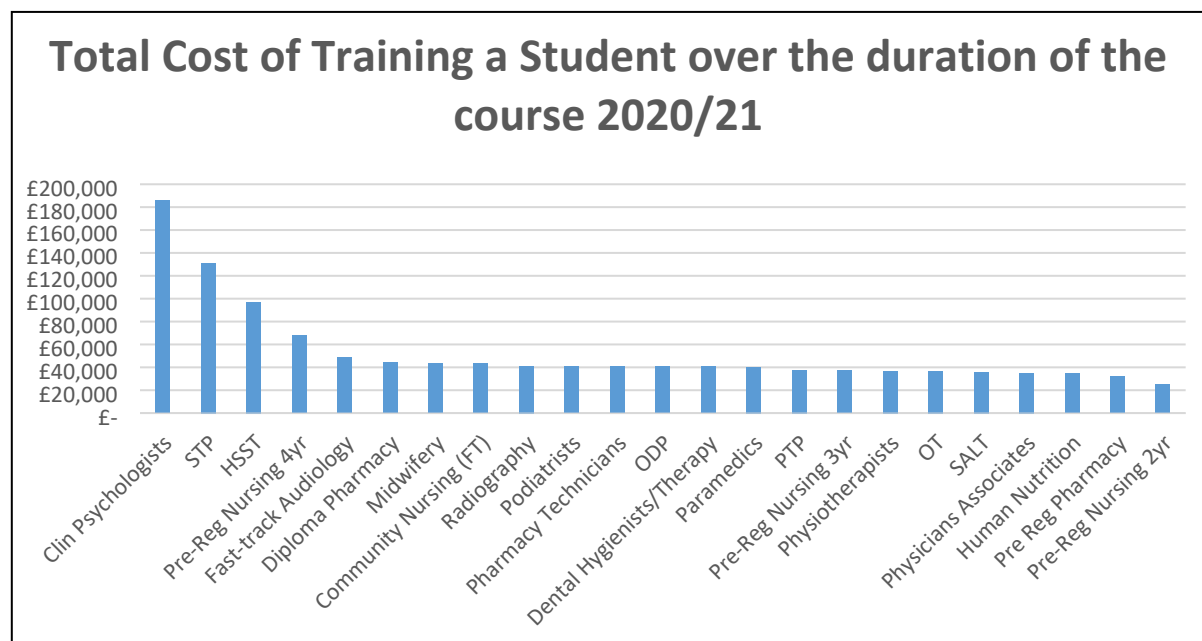
MEDICAL SPECIALTY TRAINING POSTS AND CHANGES

Specialty	2021 Recom mendati ons	August 2020 post numbers	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Anaesthetics/ICM						
Core Anaesthetics Training/ACCS Anaesthetics		122				
Higher Anaesthetics	+3	137	+3			
ACCS Intensive Care		14				
Higher Intensive Care Medicine	+4	27	+4 ²	+2		+4
Emergency Medicine						
Acute Care Common Stem - Emergency Medicine	+2	21				+4
Emergency Medicine (includes PEM & PHEM)	+5	49	+7	+4		+2
Medicine						
Core Medical Training/ACCS Acute Medicine	+15	244	+13			
Acute Internal Medicine	+2	12				
Audiovestibular medicine		1				
Cardiology		38				
Clinical Genetics		5				
Clinical Neurophysiology		1				
Clinical Oncology	+4	16				
Clinical Pharmacology and Therapeutics		3				
Dermatology		17	+3			
Endocrinology and Diabetes Mellitus		23				
Gastroenterology	+2	24				
Genito-urinary Medicine		4				
Geriatric medicine		52				+3
Haematology		18				
Immunology		1				
Medical Oncology	+3	6				
Neurology		17				
Palliative Medicine		13				
Rehabilitation Medicine		2	+1			
Renal medicine		17				
Respiratory Medicine	+2	29				
Rheumatology		10				

² Added in April 2020 as a result of the COVID pandemic and similar increases across the UK.

Surgery						
Core Surgical Training		100				
Cardio-thoracic surgery		7				
General surgery	+4	54				
Neurosurgery	-1	8				
Ophthalmology		40			+4	
Oral and Maxillo-facial Surgery		9				
Otolaryngology		18				
Paediatric Surgery		2				
Plastic surgery	+2	13				
Trauma and orthopaedic surgery		45		+4		
Urology	+4	16				
Vascular surgery		9				
Pathology						
Chemical pathology		4				
Histopathology		20				+2
Infectious diseases		2				
Medical Microbiology and Virology	+3	13	+3			
Paediatric and Perinatal pathology		2				+1
Psychiatry						
Core Psychiatry Training		85				
Child and Adolescent Psychiatry		12				
Forensic Psychiatry		6				
Old Age Psychiatry		11	+2	+2 (not filled)		
General Psychiatry		29				
Psychiatry of Learning Disability		5				
Imaging and Radiology						
Clinical Radiology	+20	82	+ 10	+4	+7	+11
Nuclear medicine		1				
Women's Health						
Obstetrics and gynaecology	+2	93				
Community Sexual & Reproductive Health		2				
Paediatrics	+6	143				
Public Health Medicine		23				
Foundation Training						
Foundation Year 1		339	Separate business case			
Foundation Year 2		339				
General Practice			Subject to separate business case			

The table below highlights the total cost over the duration of the programme to train a range of health professional staff. This demonstrates the variance and highlights those areas where it is more costly to train some staff in comparison to others.



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 established a four year part-time and two year accelerated pre-registration nursing programme. Numbers allocated to these programmes have initially been modest as there was a need to establish them within the universities and health boards. HEIW now propose to increase 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 two of the nursing fields as identified below should be considered against the following:

- 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
- Significant increase in agency nursing costs and the need to invest now to reduce the agency expenditure in the medium/long term

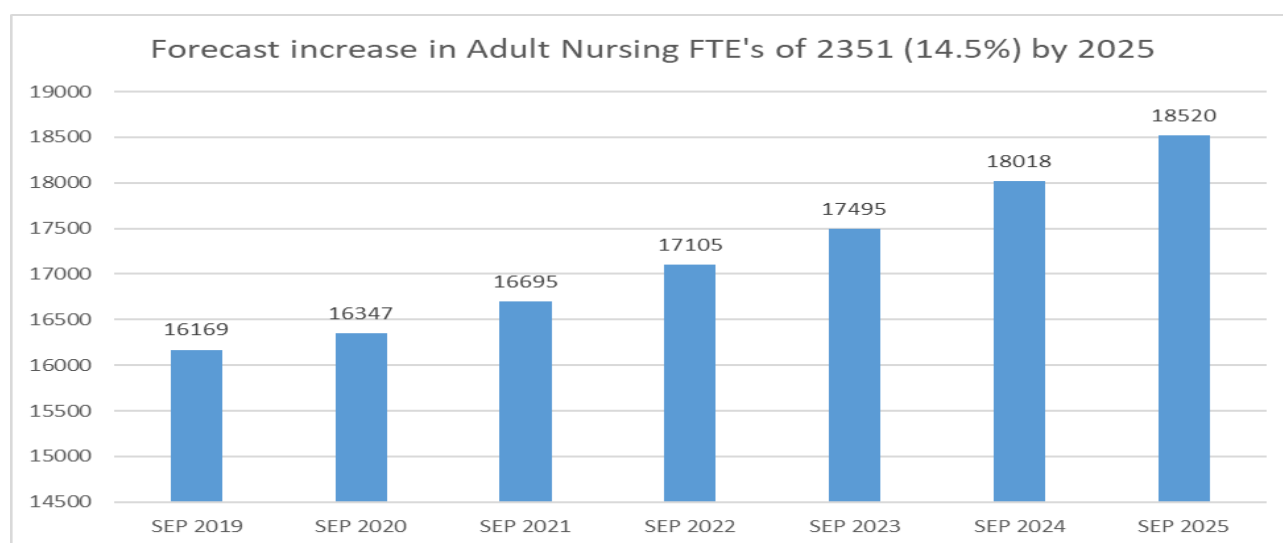
The table below summarises the number of nursing students, recommended for 2021/22 and those commissioned over the past 3 years.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Adult Nursing	1,210	1,216	1,400	2,452	1,540
Child	154	154	154	232	175
Mental Health Nursing	330	330	356	657	410
Learning Disability Nursing	77	77	77	145	77
Total Nursing	1,771	1,777	1,987	3,486	2,202

Adult Nursing

It is recommended that Adult places will increase from 1,400 to **1,540**. This is an increase of 140 from 2020/21 levels, representing a 10% increase. In 2019/20 1,216 adult places were commissioned. Therefore in 2 years the recommendation is for a 26.6% increase in adult nurse training numbers.

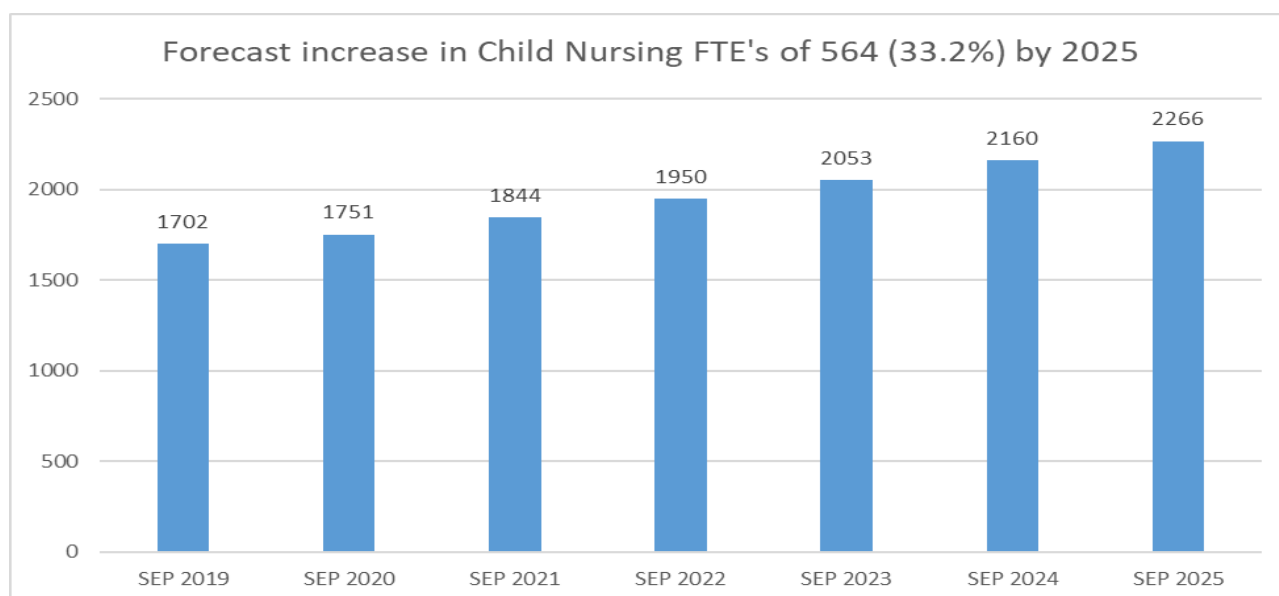
The workforce intelligence model developed by HEIW shows that the adult nursing workforce is projected to grow by **2,351 (14.5%)** between September 2019 and September 2025 taking the projected workforce to **18,520 FTE's** (see table below). While this is a significant increase, the current expenditure on agency costs would indicate that there is a significant vacancy factor which is yet to be filled.



Children's Nursing

It is recommended that Children's nursing numbers are to increase from 154 to **175**. This is an increase of **21 places (13.6%)**.

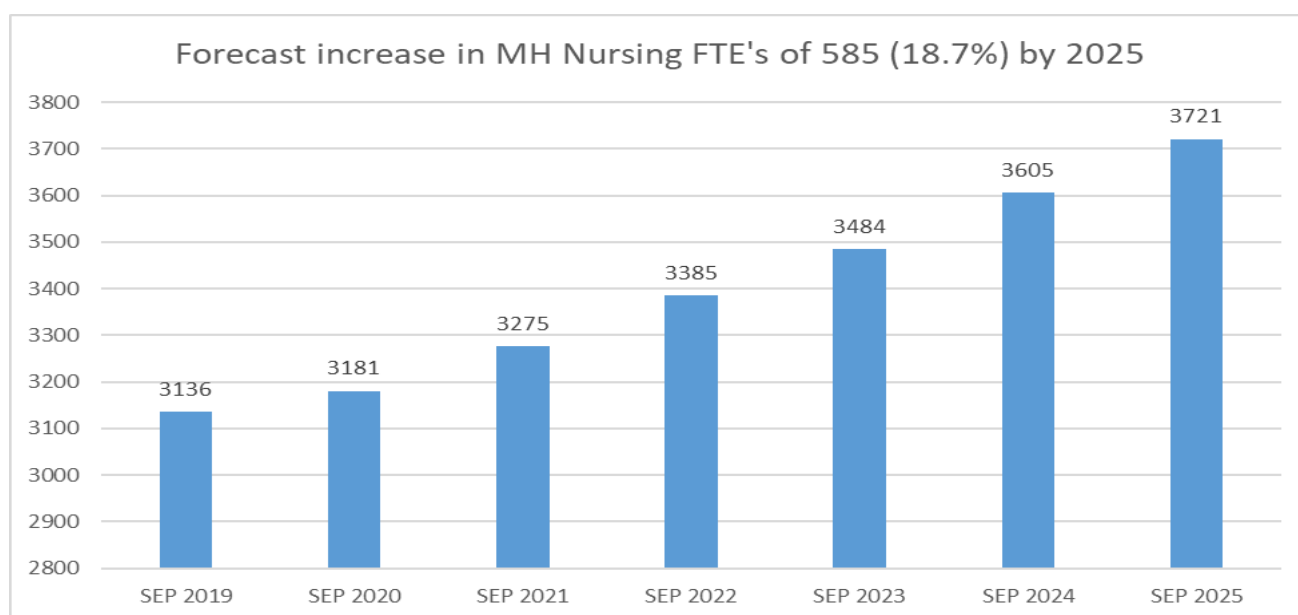
In addition, the workforce intelligence model developed by HEIW shows that the children nursing workforce is projected to grow by **564 (33%)** between September 2019 and September 2025 where the forecast is **2,266 FTE's** (see table below).



Mental Health

It is recommended that Mental Health numbers will increase from 356 to **410**. This is an increase of 54 from 2020/21 levels, representing a 15.1% increase.

The workforce intelligence model identifies that the mental health nursing workforce is projected to grow by **585 (18%)** between September 2019 and September 2025 where the forecast is **3,721 FTE's** (See table below).



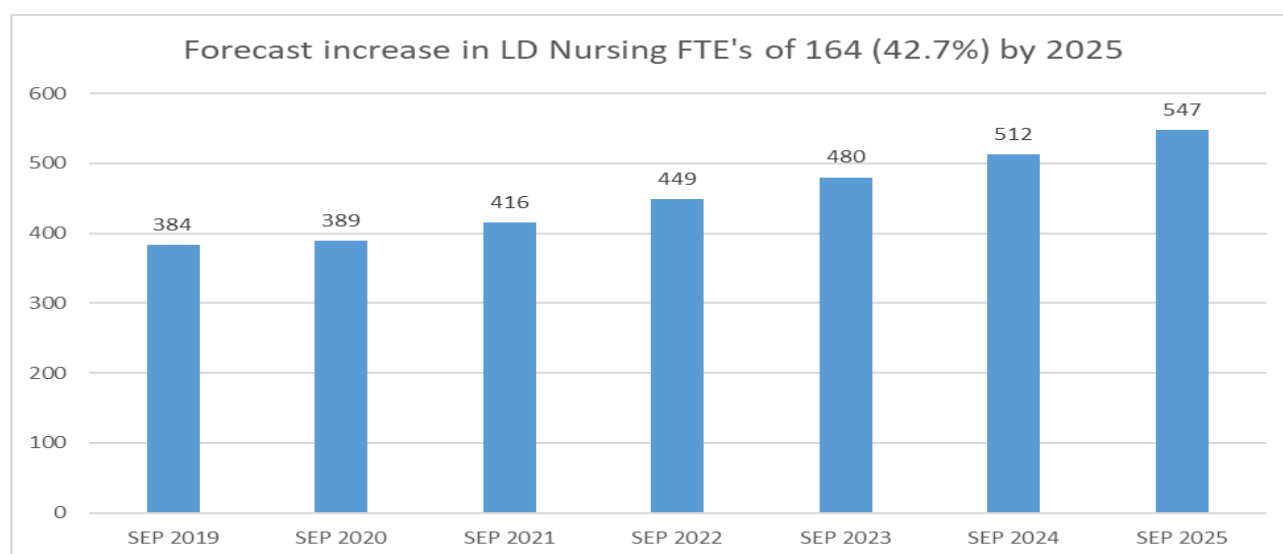
Learning Disability

It is recommended that Learning Disability field numbers are maintained at **77**. The number of Learning Disability Places has increased over the past three years, however both Welsh education providers were unable to recruit to the commissioned education levels previously agreed. This is a reflection of a national workforce challenge in this sector. Work has commenced between both education providers to increase the profile of learning disability

nurse education and careers in Wales and the Welsh Government has prioritised this workforce as part of its Train, Work, Live, campaign.

Additionally, it is proposed to explore the development of joint Learning Disability programmes with other programmes to deliver a dual qualification such as Learning Disability and Mental Health qualification or Learning Disability Nursing and Children's Nursing qualification etc.

The workforce intelligence model identifies that the LD nursing workforce is projected to grow by 164 (42.7%) between September 2019 and September 2025 where the forecast is 547 FTE.



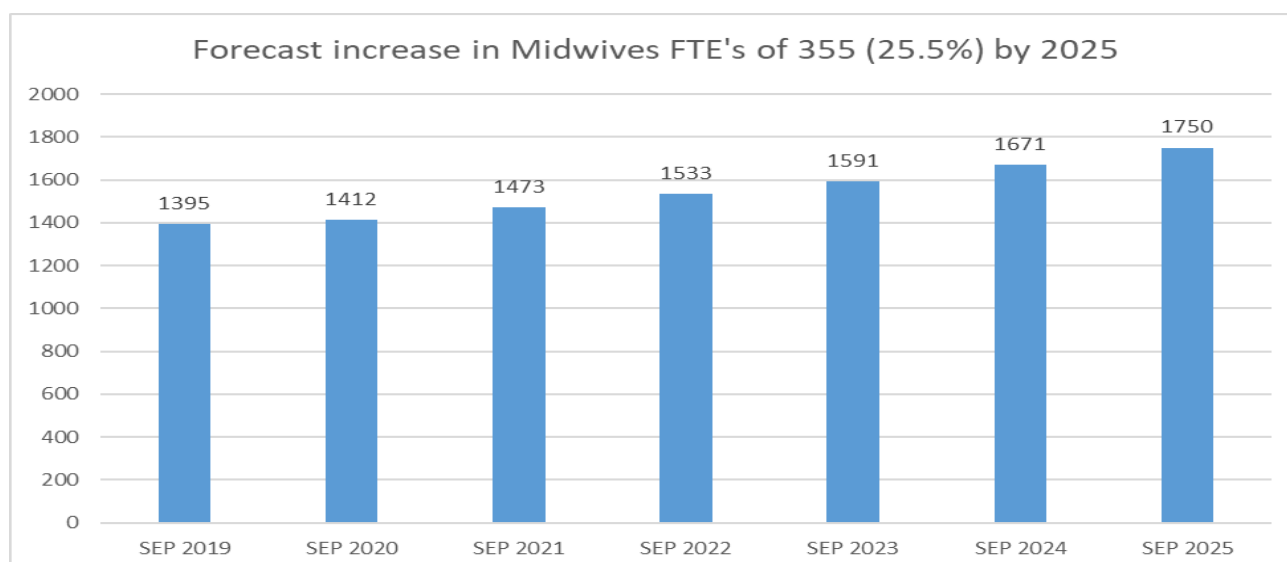
Midwifery

It is recommended that midwifery places will increase from 161 to **185** (see table below). This is an increase of 24 from the 2020/21 levels, representing a 15% increase.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Midwifery	134	134	161	210	185

Over the past five years midwifery places have increased from 94 to the proposed 185, a 97% increase in commissioning numbers. The additional numbers commissioned from 2017/18 will start to graduate in 2020 and therefore the service has not yet received the benefit of the additional investment. This, together with the further increase in commissioned places proposed for 2021 has a significant effect on the total projected workforce numbers.

