



GIG  
CYMRU  
NHS  
WALES

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

# HEIW Education and Training Plan 2023/24



## Document History

### Document Location

This document is only valid on the day it was printed.

Revision History			
Date of this revision: 21 July 2022			
Date of next revision:			
Revision Date	Previous Revision Date	Summary of Changes	Changes Marked
27/05/22	-	First Issue	Yes
17/06/22	01/07/22	Second Issue	
08/07/22	-	Third Issue	
21/07/22	-	Fourth Issue	
07/12/22	-	Fifth Issue	

Approvals				
This document requires the following approvals.				
Signed approval forms are filed in the Management section of the planning files				
Name	Signature	Title	Date of Issue	Version
Tina Donnelly		Chair ECQC	08/07/2022	V0.3
Dr Chris Jones		Chair Board HEIW	21/07/2022	V0.4

Distribution			
This document has been distributed to:			
Name/Group	Title	Date of Issue	Version
Executive Team	-	17/06/2022	V0.2
Deputies and Deans Group	-	17/06/2022	V0.2
Stakeholder Reference Group	-	17/06/2022	V0.2
Education Commission Quality Committee	-	17/06/2022	V0.2
HEIW ETP Steering Group	-	17/06/2022	V0.2
HEIW ETP Steering Group	-	07/07/2022	V0.3
Education Commission Quality Committee	-	08/07/2022	V0.3
Executive Team	-	08/07/2022	V0.3
HEIW Board	-	21/07/2022	V1.0

## Contents

<b>Plan on a Page .....</b>	<b>4</b>
<b>Executive Summary.....</b>	<b>5</b>
<b>Chapter 1 – Purpose and Overview.....</b>	<b>7</b>
1.1 Purpose .....	7
1.2 Education and Training Commissioning Overview .....	8
1.3 NHS Wales Workforce Context.....	8
<b>Chapter 2 – Strategic Framework, Engagement and Planning approach .....</b>	<b>11</b>
2.1 Strategic Framework.....	11
2.2 Stakeholder Engagement .....	11
2.3 Planning Approach .....	12
2.4 Risks.....	13
<b>Chapter 3 – Education and Training Recommendations.....</b>	<b>14</b>
3.1 Nursing .....	14
3.2 Midwifery .....	16
3.3 Healthcare Professional Education .....	16
3.4 Healthcare Sciences .....	19
3.5 Healthcare Support Workers.....	22
3.6 Post- registration Education.....	22
3.7 Pharmacy .....	26
3.8 Dental.....	30
3.9 Medical Workforce .....	32
3.10 General Practice .....	34
3.11 Eyecare .....	34
3.12 New Roles .....	35
<b>Chapter 4 – Supporting Multi-professional National Programmes .....</b>	<b>38</b>
4.1 Primary Care .....	38
4.2 Mental Health .....	40
4.3 Urgent and Emergency Care .....	41
4.4 Planned Care.....	42
4.5 Cancer.....	43
4.6 Diagnostics .....	44
<b>Chapter 5 – Addressing Diversity and Building Career Frameworks.....</b>	<b>45</b>
5.1 Addressing Equality, Diversity and Inclusion in Education and Training.....	45
5.2 Careers.....	46
5.3 Advanced Practice.....	46
5.4 Independent Prescribing .....	47
5.5 Work-Based Learning & Apprenticeships.....	48
5.6 Healthcare Support Worker Development.....	49
5.7 Welsh Language.....	50
5.8 Foundational Economy .....	51
<b>Chapter 6 – Educational Enablers.....</b>	<b>52</b>
6.1 Clinical Placements and Supervision .....	52
6.2 Simulation Based Education and Training.....	53
6.3 Leadership.....	54
6.4 Wellbeing.....	55
6.5 Continuous Professional Development .....	56
6.6 Digital .....	56
6.7 Multi-Professional Education & Training in Primary and Community Care .....	57
<b>Chapter 7 – Financial Plan .....</b>	<b>59</b>
7.1 Developments and Investments .....	59
7.2 Risks and Opportunities.....	59
7.3 Finance.....	59
<b>APPENDICES .....</b>	<b>62</b>

## Plan on a Page

### Education and Training Plan 2023/24

#### Drivers for Change

- Maximise the contribution of all professions
- Impact of Covid-19 and the recovery of services
- Geographical, cultural and language needs of the workforce and patients
- Impact of increases in training places
- Increasing agency and locum spend
- Ageing workforce and population
- Seamless workforce models in integrated care
- Needs of several workforce priority areas and national programmes

#### Recommendations

- Increase numbers for Adult, Child & Mental Health Nursing, maintain Learning Disabilities Nursing
- Increase Midwifery over IMTP suggested numbers
- Maintain or make small increases in response to service demand for Allied Health Professionals
- Support the IMTP requests for undergraduate commissioning in Healthcare Science
- Increases in the Scientist Training Programme
- Maintain the budget for Healthcare Support Worker education
- Maintain the budget for Post registration education
- Increase the number of Pharmacy Undergraduate Clinical Placements, maintain access to advanced and extended practice and expand pathway from assistant to professional
- Maintain Dental foundation training, increase Dental specialty training and Dental therapy foundation training
- Increase Medical posts across a wide range of specialties and maintain GP training
- Support the professional development for non-medical eye care professionals
- Commission the education of new roles such as physician associates, anaesthesia associates & clinical associates in applied psychology

#### Enabled by

- Clinical placements & supervision
- Simulation based education & training
- Addressing equality, diversity & inclusion
- Wellbeing
- Multi-Professional Education & Training in Primary & Community Care

#### Enabled by

- Careers
- Advanced practice
- Independent prescribing
- Work based learning
- Apprentices
- Healthcare support worker development
- Continuous Professional Development
- Welsh Language
- Digital
- Leadership

Ensure the delivery of post registration education through the £2m budget which includes the strategic development of primary and community care. Underpinned by investment in development of new Multi-Professional Education and Training Unit and HB Academy provision

#### Supporting National Programmes through the delivery of

- New roles & ways of working
- Career pathways
- Enhanced & extended skills
- Continuing professional development

#### Benefits

- Patients have access to care closer to home delivered by a workforce with extended skills
- A modernised workforce to support the recovery priorities
- Quality learning and service environments to accommodate service transformation
- Sustained growth benefitting the foundational economy
- Increased access to education across the geography of Wales
- A multi-professional workforce that use their skills in line with the prudent in practice principles

#### Underpinned by the Workforce Strategy for Health and Social Care Themes:

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

## Executive Summary

Health Education and Improvement Wales (HEIW) is committed to delivering the vision of transforming the workforce for a healthier Wales. Through integrating and growing expertise and capabilities in the planning, developing, shaping, and supporting of the health workforce, this will ensure Wales has the right staff, with the right skills, to deliver world-class health and care to the people of Wales. Excellent education and training underpin the development of a sustainable workforce, which in turn provides the capacity and capability to lead and promote high quality, safe patient, person, and community centred care.

This is the fourth HEIW Annual Education and Training Plan (ETP) for Wales orchestrated to support the health and social care system in implementing 'A Healthier Wales'. The ambitious plan details the 2023/24 commissioning numbers for the education of the health professional workforce together with medical workforce planning information. This reshaping and development of the healthcare workforce is fundamental to the successful implementation of the Welsh Government's vision for the NHS in Wales.

We recommend that Welsh Government continues to invest in education and training which has seen an increase in recent years. This commitment to education and training is essential to support the implementation of [The Workforce Strategy for Health and Social Care](#), support the recovery and reset following the impact of the pandemic on health and care services, and deliver benefits to the foundational economy agenda.

The plan for 2023/24 retains the focused detail regarding individual professional groups with new sections that illustrate how the ETP aligns and supports the delivery of strategic programmes and government priorities, and HEIW's work to support the workplace infrastructure for learning. The intention is for these new sections to highlight the relationship of HEIW's education, training and workforce responsibilities to wider health and healthcare delivery initiatives. The plan details the impact of Strategic Review Phase 1 and Phase 2 on education transformation and increased local education to support the foundational economy as well as the education and training components of the Mental Health Workforce plan and the establishment of primary care academies.

We remain mindful of the workforce challenges that affect so many of the health and social care services across Wales and the risks they pose to the transformation required. The ETP incorporates several critical objectives that focus on addressing the key strategic challenges regarding the number of professionals in the system and its capacity to train the next generation of health and care professionals. These objectives will support improvements in the transformation of services and the quality of care for the people of Wales.