The workforce intelligence model developed by HEIW shows that the midwifery workforce is projected to grow by **355 (25%)** between September 2019 and September 2025 where the forecast is **1,750 FTE's**.



2. Allied Health Professionals

In order for the 'A Healthier Wales' plan to be realised the requirement to expand the AHP workforce has been highlighted in the IMTPs. 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 predict that a number of professional roles will need to be expanded. This is 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 will go some way to meeting the demands of the current workforce in the coming years.

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 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	
	Provider s	Location	Provider s	Location
Occupational Therapy	2	SEW, NW	3	SEW, SWW, NW
Physiotherapy	3	SEW, NW(x2)	4	SEW, SWW, NW (x2)
Diagnostic Radiography	1	SEW	3	SEW, SWW, NW
Speech & Language Therapy	1	SEW	2	SW, NW
Biomedical Sciences	1	SEW	2	SW, NW
ODPs	1	SEW	3	SEW, SWW, 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

The table below summarises the number of nursing students, recommended for 2021/22 and those commissioned over the past 3 years.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Allied Health Professionals					
B.Sc. Human Nutrition - Dietician	30	30	35	53	40
PG Diploma Human Nutrition - Dietician	12	12	17	17	20
PG Diploma Medical Illustration	5	5	5	7	7
B.Sc. Occupational Therapy	113	113	125	114	129
PG Diploma Occupational Therapy	20	20	23	41	30
B.Sc. Occupational Therapy (Part Time)	0	0	15	32	20

Degree in ODP	49	49	49	35	49
B.Sc. Physiotherapy	147	147	164	174	174
B.Sc. Podiatry	24	24	24	19	27
B.Sc Orthoptist	5	5	5	6	0
PhD Clinical Psychology Doctorate	27	27	29	72	32
B.Sc. Speech & Language Therapy	36	36	40	38	40
B.Sc. S< - Welsh Language	8	8	9	7	9
B.Sc Paramedicine	0	0	52*	104	75
Paramedics - Diploma	48	70	0	0	0
Paramedics - EMT conversion	28	15	30*	15	15

**Originally approved – please see narrative in paramedic section for in-year changes*

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Other					
Physicians Associates	32	42	54	55	54

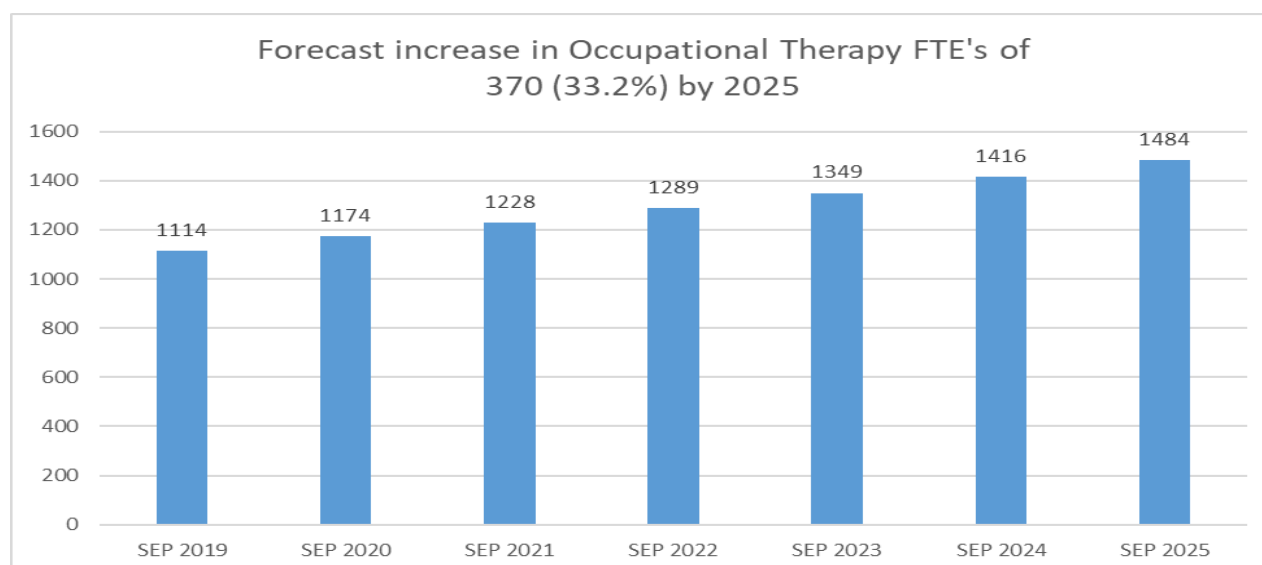
Allied Health Professionals: academic intake 2021/22

Increases to the workforce are recommended in the following areas:

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; 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. However, a **10%** increase in commissions is recommended, an increase of 16 from 163 to **179**.

The workforce intelligence model developed by HEIW shows that the OT workforce is projected to grow by **370 (33%)** between September 2019 (1,114 FTE's) and September 2025 where the forecast is **1,484 FTE's**. Note: this does not account for professionals who will be employed outside of the NHS.



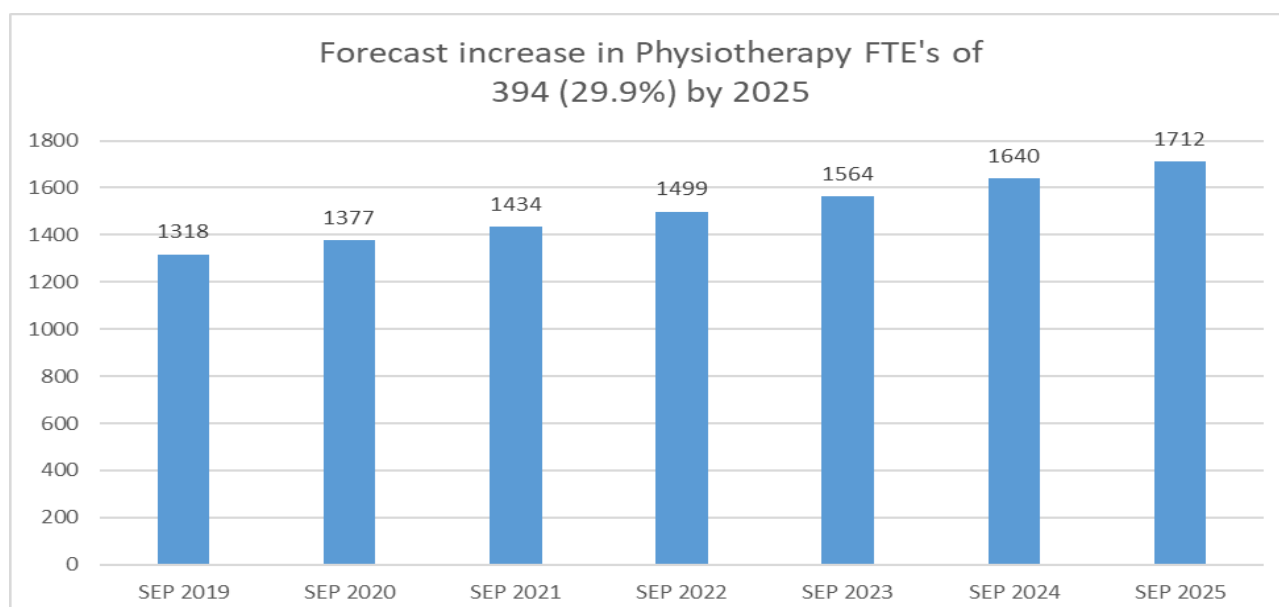
Physiotherapy

It is recommended that Physiotherapy numbers will increase from 164 to **174**. This is an increase of 6%.

NHS Wales currently employs circa 1,464 physiotherapists. In many areas, increasing demand is being driven by the development of first contact physiotherapy services in primary care. Success in the therapy led MSK conditions service is 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.

The workforce intelligence model identifies that the physiotherapy workforce is projected to grow by **394 (30%)** between September 2019 (1,318 FTE's) and September 2025 where the forecast is **1,712 FTE's**.



Dietetics

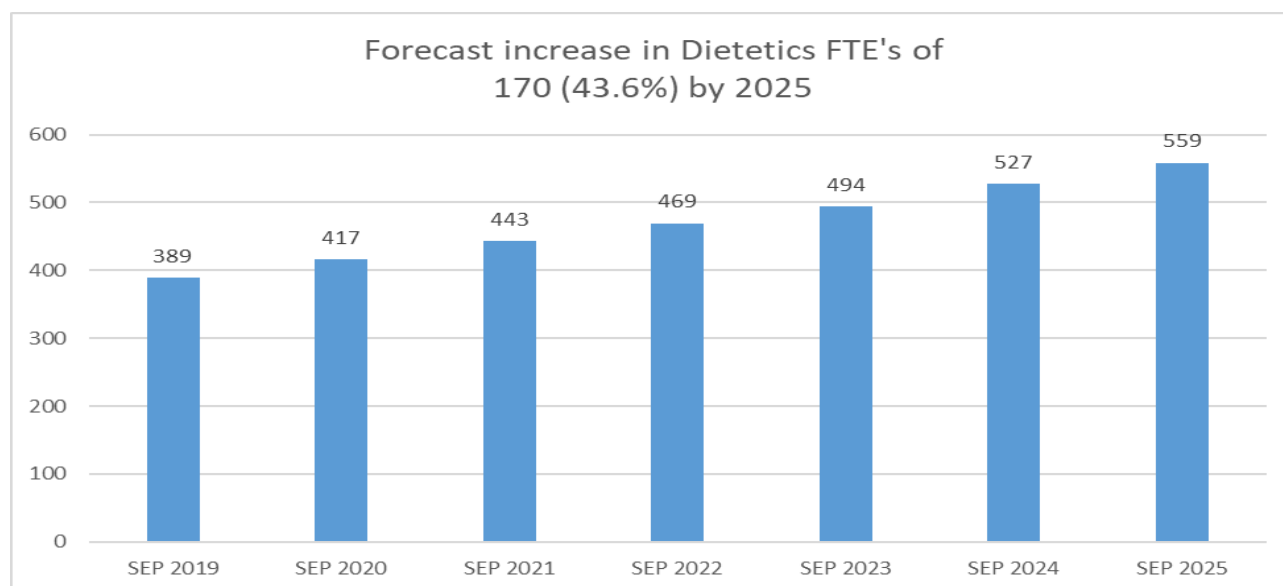
It is recommended that dietician numbers will increase from 52 to **60**. In 2019/20 42 dieticians were commissioned so, over the last 2 years, the proposed increase in dietician commissions would be 43%.

Escalating rates and earlier presentation of diabetes and unacceptably high levels of obesity across Wales are well documented. In line with the obesity pathway 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 terms challenges of rehabilitation stemming from the COVID pandemic. The core clinical risk factors identified in the pandemic included Obesity and Diabetes. The demand for dieticians is across the spectrum from prevention and chronic condition management to rehabilitation and reablement, as evidenced in the Welsh Government's recently released Rehabilitation: A Framework for Continuity and Recovery 2020 - 21. 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.

The workforce intelligence model identifies that the dietetics workforce is projected to increase by **170 (44%)** between September 2019 (389 FTE's) and September 2025 where the forecast is **559 FTE's**.



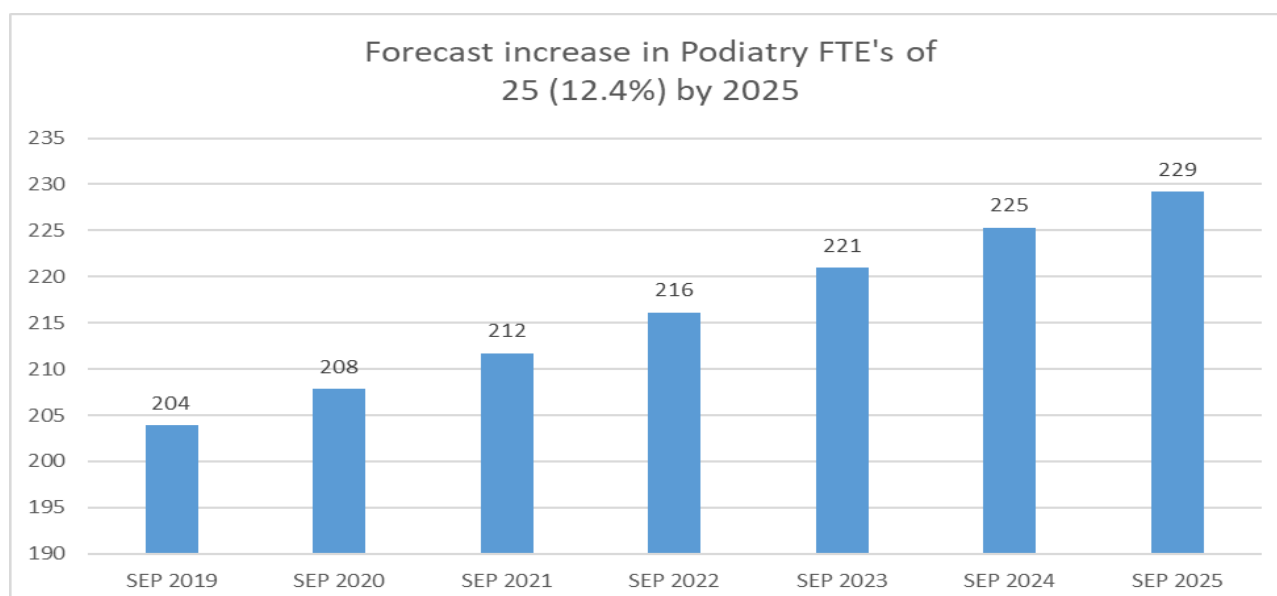
Podiatry

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 is an adequate number of podiatrists being trained to replace those who are retiring, and podiatry has not seen an increase to its commissioning numbers since 2017/18.

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 several 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.

Given the significant challenges for the podiatry workforce in terms of age profile, the fact that commissioning numbers for Podiatry have not increased for three years and the future podiatric needs of the Welsh population, HEIW recommends that podiatry commissioning numbers for 2021/22 are increased from 24 to **27**.

The workforce intelligence model identifies that the podiatry workforce is projected to increase by **25 (12%)** between September 2019 (204 FTE's) and September 2025 where the forecast is **229 FTE's**.



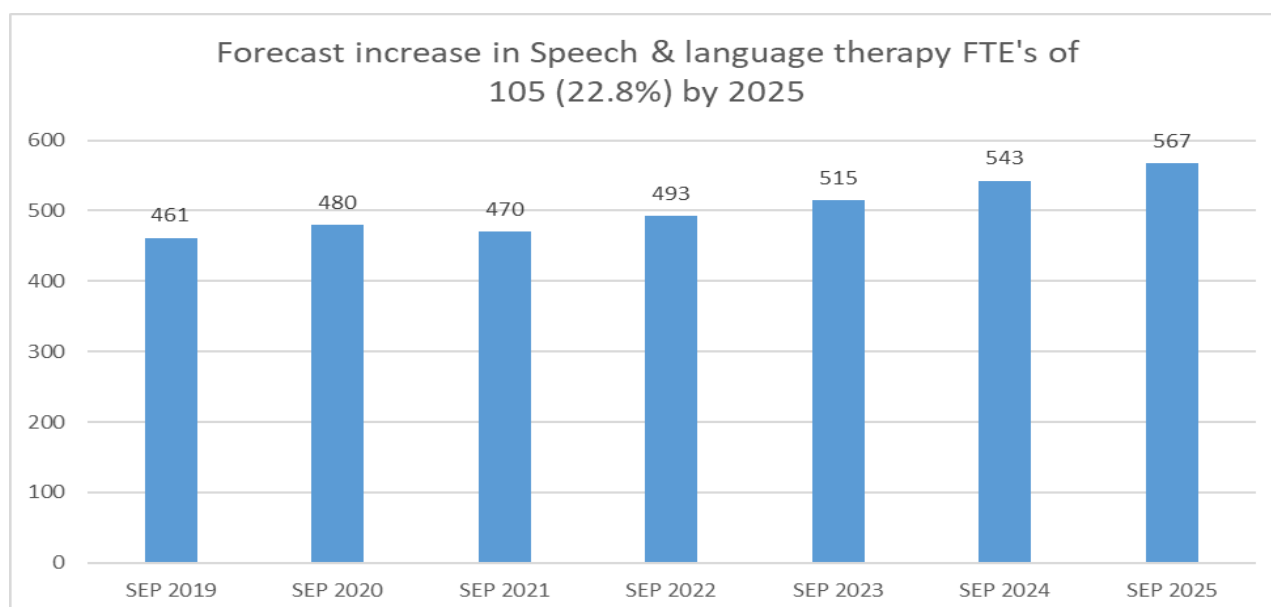
Speech and Language Therapy

It is recommended that speech and language therapy numbers remain at 49 following a 10% increase last year. This will exceed the need identified in the IMTP.

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.

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.

The workforce intelligence model identifies that the speech and language therapy workforce is projected to grow by **105 (23%)** between September 2019 (461 FTE's) and September 2025 where the forecast is **567 FTE's**.



Clinical Psychology

It is recommended that clinical psychology numbers will increase from 29 to **32**.

Increased prevalence in mental health problems (as discussed elsewhere in this document) have led to developments in mental health services, which are highlighted on the IMTPs. Service improvements include collaborative approaches to mental health requiring a cross cutting approach from health boards, the local authority, police, ambulance and third sector agencies. **In order to support new models of service delivery an increase of 10% in commissioned training places for clinical psychologists is recommended.**

Paramedics

The intention to increase paramedic roles in changing the way primary care services is delivered is one of the strongest themes in IMTPs this year. This includes reference to a number of pilots including paramedic practitioners supporting GP sustainability working across in hours and OOH; home visits to assess and report to GP and me visits to assess, treat, refer, resolve.

Whilst formal evaluation is not yet available for pilots, early assessment is that they are successful in terms of admission avoidance. Nuffield Trust research summary "Shifting the balance of care: Great expectations" identified paramedic triage to the community as providing the most positive evidence of relative strength of evidence of reduction in activity and whole-system cost.

WAST's IMTP recognises that additional paramedics would be needed in order to release existing paramedics to undertake training in advanced practice to support new models of delivery in primary care, if such ambition is to be effectively realised without adversely affecting the delivery of WAST services.

HCPC has announced that from 1st September 2021 they will withdraw approval from existing paramedic's programmes that are below degree level. HEIW have discussed the implications of this with WAST and Swansea University.

It is recommended that the programme delivered in 2020/21 is at degree level. This will ensure Swansea University can continue to recruit to its programme.

The WAST IMTP stated the need for 100 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, it is recommended that 75 places are commissioned in 2021 on the BSc programme. To ensure that the workforce needs of WAST are delivered HEIW has negotiated that commissions in Swansea University for 2020 are increased from 52 to 75 with EMT places being increased from 30 to 40.

3. Additional Professional Scientific & Technical and other professions

The tables below identifies the number of students which it is recommended are commissioned for 2021/22.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
For academic intake 2021/22					
Diploma in Dental Hygiene	18	18	18	1	18
Degree in Dental Hygiene & Therapy	13	13	13	9	13
Physicians Associates	32	42	54	55	54

Commentary is provided below only on those professions where there is something exceptional to highlight.

Physicians Associates

The first and second cohort of Physicians Associates have now graduated. Physicians Associates are identified as a solution to fragile rotas and medical recruitment challenges across all IMTPs. The majority of IMTPs indicate a need to train more PAs to support the development and transformation and sustainability of services. Some refer to evaluating the role in primary care with an aim to expand the role, and also exploring the option of rotational roles across Mental Health, Primary Care and Medicine.

HEIW recommends increasing the level of education provision remains at 54 as the training, placements and roles embed into the Service.

Pharmacy

1. Pharmacy Workforce Plan

The HEIW draft high-level Pharmacy Workforce plan, identifies the key goals for pharmacy workforce development in each of the three pharmacy staff groups by 2025 and 2030 and has been shared with stakeholders for comment during March 2020. The plan will align to the Welsh Pharmaceutical Committee's response to 'A Healthier Wales'⁽¹⁾, Health and Social Care strategy and HEIW IMTP. Completion of the plan will be delayed due to COVID-19. The plan will be progressed during autumn 2020 with a publication late 2020 early 2021.

For the purposes of the education commissioning paper 2021-22, pharmacy developments requested in IMTPs have been prioritised against this emerging national plan designed to underpin clinical service delivery close to people's homes.

To deliver the pharmacy workforce plan 2025 goals, we have supported requests which are in line with the following principles: -

Priority	Purpose
Provide access to programme for level 2 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).
Support a series of original pilot models for multi-sector training of pre-foundation pharmacy technicians .	Deliver a flexible, adaptable pharmacy technician workforce who understand the wider health and social care system which users navigate.
Develop the national foundation pharmacist programme that follows multi-sector pre-foundation pharmacist training.	Equitable support for novice pharmacists in all areas of practice, expediting the registrant journey to prescriber and advanced practice.
Increase numbers of independent prescribing community pharmacists by 100.	Move towards the initial 2022 targets for numbers of pharmacist prescribers in Wales.
Continue to increase competency in advanced practice amongst the existing pharmacist and pharmacy technician workforce.	To deliver service transformation in medicines management close to people's homes.
Increase the opportunity to develop the leadership skills of pharmacists and pharmacy technicians.	To enable the pharmacy team to lead on all medicines related issues for the multi-disciplinary team.

1.1 Impact of COVID-19 of training plans

The need to ensure a secure pipeline of registrants into the workforce must be the priority for 2021/22 commissioning. IMTP's indicate an increasing need for pharmacists and pharmacy technicians and this is indicated in the numbers requested below.

Post-registration training will be focused on ensuring the new workforce are supported to confidently provide enhanced patient services at the earliest point in the career pathways.

The COVID-19 pandemic has highlighted the need for a flexible and responsive workforce, which can transform and transition across sectors of practice. The commissioning of all pharmacy education and training will be prioritised to ensure the whole workforce have the skills to respond to a rapidly changing landscape. Pharmacy will embrace and adopt the positive learning from the COVID-19 and encourage the use of innovative methods of training

2. Pharmacy Support Staff and Pre-registration training

2.1 Pharmacy Support Staff

Following a GPhC consultation on new minimum training requirements for pharmacy support staff, new standards are expected during 2020-21. HEIW will explore access to the modern apprenticeship route for Level 2 on behalf of the NHS and its contractors. HEIW's role is to ensure quality training is commissioned which enables learners with the potential, to transition more seamlessly into the pharmacy technician profession.

2.2 Pre-Foundation Pharmacy Technicians (previously called pre-registration pharmacy technicians)

Increasing the pipeline into pre-registration pharmacy technician training is essential to respond to the demand for increasing the pharmacy technician workforce across primary care and secondary care.

Progression from a support role to pharmacy technician training programme is dependent on individuals meeting the specific entry criteria. This excludes some staff from progressing and HEIW plan to make available an "access to" pharmacy technician training pathway. HEIW proposes increasing the funds for healthcare support workers (HCSW) for 2021 and pharmacy will access this fund to provide a number of Essential Skills Learning modules to support staff in transitioning to the pharmacy technician programmes.

HEIW supports the shift to a more prudent clinical pharmacy workforce through an increase in numbers of centrally commissioned pre-foundation pharmacy technician numbers for **clinical posts in Health Boards/Trust from 45 to 55 in 2021-22.**

The proposed increase:

- will be accompanied by a priority allocation of posts from HEIW to Health Board/Trusts with multi-sector models, driving workforce modernisation, provides more opportunities for career progression to professional registration for the lowest paid NHS employees.
- Develop the pharmacy technician workforce in technical services

HEIW draws down Modern Apprenticeship funds for the educational component of pre-foundation pharmacy technician training. The funds support all trainees recruited to the HEIW programme including those employed by NHS and NHS contractors. On average the numbers recruited from community pharmacy are 20 per year. A training bursary of £2K per community pharmacy technician trainee has been provided to community pharmacy to support the required release of trainees to complete their learning portfolios and attend study days. These funds were previously been made available from Welsh Government during the initial phase of including community pharmacy technician trainees. This phase was prior to the establishment of HEIW. These funds are now considered as business as usual and forms part of the education commissioning budget.

The proposal is to offer 20 training bursaries at a total cost of £40K.

A salary bursary is currently provided to NHS employed trainees.

In addition, Health Boards have indicated a need to increase numbers of pharmacy technicians in technical services via a modern apprenticeship route.

Pharmacy Technician Apprenticeships

Technical Services in Wales rely on qualified pharmacy professionals with the skills and knowledge required to attain regulatory compliance with the MHRA or the Quality Assurance of Aseptic Services Standards.

The service is experiencing difficulty recruiting pharmacy technicians to Band 5 supervisor posts in Cardiff and Swansea. One reason for this is believed to be due to their initial training focusing on a patient's clinical needs across the different sectors of pharmacy patient services, with service delivery models changing to adapt to this. This has resulted in technical services training rotations being diluted within some hospital units or removed completely in others.

On the horizon the service envisages a further significant impact to pharmacy technician recruitment with a change to the GPhC initial education and training standards. This has removed the competence requirements for technical services-based principles from “can do” to “knows how”. This means that when the new pharmacy technician qualification is implemented this year, qualified pharmacy technicians graduating in 2022 will have limited knowledge about the preparation and manufacture of pharmaceutical products and the impact for patients. Without the expectation to acquire skills and experience there is a significant risk to service delivery across the region.

To adjust for this and to maintain skills development, the service is proposing to recruit trainee preregistration pharmacy technicians through the current apprenticeship programme and base them within Technical Services, a change to the current model. These posts would be advertised separately to others in the managed sector to attract suitable individuals. The placements would be in named units within Wales to assure the quality of the training placement and experience. The majority of the qualification will be attained from bespoke placements arranged across the managed or community sectors to fill gaps in mandatory performance requirements.

Health Boards have indicated a need for an additional 8 pre-foundation pharmacy technician posts for future service demand.

HEIW propose that the total numbers of pre-foundation pharmacy technician posts for 2021 needs to be 63 to meet workforce demand. This provide 55 posts for clinical role development and 8 additional posts for technical services.

2.3 Pre-Foundation pharmacists (previously called Pre-registration Pharmacists)

As described in last year's paper, the Welsh Government funded a transformation programme for pre-foundation pharmacist training through to 2024. For the 2021-22 academic year, national funding for recruitment of 170 multi-sector pre-foundation pharmacists has already been confirmed, with funding transferred directly from Welsh Government.

3. Post-Registration education and training

3.1 Foundation Practice

The initial education and training of pharmacy registrants is changing and adapting to produce the registrants of the future. The changes will enable a new set of knowledge, skill and attitudes at the point of registration, but these benefits will not be realised for three to five years. The reality currently and even in the future is that new registrant practitioners will always be practising at a novice level in their early years i.e. safe but inexperienced practitioners. Novice practitioners will require structured experiential learning within a framework to progress towards more situational, holistic and intuitive practice.

It has been recognised across the UK that a vocational foundation pharmacist programme for all new pharmacist registrants is required to ensure the workforce can be supported to move from novice practice to proficient practice.

Chief Pharmaceutical Officers across Great Britain have described the desired 'end goal', of equitable access to a vocational foundation training and support for all novice pharmacists, irrespective of sector. A working group chaired by the pharmacy regulator and professional leadership body will publish a national curriculum for foundation pharmacists towards the end of 2020.

Similar work has commenced to develop a UK Foundation programme for pharmacy technicians. It is anticipated that this work will be completed during 2021.

HEIW has decided to not make any significant change to a new offering for foundation pharmacist practice for 2021 commissioned posts. This position will be reviewed for the 2022 commissioning cycle following the agreement of the new foundation curricula towards the end of 2020.

3.1.1 Diploma programme

HEIW proposes no increase in diploma posts from the current **40** posts.

3.1.2 Foundation Pharmacy Technicians

IMTPs recognise the leadership and clinical roles in medicines management that are best filled by pharmacy technicians

The UK foundation pharmacy technician framework will not be available until 2021. However, there is a current need to develop novice pharmacy technicians to proficient practitioners. Several Agored Cymru level 4 learning modules have been developed by HEIW to support these practitioners. HEIW propose to provide training grants to employers to enable pharmacy technicians to have the protected time to attend study days, complete learning portfolios and for the assessment costs of portfolios. The number of training grants made available would be 20 at a cost of £1K per learner. (5 study days top of Band 4 and £450 assessment fee). These funds will be sourced from the health care support workers budget within HEIW.

3.2 Advanced practice

Through IMTPs, numbers of requests for extended, advanced and 'higher level' post registration developments from pharmacy have increased in the last 3 years. This has enabled pharmacists to develop the skills needed to continue to deliver excellent patient care in an everchanging NHS. Areas of practice that needs continued, increased and new investment are pharmacists and pharmacy technicians working in the GP practice and community settings.

3.2.1 Advanced and extended practice pharmacists and pharmacy technicians

All requests for pharmacy extended, advanced and 'higher level' post registration developments will be allocated through the pharmacy dean, considering local and national pharmacy workforce priorities. For 2021-22, HEIW will prioritise the development of patient assessment skills and leadership skills for the existing workforce, focussing on the following priorities:

- Transformation and transition of practice across all sectors including advanced pharmacy practice in GP settings
- Diagnostic clinical skills to support urgent care across all sectors, particularly in respect of independent prescribers
- Unscheduled care practice both in hours and out of hours
- Mental health
- Critical and Palliative care

HEIW will support advanced, enhanced practice of whole workforce across all sectors for both pharmacists and pharmacy technicians. Pharmacy proposes an increase to the advance practice funds to support the further development of both pharmacists and pharmacy technicians in all care settings.

In particular, these funds will be offered to provide 12-month supportive training programme for those pharmacists transitioning into GP practice. The programme delivers expert workplace clinical tutoring and mentoring, alongside specific skills training across Wales.

Allowing for historical spend, future inclusion for pharmacy technicians, primary and community pharmacists, GP practice pharmacists and pharmacy technicians, this budget requires a significant increase to a total value of £470K from the historical spend of circa £220K.

3.2.2 Independent prescribing (IP)

The 'Pharmacy Delivering a Healthier Wales' plan set out goals to have:

- 30% of community pharmacies having an independent prescriber offering services by 2023.
- All pharmacies by 2030, as well as all pharmacists working in patient facing roles within managed sector being IPs by 2023.

Pharmacists from secondary care have been supported to gain this qualification for many years, whilst other sectors have struggled to access training support in an equitable manner. For the last two years, community pharmacists have been supported to achieve this

qualification, but target numbers of prescribers have not been achieved, due to issues of release from practice and lack of designated medical professionals. This year due to the COVID-19 pandemic, many community pharmacists have had to suspend this training, until autumn 2020 / early 2021, due to the inability to be released. Again, this year target numbers for this sector will not be achieved. so we will not achieve the target numbers from this sector this year.

In order to meet workforce demand commissioned numbers need to increase to 150 pharmacists undertaking the independent prescribing course, each year across all the sectors. Funding for 150 pharmacists will require a total cost of £204K

Prior to the establishment of HEIW, funds for the increasing workforce demand for community pharmacist IP training was provided directly via Welsh Government. This established workforce development needs to be part of the business as usual for HEIW. The funding for community pharmacists will include the educational costs of the programme and a training bursary of £3K per community pharmacist. The training bursary will meet the exceptional need for this group of pharmacists to be released from their substantive posts to meet the mandatory programme requirement of 12 contact days with a designated supervising practitioner (DSP).

The proposed numbers of community pharmacists requiring a training bursary are 60 at a total cost of £180K.

The total costs for pharmacy independent prescribing training across all sectors of practice is £384K

As a separate initiative, pharmacy will lead on the development of support network post qualification for all non-medical independent prescribers. This will include the development of a support network post qualification and underpinned by peer review. This will support IP flexibility providing a clear pathway when changing scope of prescribing practice.

3.2.3 Clinical Scientist Trainee Programme (STP)

Pharmacy Technical Services in Wales are currently undertaking a transformation project with Welsh Government. This will reconfigure the way in which medicines are prepared and manufactured to meet the growing demand, currently 5-10% per annum. With this there is an opportunity to increase and restructure the workforce to maximise skill mix.

The Clinical Scientist Trainee Programme (STP) has yet to be explored within the context of pharmacy services and could be utilised within Technical Services Production, Radiopharmacy, Quality Assurance and Quality Control roles in Wales. These posts have been established within the UK in Technical Services for several years, with the Master's degree Pharmaceutical Technology and Quality Assurance (PTQA) forming part of that programme. This degree has been commissioned by the NHS Technical and Specialist Education and Training (TSET) group and delivered by Manchester University. It is the qualification recognised by the MHRA required to manage licenced technical services units.

The creation of STP posts will advance the skills and experience of pharmacists in Technical Services as a career choice. There have also been difficulties recruiting pharmacists due to a lack of skills and experience in this area with significant underfunding for training over many years. This would also add an additional career pathway as it enables new roles to be

created for science graduates who are able to practice within MHRA licenced units, increasing the pipeline supply of skilled workforce into this specialist field.

Without these training posts and the investment and development of staff in this area then there is a real risk of the transformation project failure.

The numbers requested are: 3

3.2.4 Consultant Pharmacists

The stepwise approach to development for pharmacists described in 3.2 will provide the required opportunities, through experience and modular portfolio building, to grow a pool of individuals competent to continue into consultant level practice. Consultant Pharmacist businesses cases include local funding for professional developments.

- (1) Welsh Pharmaceutical Committee. (2019) *Pharmacy: Delivering a Healthier Wales*. Available from: <https://www.rpharms.com/recognition/all-our-campaigns/pharmacy-delivering-a-healthier-wales> [Accessed 12th December 2019]

4. Healthcare Scientists

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.

The STP trainee programme continues to be a highly competitive and sought after training programme with the NHS Wales recruitment process for 2020 lead by HEIW yielding 1,298 applicants for the 32 available posts.

HEIW recommends 37 places are recruited to for 21/22

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.

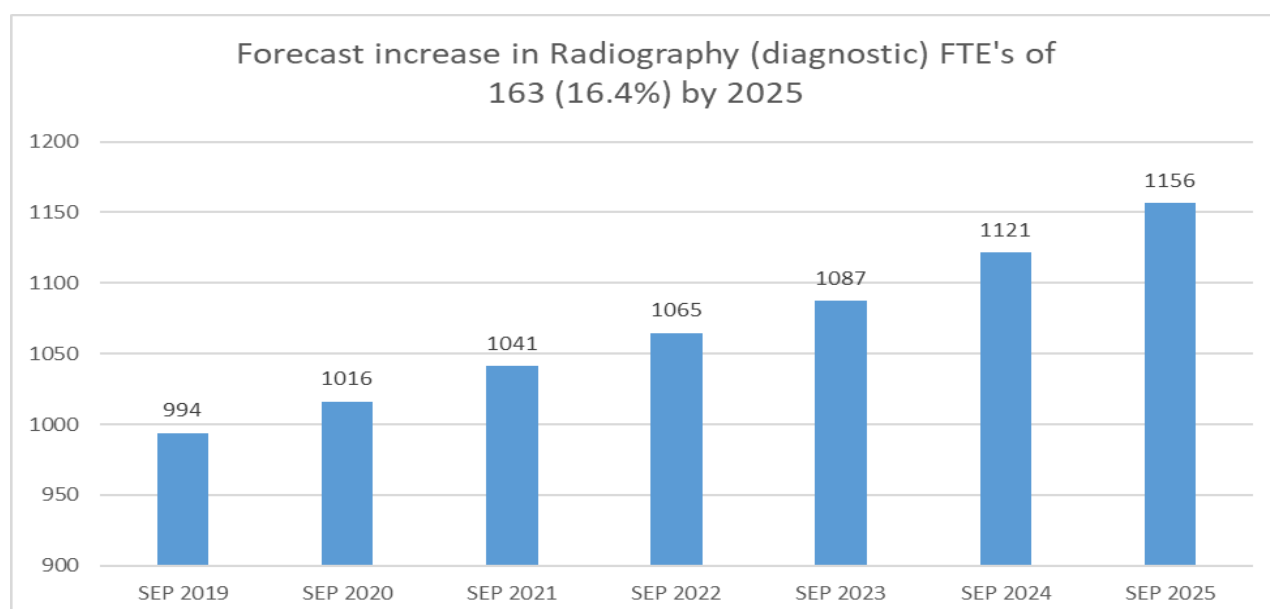
HEIW recommends that investment in equivalence continues with an annual budget of £70,000.

Diagnostic radiotherapy

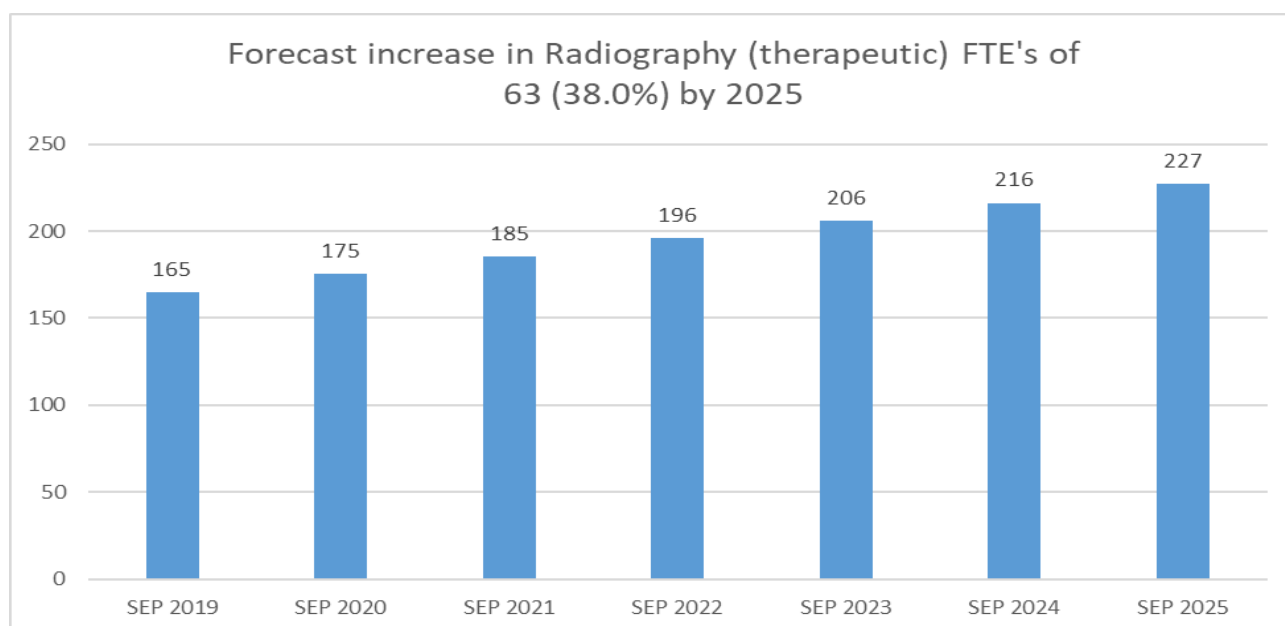
It is recommended that diagnostic radiography numbers will remain at 140. This is after an increase of 28 in 2020 (representing a 25% increase).

One of the core objectives aligned to the Wales Cancer Delivery plan has been detecting cancer earlier. This has led to an increase demand for radiotherapy services to speed up diagnosis. The single cancer pathway builds on the success of rapid diagnostic clinics. IMTPs highlight the future requirement for growth in these services. There are significant pressures on placements and HEIW are working on solutions with Health Board and University partners. Therefore, no further increase is recommended until more innovative, safe and quality placement opportunities are identified.

The workforce intelligence model identifies that the diagnostic radiography workforce is projected to grow **by 163 (16%)** between September 2019 (994 FTE's) and September 2025 where the forecast is **1,456 FTE's**.



The workforce intelligence model identifies that the therapeutic radiography workforce is projected to grow by **63 (38%)** between September 2019 (165 FTE's) and September 2025 where the forecast is **227 FTE's**.