The growth of the NHS Wales workforce through education and training is essential but must be coupled with retention of the existing workforce. We will continue to work in partnership to support this, implementing strategic retention programmes such as continuing professional development, wellbeing and compassionate leadership.

The total funding requirement for Education Commissioning and Training for 2023/24 is calculated as £281.98m, increasing to £315.91m by 2025/26. This is a value-based investment which takes into account the strategic risks of infrastructure, organisational capacity and graduate employment to ensure the sustainability of the NHS Wales workforce.

We are pleased to be able to recommend this plan to you. Taking into account the local and regional requirements, the key challenges and risks to the plan, the following table gives a summary view of the planned growth outlined in detail within the main body of the plan:

	2023/24	2022/23
<b>Nursing and Midwifery</b>		
Adult	1892	1540
Child	192	175
Mental Health	530	410
Learning Disabilities	87	77
Midwifery	190	185
<b>Healthcare Professionals</b>		
Dietetics	82	66
Occupational Therapy	197	179
Physiotherapy	180	174
Podiatry	27	27
Speech & Language Therapy	49	49
PhD Clinical Psychology	40	36
Paramedics	120	116
Operating Department Practitioners	62	49
<b>Healthcare Sciences</b>		
Scientist Training Programme	53	39
Higher Specialist Training	10	8
Cardiac Physiology	23	24
Audiology	11	12
Audiological Practice	10	10
Respiratory & Sleep Science	14	8
Neurophysiology	4	3
Nuclear Medicine	6	3
Life Sciences (Biomedical Sciences)	26	24
Clinical Engineering	6	8
Radiotherapy Physics	2	3
Diagnostic Radiography and Radiography Associate Practitioner (RAP)	150	166
Radiotherapy & Oncology	20	26
<b>Annual Funding</b>		
Healthcare Support Workers	2.5million	2.5 million
Post Registration Health Professional Education	2 million	2 million
<b>Pharmacy</b>		
Pharmacy Support Staff	100 Level 2 units	60 Level 2 units
Pre-registration Pharmacy Technicians	100	83
Pharmacy Technicians	50	30
Pharmacy Undergraduates	7560	3120
Trainee Pharmacist	122	132
Pharmacists post-reg foundation	80	80
<b>Dental</b>		
Dental Speciality Training	35	Not included with plan
Dental Foundation Training	74	74
Dental Therapy Foundation Training	20	Not included with plan
Dental Hygienist & Dental Therapy	42	Not included with plan
<b>Medical Workforce</b>		
Secondary Care/ Speciality Training	90	89
Foundation Training	69	60
<b>General Practice</b>	160	160
<b>New Roles</b>		
Physician Associates	57	52



## Chapter 1 – Purpose and Overview

This chapter sets out the purpose of the ETP and its statutory function. Furthermore, it outlines the overview of the education and commissioning process and the current shape of and context for the NHS Wales workforce

### 1.1 Purpose

Health Education and Improvement Wales (HEIW) is the strategic workforce and education body for NHS Wales. The purpose of the annual Education and Training Plan (ETP) is to address the requirements for workforce on behalf of the NHS Wales system; creation of the plan is a statutory requirement for HEIW. Engagement with NHS health boards, trusts and wider stakeholder groups including Social Care Wales is an integral part of creating and informing the plan. It is, however, ultimately HEIW's responsibility to produce a plan that is deliverable within the context of the education and training capacity available.

It builds on the growth in student<sup>1</sup> and trainee<sup>2</sup> numbers as set out in previous plans and recommends that there is investment in education commissions that maintains or builds on the growth in previous years. This is essential to support the implementation of the Workforce Strategy for Health and Social Care and address the impact of the pandemic on health and care services.

HEIW's unique contribution or "added value" is to:

- ✓ Address strategic workforce issues that require all Wales solutions – both demand and supply
- ✓ Make Wales a great place for our health and care staff to be educated, trained and employed
- ✓ Maximise the contribution of all professions and occupations

This plan:

- Builds on [‘The Workforce Strategy for Health and Social Care’](#) and [HEIW Integrated Medium Term Plan \(IMTP\) 2022-25](#)
- Maintains the growth in the training pipeline, with further increases in some areas
- Considers the workforce need and challenges and wider workforce intelligence including information from NHS Wales IMTP submissions
- Recognises strategic programmes and national priorities
- Reflects on the experiences of graduate recruitment in 2020 and 2021
- Considers the impact of Covid-19, the reset and recovery of services and training capacity both within the Higher Education Institutions (HEIs) and the NHS
- Considers the impact of changes to the provision of education due to Strategic Review 1 and 2 of Healthcare Professional Education
- Appreciates the need to create quality learning and service environments to accommodate new and agile ways of working, workforce upskilling, and service transformation
- Recognises the geographical, cultural, digital, leadership and language needs of the workforce, and of health and care providers.

<sup>1</sup> The term student refers to people in undergraduate education who will graduate and obtain professional registration

<sup>2</sup> The term trainee refers to people who are in post graduate training which, for most training programmes, follows professional registration

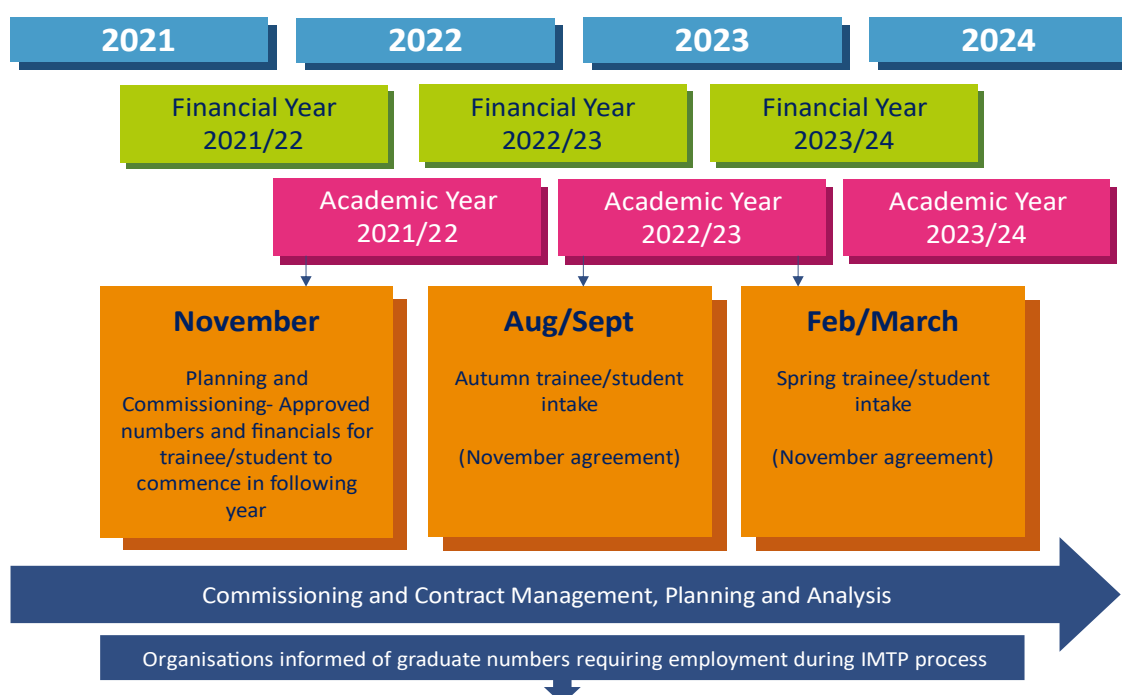
## 1.2 Education and Training Commissioning Overview

Commissioning of education and training places with HEIs<sup>3</sup> takes place on an annual basis. The education places that we commission in this 2023/4 plan will (with a longer lead in time for medical, pharmacy and dental trainees) be the registrant workforce of 2026 in turn approved by Welsh Government in summer 2022.

To inform the proposed recommendations, each NHS Wales Health Board and Trust provided their requirements in relation to the commissioning for Undergraduate Education, Post Graduate Education and Healthcare Support Workers. For medical, pharmacy and dental specialty training, we gather a wide range of intelligence to determine the recommendations including consideration of workforce needs and challenges identified through organisations' plan. The intelligence utilised to inform all education and training recommendations and requirements includes:

- Wider workforce intelligence
- Capacity within the system to support training/student/trainees
- The needs of several workforce priority areas and national work programmes
- Reflections on graduate recruitment in 2020 and 2021
- Review of education standards by professional regulatory bodies.