The tables on the next pages outlines the number of Healthcare Science students which it is recommended are commissioned for 2021/22.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
BSc Diagnostic Radiography	112	112	140	134	140
BSc Therapy Radiography	20	20	22	26	26
HE Cert in Audiological Practice	0	0	15	0	15
Physiological Science - PTP					
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	24	24	24	22	24
B.Sc. (Hons) Healthcare Science - Audiology	18	16	10	12	12
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	5	5	5	8	8
B.Sc. (Hons) Healthcare Science - Neurophysiology	3	3	4	3	3
Physical and Biomedical Engineering - PTP					
B.Sc. (Hons) Healthcare Science- Clinical Engineering	3	3	2	2	2
B.Sc. (Hons) Healthcare Science - Nuclear Medicine	3	3	3	6	3
B.Sc. (Hons) Healthcare Science - Radiotherapy Physics					3
Life Science - PTP					
B.Sc. (Hons) Healthcare Science- Blood, infection, Cellular, Genetics	21	21	24	25	25
Total PTP	77	77	87	78	80
HIGHER SPECIALIST SCIENTIST TRAINING - HSST					
Physical Sciences	2	2	2	5	3
Life Sciences	2	2	2	5	3
Physiological Sciences	1	1	1	2	2
Total HSST	5	5	5	12	8
Post Graduate Healthcare Science Education					
MSc Genomic Medicine (This is not an STP)	20	20	20	0	20
SCIENTIST TRAINING PROGRAMME-STP					
Physiological Sciences - STP					
MSc Audiology	3	6	6	5	5
MSc Neurophysiology	2	2	0	4	3
MSc Cardiac Science	3	1	3	9	3
MSc Respiratory & Sleep	0	3	1	2	2
Life Science -STP					
MSc Clinical Microbiology	3	0	2	1	1
MSc Clinical Immunology	0	0	0	0	0
MSc Haematology and Transfusion Science	0	0	1	1	1
MSc Histocompatibility and Immunogenetics	0	0	0	1	1
MSc Clinical Biochemistry	0	2	4	3	3
MSc Genomics	2	1	1	2	2
MSc Cancer Genomics	0	1	1	2	2
MSc in Genomic Counselling	0	0	2	0	2
MSc Reproductive Sciences - Clinical Embryology and Andrology	0	2	1	1	1
MSc Histopathology	0	0	0	1	0
MSc Reconstructive Science	0	1	0	1	1
Physical Sciences and Biomedical Engineering - STP					
MSc. Medical Physics	3	3	7	6	5
MSc in Clinical Engineering	2	1	2	5	4
Clinical Bio Informatics -STP					
MSc in Clinical Bioinformatics	2	1	1	4	2
Clinical Pharmaceutical Science					
MSc Pharmaceutical Technology and Quality Assurance	0	0	0	3	3
Total STP	20	24	32	55	40

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Dental					
Diploma in Dental Hygiene	18	18	18	1	18
Degree in Dental Hygiene & Therapy	13	13	13	9	13
Pharmacy Technician	35	45	45	63	0

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Radiography - Assistant Practitioners					
Assistant Practitioners Radiography - Diagnostic	12	12	12	12	12
Assistant Practitioners Radiography - Therapy	0	0	0	0	0

5. Post Registration and Post Graduate Education

Introduction

Continuing education is crucial once professionals enter their professional registers. It supports transition into the registrant role and supports the development of advanced skills, which enables registrants to be able to respond to the transformation and redesign of clinical services and challenging health crisis. This has been more evident in 2020 with the onset of the Covid 19 pandemic.

HEIW funds staff to undertake post registration/graduate level education these include:

- Advanced and extended Practice education
- Non-Medical prescribing
- Community Health studies
- Specialist Community Public Health Nursing (SCPHN)
- Medical ultrasound education
- Genomic Medicine Education
- Reporting radiography education

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

Advanced and Extended Practice Education

There has been significant investment in advanced/extended education and over the last few years from Welsh Government and currently the budget per annum is £1.5m. This investment 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 last year continue to be the same for 2021/22. These are:

- Community and Primary care/GP OOHs
- Unscheduled care to include, emergency care, critical care

- Cancer services
- Diagnostics
- Eye Health/Ophthalmology access

At present it is unclear whether the Covid 19 pandemic will affect the ability for registrants to be able to be released to undertake post graduate education programmes. HEI's have been able to convert most of their face to face teaching into distance and online learning, which has allowed students to continue with the academic element of the programme. This budget has seen significant increase over the last few years **however the recommendation is that the budget is increased to £2 million for 2021/22.**

Non-Medical prescribing Education

The following courses are funded:

- Independent prescribing.
- Supplementary prescribing
- Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners
- Non-Authorisation of blood transfusion

Investment in these programmes increased for 20/21 to £500k. At present it is unclear whether the Covid 19 pandemic will affect the ability for registrants to be able to be released to undertake these programmes. As this budget has seen significant increase over the last few years and with the uncertainty regarding Covid19 therefore the recommendation is that the budget remains at the current level.

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. A new budget was established in 2020/21. HEIW is recommending that the budget of £40k per annum continues for 21/22

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.

HEIW recommends that the budget increases to £

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

Community health studies programmes actively supports "A Healthier Wales" and the movement of services from secondary care to community/primary care which focuses on keeping people well and at home. Investment in this area can be categorised into three main areas:

- 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.
- Programmes which lead to a **registerable** qualification with the Nursing and Midwifery Council (NMC) i.e. Health Visiting, School Nursing and Occupational Health Nursing.

The tables below identifies the number of students which it is recommended are commissioned for 2021/22.

Health Visiting

Health Visiting is 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.

Welsh Government policy is for the introduction of skill mix into all clinical teams and for flexible modular routes to education to be available and the modular route meets these requirements. This approach is supported by HEIW as it provides the opportunity for skill mix and better use of the available resources. The Chief Nursing Officers Office and HEIW will work with the NHS to continue to embed this route.

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 2021/22

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Health Visiting (Full-time)	63	58	58	70	58
Health Nursing (Part-time)	27	34	34	18	34
Health Visiting (modules)	30	30	30	6	30
School Nursing (Full-time)	14	14	14	32	20
School Nursing (Part-time)	5	5	5	3	10
School Nursing (modules)	3	3	3	0	0
Occupational Health (Full-time)	0	0	0	2	0
Occupational Health (Part-time)	0	0	0	1	0
Community Health Studies					
District Nursing (Part-time)	80	80	80	78	80
District Nursing Modules (in modules)	123	123	123	92	123
Practice Nursing (Part-time)	20	20	20	30	30
Practice Nursing Modules (in modules)	29	29	29	50	50
Community Paediatric Nursing (Part-time)	0	0	0	11	0
Community Paediatric Nursing Modules (in modules)	24	24	24	10	24
CPN (Part-time)	30	30	30	14	30
CPN Modules (in modules)	60	60	60	14	60
CLDN (Part-time)	0	0	0	7	0
CLDN Modules (in modules)	10	10	10	5	10
Additional Modules	472	472	560	36	560
Return To Practice	140	140	140	138	140

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 are working with NHS Wales to develop a Governance Framework for Work Based Learning and looking at 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.

Other areas for the development of HCSWs outlined within the IMTPs include:

- Primary Care
- Joint Health and Social Care roles
- Theatres
- Critical Care
- Midwifery
- Ophthalmology

7. Medical & Dental

The 2020 – 2023 IMTPs refer to areas of **medical recruitment difficulties**, across all grades and specialties, however, at Consultant level there are reported recruitment difficulties across a wide range of specialties including:

- Ophthalmology
- Emergency Medicine
- Anaesthetics
- Intensive Care Medicine
- Microbiology & Infectious Diseases
- Obstetrics and Gynaecology
- Paediatrics
- Sexual Health
- Surgery specialties including Urology, Breast Surgery, ENT and Trauma and Orthopaedics
- Oncology

- General Practice
- Neurology
- Psychiatry
- Radiology
- Histopathology

This pattern is replicated across certain parts of the UK and to address this, in part, the Home Office announced changes to the immigration rules meaning that certain occupations would be added to the shortage occupation list, giving people coming to the UK to work in these roles priority in securing a Tier 2 work visa. In October 2019 the shortage occupations list was updated to include all grades of medical practitioners. The Home Office also streamlined English language testing meaning that doctors who have already passed an English language test accepted by the GMC, do not have to sit another test before entry to the UK on a Tier 2 visa. This change enables Health Boards and Trusts to be able to recruit overseas candidates quickly (see section on impact of Coronavirus).

The approach to workforce planning

With the establishment of HEIW, the approach to workforce planning for the medical workforce was further developed this year. A series of engagement and planning meetings were set up, with a membership comprising the Postgraduate Dean, supported by other leads within HEIW and a range of stakeholders including Heads of Schools, Programme Directors and representatives of the Royal Colleges. These meetings considered a range of workforce information that informed the workforce planning recommendations for this year.

This approach has allowed HEIW to review a larger number of specialties this year and to commence work to build and develop a modelling approach that will support the planning function going forward. Criteria for assessing the decommissioning of training posts was also agreed by the group. Any future decisions to decommission training posts would be agreed with the HEIW Education Training and Commissioning Group and this approach was discussed with the All Wales Medical Directors Group. The final workforce planning recommendations were also shared with the Medical Directors as part of the engagement process for the development of this year's plan.

Impact of the Coronavirus Pandemic on medical training

The Coronavirus pandemic which commenced in early 2020 has had a number of impacts on medical training, some of which are not yet quantifiable.

Foundation Training: Emergency capacity planning at the start of the pandemic led to the graduation of the medical students being brought forward to May 2020, with an optional Interim Foundation Year 1 role created to cover the period between graduation and commencing Foundation training in August 2020. The interim placements commenced in May and early June with funding directly allocated to Health Boards via the COVID allocations.

Core & Specialty Training: The commencement of the pandemic coincided with the recruitment rounds for August 2020. A programme of contingency arrangements was introduced across the UK to complete recruitment for outstanding specialties. Rotations were also suspended at this point. Final numbers for the recruitment process will not be available until mid in May. 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: There is likely to be an impact on specialty training, specifically for those trainees approaching their Certificate of Completion of Training (CCT) and those completing Core training due to the stopping of core work impacting on competence acquisition and assessment. This might mean that a small number of trainees cannot complete their training at their anticipated point of CCT. Solutions are being explored; these include utilising the trainees' six-month period of grace to enable them to complete their logbooks, however, as the country emerges from lockdown and normal activity restarts, this issue might resolve. HEIW is working with the relevant organisations regarding CCT and consultant recruitment.

General Practice: The MRCGP examination was suspended in March and GP Specialty Trainees/Registrars due to complete training by August 2020 may not be able to gain their CCT unless an alternative assessment can be developed. The RCGP is working with the SEBs to urgently develop an alternative to the clinical skills assessment (CSA) which may mitigate this risk.

Tier 2 visas and overseas recruits: For those medical staff currently employed on a Tier 2 visa, there have been automatic extensions of visas for those who are due to expire in the next 6 months, however, there has also been a suspension of processing of new applications for Tier 2 Visa by the Home Office. This may impact on the number of overseas doctors entering medical training programmes later this year.

Medical Workforce Planning Recommendations for Core & Specialty Training

General Practice

HEIW was successful in the recruitment of 187 applicants into general practice training in the last year. Previous recommendations have been to increase the GP training posts from 136 to 160 and ultimately to 200 by 2021 with a formal target of recruiting up to 160 trainees.

It is recommended that 160 GP training places are advertised with an option to over-recruit to a maximum of 200.

Emergency Medicine:

Previous recommendations have recognised the increased demand for Emergency Medicine, the fact that the Consultant workforce is ageing and that Emergency Units, across Wales are currently understaffed as compared to Royal College recommendations. Several organisations continue to report recruitment difficulties for Emergency Medicine in their IMTPs.

In recent years, the workforce planning recommendations for Emergency Medicine have included recommendations to expand the Acute Common Stem (ACCS) programme. ACCS is the feeder training programme for Emergency Medicine and almost all the Emergency Medicine trainees undertake this training programme before entering higher training in Emergency Medicine. Over recent years, the ACCS training programme has been expanded to enable increased output with the posts to support this coming from the conversion of unfilled higher posts into the lower grade of ACCS and newly funded posts.

As the ACCS programme expands, further expansion is required in the Emergency Medicine programme to address the deficit following the conversion of higher posts to ACCS in previous years. To support this an increase of 5 Higher Training (ST3) posts for is required for Emergency Medicine.

There is also recognition that there remains a requirement to increase the numbers of ACCS trainees to support retention into Higher Emergency Medicine training in North Wales. Trainees in North Wales are likely to remain there as consultants and increasing the number of trainees on this programme will increase the supply of CCTs to take up consultant posts in that region. It is recommended that 2 additional ACCS training posts are created for the North Wales programme.

Anaesthetics

Previous recommendations have recognised the increased demand for Anaesthetics and the fact that both the Consultant and SAS workforce is ageing with an increasing number of anticipated retirements over the next 5 – 10 years. Consultant vacancies are impacted by retirements but also due to consultants choosing to drop sessions or work part time. Consultant recruitment has traditionally been good across NHS Wales, however, more recently several posts are proving difficult to fill due to a lack of applicants and again several organisations are noting recruitment difficulties for consultant anaesthetists in the IMTPs. Anaesthetics has traditionally employed a large proportion of SAS doctors at middle grade and more recently there is difficulty in recruiting to this grade which is an important component of the middle tier.

Demand for anaesthetics steadily increases due to the ageing population, increasing complexity, demand for out of hours consultant cover, increases in post anaesthesia care and peri-operative medicine, the move to 7 day working and ICU requiring 24-hour consultant cover. The consultant workforce works on a sessional basis and increasing numbers are opting to work 10 sessions or less. The Coronavirus pandemic has also highlighted the importance of these consultants in supporting ICU departments.

Fill rates for training in Anaesthetics remain good, however, high numbers of trainees are opting for less than full time training (LTFT). Between 20 -22 trainees gain CCT each year and evidence from CCT destination data shows that the majority of trainees in anaesthetics remain in Wales as consultants post CCT.

In line with all other specialities and following the recommendations of the Shape of Training review, the Royal College of Anaesthetists have submitted a revised curriculum to the GMC which was scheduled for implementation from August 2021. However, due to the impact of the Coronavirus pandemic, the planned changes to the Anaesthetics curriculum will now be delayed by one year.

Requirements for additional posts at the Core training level for 2021, to meet the changing curriculum requirements as a result of these changes, will now not be required until August 2022 and Anaesthetics will be reviewed again next year.

Given the significant moves to LTFT working and the level of anticipated retirements over the forthcoming years it is recommended that an additional 3 Higher Training posts are required in Anaesthetics to address ongoing and predicted workforce shortages at consultant level.

Intensive Care Medicine

There remains a steady increase in demand for intensive care due to the ageing population, associated increases in complexity of patients and the move towards an increased expectation of out of hours care being delivered by consultants. In 2018, The Minister for Health and Social Services announced an allocation of monies to support the development of Critical Care in Wales. The Critical Illness Implementation Group established a Task and Finish Group on Critical Care which reported in July 2019. This report recognised that there was a need for extra critical care capacity in conjunction with a combination of other initiatives and improved efficiencies. The report recognised the need for a phased expansion of level 3 beds and the development of the critical workforce, including the need for an increase in medical training posts. Health Boards have developed phased implementation plans (over a maximum five-year period).

Consultants in ICU have traditionally come via the Anaesthetics training route and in 2012, training in Intensive Care Medicine became a single specialty. However, most trainees continue to dual accredit with other acute specialties such as Acute Medicine leading to a CCT in both ICM and another specialty. This may impact on the final destination of trainees vis a vis recruitment into ICU. To address this, previous workforce planning recommendations have been to increase in ICM as follows:

- An additional 4 trainees in 2017/18
- An additional 2 trainees in 2018/19 and to review in 2020
- 13 CT2 to address changes as a result of the changes to the Internal Medicine curriculum
- An additional 4 higher posts in 2020/2021 following increases across the UK in response to the COVID pandemic.
- There have also been increases to the ACCS feeder programme

Currently, the training programme comprises 27 trainees with varying outputs due to the dual accreditation. It is recommended that an additional 4 Higher Training post are required to increase our ICM workforce in Wales and that ICM requirements continue to be reviewed and again in 2021.

Recommendations to support the development of the Major Trauma Network:

1. Plastic Surgery

Plastic Surgery is a small specialty and is currently provided as a national service based at Morriston Hospital in Swansea Bay UHB. The British Association of Plastic and Reconstructive and Aesthetics Surgeons' 2018 workforce analysis recommends a ratio of one plastic surgeon per 80,000 population. This would equate to 35 wte in Wales whilst the current establishment is 17.3 wte with the potential for up to 3 consultants potentially retiring within 5 years. There are currently no difficulties in recruiting to Wales with 82% of trainees, over the last 10 years, remaining in Wales as consultants.

It has been agreed, that to support the workforce model for the Major Trauma Centre, 2 additional Higher Training posts are required for Plastic Surgery.

2. General Surgery

There are a number of pressures impacting on training in General Surgery. These include:

- The Grange hospital in ABUHB, which will require middle tier surgical support.
- Over the past decade there has been an increasing need for transplant surgery in Wales and the specialty has become increasingly popular. There are currently 5 Welsh trainees with transplant surgery as their declared sub-speciality interest but only two training posts.
- The separation of vascular training from general surgery a few years ago has now created pressures for Health Boards as the Vascular programme was delivered through reconfigured General surgery posts. Senior vascular trainees (ST5 and above) now need to be on dedicated vascular surgery on call rotas which has not historically existed for this tier and which is now impacting the sustainability of general surgery rotas.
- The staffing for general surgery cover for the MTC has not been formalised but is likely to require additional training posts. This is a valuable opportunity to provide more formal trauma training in Wales.
- Breast surgery will eventually move into a separate speciality which will impact significantly on the make up of the training rotations in Wales and also impact on general surgery on call rotas for Health Boards.

Demand for surgery is increasing due to an ageing population, increased complexity due to co-morbidities and increases in cancer incidence. It is therefore recommended that 4 additional Higher Training posts are required for General Surgery.

3. Trauma & Orthopaedics

The workforce model in Trauma and Orthopaedics was considered during the previous workforce planning round, with a recommendation made for an additional 4 trainees to commence in August 2019. This has been reviewed again this year in the context of the Major Trauma Centre. No change is recommended for 2021.

Urology

Demand for urology is increasing due to increases in prostate and other urological cancers related to an expanding older aged population; approximately 50% of Urology workload is cancer related. The consultant workforce is also ageing with a large proportion of the workforce currently aged 50+ and 55+. There are unfilled consultant posts across Wales and plans to expand posts in a number of Health Boards. There are emerging difficulties in recruitment with some Health Boards reporting recruitment difficulties in their IMTPs. There have also been failures to appoint at consultant level, especially where there is a requirement for sub specialisation.

The five-year Wales Urology training programme is made up of 16 posts with approximately 3 trainees achieving CCT each year.

To support the Cancer agenda and anticipated changes in workforce over the coming years, including shortages at consultant level, it is recommended an additional 4 Higher Training posts are created.

Neurosurgery

Neurosurgery is a small specialty and is a national service provided from Morriston Hospital in Swansea Bay UHB and Cardiff and Vales UHB. Neurosurgery is a predominantly Consultant delivered speciality. There are a small number of retirements anticipated over the next 5 – 10 years and on review there are sufficient trainees to be able to replace these posts.

Neurosurgery is a small training programme with approximately 1 trainee achieving CCT each year. The training programme expanded considerably from 3 posts in 2010 to current numbers. Most trainees undertake 1 and 2 year post CCT fellowships before taking up either substantive or locum positions. Modelling undertaken by the Society of British Neurological Surgeons looking at workforce requirements over the next 12 years suggest both an over and under supply of trainees depending on an assumption of conservative growth and retirement estimates. Bi-annual workforce surveys are planned to begin in 2020 and there are no plans to expand training numbers in England. National Selection recruitment is being held at 25 in 2020. Across the UK there are currently sufficient numbers of trainees undertaking locums and fellowships.

The training programme in Wales has a good reputation and is able to attract trainees; most trainees would prefer to work in Wales on competition of CCT. The programme is currently producing more CCT holders due to additional trainees undertaking Academic training through the WCAT programme.

Having considered the current numbers of trainees within the Wales training programme and retirements over the next 5 – 10 years, it is recommended that a phased reduction of posts is undertaken in line with trainees completing their training. This would lead to reducing the training programme by 2 posts over the next 2/3 years.

Obstetrics & Gynaecology

‘Maternity Care in Wales; A five-year vision for the future (2019 – 2024)’ was published in July 2019. The report includes a recommendation that HEIW will respond to the attrition rate of specialty trainees in obstetrics and gynaecology, by considering alternative entry points to the specialty training programme, additional training numbers and flexibility of training delivery. The Royal College of Obstetrics and Gynaecology O&G Workforce Report 2018 reported that across the UK there was a 30% typical attrition rate from training programmes and from trainees not taking up consultant posts. The report also noted that across the UK approximately 54% of trainees are international medical graduates.

Obstetrics & Gynaecology is a run through programme from ST1 leading to CCT. Entry points are typically at ST1 but more recently ST3 recruitment has commenced for this programme. The programme is made up of 93 posts. Attrition from the programme is usually seen in the early years with trainees transferring to other regions or specialties.

Both the consultant and training workforce is feminising which has the possibility of more of the consultant workforce choosing to work part time. Nationally it is estimated that up to 30% of the workforce will be retiring next 5 years and in Wales this could equate to up to 80 consultants and SAS doctors (in obstetrics and gynaecology there is a high proportion of SAS workforce in this specialty).

It is therefore recommended that an additional 2 ST1 posts are required, in response to *'Maternity Care in Wales, a 5-year vision for the future'* and to address attrition during the early years of the training programme.

Paediatrics

In January 2019, the Royal College of Paediatrics and Child Health (RCPCH) published the 2017 Workforce Census Overview as the first part of their RCPCH State of Child Health Reports with the focus on Wales published in May 2019. This report 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, secondary care as well as increases in paediatric A&E.

The Paediatrics workforce has a fairly even age profile in Wales, however, there are likely to be a significant number of retirements over the next 5 – 10 years. Within the training programme, there is a move towards more part time working and less than full time training (LTFT) rates have increased across the UK. With almost $\frac{3}{4}$ of UK trainees now being women, the proportion of trainees choosing to train LTFT is likely to increase further and it is not known yet whether this will translate into an increase in part time working when these trainees gain their consultant appointments. The increase in the numbers of trainees opting to train less LTFT coupled with maternity leave and requests for out of programme training is leading to an increase in rota gaps across the training programme. Recruitment into Paediatrics is largely at ST1 with small numbers also available at ST4. Fill rates following recruitment vary each year but are usually range between 80% and 100%. Trainees often commence the programme working 100% WTE and reduce to 60-80% later in the programme.

Paediatrics was reviewed during the previous workforce planning round and at that point the specialty was undertaking work to consider training capacity if additional posts were allocated. As part of this process an additional 4 posts were identified for August 2020 funded through Health Board funding to support changes to their service delivery models. It was agreed to further review the specialty again as part of this workforce planning round.

It is recommended that an additional 4 ST1 posts are required to address the recommendations of the RCPCH workforce report, feminisation of the workforce and increasing numbers of trainees opting for LTFT training, resulting in persistent gaps within this training programme.

It is further recommended that to support recruitment and retention within the Paediatrics training programme, 2 Higher Training Clinical Teaching fellowships are also required.

Community Sexual & Reproductive Health (CSRH)

Community Sexual and Reproductive Health is a relatively new training programme and a small specialty. Consultant recruits have traditionally been drawn from a variety of backgrounds, including O&G, Public Health and General Practice. Whilst there is scope to diversify the workforce, with nurses undertaking a wider range of practices including coil fitting, pressures on General Practice have impacted on this service and Consultant vacancies can be difficult to recruit to.

There is a need to undertake further work in forthcoming years to explore this specialty further alongside GUM and this specialty will now be reviewed in 2021.

Internal Medicine

Training in the Physician specialties is made up of 3 years training in Stage 1 (Internal Medicine) followed by 3 or 4 years in Stage 2 (Higher Medical Training). It is therefore important that the balance between the number of posts available in Stage 1 and Stage 2 are closely aligned and allow for a level of attrition. Currently the ratio of those completing Stage 1 training and eligible for higher training is 1:1 (1 trainee completing per post advertised). Across other training programmes this ratio allows for greater flexibility and more importantly attrition when individuals change training pathways. Within this paper recommendations are being made to increase the number of posts available across the Stage 2 Medical specialties. It is therefore critical that as a minimum, the 1:1 ration currently in place is retained.

From previous Workforce modelling it is recognised that there are a number of Medicine specialties in which Wales is currently projected an oversupply of CCT holders and should therefore be considered for disestablishment. These posts have not yet been incorporated into any workforce plan as it is anticipated that these posts will be reallocated to Internal Medicine (IM3) posts from 2021 onwards to meet the demand of the Internal Medicine training programme. The implementation of the Internal Medicine curriculum will cause significant issues for service delivery across medicine particularly in August 2021 when recruitment into Stage 2 programmes will be frozen due to the introduction of the IM3 year. With this instability in mind there are no plans for 2020 to decommission medicine training posts until the requirements going forward have been explored with Health Boards and service implications during this transition period mitigated.

This complex piece of work will continue to be worked through in the forthcoming year and a number of medical specialties will continue to be reviewed, including the consideration of any implications of these changes and any recommendation for changes.

In reviewing the number of posts available for Stage 1, the workforce plans for the Grange Hospital in Aneurin Bevan Health Board were also considered.

It is therefore recommended that an additional 15 posts are required for August 2021 and that further expansion is reviewed for 2022. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in the following medical specialties.

Acute Medicine

Acute Medicine is a small and relatively new specialty. Acute Care Physicians came into the workforce in Wales from approximately 2009. There are a number of consultants working in this field who come from other specialties according to the Royal College of Physicians census 2018. There is potential for between 6 to 10 consultants to potentially retire from the current workforce within next decade.

The Acute Medicine training programme currently has 12 trainees and the fill rate has been 100% for the past 3 years. Trainees typically go on to secure consultant posts in Wales, however, given the number of anticipated retirements it is unlikely that the current number

of trainees in Wales will be able to replace these retirees especially with an increase in trainees opting to dual accredit with other specialties such as ICM.

Due to retirements an additional 4 Higher Training posts are required to support the expansion of the Acute Care Physician consultant workforce.

Respiratory Medicine

There is a long term, well described recruitment issues across the UK within respiratory medicine. The British Thoracic Society report highlights the large number of vacancies across the UK with 50% of hospitals reporting having vacant posts – a situation mirrored in Wales and likely to worsen based on our recent snapshot survey.

In Wales there are currently a number of vacancies for Respiratory Consultants and a number of Health Boards are also planning to increase their number of posts; this combined with an increase in the numbers of consultants choosing to work part time and a number of planned retirements anticipated over the next five years means that there could be up to 25 consultant vacancies over the next five years (STC estimate). Within this specialty there are also a number of dual qualified consultants who split their jobs between respiratory medicine and another specialty such as acute medicine or critical care. It should be noted that a number of the ICM trainees will also be dual accrediting with this specialty.

There are 29 trainees within the respiratory medicine training programme and the programme successfully recruits at ST3 with a 100% fill rate each year. There has been a steady increase in the number of trainees requesting to work LTFT - in 2012 there were 2 LTFT trainees and this has increased to on average 7 or 8 trainees and it is unclear at present whether the trend to train LTFT will translate into part time working at consultant level. There is also a high proportion of trainees taking time out of training for maternity leave.

Demand for respiratory consultants has been increasing across Wales and the rest of the UK over the last decade. This is driven by a number of factors including:

- Increased sub-specialisation within respiratory medicine
- A drive to improve lung cancer mortality with national optimal cancer pathways being the most recent development
- Improved and more complex high-cost treatments, especially biological therapies
- Respiratory medicine is the major contributing speciality for provision of unscheduled medical care across every hospital in Wales. Unscheduled care pressures are likely to continue to increase, and as acknowledged in the NHS Winter plan 2019/2020, approximately 50% of the increased admissions during winter are because of respiratory conditions.

Demand will also increase over the next decade due to the advent of lung cancer screening nationally. The demand is both unmapped and likely to be great as wide-scale rollout of these programmes driven by national policy is implemented.

The Coronavirus pandemic of 2020 has also highlighted the importance of the role and demonstrated the need for an increase in respiratory physicians. It is therefore recommended that an additional 2 Higher Training posts are required to support future workforce requirements.

Gastroenterology

The National Endoscopy Programme for Wales was established in response to increasing demand from the incidence of cancer, increased screening programmes as a result of the Single Cancer Pathway and an increased focus on earlier diagnosis. The National Endoscopy Programme Action Plan 2019 – 23 identifies actions to develop sustainable endoscopy services which includes a focus on upper gastrointestinal endoscopy. Wales has an ageing population which in turn leads to increasing incidence of cancer and along with eight national screening programmes demand for Gastroenterology is increasing. Whilst the contribution of the wider workforce is recognised and plans are being devised to increase skills levels to undertake non-medical endoscopy, not all the work can be undertaken by a non-medically trained endoscopist.

Nationally there is a picture emerging of recruitment difficulties and two organisations in Wales reported recruitment difficulties in their IMTPs. Workforce surveys undertaken by the British Society of Gastroenterology and Royal College of Physicians (2018) note that at a UK level there is emerging evidence of failure to appoint to consultant positions due to lack of suitable applicants. The workforce census carried out by the RCP in 2018 notes that in North Wales current consultant numbers are below the recommended levels per head of population. There are anticipated to be an increasing number of retirements both in Wales and the rest of the UK due to the ageing of the workforce.

It is recommended to support future workforce requirements and the Single Cancer Pathway work that 2 additional Higher Training posts are required.

Renal Medicine

No change to training numbers required for August 2021 however this specialty will be reviewed in 2021 considering the changes to the Internal Medicine training pathway.

Diabetes and Endocrinology

No change to training numbers required for August 2021 however this specialty will be reviewed in 2021 considering the changes to the Internal Medicine training pathway.

Clinical and Medical Oncology

Both specialties are small with 16 trainees in clinical oncology and 6 trainees in medical oncology. Trainees are increasingly opting to train less than full time, undertake fellowships and out of programme training and the majority of trainees take up consultant posts in Wales. Retirements are starting to increase within these specialties and within Wales there has been an increase in the difficulty to recruit to consultant posts, with one organisation reporting recruitment difficulties for Consultant Oncologists in its IMTP.

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020). The incidence of new cases is rising by approximately 1.5% a year and is set to rise by at least 2% a year for the next 15 years. More patients are now surviving their cancer for at least 10 years. Advancing age is the biggest risk factor for cancer with 77% of all cancers occurring in those aged 55+. This is a particular challenge in Wales as 33% of the population is aged 55+ as compared with 30% in the rest of the UK. An additional factor affecting the increase in demand is the additional complexity of treating older patients with cancer which requires additional support.

The new Single Cancer Pathway, implemented in Wales with aim to streamline the diagnostic pathway and ensure patients receive first treatment within 62 days of first suspicion of cancer, includes starting treatment within 21 days of diagnosis. Advances are also taking place in cancer treatments and management. The NHS Cancer Workforce Plan: Phase 1: delivering the cancer strategy to 2021, highlighted that HEE had already identified the need to invest in 746 consultants working in cancer but had concluded that they needed an additional 10% increase in the number of oncologists with an increase in the number of trainees over 3-15 years to support growth and transformation. The CRUK report - Full Team Ahead: Understanding the UK non-surgical cancer treatments workforce (December 2017) investigated the current and future needs, capacity and skills of the non-surgical oncology workforce across the UK. It notes regional variation in the workforce across UK with clinical oncologists making up 8.9% of the workforce in Wales (UK average 8.6%) and medical oncology 2.8% (UK average 5.1%) and that Wales has the lowest number of medical oncologists per million population compared to the rest of the UK. This document highlighted the need for investment in training numbers as the workforce modelling used, predicted a shortfall of 23% within medical oncology and 19% within clinical oncology consultant numbers by 2022.

The Royal College of Radiologists produced a Wales workforce summary in 2018 for clinical oncology. It identified a current workforce shortfall of 26% which is significantly higher than the UK average and likely to grow substantially over the coming years. The summary commented that there is significant regional variation in Wales with the number of clinical oncologists per million in Wales overall being on par with the rest of the UK.

Clinical Oncology – it is recommended that 4 additional Higher Training Posts are required per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments

Medical Oncology – it is recommended that 3 additional Higher Training posts are required per year for 5 years to support the increased incidence of cancer and the Cancer agenda.

Medical Microbiology and Combined Infection Training

Medical Microbiology and Combined Infection Training was reviewed during last year's workforce planning round with a recommendation that the training programme was expanded to enable workforce changes outlined by Public Health Wales (PHW) in a paper presented to Welsh Government.

Demand for Medical Microbiology continues to increase with a noted increase in antimicrobial resistance (AMR), Healthcare Associated Infections (HCAI), increased complexity of infections, emerging infection threats and the move towards delivering healthcare in the community. This has also been highlighted by the Coronavirus pandemic that commenced during early 2020.

The Welsh Government has signed up to the UK AMR Action Plan with health security becoming a greater public health priority whilst recognising that Health Protection/Infection Services are fragile.

There is a recognised national shortage of trained medical staff and these shortages are also present for nursing and scientific staff. There are currently a high number of vacant Consultant posts within the Wales Medical Microbiology establishment, with only approximately 71% of posts filled – if the RCPATH guidelines are considered, this percentage

rate would be lower. Retirements will be increasing over the next 5 years and as noted last year the current number of trainees gaining CCT over that time are not likely to be sufficient to replace the retirements and the current vacancies. PHW continued to report recruitment difficulties in their current IMTP.

Last year Welsh Government agreed with Public Health Wales (PHW) to invest in the Clinical Infection workforce and PHW committed to employing additional consultants in infection.

It is therefore recommended to continue the recommendation from last year's plan; 3 additional training posts are required for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.

Radiology

Radiology has seen a significant expansion in recent years, resulting from recommendations in previous workforce plans amounting to an expansion of approximately 30 posts. This has resulted in an overall increase in trainees from 42 in July 2016 to 72 in August 2019 and further for August 2020.

The increase in demand for imaging is noted and the Business Case for the National Imaging Academy identified a need of 20 training posts.

It is recommended to maintain an intake of 20 trainees per annum, as agreed last year, to maximise the capacity of the Imaging Academy and that this is reviewed again for the 2022 intake.

PRIORITY WORKFORCE AREAS

Critical Care

In July 2018 the Minister for Health and Social Services announced an additional £15million for Critical Care in Wales. A task and finish group was established and the Report of the Task and Finish Group on Critical Care was published on 2 July 2019. The report considered a number of areas including, critical care capacity, Outreach teams, PACU and long-term ventilation. The report also made a number of recommendations to Welsh Government including specific recommendations for the workforce:

- Better utilisation of the existing critical care workforce
- Development/expansion of the critical care workforce to meet professional standards
- To consider ways to manage critical care staffing across regions rather than just within UHBs
- Increase in the number of training post graduate training places for medical staffing, and consider training routes for nursing including ACCPs
- Funding should be provided on an indicative basis to allow health boards to develop robust implementation plans which take account of remodelling existing resources, interdependencies/impact of the development and confirmation they are definitely able to recruit any necessary staff

HEIW has reviewed Health Board Implementation Plans and IMTP/Annual Plans in regard to workforce planning for the critical care workforce and to inform any recommendations within the Education and Training Plan. It is recognised that the coronavirus pandemic, which commenced in March 2020, will have 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.

Considerations for the Education and Training Plan 2021/22

Nursing: The plans indicate that there is a requirement for small numbers of additional nursing workforce for the development of outreach teams and PACU. Nursing within critical care comes from the Adult Branch with any additional skills training delivered in house. In recent years the education commissions for adult nursing have increased and there is good availability for pre-registration placements for third year nursing students in critical care. Over the last few years Health boards have made limited use of HEIW advanced practice funding to develop staff with critical care skills. HEIW has reviewed the uptake of critical care education over the last 3 years and although the uptake has seen an increase in 2019 only 24 staff undertook education relevant to that area of health care. HEIW is in the early stages of developing a working group to look at current critical care education provision within Welsh universities to develop a standard set of learning outcomes for the use across Wales. This year it is reassuring to note that a number of the Implementation Plans and education commissioning requests indicate that organisations are planning to increase their Advanced Critical Care Practitioners posts; whilst some organisations have indicated that they will be developing these staff in house, a number have requested access to funding for the MSc Critical Care. Advance practice monies are allocated to organisations by HEIW and the requests for MSC Critical Care (10 for nursing and 1 for pharmacy) will be considered as

part of this year's plan. Critical care is set as a national priority area for health boards when allocating their advanced practice education funding. There will also be the potential to explore the contribution of the Physician Associate, mental health nurses and ODP's alongside the development of ACCPs.

Medical: The increase in demand in critical care has been recognised and the ICM training programme has been reviewed over a number of previous Education and Training Plans, leading to recommendations to increase trainees over the past four planning rounds. There are currently 27 trainees on the programme with varying output due to dual accreditation. The training programme has increased as detailed below with a recommendation to increase a further 4 trainees as part of the 2021/22 Education and Training Plan:

- An additional 4 trainees in 2017/18
- An additional 2 trainees in 2018/19 and to review in 2020
- 13 CT2 to address changes as a result of the changes to the Internal Medicine curriculum
- An additional 4 higher posts in 2020/2021 following increases across the UK in response to the COVID pandemic.
- There have also been increases to the ACCS feeder programme

AHP: The Implementation Plans indicate that organisations are planning to expand the number of roles for AHPs in critical care to support rehabilitation and discharge. Mainly this appears to be for Physiotherapist and OTs although critical care units also employ small numbers of Speech and Language Therapists and Dieticians. Over the past five years there have been increases to the numbers of Allied Health Professions pre-registration training places. These will be increased in this year's Education and Training Plan and the (small) demand from increased appointments within critical care have been taken into consideration as part of these recommendations.

Clinical Psychologists: It is recognised that there is an increase in demand for psychologists across the service and a need to change the model for the development of this workforce. Commissioning of education to support the development of the psychology workforce has been placed into phase 2 to allow for the recommendations of work surrounding the future shape of this workforce is available.

Whilst these changes will not affect the current recruitment plans for critical care, moving forward work is underway to explore different training routes to develop and broaden the clinical psychology workforce including the masters level education for Clinical Associate Psychologists (CAP) role.

Learning Disabilities

The Learning Disability Improving Lives Programme made recommendations aimed at improving health outcomes and reducing inequalities in health. To support this work, we will take action in the coming year to grow the number of applicants to pre-registration learning disability nursing courses. We will undertake a marketing campaign highlighting the role of the Learning Disability Nurse and routes of entry to pre-registration degrees and explore with the universities the possibility of dual qualifications LD/MH to potentially increase the attractiveness of this field.

Primary Care Model for Wales

The challenges facing unscheduled and primary care are well known and HEIW has worked over recent months with Welsh Government and the NHS across a number of areas. Examples includes:

- the potential development of a Primary Care Hub Support and Governance Framework to support NHS Wales' efforts to sustain and transform the expanding workforce in primary care. HEIW has had preliminary discussions with Chief Executives and Health Board Primary Care leads and these discussions will be taken forward during 2020, initially at an exploratory stakeholder workshop organised by HEIW.
- training an expanding primary care workforce requires space for consulting and teaching. Officials from Welsh Government have welcomed HEIW's suggestion to discuss potential near term initiatives to appropriately increase available Learner Accommodation Funding in the Primary Care estate.
- building upon the significant increases in recruitment to GP Specialty Training achieved during 2019.
- following the successful introduction of the 1+ model of GP training in 5 District Schemes during 2019, the model will be embedded in all 11 schemes in Wales in 2020. HEE has now signalled its intent to introduce this model throughout England by 2022.
- to help accommodate the expanding health professional trainees in the general practice learning environment, the production of new training practices and new GP trainers is being significantly increased from 2020 onwards.
- development of an integrated pre-registration pharmacy programmes to increase the contribution of pharmacists and pharmacy technicians
- changing the optometry workforce
- increase the number of advanced practitioners and staff with extended skills
- increase the number and utilisation of physician associates to support unscheduled and primary care
- increase the use of the wider workforce e.g. nursing, allied health professionals, paramedic and pharmacy in unscheduled care and primary care
- continue investment in education and training for non-registered (both clinical and non-clinical) staff
- develop workforce tools to support workforce modernisations e.g. online verification of death training resource for non-medical staff
- roll out of the behavioural science approach resulting in a less risk averse culture and practice
- increase in non-medical prescribing to upskill the workforce

Optometry/Eye Care

Postgraduate qualification commissioning

Eye care is delivered across all sectors by a wide range of healthcare professionals in primary and secondary care in both a scheduled and unscheduled service. Given the aging population and the development of new treatments, demands on all eye care services are set to increase. Eye care pathways that utilise multidisciplinary teams in primary (including optometry practices in community) and secondary care are currently in use or under development in all health boards. The care pathways provide greater access to eye health care closer to patient's homes.