The recommendations contained within the ETP are sent for Ministerial approval and once approved are communicated to HEIs to ensure that an appropriate number of places are made available on their educational courses. The image below outlines how the flow of training works.



## 1.3 NHS Wales Workforce Context

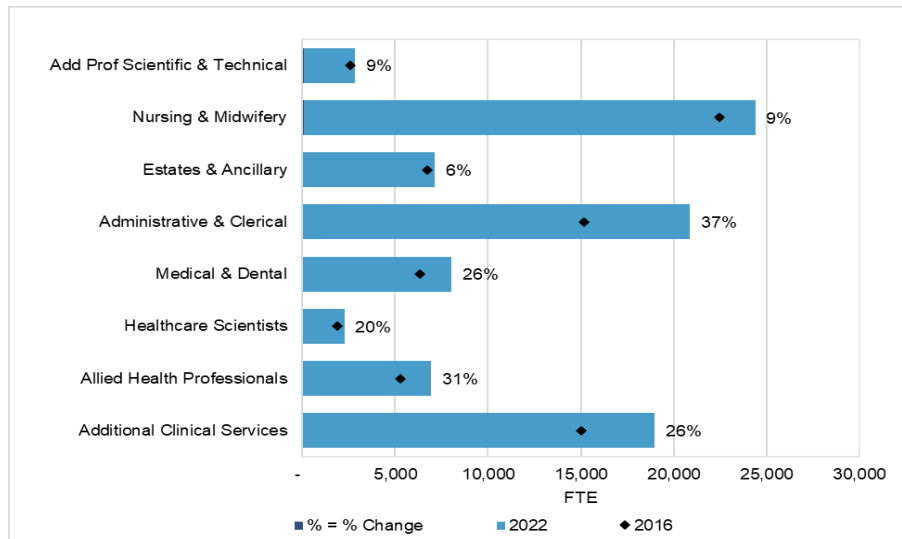
The NHS Wales workforce is currently 91,429 full time equivalent (FTE) and has risen by 21.2% since 2016. More information on the shape of the workforce is contained within [NHS Wales Workforce Trends \(2021\)](#).

<sup>3</sup> Higher Education Institutions (HEIs) and universities are used interchangeably as appropriate

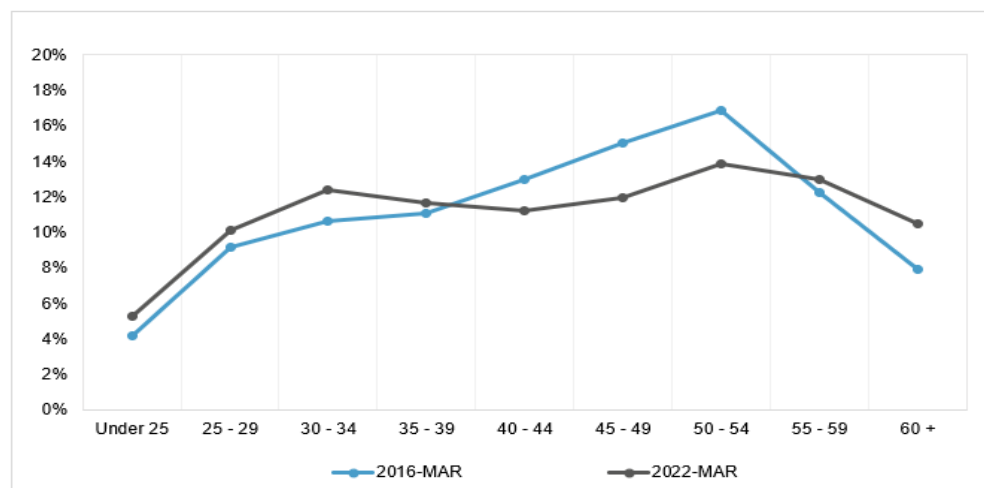


We continue to regularly analyse key workforce trends with the main trends to note for the ETP being:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 26.3% over the past decade, from 72,460 to 91,492. The following graph shows the FTE growth across the staff groups as grouped in the Electronic Staff Record (ESR) over the last 6 years.

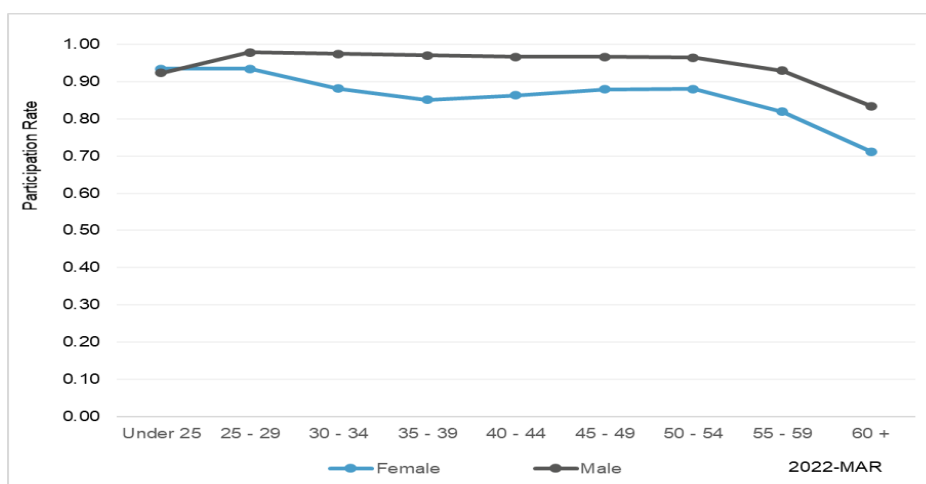


- The age profile of the workforce is changing as can be seen from the following graph. Whilst the workforce continues to have a large proportion of workers aged 50+, there has also been a recent increase in the workforce aged 34 and below, as can be seen in the graph below. The age profile of the workforce changed between 2016 and 2022. The workforce aged 55+ has increased by 7,073 in 2022 as compared to 2016. The proportion of staff in this age group has increased from 20% in 2016 to 23% in 2022.



- Over the last 6 years, agency and locum spend has increased by 65% from £164.4 million in 2016/17 to £271.1 million in 2021/22. Nursing and Midwifery has the largest agency spend at £133.4 million for 21/22, an increase of 41% on the previous financial year (despite an 9% increase in the workforce between 2016 and 2022). Locum spend for Medical and Dental was £66.5 million for 21/22, an increase of 13% on the previous financial year and a reduction of 14% since 2016/17. Some of the increase seen in 2021/22 will have been driven by the pandemic and mass vaccination programmes.
- The cost of the directly employed workforce in 2021/22 is circa £5.1 billion, a 6% increase from the previous year. This increase can be attributed to increasing agency spend, the increased size of the workforce and increases in employers pension contributions.

- In 2021/22 the twelve-month rolling sickness absence level peaked at 6.5%, as compared to 6% in the previous year. Over the last few years anxiety/stress and back and other musculoskeletal illnesses have been some of the most common reasons for sickness; however, between April 2020 and March 2022 there was an increase in sickness due to infectious diseases and chest & respiratory problems.
- Participation rates for the workforce have remained unchanged at 0.86 for the female workforce and 0.95 for males. The NHS Wales workforce is predominantly female, accounting for 76% of the total workforce; however, as the workforce ages, staff tend to reduce their hours, especially from age 55 onwards. The following graph illustrates how the gender participation rates change over the age bands of the workforce.



Further information on the Wales population estimates, labour market intelligence, changes to working behaviours and the analysis of the IMTPs are included in [Appendix One](#).

Welsh Government has recently published [Our Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales \(April 2022\)](#), which identifies that the pandemic response has left many people within the workforce exhausted and as a result, many are reflective about the next steps in their working life. The pandemic meant that many staff were redeployed into different roles which for some, will lead to the desire to move to new roles with new skills. The pandemic will have impacted on staff wellbeing and on staff having had different experiences across the workforce. Therefore, the importance of having both workplace wellbeing support and career frameworks to support the workforce has never been more relevant.