Most health boards IMTPs include the intention to expand the options for primary care based ophthalmology solutions and/or multidisciplinary teams provision of glaucoma services, for example in value based clinical pathways. Additionally, the use and expansion of Ophthalmic Diagnostic Treatment Centres (ODTCs) is recommended. To enact these recommendations, transformation at primary care optometry practices with appropriately qualified staff is required. With ODTC models in all health boards transformation has begun. Training optometrists to operate referral refinement in AMD and the management of patients with glaucoma can achieve service transformation in a sustainable manner in all cluster regions.

Independent Prescribing registration for optometrists in audits has shown to enable them to manage 85% of patients in primary care optometry practices. This releases capacity for GPs and secondary care eye casualty.

HEIW will ensure there is at least one optometrist in every cluster in Wales with higher qualifications and Independent Prescribing registration in over the next 3 years up to (2023) to support a reduction in demand for ophthalmology.

Current numbers of optometrists with higher qualifications

Health Board	IP	Medical Retina	Higher Cert in Glaucoma
Aneurin Bevan	6	5	0
Besti Cadwaladr	1	7	1
Cardiff and Vale	1	7	1
Cwm Taf Morg	2	6	1
Powys	1	1	0
Swansea Bay	1	4	0
Hywel Dda	3	12	1

Projected numbers of optometrists with higher qualifications by 2023

Health Board	IP	Medical Retina	Higher Cert in Glaucoma
Aneurin Bevan	12	12	12
Besti Cadwaladr	14	14	4
Cardiff and Vale	12	10	9
Cwm Taf Morg	8	8	8
Powys	4	4	3
Swansea Bay	10	10	8
Hywel Dda	7	9	8

The publication of the NHS Wales Clinical Workforce Guidance for Eye Health Care Services' plan from Welsh Government made several recommendations to support multidisciplinary teams in eye care. HEIW already 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 useful tool to help secondary care service provision by making best use of the nursing and AHP workforce to support ophthalmology.

Endoscopy

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 a standardised approach to endoscopy demand and capacity across wales, development and commissioning of the endoscopy training programme, identify capacity gaps within endoscopy, to include all bands of staff and to develop sustainable and transformational roles to accommodate the demand.

Mental Health

HEIW will undertake a review of the current workforce model and work 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.

Psychology Provision

The strategic review of health professional education has a second phase that 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.

There is evidence that new and emerging roles within psychology services need to be considered to support the work of the clinical psychologists. One example is the **Clinical Associate Psychologists (CAPs)** which is a new grade of professional psychologist which is emerging in the NHS in England. The 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. There are a copious supply of these graduates exiting from Cardiff university annually. CAP's are an advanced practice role which deliver psychological assessments and interventions, under the supervision of a registered practitioner psychologist.

The introduction of clinical associates in psychology, along with other emerging roles, will help to increase access to psychological therapies. The British Psychological Society (BPS) are working with education providers to ensure quality standards in education and training for associate psychologists, just as they already accredit psychology courses throughout the UK. HEIW has had initial engagement with the chair of the National Psychological Therapies Management Committee (NPTMC), which currently reports to the Together for Mental Health National Partnership Board. Further engagement is required to determine if this role is something required within Wales. Early indications are that it would be, and this is an exciting opportunity to expand the psychological workforce.

HEIW recommends that following completion of the second phase of the strategic review these are commissioned from 2022 and recommends that Clinical Psychology Doctoral programmes commissioned should be increased to 31.

Other national priorities

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.



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Meeting Date	2 July 2020	Agenda Item	3.2
Report Title	Quality Assurance Review of Post Graduate Medical Education (PGME) during COVID 19 Pandemic		
	Quality Assurance Review of Post Graduate Medical Education (PGME) during COVID 19 Pandemic		
Report Author	Mandy Martin, Dr Malcolm Gajraj		
Report Sponsor	Dr Tom Lawson		
Presented by	Pushpinder Mangat		
Freedom of Information	Open		
Purpose of the Report	To provide the Education, Commissioning & Quality Committee with an overview of HEIW's approach to quality management during the COVID-19 pandemic.		
Key Issues	The need to develop alternative approaches to quality management during the COVID-19 pandemic to ensure patient safety and high quality training is maintained thereby ensuring HEIW fulfils its accountabilities to the GMC.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> Note 		

QUALITY ASSURANCE REVIEW OF POST GRADUATE MEDICAL EDUCATION (PGME) DURING COVID 19 PANDEMIC

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 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 PGMDE.
- b) Application of a Quality Management Framework 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 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 HEIW's approach to quality management during the COVID-19 pandemic.

2. BACKGROUND

The COVID-19 pandemic has created challenges for education and service delivery. However, despite these pressures, HEIW has a responsibility to our trainees, trainers and ultimately patients for ensuring that GMC Standards are upheld during this time. The report provides an overview of the key challenges being undertaken to ensure that quality management continues as well as how the identified challenges will be addressed.

3. GOVERNANCE AND RISK ISSUES

3.2 Quality Management Framework

3.2.1 Regulatory Accountability

Prior to the COVID-19 pandemic HEIW had received the final summary report arising from the GMC's Quality Assurance pilot. This report was overwhelmingly positive about HEIW's approach to quality management. The GMC have confirmed that the rollout of the revised approach to quality assurance following the pilot will continue and as such HEIW will submit the self-assessment questionnaire to the GMC in November 2020. The Quality Unit has always maintained a constructive and transparent

relationship with the regulator. Given that elements of our approach to quality management will look different to our standard processes, HEIW will continue to proactively engage with the GMC around our approach during these unprecedented times. This action will help to reassure the GMC that standards in Wales continue to be upheld as well as ensuring that we maintain our effective working relationship with the regulator.

Ongoing Actions:

- Reporting to the GMC on the status of relevant issues under monitoring prior to the pandemic to demonstrate how standards have been upheld to that point.
- Proactive engagement with the GMC around our approach to training quality during the pandemic in order to provide assurance and seek regulatory guidance around our approach.
- Submission of the GMC Self-Assessment questionnaire in November 2020. This will include information on HEIW's approach to the COVID-19 pandemic in order to demonstrate our approach to the maintenance of training standards.

3.2.2 Governance

HEIW's quality management framework is a key component of the over-arching governance arrangements around medical education and training. Arrangements are in place to ensure this work continues during the pandemic through the following mechanisms:

- **Commissioning**

The commissioning aspect of the quality management framework enables HEIW to obtain assurance around the governance arrangements within LEP's and to obtain assurance around high risk concerns. The process comprises a LEP self-assessment which is linked to GMC Standards and an Executive meeting. All LEP self-assessments were received prior to the pandemic and consequently HEIW has clarity around compliance with GMC standards particularly in relation to governance arrangements and raising concerns. Commissioning meetings to the LEP's listed below were undertaken in advance of the pandemic and the Quality Unit has therefore been able to explore elements of the self-reporting template and seek assurance around high level issues. The reports arising from these meetings are currently being finalised:

- Aneurin Bevan University Health Board
- Cardiff & Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Velindre NHS Trust

Whilst the meetings for the remaining LEP's, (i.e. Betsi Cadwaladr UHB and Powys Teaching Health Board have been postponed, through the self-reporting templates HEIW has an understanding of the approach to governance within those LEP who have not yet been visited.

- **Field Hospitals**

The GMC require that all sites which are being utilised for training for more than two sessions per week are approved and this applies equally to field hospitals. Whilst it is recognised that field hospitals are a response to emergency situations, maintaining appropriate governance, training standards and patients within these settings is still paramount. The Quality Unit is conscious of the pressures on our stakeholders at this time and has therefore developed, a concise approval application proforma to enable us to obtain assurance around the following:

- How field hospitals have been integrated into existing LEP governance structures.
- Assurance around key patient safety related areas such as clinical supervision, working within competence, induction approaches to raising and managing concerns.
- Capacity to provide education at field hospitals and the arrangements for educational leadership.

3.2.3 Concerns Management

A risk-based approach to quality management is reliant upon good quality evidence. However, access to traditional evidence sources are limited at the current time given the postponement of the GMC National Training Surveys, and the fact that trainees will not be asked to complete end of placement feedback forms during this time. In addition, the 19 Targeted Visits that were due to take place before the end of July 2020 have been postponed. This combined with the uncertainties around Faculty infrastructure represents a risk to HEIW.

The Quality Unit are currently taking steps to interrogate existing evidence sources such as end of placement feedback received prior to the pandemic and responses to risk reports. This evidence will ensure that the Quality Unit has a comprehensive view of the status of all issues prior to the pandemic and this can be utilised to provide assurance to the GMC around our activity prior to activity being paused. In addition, reassurance around issues in Enhanced Monitoring was obtained through engagement meetings with individual AMD's for Education and the Commissioning Meeting that took place in advance of the pandemic and progress with those issues was noted to be on track. However, with trainees and other members of the workforce being redeployed to cover field hospitals, it is foreseeable that the status of these risks and other areas where training grade doctors are placed may change during the pandemic. HEIW's ability to manage these risks and identify new ones is compromised by the absence of traditional sources of evidence and uncertainties around the extent to which Faculty Leads can commit to their educational role. The GMC has confirmed that real time data will not necessarily be required but there will need to be post hoc evidence of how existing issues are managed and how new issues are identified and dealt with. The Director of Quality Management has contacted all AMDs to emphasise the importance of maintaining training

quality and to work with the Faculty Teams to develop a local solution maintaining quality in the current situation. Further to this all AMDs have been asked to advise the Quality Unit of measures put in place, including how they will link with faculty teams, and these will be shared across all health boards to facilitate sharing ideas and good practice.

Whilst much of the quality management activity being undertaken relates to how to maintain quality during the pandemic, consideration is also being given to how key quality processes such as Targeted Visit activity will resume once it is safe and reasonable to do so. There is the potential that training environments will have been impacted differently by the pandemic and as such there will be a need to reprioritise steps will be taken in conjunction with AMDs on how to reprioritise visit activity post pandemic. In addition, given that there are currently 19 which have postponed and a further 4 which were scheduled for the Autumn, consideration will be given to how screening activity can be undertaken to obtain more current evidence in order to contribute to prioritisation of existing visits and any new visits that may be required due to the escalation of new concerns during the pandemic.

Ongoing Actions Relating to Concerns Management:

- Interrogation of evidence pertaining to the quality of training immediately prior to the pandemic.
- Reporting to the GMC on the status of all risks prior to the pandemic.
- Liaison with AMDs to discuss local solutions around how local quality control will be maintained as well as planning, support and quality improvement. As part of this there will be a need to clarify arrangements to ensure an ongoing dialogue with HEIW around risk.
- Development of a new quality management approach which blends with those developed by AMDs.
- Development of a strategy around how Targeted Visits and Commissioning activity will be resumed following the pandemic.

3.2.4 Education & Training Infrastructure

HEIW supports a network of educational leads within training programme and faculty structures. One of the functions of these networks is to contribute to key quality management processes and to facilitate local and training programme level quality control. Given the current pressures on the service many individuals within some of these roles have paused their educational role leaving these structures depleted. Therefore, in order to maintain quality the following mechanisms are in place to enable HEIW to discharge its quality management responsibilities.

Primary Care

The School of General Practice benefits from robust programme management structures and close links with the Quality Unit in terms of quality management. During the current pandemic the following steps have been taken to ensure that trainees and trainers can continue to receive appropriate support during the pandemic. In addition, these steps enable the Quality Unit to obtain evidence around emerging training concerns and provide remote guidance on approach to

resolution during these unprecedented times thereby enabling us to reassure the regulator around primary care.

- GP Trainers are still undertaking their roles and where challenges are identified arrangements are being made for neighbouring practices to provide support.
- At the time of reporting, the impact of the pandemic on the ability of GP training leads to fulfil their roles is limited. The School of General Practice have made arrangements to enable GP Programme Directors to input electronically to maintain social distancing whilst undertaking their roles in supporting trainees.
- The GP section has weekly meetings with the GP Associate Deans in order to enable any issues that have been raised to be taken forward

Secondary Care

At the time of reporting there is a lack of certainty around the extent to which Faculty Leads are able to undertake their training roles. This poses a risk both for local quality control and quality management. In order to mitigate against these risks the following steps are being taken within the Medical Deanery:

- The Directors of Educational Governance/Improvement and Quality Management has requested that all AMDs work locally to consider how quality control will be delivered and the Quality Unit will follow up on this.
- Virtual meetings with AMDs have been scheduled to take place every 3 weeks during the pandemic. These will focus in part upon the educational infrastructure to deliver quality.
- The Director of Educational Governance/Improvement has convened a Faculty Lead meeting and is working closely with Heads of schools, Postgraduate Centres and trainees to explore the current challenges and how HEIW can provide support in overcoming these.
- A range of guidance materials have been developed across the Medical Deanery have been provided covering a number of key areas e.g. Guidance around the redeployment of trainees has been issued which includes specific requirements around ensuring patient safety e.g. the importance of appropriate induction, clinical supervision etc.

4. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

5. RECOMMENDATION

The Quality Unit recommend that the actions identified within the body of the report to mitigate against risk at this time are pursued.

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 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	None		



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Meeting Date	2 July 2020	Agenda Item	4.1
Report Title	Education, Commissioning & Quality Committee Self-Assessment		
Report Author	Dafydd Bebb, Board Secretary		
Report Sponsor	Dafydd Bebb, Board Secretary		
Presented by	Kay Barrow, Corporate Governance Manager		
Freedom of Information	Open		
Purpose of the Report	To provide the Committee with a draft Education, Commissioning & Quality Committee Effectiveness Checklist.		
Key Issues	<p>In line with good practice, the Education, Commissioning & Quality Committee should assess its effectiveness annually.</p> <p>A draft Education, Commissioning & Quality Committee checklist is attached at Appendix 1 for consideration by the Committee.</p>		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	Members are asked to discuss the draft Committee Effectiveness Checklist and to provide comment.		

EDUCATION, COMMISSIONING & QUALITY COMMITTEE SELF ASSESSMENT

1. INTRODUCTION

In line with good practice the Education, Commissioning & Quality Committee (Committee) should assess its effectiveness annually. The draft Education, Commissioning & Quality 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 developed further.

It is proposed that the Committee use the Checklist annually to measure its effectiveness. The assessment will take place in time for the October meeting of the Committee.

3. 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 the Board.

4. FINANCIAL IMPLICATIONS

There are no financial implications.

5. RECOMMENDATION

Members are asked to discuss the draft Education, Commissioning & Quality Committee Effectiveness Checklist (Appendix 1) and to provide comment.

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			
n/a			
Financial Implications			
There are no financial implications.			
Legal Implications (including equality and diversity assessment)			
There are no legal implications.			
Staffing Implications			
There are no staffing implications.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
n/a			
Report History			
Appendices	<ul style="list-style-type: none"> Draft Education, Commissioning & Quality Committee Effectiveness Checklist attached at Appendix 1. 		



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EDUCATION, COMMISSIONING AND QUALITY COMMITTEE (ECQC) COMMITTEE EFFECTIVENESS REVIEW

To be completed by the Membership (Member and In Attendance) as specified in the Committee's Terms of Reference.

My role is (please delete as appropriate):

- Member of ECQC
- In Attendance Member of ECQC

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.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
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.				
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.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
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 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.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
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 the 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.				
21	The Committee is effective in providing assurance to the Board regarding achievement against the HEIW's plans and objectives determined by the Board.				
22	The Committee is assured of the procedures and indicators in place to identify concerns in relation to individuals, services and the organisation.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
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, 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.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
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 the HEIW's planning and commissioning activities e.g. training needs assessment, prioritisation, design, delivery and performance management.				
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.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
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).				
44	The minutes of the meetings are accurate and reflect the discussion, next steps and/or action articulated by Members.				

General Comments

The Committee's key successes in the past year were:

The Committee's major shortcomings in the past year were:

What could be improved at the Committee's meetings, and how:

What training would help you perform your Committee role more effectively:

What areas should the Committee focus on in future:



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Improvement Wales (HEIW)

Meeting Date	2 July 2020	Agenda Item	4.2
Report Title	Education, Commissioning and Quality Committee Annual Report 2019/2020		
Report Author	Kay Barrow, 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 2019/2020.		
Key Issues	This report summarises the key areas of business activity undertaken by the Committee during 2019/2020 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 months.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			Approval ✓
Recommendations	Members of the Committee are asked to: - Approve the Annual Report 2019/2020 for submission to the Board for assurance.		

Education, Commissioning and Quality Committee Annual Report 2019/2020

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. ASSESSMENT

This report summarises the key areas of business activity undertaken by the Committee during 2019/2020 and highlights some of the key issues which the Committee intends to give further consideration to over the next 12 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

Members of the Committee are asked to:

- **Approve** the Annual Report 2019/2020 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 experience of patients receiving care.			
Financial Implications			
No financial implications for the Board to be aware of.			
Legal Implications (including equality and diversity assessment)			
It is essential that the Board complies with its standing orders, which includes receiving updates from its committees.			
Staffing Implications			
No staffing implications for the Board to be aware of.			
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 2019/2020.		

Education, Commissioning and Quality Committee Annual Report 2019/2020

Committee Chair's Reflection

The Committee, having completed its first full year, is now firmly established. 'Future Ways of Working' helpfully clarified its role and relationships within HEIW's governance structure; the appointment of a deputy member was welcome; and on-going interaction with the Audit & Assurance Committee has been important. The Committee reports regularly to HEIW's board.

As HEIW's education commissioning involves close working with stakeholders, establishing new internal and external advisory sub groups has been an early priority: hopefully these can convene when COVID 19 measures allow and will provide welcome sources of advice. Aware of future service and leadership needs, we have been keen to ensure participation of students and trainees, especially during this key period of the healthcare commissioning cycle, and will continue to promote this.

During the year, we have been particularly mindful of our role underpinning quality assurance of health education provision. The Committee has learnt about existing processes, considered improvements in hand, and overseen monitoring and outcomes on behalf of HEIW's board. Looking ahead, quality assurance will be crucial to the new health education contracts: our contribution, in aiming to optimise quality and secure best value, will need to reflect this.

As a Committee, we have been alert to need for greater equity of access to healthcare education opportunities, for example in rural parts of Wales, in disadvantaged communities and through access to Welsh-medium training courses. There is scope to broaden this aspect in support of HEIW's response to the Wellbeing of Future Generations Act, and to contribute to wider health benefits especially in the wake of the COVID 19 pandemic.

In the Committee's interactions, a collaborative feel has been a positive feature and we have welcomed a number of observer-participants to our meetings; I hope this will continue. Thank you to all who have been involved, particularly to Stephen Griffiths, recently retired Director of Nursing, to whom much credit for our productive first year is due.

1 Introduction and Background

The purpose of the Education, Commissioning and Quality Committee is to **advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2019/20 was as follows:

Chair: Dr Ruth Hall, Independent Member
Members: Tina Donnelly, Independent Member

Deputy Member: Gill Lewis, Independent Member (effective from September 2019)

Other officers of HEIW attend to support key matters.

The Committee met on 4 occasions between April 2019 and March 2020.

2. Planning and Review

In line with good practice, the Education, Commissioning and Quality Committee reviewed the Terms of Reference of the Committee at its inaugural meeting in May 2019. The Committee identified that there was a need to improve the Committee's resilience in respect of ensuring a quorum at meetings. A review of HEIW's standing orders was undertaken entitled 'Future Ways of Working' which focussed on the roles of the Board and its committees to ensure that decision-making was taken at the appropriate level and to avoid any gaps in the governance structure. The paper on Future Ways of Working was approved at the Board in September 2019 and the Standing Orders were updated to reflect the findings of the paper in November 2019.

The Committee considered and approved the Terms of Reference for two sub groups that will report into the Committee:

- The Internal Multi-Professional Education Group (IMPEG) will ensure the co-ordination and oversight of all education activity across HEIW. This will have representation from all directorates.
- The External Education Group (EEG) will advise on education and training priorities. This group will be tasked with identifying future education training requirements and considering future proposals and new education opportunities.