NHS Wales will need to address the backlog of people waiting for planned care and increased waiting lists across several specialties. It is recognised that workforce availability both in terms of numbers and skills will be a challenge over the forthcoming years. Training and developing the skills and competence of our existing workforce alongside training the next generation of NHS Wales workers will be key and are supported by the ETP. The contribution of education and training to national programmes such as Diagnostics, Planned Care, and Urgent and Emergency Care has been outlined in Chapter 4.

## Chapter 2 – Strategic Framework, Engagement and Planning approach

This chapter sets our strategic framework that informs this plan. We have ensured that our strategic framework supports the strategic direction of NHS Wales. We have summarised the findings of our engagement with our wide range of stakeholders. Finally, we have confirmed our planning approach and outlined risks to delivery.

### 2.1 Strategic Framework



In October 2020, [The Workforce Strategy for Health and Social Care \(WFS\)](https://heiw.nhs.wales/files/workforce-strategy/) <https://heiw.nhs.wales/files/workforce-strategy/> was endorsed and published by Welsh Government. The strategy enables the delivery of *A Healthier Wales* and is part of the NHS Wales planning system alongside the *National Clinical Framework* and the *Quality Framework*. It forms the basis for our partnership work with Social Care Wales and others to make a difference to the health and social care workforce, including seamless workforce models in integrated care.

The ETP is a key foundation to enable NHS Wales to deliver the commitments set out in the WFS through education, learning, leadership and workforce supply.

As outlined in our [IMTP 2022-25](#) we have six strategic aims which form the strategic and operating framework of the organisation.

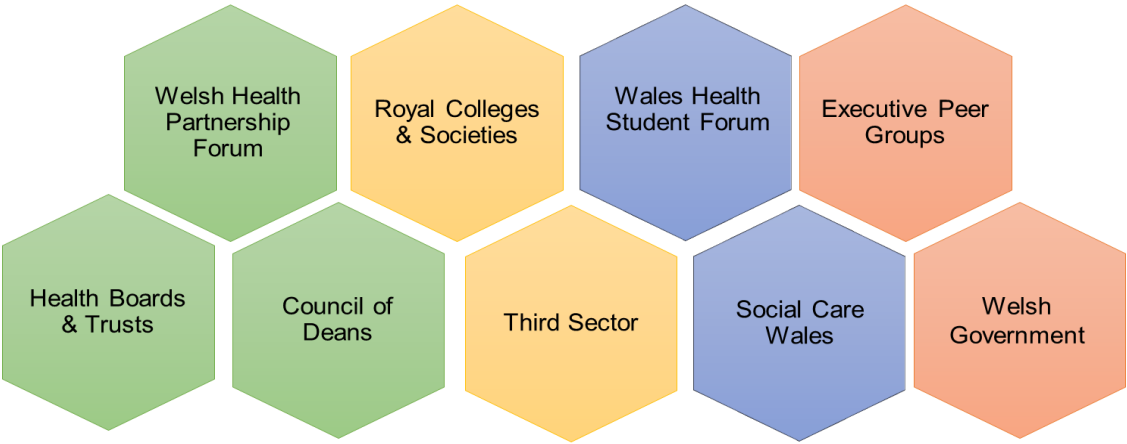


The ETP is critical to ensure we transform healthcare education and training to improve opportunity, access, and population health. Furthermore, this plan is a fundamental element of shaping the future workforce supply for NHS Wales to ensure Wales can reach the ambitions set in *A Healthier Wales* and deliver high quality patient care.

### 2.2 Stakeholder Engagement

Through the establishment of our Stakeholder Reference Group, we have engaged with over 40 different organisations on our draft ETP and requested written and verbal feedback. We presented to each of the NHS Wales Executive Peer Groups and held a dedicated

session with Welsh Government Policy leads. The below diagram summarises the stakeholders we have engaged with;

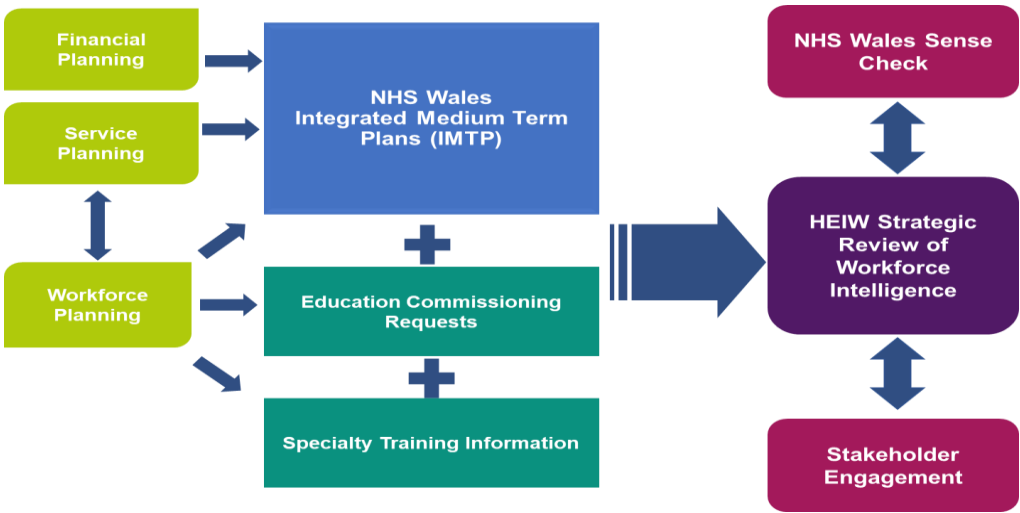


The evidence collected during the stakeholder and partner engagement provided the context for the foundations of the ETP and has been summarised in our [appendices](#). It sets out how the system will deliver workforce transformation and new ways of working within the context of the education and training capacity available.

2.3 Planning Approach

The ETP is produced on an annual basis and linked to academic cycles. It provides the critical foundation for the IMTP and considers our financial profiles on at least a 5-year timescale, given the duration of the programmes we commission. This year we have taken a step change in our planning approach to develop the ETP as the companion plan to the IMTP.

As in previous years a blended bottom-up/top-down planning approach has been taken to develop the ETP. The bottom-up planning includes: workforce planning intelligence supplied by the health boards and trusts, service developments, workforce trends, training capacity, quality of training and training pipelines. We then undertook a review of the workforce planning intelligence through the lens of the strategic intent of workforce transformation outlined in the HEIW IMTP. Validation of the findings was undertaken with stakeholders, which was then formulated into the proposed education and training recommendations including consideration of how these will support the delivery of strategic programmes and national priorities. Workforce modelling is also factored in taking account of the supply pipeline, retirements, turnover, working patterns and proposed training



numbers. Work by HEIW to support workforce training and education is outlined in Chapter 6.

## **2.4 Risks**

The 2023/24 plan is both ambitious yet achievable. Record numbers of students are in training in the NHS and wider health care sector in Wales. Even where numbers are recommended to be maintained at 2022 levels, the newly commissioned numbers are higher than the graduating cohorts. It is important to note that policy decisions will be made on bursary funding during the timeline of this plan, which could influence student recruitment.

### **2.4.1 Organisational Capacity**

The relevant organisational capacity for study leave release and their capacity to host the relevant training placements is a key risk to the successful delivery of the workforce plan. These considerations have been taken into account when consulting and evaluating the proposals for the plan. The recommendations reflect these considerations.

### **2.4.2 Infrastructure**

As HEIs continue to develop blended learning approaches to teach and support students and trainees, their physical infra-structure becomes less of a barrier to growth although the true impact of the pandemic on education delivery is uncertain. However, ensuring students and trainees receive a safe and quality practice experience remains vital.

We are working with key partners within Universities and the Health Boards, as well as regulators, to build on the clinical supervisory infra-structure in place across Wales. This involves developing further multi-disciplinary placement opportunities, particularly within Primary Care and Mental Health settings. The development of the Practice Education Facilitator roles, simulation, regional support roles and specific “deep dives” into Physiotherapy, Occupational Therapy, Cardiac Physiology and Diagnostic Radiography is key to building sustainable capacity. This will not only enable more students to undertake safe and quality clinical placements where they can acquire the necessary clinical proficiencies as defined by the regulators and professional bodies in 2023/24 but this investment and work now will build increased capacity for Wales in future years. Further information on simulated learning and clinical placements is included in Chapter 6.

### **2.4.3 Graduate Employment**

To ensure we are all championing Wales as the place to train, work and live there must be employment opportunities for our students on graduation. We will continue to work with all stakeholders to support graduate employment across Wales, particularly in the more rural and remote areas. Experience as a student or trainee is key in registrants making their employment decisions.

## Chapter 3 – Education and Training Recommendations

This chapter sets out our commissioning and training recommendations for 2023-24. Further information relating to these recommendations can be found within the Appendices.

In addition to the factors set out in Chapter 2 in determining and proposing the following Education and Training recommendations have been through a rigorous internal scrutiny process. The commissioning numbers are challenging but achievable. Trend analysis relating to the number of applicants and historic fill rates have been considered. We are working in partnership with HEI's in Wales and other key stakeholders to ensure that total applicants can be increased thus reducing this as a barrier to growth and building sustainable recruitment to pre-registration programmes in the future.

We are cognisant of graduates being able to gain employment in NHS Wales. Therefore, setting challenging but achievable commissioning targets where graduates will have the opportunities to work in Wales within their chosen profession is vital. So, whilst commissions in some professions remain static, others have moderate increases and others contain significant growth it is important to recognise that a whole range of factors have been considered and that we feel that the recommendations are the right level for Wales in 2023/24.

Throughout this chapter we will refer to the IMTP numbers. By this we mean the numbers submitted by Health Boards and Trusts as part of their IMTPs in March 2022.

### 3.1 Nursing

Our recommendation is to:

- Increase commissioning numbers for Adult, Child and Mental Health Nursing
- Maintain commissioning number for Learning Disabilities Nursing.

We continue to lead and develop a sustainable national workforce plan for nursing, to achieve a better match between demand and supply in Wales. The work to achieve this has been summarised in our [appendices](#).

#### 3.1.1 Adult Nursing:

Recommendations	1892 (66% IMTP numbers)
Influences	Increases due to IMTPs, agency spend and shape of care. Constraints due to placement and supervisor capacity, HEI contract numbers.
Trend	↑ 14.6% on 2022/23
	Year on year growth into the workforce since 2016.

#### 3.1.2 Child Nursing:

Recommendations	192 (66.4% IMTP numbers)
Influences	The IMTP need is 289 (up by 24% from 22/23). The extension of 25B of the Nurse Staffing Levels (Wales) Act 2016 in October 2021 to paediatric in-patient settings



	<p>has resulted in health boards acknowledging the need for additional resources in staff on paediatric inpatient services.</p> <p>Commissioning numbers have not been increased in child nursing for 3 years so the 10% increase in commissions represents achievable and sustainable growth.</p>
Trend	<p>↑ 10% on 2022/23</p> <p>Growth into the workforce since 2016.</p>

### 3.1.3 Mental Health Nursing:

Recommendations	530 (82.6% IMTP numbers)
Influences	<p>The ambition is 580 Mental Health Nursing commissions by 25/26 (thus meeting current IMTP needs). Additional places of 47, 72 and 97 to be commissioned in 23/24, 24/25 and 25/26 academic years respectively. This growth is supported by the Mental Health Workforce Plan which recognised the need to grow this workforce. This will result in a 20% increase above 22/23 levels over 3 years and 75% above 2019 levels of commissioning.</p>
Trend	<p>↑ 9.7% on 2022/23</p> <p>This represents a 46% increase since 2019.</p> <p>Year on year growth into the workforce since 2016.</p>

### 3.1.4 Learning Disabilities Nursing

Recommendations	87 (50.9% IMTP numbers)
Influences	<p>The IMTPs request 171 to be trained. After increasing commissions to 87 last year only 55 applicants were successfully recruited to university places.</p> <p>Over the next year we will work in collaboration with universities to ensure that the current baseline of 87 can be fully recruited to. Once this is achieved, challenging but achievable commissioning targets can be set for future years.</p> <p>Through our engagement our partners have recognised the need to market this area as a rewarding career.</p>
Trend	<p>➔ Maintained on 2022/23</p> <p>Student recruitment targets have not been achieved. In recent years 77 places has been commissioned which rose to 87 in 2022.</p>

### 3.2 Midwifery

Our recommendation is to increase the commissioning numbers.

Recommendations	190 (Over IMTP numbers)
Influences	<p>Midwifery has the highest application rate of any course. We have introduced from March 2023 a second cohort in both North and South Wales. Health Education England (HEE) are looking at an 18-month transition course and this is something HEIW will consider in the future.</p> <p>Future Midwife Standards (NMC, 2019) and Maternity Care in Wales (2019) will require all women to have continuity of care starting at pregnancy and continuing post birth.</p> <p>The additional numbers commissioned over the last five years have now begun to graduate. Ensuring there are sufficient posts available at the right time to employ the graduates is required before further expansion.</p>
Trend	<p>↑ 2.7% increase on 2022/23 Over the past five years midwifery places have increased from 134 to the proposed 190, 42%.</p> <p>Year on year growth into the workforce over the past 5 years.</p>

### 3.3 Healthcare Professional Education

Our recommendations are to maintain commissioning levels or make small increases where needed in response to service demand.

In last year's plan we recommended maintaining commissions at their 2021/22 levels. This recognised the fact that, following a three-year period of sustained growth in commissioning of between 18% and 43%, availability of clinical placements to provide the required learning outcomes was becoming a limiting factor. This was further compounded by the impact of the pandemic and the availability of jobs for new graduates.

#### 3.3.1 Dietetics

Recommendations	82 (90% IMTP numbers)
Influences	Increased need for workforce evident from request to increase from IMTP numbers (30%) due to service pressures. There has been a significant increase in the remit of dietitians and in the complexity of Service User needs.
Trend	<p>↑ 22% on 2022/23 There are two associated courses. The B.Sc. Dietetics programmes are proposed to increase from 40 in 2022/23 to 60 in 2023/24 and increase the PG Dietetics to 22 places.</p> <p>Year on year growth into the workforce since 2016.</p>

### 3.3.2 Occupational Therapy

Recommendations	197 (27 % over IMTP numbers)
Influences	<p>Workforce age profile shows that 25% are over 50 years old. There is a trend of a decreasing participation rate as the workforce get older.</p> <p>The 10% increase is proposed in line with the recommendations in the Mental Health Workforce Plan to increase capacity for OTs to work in Mental Health settings across Wales.</p>
Trend	<p>↑ 10% on 2022/23</p> <p>Year on year growth into the workforce since 2016.</p>

### 3.3.3 Physiotherapy

Recommendations	180 (90% IMTP numbers)
Influences	<p>Small increase reflective of increasing service demand. The age profile of this workforce is younger than other professions with a greater number under 55.</p> <p>Over the next six years there is potential to grow the workforce due to the increased numbers of graduates completing their studies.</p>
Trend	<p>↑ 3% on 2022/23</p> <p>Year on year growth into the workforce since 2016.</p>

### 3.3.4 Podiatry

Recommendations	27 (30% over IMTP numbers)
Influences	<p>We are working with universities to ensure that graduates are able to meet the demands of complex service developments within Health Boards requiring higher skills sets.</p> <p>We will work with Health Boards to achieve improved graduate employment and ensure there is a career framework that allows them to develop their skills following graduation so that they can become ready for these more advanced roles.</p> <p>Podiatry plays a big prevention role for keeping people out of hospital particularly with the rise of diabetes.</p>
Trend	<p>→ Maintained on 2022/23</p> <p>Historically there has been between 22-23 places due to incorporating private sector the numbers increased to 27 in 2021.</p>

### 3.3.5 Speech and Language Therapy

Recommendations	49 (Over IMTP numbers)
Influences	The age profile of this workforce is relatively young and there is a high proportion of part time working.

	There is a need to produce more speech and language therapists who can deliver care through the medium of Welsh.
Trend	➔ Maintained on 2022/23 Increase in the Welsh Language course from 9 to 13 for 2022/23.
	Historically commissioned 44 places since 2016 increased to 49 in 2020. Maintained at that level to match service demand.