The inaugural meeting for both sub groups has been delayed as a result of the COVID 19 Pandemic. It is anticipated these meetings will now take place in Q2 of this financial year.

3. Key Achievements

In July 2019, the Committee reviewed in detail the draft **NHS Wales Education, Commissioning and Training Plan 2020/21** and provided comments for the next iteration of the Plan. The draft Plan was also considered at the All Wales Chief Executive's meeting and National Executive Board on 16 July 2019. The final Plan was approved by the HEIW Board on 18 July 2019 and submitted to Welsh Government for approval.

In January 2020, the Committee was updated in relation to the Welsh Government approval of the NHS Wales Education Commissioning and Training Plan for 2020/21, and additional funding of £16.4m to support the increase in training places.

3. Key Areas of Focus for 2019-2020

In January 2020, the Committee received the **KPMG Strategic Review of Health Professional Education**. The scope of the review considered the current education provision, access to education, inter-professional learning and Welsh language provision. A core element of the review was to engage with 130 stakeholders, across education, health and care, government and professional bodies between May and August 2019. The outcome of the review highlighted 22 recommendations for consideration. Many of the areas identified by KPMG in their recommendations already formed an integral part of the commissioning and performance management currently in place within HEIW.

The Committee welcomed the report and acknowledged that the key themes identified within the review added value to the development of the new education contract covering Health Professional Education in Wales. However, the Committee expressed concern about the strategic cost of implementing the recommendations and how this would be managed. A Communications Strategy to support the review findings is to be developed and it is anticipated that going forward the internal and external sub groups will assist with influencing and raising the profile of HEIW as part of the process.

HEIW also recognises the value of the student/trainee voice and how their stories bring experiences to life. As part of the work already being undertaken to develop the Health Professional Education contract specification, there have been a number of Programme Engagement events including student engagement. This will ensure that the student/trainee voice is considered as part of the process.

4. Scrutiny and Monitoring

Review of the Medical Deanery Visits: The Committee supported the changes to the review process, welcoming the more inclusive approach to the structure of the meeting and the emphasis on multi-professional working.

Regular performance reports arising from visits to local education providers across Wales are considered the Committee. The report updates the Committee of current and pending areas of concern through regular monitoring; triangulation of complaints; trainee and trainee feedback; and National Surveys. At its meeting in January 2020, the Committee recommended that the Audit and Assurance Committee be updated in relation to those Health Board areas in enhanced monitoring arrangements as highlighted in the **Quality Assurance Review of Post Graduate Medical Education (PGME)** reports.

The Committee supported the new arrangements and agenda for the **Annual Commissioning Visits to Local Education Providers (LEPs)** which were previously undertaken by the Medical Deanery. The Committee is to receive a summary report following the visits at its meeting in October 2020.

The Committee received the **GMC National Trainee Survey** recognising the challenges and actions being taken to address them. The GMC would be providing a response to the survey following discussion of the emerging key themes with the Deanery, which the Committee will be receiving at their meeting in April 2020.

The Committee received the **Performance Report of Education Contracts Annual Report 2018-2019** that provided key performance indicators as part of the Health Professional Contract Management System. The All Wales report captured the position across Wales and also identified where there was variation in performance between universities. Where performance was below the expected level, actions have been identified within each university's performance report.

The Committee recommended exploring the potential to hold a celebratory event with education and training providers either on an annual or 6-monthly basis. Once developed, the proposals will be considered by the Committee.

The Committee received progress report in relation to three **Business Cases** that had been approved by the Executive Team for the following initiatives:

- Developing Cluster Based Optometry Services – **Commissioning of Postgraduate Modules in Medical Retina, Glaucoma and Independent Prescribing;**
- **Proposal to Increase the number of GP Training Places Utilising a New Model of GP Training in Wales;**
- Implementation at Pace of a **New Model of Pre-Registration Pharmacist Training in Wales**

Following the Committee's support of the business case for the **Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role**, the Committee recommended that the business case be scrutinised by the Audit and Assurance Committee. The Audit and Assurance Committee considered the business case at its meeting held on 27 January 2020.

5. Key Risks/Issues

The Committee requested to be sighted on the future workforce plans emerging throughout NHS Wales. It confirmed it would be considering a specific agenda item on the Emerging Approaches from Workforce Planning and impact on training programmes scheduled in the Committee Forward Work Programme for July 2020.

NHS Wales Bursary for 2020/21 – Future Funding of Health Professional Education: The Committee was updated in relation to the Welsh Government announcement regarding the continuation of the Welsh NHS Bursary Scheme until 2022/23. This would provide assurance for providers around the development of the Health Professional Education Contracts. . A mapping exercise of the bursary schemes across the UK is being undertaken for presentation to the Executive Team.

In November 2019, the Board received the Business Case that had been submitted simultaneously to all Health Boards across Wales regarding the creation of the **Major Trauma Centre (MTC) in Cardiff and the Major Trauma Network (MTN) across South Wales, West Wales and South Powys**. The development of the Major Trauma Network has implications for the size, shape and skills of the workforce across all aspects of the service – from the Major Trauma Centre itself to the rehabilitation services within the region.

The Board raised a number of queries in relation to the training needs analysis and whether there would be a skills gap across a range of professional groups. There was a lack of clarity on future workforce requirements of the MTC and MTN. This will remain an ongoing risk to HEIW during the phased implementation of the plan. It was also recognised that there would be a need to invest in additional training for medical and health professional staff that will need to be included in the education commissioning process.

The Board requested that the Education, Commissioning and Quality Committee review the training needs analysis with the MTN Programme Clinical and Training Leads. This matter has been added to the Committee's Forward Work Programme.

The Committee received the **Health Professional Student Allocations for 2020/21**. It recognised the key risks in relation to the particularly in relation to the achievement of the commissioning targets around diagnostic radiology, adult nursing and LD nursing, and also the consequential reputational risks. This matter was highlighted to the Board at its meeting in January 2020.

6. Key Areas of Focus for the Coming Year

During 2020-2021, the Committee will focus on the following areas:

- Emerging Approaches from Workforce Planning and impact on training programmes;
- Impact/opportunities of digitalisation on health education;
- South Wales Major Trauma Network – Review of Training Needs Analysis
- Value based commissioning;
- Value of education and training programmes and contracts, including the identification and management of related risk;
- Widening Access to Education – Apprenticeships and alternative education routes
- Lessons learnt from COVID-19.

Sponsored by: Dr Ruth Hall
Chair of Education, Commissioning and Quality Committee

Date: May 2020



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

Meeting Date	2 July 2020		Agenda Item	5.1
Report Title	Update on Work Based Learning and Apprenticeship Frameworks in Wales			
Report Author	Liz Hargest			
Report Sponsor	Angela Parry			
Presented by	Martin Riley			
Freedom of Information	Open			
Purpose of the Report	To update the Board on the latest developments with regards to Work Based Learning and Apprenticeship Frameworks in Wales			
Key Issues	Strategic Welsh Government position New NHS Wales Frameworks Current reviews and new Framework development Degree Apprenticeships HEIW's collaboration with the Apprenticeship Team in Welsh Government Quality Assurance of Work Based Learning			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendations	The Board is asked to note the work of the Nursing team in the development of work based learning qualifications and Apprenticeship Frameworks and the potential additional resources required to facilitate their implementation.			

UPDATE ON WORK BASED LEARNING

1. INTRODUCTION

Welsh Government are on track to meet their target of 100,000 new Apprenticeship starts during the term of their government. For NHS Wales and other large employers there has been a drive to increase the number of Apprentices due to the introduction of the Apprenticeship Levy. This paper is intended to provide the Board with the latest update on the developments taking place within the Welsh Government Apprenticeship Team and also to show how HEIW is working with them to drive Apprenticeship uptake across NHS Wales.

2. BACKGROUND

During 2018 and 2019 Welsh Government carried out two consultations relating to Apprenticeship Frameworks:

- a. Consultation on Welsh Government becoming the Issuing Authority for Apprenticeship Frameworks in Wales. On the 1st of May 2020, the apprenticeship framework issuing authority role formally transferred to the Welsh Government. This now means that Welsh Ministers can act as an issuing authority for the apprenticeships sector in Wales.
- b. Consultation on the structure of Apprenticeship Frameworks in Wales. This consultation proposed that instead of each job role having its own Framework, each sector would have a Framework in which would sit all the appropriate qualifications separated into pathways. For NHS Wales this would mean that there would be a Health Framework with pathways for nursing support, therapy support, healthcare science, health informatics etc. HEIW are awaiting feedback from this consultation

HEIW has responded to both consultations and has encouraged Health Boards and Trusts and our wider stakeholders to respond as well. HEIW has also met with the new Apprenticeship Team in Welsh Government to discuss how HEIW can collaborate with them to ensure that our health Frameworks are fit for purpose. It was agreed that if the new structure was put in place then HEIW would be involved in ensuring that the correct pathways and qualifications were contained within the Health Framework

3. PROPOSAL

IMTP Strategic Objective 2.6: Maximise opportunities for work-based learning and apprenticeships in health (Appendix A)

Apprenticeship Frameworks Deliverable 2020/21

Work with Welsh Government to develop a suite of health apprenticeship frameworks that meet the needs of the NHS Wales workforce.

During 2018/19 Welsh Government appointed Skills for Health to develop three new Apprenticeship Frameworks for the Health Sector:

- Level 4 Healthcare Science
- Level 4 Therapy Assistant Practitioner
- Level 4 Ambulance Associate

Plans are now underway to develop partnership arrangements with Education and Training Providers to deliver these Frameworks. HEIW will be supporting organisations to take these delivery models forward by developing a Governance Framework and Toolkit for Work Based Learning. In addition where numbers of learners are small e.g. healthcare science HEIW will look at a once for Wales solution. This will strengthen the assessment and quality assurance processes.

Currently Skills for Health are reviewing the following Frameworks:

- Clinical Healthcare Support – the HCSW Operational Group are acting as the Steering Group for this with additional representation from Education and Training Providers, Independent Sector, Qualifications Wales and Welsh Government. This revised Framework should be ready for delivery by April 2020.
- Pharmacy Technician – HEIW are working with Pharmacy stakeholders and Skills for Health to review this Framework, with the expectation that it will be available from April 2020.
- Dental Nurse – it is planned to include in this Framework the Level 4 Dental Nurse qualification that has been developed by Bangor University.

HEIW are working with Welsh Government to identify the next set of Frameworks for review. HEIW will be proposing that the following are reviewed during 2020/21:

- Facilities support – the Level 2 qualification has been reviewed and updated and needs to replace the current Level 2 qualification in this Framework. HEIW are currently working with the service to develop a Level 3 qualification which will also be included.
- Maternity and Paediatrics – the Level 3 qualification has been reviewed and updated and needs to replace the current Level 3 qualification in this Framework
- Perioperative – the Level 3 qualification has been reviewed and updated and needs to replace the current Level 3 qualification in this Framework

Degree Apprenticeships

Welsh Government has been piloting degree Apprenticeships in IT and Advanced Manufacturing, which have been well received. Welsh Government will be appointing an organisation to undertake an evaluation of this pilot before making any decisions about future degree Apprenticeships. NHS Wales has managed to secure a number of places on the IT programmes.

Work Based Learning Deliverable 2020/21

Scope organisations' current models of work based learning delivery, including Apprenticeships and identify the added value that HEIW could bring to this arena.

Competency development as part of lifelong learning is essential to support all healthcare workforce modernisation and role redesign. The use of work-based learning is a key element of education, training and development of the NHS Wales workforce. Working with the Healthcare Support Worker (HCSW) and Apprenticeship Leads, HEIW are identifying good practice models of work based learning delivery and using this to inform the development of a Governance Framework and Toolkit for Work Based Learning. A Task and Finish Group has been established to develop a governance framework and toolkit for work-based learning. Membership includes HCSW and Apprenticeship leads, members of the Learning and Development Managers Group and other subject experts. It will be chaired by HEIW. The framework and toolkit will create a standard for the on-going sourcing, delivery and evaluation of work-based learning and assessment across NHS Wales. This work stream will build on build on existing examples of good practice and address any identified gaps in the process, from identification of the required work-based learning to evaluation of its effectiveness. The indicative content of the document will cover:

- Quality Assurance
- Assessor and IQA Training Requirements
- Role of the apprenticeship issuing authority
- Role of Awarding Bodies
- Responsibilities of Individual NHS Organisations
- Responsibilities of HEIW
- Manager's Role & Responsibilities in Work-based Learning
- Individual Learner's Responsibilities
- Available Apprenticeship Frameworks
- Funding Streams and Partnership Delivery Models
- Programme and Impact Evaluation Tools
- Kite marking Learning Providers
- Additional Learning Needs Considerations

4. GOVERNANCE AND RISK ISSUES

Due to Covid 19 there has been a delay in informing HEIW of which health Apprenticeships will be reviewed during 2020/21. There is still a lack of clarity as to whether HEIW will be able to work directly with Welsh Government to undertake these reviews or whether we have to continue to work through a third party namely Skills for Health. It will also take longer for us to achieve the goal of HEIW becoming the Sector Skills Council for Health in Wales.

5. FINANCIAL IMPLICATIONS

HEIW is already supporting organisations with building the infrastructure of their education teams to deliver work based learning. This has been using the allocation of

support worker funding from the commissioning budget and also programme monies to run assessor training.

In the future HEIW may need to provide resources to support the delivery of work based qualifications and Apprenticeships with regards to standardisation, particularly where there are smaller numbers of learners. This will be scoped and the Board will be updated at a future meeting.

6. RECOMMENDATION

The Board is asked to note the work of the Nursing team in the development of work based learning qualifications and Apprenticeship Frameworks and the potential additional resources required to facilitate their implementation.

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			
Provision of more appropriate education via Apprenticeships will result in improved care and support to individuals			
Financial Implications			
Resources to undertake this work will need to be scoped			
Legal Implications (including equality and diversity assessment)			
None			
Staffing Implications			
Work will need to be done to identify whether HEIW has the current workforce skills and capacity required or whether additional staff will be needed			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
<ul style="list-style-type: none"> • Long term: appropriately trained workforce to meet the current and future health needs of the population. Career pathways for new and existing staff • Prevention: Well educated workforce that supports people to keep healthy, well and at home • Integration: multi professional working for a healthier Wales, with access to education and training available to all staff • Collaboration: working with Welsh Government and education partners to support the skills development of the workforce 			
Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			
Report History	N/A		
Appendices	Appendix A attached		

Strategic Objective 2.6: Maximise opportunities for work-based learning and apprenticeships in health

Executive Lead: Stephen Griffiths / SRO: Martin Riley

Why?

Work based learning provides opportunities for those who cannot access traditional education programmes delivered through Universities or Further Education Colleges to access education locally and through a means which supports them whilst in employment. The health sector needs to grow its workforce and all opportunities to support the development of the current and future workforce need to be utilised, work-based learning and apprenticeships provide such an opportunity. This is particularly important in rural and remote areas of Wales where recruitment and attraction can be a significant challenge.

In addition to increasing the accessibility of provision, HEIW is in a pivotal position to provide an equitable, consistent and national approach to the development, delivery and assessment of work-based learning programmes through becoming a main contractor for the delivery of apprenticeships and also becoming the Sector Skills Council for Wales.

This objective aligns with the national Workforce Strategy, Theme 5 (Excellent Education and Learning), Action 22 (Widen access to health and social careers by developing the work-based learning model).

Deliverables

2020-21	2021-22	2022-23
<ul style="list-style-type: none"> • Scope organisations' current models of work based learning delivery, including Apprenticeships and identify the added value that HEIW could bring to this arena. • Work with Welsh Government to develop a suite of health 	<ul style="list-style-type: none"> • HEIW to establish a mechanism for keeping up to date with Apprenticeship developments in England, at a strategic and operational level • Develop effective tripartite mechanisms for HEIW, NHS organisations and Universities. 	<ul style="list-style-type: none"> • Develop and implemented a new approach to support learning in practice for all students and trainees. • HEIW will provide the quality control systems and processes for NHS Wales education. • HEIW will quality control all e-learning content.

<p>apprenticeship frameworks that meet the needs of the NHS Wales workforce.</p> <ul style="list-style-type: none"> • HEIW to work with NHS Wales to ensure that there is appropriate representation on the foundation economy subgroups of the 3 Regional Skills Partnerships (RSPs). • Draft Quality Assurance Framework for Work Based Learning to include HEIW role in standardisation of work-based learning. 	<ul style="list-style-type: none"> • Develop core common multi-disciplinary principles for supporting students in practice. • Develop training models for dispersed learning, e-learning and widening access. • Develop a new suite of performance management and student monitoring tools to benchmark, improve knowledge, improvement and to roll-out best practice. • HEIW to expand the number and range of qualifications it is permitted to deliver by Agored and City and Guilds. • Scope the infrastructure requirements to support WBL across NHS Wales e.g. delivery models, resources, register of assessors and IQAs. 	<ul style="list-style-type: none"> • HEIW will develop a kite mark for education provision delivered across NHS Wales.
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What does success look like in 2023?

HEIW will be a main contractor to draw down funding from Welsh Government to deliver health apprenticeships and will be the Sector Skills Council for Wales. HEIW will have developed a draft Quality Assurance Framework for Work Based Learning to include HEIW role in standardisation of work-based learning. We will have improved access to health careers through 'grow your own approaches and or widening access activities.



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

Meeting Date	2 July 2020	Agenda Item	5.2
Report Title	The Open University in Wales Flexible Route Pre-Registration Nursing Degree Programme annual report 2018-19		
Report Author	Dawn Baker Lari		
Report Sponsor	Angela Parry		
Presented by	Martin Riley		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to provide the Education, Commissioning & Quality Committee with an overview of the Open University in Wales' Nursing Degree Programme, highlighting key areas of the attached OU annual report. The Committee is asked to discuss.		
Key Issues	The report sets out the motivation for the commissioning of this route of education. The attached report evidences high quality outcomes and return on investment.		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	The Committee is asked to: <ul style="list-style-type: none"> Note and discuss the content of this report 		

THE OPEN UNIVERSITY IN WALES FLEXIBLE ROUTE PRE-REGISTRATION NURSING DEGREE PROGRAMME ANNUAL REPORT 2018-19

1. INTRODUCTION

The purpose of the report is to provide the Education, Commissioning & Quality Committee (Committee) with an overview of the Open University in Wales' flexible route Nursing Degree Programme, highlighting key areas of the attached Open University in Wales's flexible route pre-registration nursing degree annual report 2018-19. The Committee is asked to discuss the paper.

2. BACKGROUND

HEIW first commissioned the Open University in Wales in September 2018 to provide a flexible route to a pre-registration adult and mental health nursing degree (BSc Hons), initially funding 40 student places. The programme was initially targeted at eligible NHS Wales Health Care Support Workers via their employers over a four year period. This academic year (2019/20) the scheme has been extended to include 15 students from the independent care sector, offering a joined up approach in career advancement across health and social care. HEIW facilitates this route of progression by offering backfill to trainees' employers covering the costs of releasing the student whilst on placement. The employer funds the student to undertake study leave one day a week.

3. DELIVERY OF EDUCATION

The OU's nursing degree is NMC approved; splitting education between academic study and placements. The academic component is delivered primarily online, taking a flipped learning approach. Students are introduced to learning material before class; and class room time either online or face to face is then used to deepen understanding through discussion and problem solving activities with peers, facilitated by lecturers. The student also undertakes face to face and online tutorials with their academic tutor and utilises online forums to ask further questions and discuss topics and is able to interact with their tutors via email and telephone.

Practice placements are supported by ward/area mentors in the same way as students from the land based universities. OU Practice Tutors work with the students and the student's workplace mentor to ensure they meet the practice outcomes required to proceed with their education.

4. WIDENING ACCESS

Commissioning the Open University has been central to HEIW's commitment to widening access to Health Professional Education. HEIW's ethos reflects that of Welsh Governments – That *'Every person, regardless of circumstances has the opportunity to a higher level learning experience that is appropriate, relevant and valuable'*. (Welsh Government Policy statement on higher education).