### 3.3.6 Clinical Psychology

Recommendations	40 (30% IMTP numbers)
Influences	<p>Demand is increasing across the service including for mental health services, which has been exacerbated by the pandemic.</p> <p>The Mental Health Workforce plan identifies a need to grow the clinical psychology workforce.</p> <p>Workforce data also shows that there is an ageing workforce with the risk of a third retiring within the next 5 years.</p> <p>The number of trainees has been rising year on year in Wales but only by very small numbers, due to placement capacity. We have introduced clinical associates in applied psychology as a new role which is outlined later in the chapter.</p>
Trend	<p>↑ 11% on 2022/23 Commissions have increased from 27 in 2019 to 36 in 2022 as service demand continues to grow.</p>
	Year on year growth into the workforce since 2016.

### 3.3.7 Paramedics

Recommendations	120 (90% IMTP numbers)
Influences	<p>Commissions have been agreed with WAST and the Ambulance Commissioner to ensure the Service has the capacity to provide high quality placements whilst maintain the safety and quality of service to patients.</p> <p>Application rates for Paramedic courses are buoyant. Across the Paramedic workforce there is a high participation rate (above 95%) up to the age of 60.</p>
Trend	<p>↑ 3% on 2022/23 Growth has been added to the emergency medicine training (EMT) conversion route with a slight reduction in BSc. of Paramedicine places.</p>
	Year on year growth into the workforce since 2020 (first year of BSc Paramedicine).

### 3.3.8 Operating Department Practitioners

Recommendations	62 (70% IMTP numbers)
Influences	<p>The three regional ODP education providers enable additional training capacity. There are no identified limitations to providing safe and quality placements.</p> <p>Anaesthetic associates will be commissioned in future years and this provides a career path for ODP's Increases needed to assist high number of theatre vacancies.</p> <p>This year's recommendation represents significant increase in new providers of ODP education and when the courses are further embedded, we will look to increase to 100% of IMTP numbers.</p>
Trend	<p>↑ 27% on 2022/23</p> <p>Year on year growth into the workforce since 2016.</p>

### 3.4 Healthcare Sciences

Our recommendations for undergraduate education commissioning in Healthcare Science are to support the IMTP requests where these are for increase or no substantial decrease from previous years.

Our recommendations for postgraduate and consultant training are to support the IMTP requests to increase commissioning levels across the Scientist Training Programme and Higher Specialist Scientist Training Programme and increase the Equivalence Funding to support in service routes Healthcare Science registration.

#### 3.4.1 Clinical Scientist and Higher Specialist Scientist Training

Recommendations	<p>Scientist Training Programme (STP) 53 (100% IMTP numbers)</p> <p>Higher Specialist Scientist Training (HSST) 10 trainees for 2023 (100% IMTP numbers)</p> <p>Equivalence funding increase from £75k to £100k.</p>
Influences	<p>IMTPs show a large increase in requests for STP training from last year with 53 STP requested for 2022/23 compared to 39 trainees recruited in 21/22. IMTPs requested 10 trainees for HSST. Both these requests will have been influenced by planned care recovery, but there is a need to ensure service capacity to employ STP trainees on graduation and to develop consultant clinical scientist roles following HSST.</p> <p>Equivalence funding is an established and well used investment that enables registration/regulation via an alternative or equivalence route with services increasing in awareness and use of these routes to support retention and succession planning.</p>
Trend	<p>↑ 36% increase in STP on 2022/23, 25% increase in HSST and 33% increase in equivalence funding.</p>

### 3.4.2 Cardiac Physiology

Recommendations	23 (Over IMTP numbers)
Influences	Service pressures and identification of future need of this profession by NHS Collaborative indicate need to maintain minimum contract level. Placement issues limiting further growth currently, with work underway to support.
Trend	↑ 4.5% increase from 2022/23

### 3.4.3 Audiology

Recommendations	11 (100% IMTP numbers) for Audiologists 10 (100% IMTP numbers) for Assistant and Associate Practitioners.
Influences	We are maintaining the numbers to support service need due to aging population and ongoing development in primary care. We have future plans to develop an additional part time practitioner training programme for employee development commencing in 2024.
Trend	➔ One place less than 2022/23 (Audiologists) ➔ Maintained on 2022/23 (Assistant and associates)

### 3.4.4 Respiratory and Sleep Science

Recommendations	14 (100% IMTP numbers) This is above contractual numbers. HEI to confirm if able to support.
Influences	Increased service needs identified during covid pandemic with this profession and indicated in IMTPs regarding recovery. Recommend to support full IMTP request.
Trend	↑ 40% increase on 2022/23

### 3.4.5 Neurophysiology

Recommendations	4 (100% IMTP numbers)
Influences	Identified need to grow profession, however service pressures are such that we recommend support IMTP requests in 2023/24.
Trend	↓ One place less than 2022/23

### 3.4.6 Nuclear Medicine

Recommendations	6 (100% IMTP numbers) including additional place identified by Velindre
Influences	Increase in services identified to support planned care recovery across NHS Wales in relation to diagnostics and cancer services.
Trend	↑ 20% increase on 2022/23

### 3.4.7 Life Sciences (Biomedical Sciences)

Recommendations	26 (Over IMTP numbers)
Influences	Due to significant recovery service pressures and identification of future needs of this profession,



	<p>recommendation for numbers reduced only slightly. This figure is within 20% of the lowest range set in the contract.</p> <p>Future plans to develop additional part time practitioner training programme for employee development commencing in 2024.</p>
Trend	↓ Two places less than 2022/23

### 3.4.8 Clinical Engineering

Recommendations	6 (100% IMTP numbers)
Influences	Some issues with student recruitment balanced with commitment to support the IMTP number requested as a result of aging workforce and crucial role in supporting rehabilitation and keeping people out of hospital. Future plans to develop additional part time practitioner training programme for employee development commencing in 2024.
Trend	↓ Two places less than 2022/23

### 3.4.9 Radiotherapy Physics

Recommendations	2 (100% IMTP numbers with additional place for attrition)
Influences	Services required to support future plans in diagnostics and cancer services.
Trend	➔ Maintained on 2022/23

### 3.4.10 Diagnostic Radiography

Recommendations	150 (Over IMTP numbers, includes 10 Radiography Associate Practitioner)
Influences	<p>Reflective of future diagnostics need and current issues in relation to placement management and vacancy rates following streamlining in 2022.</p> <p>Future requirements for this profession in relation to diagnostics and recovery plan, with national Imaging workforce modelling in progress.</p> <p>Despite the decrease for this year this is the second highest number we have ever commissioned with only 2022/23 having higher commissions.</p>
Trend	↓ 11% decrease from 2022/23

### 3.4.11 Radiotherapy and Oncology

Recommendations	20 (Over IMTP numbers)
Influences	Services under significant pressure currently and required to support future plans in diagnostics and cancer services. Recommend only small decrease to reflect service pressures, take into account attrition and fall within 20% of the lowest of range set in the contract.
Trend	↓ Six places less than 2022/23

### 3.5 Healthcare Support Workers

Our recommendation is to maintain the budget for Healthcare Support Workers (HCSW) education annual funding at £2.5m for 2023/24.

HEIW has an annual budget from Welsh Government as part of the education and training budget to support the development of HCSWs. Organisations submit their costed HCSW education and training requirements annually to HEIW. These submissions are analysed by an internal team within HEIW, including primary care and finance colleagues. Each item requested is assigned one of the following decisions:

- Agreed for funding – examples include Work Based Learning (WBL) qualifications not included in Apprenticeship Frameworks, standalone units for clinical induction and staff development and infrastructure costs to support the delivery and assessment of WBL
- More information required before a decision can be made – e.g., numbers of learners and cost, further details on education programmes requested
- Rejected for funding – usually rejected if funding can be sourced from a different budget e.g., Apprenticeship funding.

These funding allocations are aligned to national priorities, development for support workers in Primary Care and joint working with Social Care colleagues. The HCSW budget also covers the costs of training assessors and verifiers for any WBL qualifications.

Both the IMTPs and the information from the health boards and trusts articulated a requirement for funding to develop HCSWs in the following areas:

- Primary Care
- Emergency Care
- Complex Care
- Theatres
- Therapies – including dietetics and podiatry
- Health and Social Care
- Facilities.

HEIW has agreed to fund HCSW development in all of these areas where Apprenticeship Frameworks do not exist. In addition, HEIW has agreed to fund for a year a number of posts to lead on the delivery of a joint induction programme for HCSW across health and social care. This budget currently also funds Nursing HCSWs to undertake the Level 4 Certificate in Higher Education Nursing Support Worker programme. This aligns to the first year of the undergraduate nursing programme meaning that HCSWs who attain this qualification can proceed straight to year 2 of a nursing programme. In future this programme will be commissioned by HEIW direct from education providers and the funding will sit within the commissioning budget. Further information about HCSW development is found in Chapter 5.

### 3.6 Post-registration Education

Post-registration education is crucial once all healthcare professionals join their professional registers, and 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. It is key to the development of specialist practice and beyond.

The post-registration budget has grown significantly from £500K in 2016 to £2m in 2021/22. Our recommendation is to continue to maintain the budget at £2m for 2023/24 as there remain challenges in the system with release for study leave and overall spend. Further details on how the spend is directed across NHS Wales can be found in the [Advanced Practice section](#).

This budget includes the following funding streams:

- Advanced Clinical Practice
- Extended Scope of Practice
- Independent Prescribing (recommended budget of £500K to continue)
- Contract for the delivery of Genomic medicine modules for all professions (first learners January 2023)
- Reporting radiography education (funding to continue at 20 places per year for new starters)
- Ultrasound education (to continue 15 new PG Dip places per year to Jan 2023).

To support the creation of capacity within the system, future recommendations will support the promotion of top of the license working for the profession. There is an expectation that Primary Care Academies will be a key stakeholder in influencing the funding allocation for post graduate education in primary care to align with the national primary care priorities.

The recommendations in relation to the proposed commissioning arrangements for a number of these key areas listed above, and the related budget, are outlined overleaf.

### **3.6.1 Critical care**

All health boards have been provided with up to 30 places on the nationally recognised Critical Care PG Certificate, and HEIW have secured places in an agreement with HEE (current contract holders) at four English universities as an interim measure during 2022-2023.

A procurement exercise is underway as part of the Strategic Review of Health Profession Education (SRHPE) phase 2 to commission a PG Cert Critical care education to ensure future provision is accessible in Wales, following the transitional arrangements we have with Health Education England (HEE). To be able to fund this development a specific budget will need to be secured to fund this new contract from Sept 2023 onwards.

### **3.6.2 Independent Prescribing (IP) Education and Independent Authorisation of Blood Transfusion (IABT)**

Our recommendation is that the budget remains at £500k for 2023-24.

Investment in these programmes increased in 20/21 to £500k. However, there are a number of challenges within the system in relation to increasing numbers including, study leave capacity due to the pandemic, cohort capacity for IP in the universities, and availability of student support in the workplace, which is proving especially challenging within rural areas.

SRHPE phase 2 will be reviewing IP provision for nursing and Allied Health Professionals (AHP)'s during 2022. Although current university capacity is meeting the need, the review will need to consider what is required to support practice and nurses that will be prescriber ready from registration in 2023. The current capacity of supervisors and assessors, especially in rural communities, will need careful consideration so that it is not a barrier to community nurses developing as IP's. There is also the potential to consider Physician

Associates prescribing following regulation. Therefore, any increases in this budget will fall in line with the review and subsequent new contracts that are procured for 2024-25. Further detail on independent prescribing and its role in building career frameworks can be found in Chapter 5.

SRHPE phase 2 has been reviewed with an expert group including Welsh blood clinicians and Welsh Government the current provision of IABT. There has also been national work completed across the four countries to review the framework which has recently been approved. The Welsh programme is seen as gold standard, and recommendations of the expert group are that we continue to have available in Wales a university accredited programme with a more blended approach increasing online learning and reducing face to face learning. A project group has been established to develop the required procurement paperwork to go out to tender for a new contract, that aligns to the new UK framework, Welsh Government policy and key themes that will be included in all new post graduate education contracts. These include, distance learning, compassionate leadership, Interprofessional education, digitalisation and technology. For 2023-24, HEIW will continue to fund from the overall IP £500k budget. New contracts will be in place for academic year 24-25.

### **3.6.3 Genomic Medicine**

In 2017, Welsh Government launched the *Genomics for Precision Medicine Strategy* 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.

SRHPE phase 2 has reviewed Genomic medicine provision during 2021 and 2022. Currently there are two programmes available in Wales which are designed to provide both standalone 10-20 credit modules and PG Cert, PG Dip and MSc, across all professions and across Wales. At present whilst there is funding for 20 MSc places each year, utilisation is limited and thus the national impact of the education is low. Therefore, following review in collaboration with the Genomics education partnership education and training group, it has been identified that the current provision falls short of service needs. We are currently out to tender for the commissioning of seven standalone 20 credit level 7 modules in Genomic medicine. Module content is to be aligned with the NHSE Genomic Medicine MSc framework and mirror the existing modules in the full MSc Genomic medicine currently commissioned.

As part of this review and to broaden access further we are also proposing to develop a free-to-access eLearning programme providing education in the "Fundamentals of Genomics". This would provide an accessible introduction to genomics to a wide range of healthcare professionals across NHS Wales. The eLearning would facilitate access across Wales, without need to travel to a specific location at a particular time and would be bilingual to facilitate education through Welsh language. This module is currently being written and aims to provide foundation genomics knowledge in order to:

- Improve genomics literacy of NHS workforce, leading to improved care for service users
- Inspire individuals to explore future genomics study at level 7.

### **3.6.4 Reporting Radiographers**

Our recommendation is that the budget increases in 2023-24 to fund 20 places.

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 to fund 10 places. Uptake to this programme has been good despite the challenges of the pandemic. It is recommended that the number of places is increased to take into consideration the recovery.

### 3.6.5 Medical Ultrasound/Sonography

Our recommendation is that the budget remains at the same level until the new programmes are in place.

There continues to be the need for the development of sonography skills amongst radiographers and midwives. The established GAP and GROW initiative and the planned recovery in relation to diagnostics and patient waits, has emphasised this even more so. HEIW currently has a contract in place that will only support 15 new starters per year. However, this contract will end July 2023, so the opportunity to increase provision is opportune.

SRHPE phase 2 in collaboration with the National Imaging Academy for Wales (NIAW) has reviewed ultrasound education and are proposing two education elements;

1. A contract in collaboration with a HEI and the NIAW to procure a Level 7 PG Dip in Ultrasound for Radiographers
2. Accredited work-based learning education programmes for focused scope of practice. The priority will be to develop this for midwives to support GAP and GROW, with a view to develop other areas in the future e.g., MSK.

The expectation is that learners on these new programmes will commence from Sept 2024.

### 3.6.6 Clinical Photography

Our recommendation is that:

	<b>Spend 23-24</b>
Delivery and implementation	£103,365
Clinical photography salary for trainees	£358,654 (9 trainees)
<b>Total</b>	<b>£462,019</b>

SRHPE phase 2 has reviewed provision for the training of clinical photographers during 2021-22. The final cohort will exit from Cardiff University in summer 2022 and the programme at Cardiff will close. Following extensive stakeholder engagement and consultation with the Institute of Medical Illustrators, an accredited work-based learning programme at level 7 is proposed. It has also been agreed to repurpose the existing recurrent funding to ensure that this new programme can be implemented and delivered for new learners in September 2023.

### 3.6.7 Community Education

Our recommendation is to maintain the same level of education provision as in 2022/23 until the Nursery and Midwifery Council (NMC) conclude their reform of standards for specialist community public health nurses (SCPHN) and community nurses specialist practice qualifications (SPQs) and universities have their new programmes in place.



**Community Nurses** are registered nurses who provide highly skilled, invaluable care to people in their own homes, care homes, or close to where they live, in clinics and GP practices. They also provide outreach services to those who may not have a secure home. Community nurses cover all four fields of nursing practice.

**District Nurses** also lead teams of community nurses and support workers, the role requires registered nurses to undertake an NMC approved specialist practitioner (SPQ DN) course.

**Specialist Community Public Health Nurses** are registered nurses or midwives who have undertaken an NMC approved Specialist Community Public Health (SCPHN) course. SCPHN nurses provide highly skilled, expert care for individuals within the communities.

**Health Visitors** provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0-5 years and for vulnerable populations targeted according to need. Whilst **School Nurses** work across education and health, providing a link between school, home and the community, with the aim to improve the health and wellbeing of children and young people.

All existing university providers will need to have new programmes in place that align to these new standards by September 2024. Some areas in Wales, particularly more rural areas, have challenges with recruitment. SRHPE phase 2 starts its review of both SCPHN and SPQ in June 2022, to ensure that full stakeholder engagement is undertaken to inform the procurement of new contracts that align to the new standards.