The OU report notes that *'their nursing programme targets a different student population than that which is traditionally seen'*. This new flexible route offers access

to education for people who may be unable to access traditional routes due to existing commitments, such as the financial responsibilities of a family. Instead as the report highlights 'the student continues to be paid a salary whilst studying'.

The student may not hold the necessary qualifications to study nursing at a traditional land based university, where the entry tariff is typically set at BBB at A level. Instead the OU requires minimum entry tariff as set by the NMC - GCSE English and Maths or equivalent level 2 education. The OU takes a values and capability based approach along with an employer's recommendation when offering place.

Commissioning this widening access route into nursing offers multiple advantages for the Health and Care sectors. The students' employer retains a valuable member of staff during their training period. The student will usually have roots embedded in their local community are highly likely to remain with that employer once they become a Registered Nurse.

5. ATTRITION

Attrition for the first academic year of the programme has been exceptionally low - just 5.7%. This demonstrates the high commitment from students, the high quality of education delivered and the level of support offered by the OU. In contrast the average attrition rate across all of Wales land based Nursing commissioned programmes was 11.9% (It should be noted that England's attrition rate is 20%).

6. FUTURE PLANS

The OU report notes its four year plan to increasing staff to support the increasing numbers of commissioned students to its programme. From 2021 HEIW will extend the number of nursing specialities offered, by commissioning child nursing and will begin to explore options for commissioning AHP programmes of study through this route.

As the first registrants join the nursing profession in 2022 the commissioning team will engage with multiple stakeholders to further evaluate the OU programmes success.

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			
None			
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)			
Briefly identify how the paper will have an impact of the "The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.			
Report History	NA		
Appendices	The OU in Wales Flexible Route Pre- Registration Nursing degree (BSc Hons) programme Annual Report 2018-19		



**The Open University in Wales
Flexible Route Pre-registration Nursing Degree (BSc Hons)
programme**

Annual report September 2018-2019

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One year on from the flexible route pre-registration nursing degree (BSc Hons) programme going live in Wales we felt it was important to update key stakeholders on the work we have done to date.

Background

The Open University's mission is to be open to people, places, methods and ideas. It promotes educational opportunity and social justice by providing a high-quality university education to all who wish to realise their ambitions and fulfil their potential.

The Open University in Wales

The Open University in Wales is a Welsh asset and a Welsh resource. Open University staff in Cardiff office and across Wales continue to help our students enjoy a high-quality and flexible learning experience. We aim to open up access to higher education, support social mobility, contribute to the Welsh economy and play a key role in Welsh society, culture and politics. More information on The Open University in Wales can be found here <http://www.open.ac.uk/wales/en>

In keeping with this philosophy, The Open University has since 2002 successfully delivered a flexible route pre-registration nursing degree (BSc Hons) programme in England, Scotland and Ireland. The nature of the OU's teaching and learning model provides the flexibility for students to study where and when they choose, to fit in with jobs, families and other commitments.

The Open University has since 2018 put in place a robust curriculum support network around its flexible route pre-registration nursing degree students, which is very much Wales centric.

The Wales context

In September 2018 The Open University in Wales was successful in securing 40 commissioned places for the same programme by Health Education and Improvement Wales. One year on, the programme has been very successful in Wales with The Open University having recruited fully to the HEIW commissioned numbers and created positive working relationships with the Health Care Support Worker employers as a result of recruiting locally based practice tutor roles who work with both the student, the mentor and the employer.

1. Student cohorts Academic Year 2018/2019

Students commencing year 1 of their studies in Sept 2018

Adult

13 students have completed stage 1 of their training. Of these 2 students will not be continuing. One has taken a break in their studies to have a family. The second student opted to leave for personal reasons.

The remaining 11 students will be going through to stage 2 of the programme.

Mental Health

All 4 students have completed and will be going through to stage 2 of the programme.

Students commencing year 1 of their studies in Feb 2019

Adult = 10 all remain active students

Mental Health = 12 all remain active students

2. Student cohorts Academic Year 2019/2020

Students commencing year 1 of their studies in Sept 2019 and Feb 2020

64 places have been commissioned by HEIW for the 2019/2020 academic year, including 11 students who have been recruited from the independent sector. Those independent sector organisations identified were selected at the request of HEIW by Care Forum Wales; <https://www.careforumwales.co.uk/whoswho?page=whoswho>

3. Student cohorts for the Academic Year 2020/2021

Students commencing their studies in Sept 2020 and Feb 2021

80 places have been commissioned by HEIW for the 2020/2021 academic year, including 15 students who will be recruited from the independent sector.

The Open University's flexible route pre-registration nursing degree (BSc Hons) programme is unique in its offering when compared to the current nurse training programmes at local universities. The Open University has a strong value base of social justice, which drives the core of organisation. Therefore, The Open University nursing programme targets a different student population than that which is traditionally seen.

The students joining The Open University's flexible route pre-registration nursing degree (BSc Hons) programme are currently employed in Wales by Health care providers such

as Health Boards and Trusts (and from Feb 2020 private providers). The students are usually working as Health Care Support Workers or therapy assistants. For the duration of their education and training the students remain employed by their employer and are released two days a week for student nurse placements. They are also given one day a week for study leave. This means that the student continues to be paid a salary whilst studying. The employer keeps not only a valuable member of staff during the training period, but the student is highly likely to remain with that employer once they become a Registered Nurse. Other advantages of studying with the Open University in this way means that other terms and conditions of employment remain for the student such as pension contributions, sickness, annual leave, maternity and paternity leave. Employers can claim backfill monies from HEIW for the student placement days and the employer provides back fill monies for the study day release

The Open University's flexible route pre-registration nursing degree (BSc Hons) programme has been validated by the Nursing and Midwifery Council (NMC). The delivery of the programme is carried out with the students successfully completing a set number of modules in each of the 3 stages of their training. Each module is stand alone and has a combination of practice and academic elements to it. The new NMC curriculum validation process for The Open University commences in March 2020 and several employers have already agreed to be part of the panel that will provide feedback to the NMC during the validation process.

Our students

Our students are the focus for all we do. When a potential candidate is considering undertaking their pre-nurse education training with The Open University, they are provided with free pre-module courses. The potential candidate is strongly advised to undertake these courses in order that they are ready for their studies with The Open University and understand the way the academic elements of the Open University works. We encourage all employers to share the free pre-module courses with potential candidates, as it can help the student understand the commitment they are about to undertake and if the mode of learning suits their own needs.

In year one; we have already had students who have demonstrated exceptional skills and abilities.

Katie joined us in Feb 19 as a Mental Health student nurse whose base is Cardiff and Vale UHB. She has been nominated for an RCN award for her work with dementia patients and implementing a "natural waking" quality improvement. She is currently working with her Practice Tutor to build on her existing work for her to

aim for an academic publication as a student nurse.

Cloey was nominated by her practice tutor for the Open University's Student Buddy Award and was delighted to have won. She attended a ceremony in Milton Keynes to receive her award and her video can be seen on the Open University's '50 years' listings. Cloey shares her experiences of being an Open University in Wales student; <https://www.youtube.com/watch?v=SxAoCGsfezw>

Josh commenced 2nd stage in October 2018 and is doing very well with both his academic work and his competencies. Josh has been nominated for an RCN award as he has developed a service user led project "Hazel Fresh" encouraging mental health inpatients to grow and cook their own food, then sell at a weekly lunch session to raise funds for a range of activities.

Practice Tutors (Interface between the university and the clinical areas)

The practice element of the module is carried out in clinical practice with the student being supported by an employer's mentor/supervisor in the traditional way. In addition, the student and mentor/supervisors are given support by Open University employed Practice Tutors who are skilled practitioners, in the area of practice the student is training (Please see Appendix 1 for the biographies of the Practice Tutors currently employed by The Open University who are working in Wales). The Practice Tutors work together with the student and the students' workplace mentor to ensure the students meet the practice elements of the module. The practice tutors are line managed by staff tutors based in the Wales office in Cardiff (see appendix 2 for the biographies of the Staff Tutors)

The Open University is committed to these Practice Tutors and takes their responsibility seriously in ensuring the professional development of these individuals is continuous. All of these tutors/supervisors/mentors have;

- Free access to Open University modules and qualifications as well as bespoke mentor/supervisor training. The mentor induction programme can be found here; <http://wels.open.ac.uk/overview/school-health-wellbeing-and-social-care/professional-programme-nursing/mentor-induction>
- When the new NMC curriculum is launched, the NMC (2018) 'Future Nurse' proficiencies and standards will come into play. The Open University has anticipated this and will have a freely available module to support the development of practice-based supervisors.

- Annual practice development days - the recent one was held on 25th September 2019. The next is planned for 8th January 2020. The philosophy of this meeting will be to join the nursing Practice Tutors with social work Practice Tutors to work together with the ethos of working across boundaries and having insight into each other's work as well as discussing items relating to the government policy that affect Health and Social Care in Wales.

The Academic Tutor role (Associate Lecturers)

This is a UK wide provision. Running alongside clinical practice there are the academic components of the module that need to be satisfied. The student is allocated a module tutor who is employed specifically for that module. This tutor can be based anywhere in the United Kingdom, but all are registered with the NMC. This tutor supports the student with developing their academic knowledge and academic skills so that they meet the academic requirements of the module being studied.

This delivery of the academic components is done in a variety of ways but is mainly delivered using a 'flipped classroom model' approach. 'Flipped learning is a pedagogical approach in which the conventional notion of classroom-based learning is inverted, so that students are introduced to the learning material before class, with classroom time then being used to deepen understanding through discussion with peers and problem-solving activities facilitated by teachers' (Advance HE, 2018). The Open University does this by the students having access to the module materials which deliver the key knowledge required by the student. This is then supported by face to face and online [live face to face] tutorials with their academic tutor. These tutorials are also recorded, so if a student is unable to attend for any reason or if a student wants to watch it again, they can. Running parallel to this are dedicated forums which are used for asking questions/additional learning moderated by module teams and module tutors. Alongside these activities the student is also supported via email and one-to-one telephone calls with their academic tutor.

Regional Academics (Staff tutors)

The Open University in Wales has invested in employing 1.75 wte permanent Staff Tutors posts dedicated to Nursing in Wales. These staff tutors, not only oversee Practice Tutors and the nursing students, but work with the central academic teams to ensure there is Wales input into the module materials. The Staff Tutors are members of module teams and when new modules are being developed, the Staff Tutors are well

placed to ensure that issues relating to Wales are included. The Staff Tutors are also the direct employer links for Wales who work very closely with all organisations who have students currently studying on The Open University's pre-registration nursing programme.

Central academics

The majority of the OU's academic staff are based on campus in Milton Keynes. These staff carry out teaching, administration and research like academics at other institutions. Together with Research Associates and Fellows, they form the OU's research base. However, since the OU is a distance learning institution, the teaching role of Central Academics is different from academics at other universities. Rather than directly teaching students, Central Academics develop teaching materials and manage the delivery and assessment of the modules they have written. There will be additions to this model in 2020. Two new academic posts have been developed, where the post holders will be regionally based in Wales and Scotland.

Partnership working across Wales

We have been working in collaboration with all HEI colleagues and employer partners across Wales with the work being done to agree a Wales wide practice portfolio to meet the NMC requirements for the curriculum changes in 2020 which the OU will adopt for Wales.

The Open University are currently working with a local university based in Wales to help them with their provision of a Health Care related degree programme being delivered to people who live and work in hard to reach communities in the rural parts of Wales.

Four-year plan

The nursing team have a four-year plan for the nursing programme in Wales. In conducting this work, it was identified that due to the increase in commissioned student numbers for 2019-2020 required a commensurate increase in dedicated Wales resource was required. Appointment of a further 0.5 wte Staff Tutor and 1wte coordinator in addition to what has already been provided to support the increase in student numbers has been approved. It is anticipated the post holders will be in place early 2020.

Current action plan

1. Plans for regular research writing days for Practice Tutors, Student Nurse award winners and supervisors from clinical practice delivered by central Open University Research Academics. This will assist individuals with the many scholarship opportunities that are available.
2. Continue to offer access to free education for all Health Boards/Trusts and their staff, students, friends and families via The Open University's Open Learn platform; <https://www.open.edu/openlearn/>
3. Continue to work with all partners across Wales in collaborating with the all Wales work being done to agree a Wales wide practice portfolio to meet the NMC requirements for the curriculum changes in 2020.
4. Continue to update the current curriculum to meet the needs of the new standards published by the Nursing and Midwifery Council to commence in 2020. The Open University will at that time then offer four nursing degree pathways; Adult, Child, Mental Health and Learning Disabilities via its tried and trusted flexible route.
5. Explore opportunities which exist with the new apprenticeship levy and what can be done for nursing and Allied Health professionals in Wales.

Recommendations

Key stakeholders are asked to **note** the content of this report and the success of The Open University's flexible route pre-registration nursing degree (BSc Hons) programme in its first year of delivery.

Appendix 1 – Practice Tutor Biographies

Helen O'Mahoney

Health Boards served as a Practice Tutor: Cardiff and Vale; Aneurin Bevan

Biography

Helen began her training in 1983 at the West Glamorgan School of Nursing. Other than a brief spell in Elderly Care her time as a nurse has been spent in Critical Care, working in Theatres in all areas, with a special interest in Anaesthetics and Recovery. Helen has worked in Coronary Care, High Dependency and Intensive Care. With a particular interest in holistic care and the promotion of well-being, Helen has studied Advanced Aromatherapy and Naturopathic Medicine among other complementary therapies, and her first degree is in Counselling. Helen's career path changed direction when an opportunity arose to become a Practice Education Facilitator for Pre-registration nursing students. During this time Helen completed her PGCE and master's in education for Health and Social Care. Staff health and wellbeing, professional development, along with a holistic approach has always been a driver for Helen. Helen is passionate about supervision for staff, has been a facilitator for "Lighten Up" programme for staff wellbeing. Helen is a trained Schwartz Rounds facilitator through the Kings Fund Point of Care and is a 360 Degree feedback facilitator for the NHS Leadership Academy and a Coach/ Mentor on the council of Deans Student Leadership Programme.

Jayne Foley

Health Boards served as a Practice Tutor: Aneurin Bevan, Cardiff and Vale, Cwm Taf Morgannwg

Biography

Jayne is a Practice Tutor and an Associate Lecturer with the Open University and has recently been appointed to WELS Faculty Learning and Teaching Group representative at Board of Studies. Jayne enjoys a variety of other engagements including, a member of a team of professionals and lay people inspecting facilities where NHS care is provided for the older person by HIW, teaching pre-registration nursing students at another HEI in the South West as well as holding a bank contract with a local UHB to work as a district nurse and a Chief External Examiner for another Welsh University.

Jayne gained her degree in District Nursing in 1996, followed by her PGCE and then MSc in Nursing. Jayne enjoyed a career in Community Nursing in a variety of locations across the UK before moving into Nurse Education in 2002, where she started her teaching career in FE- access to nursing, followed this as a Lecturer in HEI teaching pre-registration nursing students both Complex Health Care and Leadership and Management modules and then as a Lecturer in Primary Care and Public Health. Over the past 15 years Jayne has taught across all programmes in Nursing, including post registration BSc/MSc Community Health Studies, MSc Advanced Practice and Return to Practice.

Jayne has carried out many different activities related to her Lecturer role over the years, curriculum development, working across HEI in developing academic integrity tools and resources, projects with commissioners and other Stakeholders, most recently relating to the Safer Staffing Bill at Welsh Government and the “key principles for District Nursing”.

Jayne has delighted in supporting a year 1 student to prepare a paper for publication, following an RCN award nomination, that aimed to help promote health and wellbeing of patients in hospital with dementia by introducing “Natural waking”.

Jayne is a member of the editorial board for Quality in Ageing and a Queen’s Nurse (co-chair of Wales regional Group), has enjoyed promoting community nursing both at home and in the East Pacific Rim, and continues to support the education and development of her students.

Karen Vipond

Health Board served as a Practice Tutor: Betsi Cadwaladr

Biography

Karen Is a Practice Tutor with the Open University and an NMC registered Nurse, Health Visitor, Prescriber and Nurse Tutor. Karen has had over 20 years of healthcare tutoring experiences in different universities and has also had experiences of teaching the sciences at secondary school level. Karen’s first degree was in Biology, and after graduating, progressed into the world of nursing, gaining her first registration as a general nurse. Karen has been a graduate of both Oxford Brookes and Oxford University and holds two degrees as well as a PGCE and a master’s qualification. Her nursing career has been a very varied one including trauma nursing, district nursing and health visiting as well as being a medical research coordinator for the University of Oxford. Karen is also a senior fellow of the Higher Education Academy. Karen’s main

interest in healthcare lies within the field of genetics and how this threads through all health issues. Karen has published textbooks on Genetics in healthcare for healthcare students and played a role in the construction of the genetic competencies for healthcare professionals.

Natalie Prosser

Health Boards served as a Practice Tutor: Cardiff & Vale; Aneurin Bevan; Powys; Swansea Bay; Hywel Dda.

Biography

Natalie has been a practice tutor with the Open University since 2018, she is also a Professional & Practice Development Nurse for mental health services in Wales. Natalie gained her degree in 2010 and is currently completing her MSc dissertation.

Natalie currently supports students in Stage 1 and Stage 2 of their nursing degrees and teaches at undergraduate level.

She is also an active member of the Royal College of Psychiatry's AIMS review process, undertaking reviews as a lead reviewer and sitting on the advisory panel.

Rachel Rushforth

Health Boards served as a Practice Tutor: Cwm Taf, Swansea Bay, Cardiff and Vale

Biography

Rachel is a Practice Tutor with the Open University and a specialist psychiatric liaison nurse at the University Hospital in Wales. Rachel graduated Cardiff University with a first-class degree in 2012 and completed an accelerated development programme following registration with the NMC allowing for clinical experience in a variety of areas including neuropsychiatry, rehabilitation, older adult and crisis assessment. Following this, Rachel gained experience in a management role in older adult services before completed her PGCert in Healthcare Education and gained a role as the HCSW Development Manager in Cardiff and Vale UHB. During her time in the role, Rachel supported the integration of the Open University nursing degree within the UHB and represented HCSW development on a local and national level. Rachel returned to clinical practice in 2018 and graduated from Cardiff University with an MSc in Advance Practice in 2019.

Appendix 2 – Staff tutor biographies

Majella Kavanagh

Majella commenced her nursing career in South London, in 1983 undertaking Enrolled Nurse training. She soon progressed via the conversion course to RGN status, followed by a move back to Wales. Then undertook, with South Bank University her first distance learning course - the Diploma, then BSc in professional practice at USW. Having reached Ward Sister by this point Majella took the route into education as a directorate CPD Lead, quickly followed by a Practice Facilitator role. It was in this role that Majella's career took a decisive turn, undertaking initially her PGCE proceeding to MSc in Education with USW. Majella first joined the OU as a Practice Tutor and upon retiring from the NHS successfully applied for the Staff Tutor role at the OU in Wales. Majella is the professional lead for OU Nursing in Wales. She has successfully worked with employers in Wales utilising the commissioned places from HEIW to widen the access to the Nursing degree. Majella's nursing practice has been varied, including medical, surgery, orthopedic, dentistry and hematology and her last years in practice were in elderly care where she started her nursing practice.

Linda Walker

Linda is an Associate Lecturer (tutor) with the Open University a position she has held for 24 years. Linda currently tutors students studying modules in Health and Social Care including those students completing the flexible route nursing degree. Linda also teaches on undergraduate healthcare science and the master's degree programme in Educational Leadership and management.

Linda gained her first degree and Doctorate studying with The Open University and has an MA in Education and Management from Caerleon college. Linda's nursing career has been varied but mainly surgical with her passion and expertise being in operating theatre nursing and sits on the editorial board of the British Journal of Peri-operative Practice.

Linda has carried out many different activities related to her Associate Lecturer role such as writing module materials, monitoring and mentoring new tutors as well as being a member of several different faculty sub-groups. Linda is elected to the Associate Lecturer Assembly and the Associate Lecturer Executive and represents Wales and Health and Social Care Associate Lecturers. Linda also has voting rights on Senate.

Linda has participated as a clinical reviewer for several NCEPOD reports and is a Professional Advisor to the Public Services Ombudsman for Wales and is an External Examiner for another Welsh University.

References

Advanced HE (2018) Flipped learning. [online] available at; <https://www.heacademy.ac.uk/knowledge-hub/flipped-learning-0> (Accessed 1st November 2019).

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