There are two health visiting services within health boards, generic services funded by the health board and Flying Start services funded by Welsh Government, through the local authority with an element of funding from health boards. A recent announcement by Welsh Government details expansion of Flying Start services in each local authority in Wales and a further announcement is expected in Autumn 2022. The health visiting workforce in Wales will need to be in place to support this wider roll out, ensuring that children and families in Wales have the right support at the right time to meet their needs. We will continue to work closely with WG to ensure we are continually updated in relation to the expansion project, particularly in terms of health visiting workforce capacity.

We are working closely with the Strategic Programme for Primary Care on its Community Infrastructure programme, and we will need to ensure that education provision aligns with any changes proposed to service models going forward.

### 3.7 Pharmacy

Our recommendations are to:

- Increase training for the non-registrant workforce establishing career pathways
- Increase the number of Pharmacy Undergraduate Clinical Placements
- Maintain the Post-registration Foundation Programme for pharmacists
- Increase annual numbers of independent prescribing courses to the maximum
- Maintain current access to advanced and extended practice funding
- Increase the introduction and development of scientist roles into medicines manufacturing units in Wales.

Pharmacy current and worsening workforce issues mean that pharmacy services are reduced. Increasing temporary community pharmacy closures impact on patients' access to medicines in their communities. In our IMTP we have committed to lead a collaborative



programme of work to define and deliver short, medium and long-term solutions for a sustainable future workforce model to meet the needs of the service and population. This will relieve pressures in the system and provide stability for pharmacy services and ensuring we have a prudent integrated pharmacy workforce will support staff to optimise their skills to offer better patient services within a multi-disciplinary team.

For 2023-24, the four key strategic influences on pharmacy commissioning priorities continue to be:

- The pharmacy vision, '*Pharmacy: Delivering a Healthier Wales*' (PDaHW); which is the professions' response to 'A Healthier Wales', and was endorsed by Welsh Government
- Implementation of the new GPhC Initial Education and Training Standards (IETS) for pharmacists and pharmacy technicians
- "Community pharmacy contractual reforms, [\*'A New Prescription: The future of community pharmacy in Wales'\*](#)
- Transforming Access to Medicines (TrAMs), delivering medicines manufacturing hubs in Wales".

Pharmacy is approaching midway through a five year series of transformation projects, to deliver the new IETS. This will ultimately produce pharmacy professionals with enhanced medicines skills on 'day-one' of registration, including independent prescribing for pharmacists.

### 3.7.1 Pharmacy Support Staff

Recommendations	100 Level 2 units
Context	<p>To ensure we are able to develop and grow our own workforce from the communities we serve, the pathway from assistant to pharmacy professional was created and is recommended to expand for 2023.</p> <p>The 'Access to Pharmacy' offering, provides a route for individuals to fill any gaps in mathematics, English, science or digital literacy at Level 2 whilst they are in the workplace, so that they can meet the entry requirements for the pre-registration pharmacy technician programme.</p>
Trend	<p>↑ 67% on 2022/23</p> <p>The number of individual units available will increase from 60 to 100 units in 2023 which equates to support for an estimated 50 learners.</p>

### 3.7.2 Pre-registration Pharmacy Technicians

Recommendations	<p>NHS Employed 50 posts</p> <p>NHS contractor/community employed 50 bursaries</p>
Context	<p>The new Pre-registration Pharmacy Technician programme for Wales began enrolling in 2022. It will provide registrants with a broad base of skills that mean they can work in a range of healthcare settings. To best meet employers' needs, a pattern of two intakes a year is becoming established.</p>

	To transition to a more balanced position of training responsibilities across the pharmacy sectors the provision of 100 training programmes will be split 50:50 between hospital and community pharmacy in 2023-24.
Trend	<p>↑ 20% increase on 2022/23</p> <p>Overall increase in training posts from 83 to 100</p>

### 3.7.3 Pharmacy Technicians

Recommendations	<p>NHS contractor/community employed 50 x £1000 bursaries</p> <p>Maintain advanced and extended practice opportunities</p>
Context	<p>From 2024 new pharmacy technicians will be emerging from Wales' training programme with the knowledge and skills of a new Level 4 qualification. With existing pharmacy technicians in the workforce currently qualified to Level 3, we recommend increasing opportunities to upskill our current workforce.</p> <p>The number of community pharmacy technician training bursaries will increase from 30 to 50 to enable Agored Level 4 work-based learning opportunities.</p>
Trend	<p>↑ 67% on 2022/23</p> <p>The number of community pharmacy technician training bursaries will increase from 30 to 50.</p> <p>Maintain advanced and extended practice opportunities at 2022-23 levels.</p>

### 3.7.4 Pharmacy Undergraduates

Recommendations	MPharm placements in Wales, 7,560
Context	<p>To deliver the new IETS, pharmacy students undertaking the MPharm in Wales require clinical placements throughout the 4-year undergraduate course so that they can safely prescribe from the point of registration.</p> <p>HEIW secured additional funds for the first undergraduate pharmacy placements to commence in autumn 2022 through a business case to Welsh Government.</p> <p>For 2023-24 the number of funded clinical placements will increase in line with the business case.</p>
Trend	<p>↑ 59% on 2022/23</p> <p>3120 MPharm placements in Wales last year.</p>

### 3.7.5 Trainee Pharmacists

Recommendations	122 Trainee pharmacist posts already commissioned
Context	For 2023-24 the number of trainee pharmacist posts has been agreed with employers and submitted into Oriel as 122 multi-sector posts. This is within the financial envelope of the original 5-year business case.

	<p>For 2023-24 intake there is a 40% increase in training posts available across England, Scotland and Wales, with no increase in the number of pharmacy graduates, so this will be the most competitive year for recruiting trainee pharmacists in history.</p> <p>The Train Work Live campaign will be vitally important and will include images from all three sectors hospital, GP practice and community pharmacy.</p>
Trend	The commissioned numbers are lower than the 132 originally planned. Post numbers have been limited by Health Board training capacity and ongoing work to provide additional programme infrastructure.

### 3.7.6 Pharmacists

Recommendations	<p>Maintain 80 Post-registration Foundation Pharmacist programmes (40 NHS Employed and 40 NHS Contractor/community Employed).</p> <p>Increase to 300 Independent Prescribing courses (150 NHS Employed and 150 NHS Contractor/community Employed, with 3k backfill bursary).</p> <p>Sustain multi-sector advanced practice funding</p> <p>NHS Employed £242,000</p> <p>NHS contractor/community Employed £250,000</p>
Context	<p>The Post-registration Foundation Programme is the opportunity for new registrants to bridge a development gap to providing enhanced medicines care and prescribing, until the new IETS are fully implemented in 2026. The number of post-registration foundation training programmes will be 80 for the second year as employers aspire to retain as many trainee pharmacists as possible after registration. The opportunity to increase programme numbers to 90 for 2023 has been limited by Health Board training capacity.</p> <p>To reach PDaHW targets for prescribers and deliver the new community pharmacy contract, we will increase the commissioning of prescribing courses for pharmacists to the maximum which is 300 in 2023-24 (and 350 in 2024-25). This accounts for the constraints of university course provision, training capacity and Designated supervising Prescribing Practitioners (DPPs) available.</p> <p>We will maintain investment in minor illness and GP transition programmes, to provide for unmet demands during the pandemic.</p> <p>To deliver a truly flexible workforce, funding for advanced and extended practice will be sustained at 2022-23 levels and remains inclusive of professionals working in all sectors including locums.</p>

Trend	<ul style="list-style-type: none"> <li>↑ Independent Prescribing 50% increase on courses from 200 in 2022-23</li> <li>→ Maintain 80 Post-registration Foundation Pharmacist programmes</li> <li>→ Maintain multi-sector advanced practice funding on 2022/23.</li> </ul>
-------	--

### 3.8 Dental

Our recommendations are to:

- Maintain Dental Foundation Training Places
- Increase Dental Specialty Training posts
- Increase Dental Therapy Foundation Training Posts.

In our IMTP we have committed to scope solutions for the dental workforce in Wales to ensure the workforce is identified, trained, supported and available to deliver dental services for the future to meet the oral health needs of the Welsh population. In order to achieve this, we will ensure the commissioning of dental education and training is based upon a robust evidence base, workforce needs and focused on improving services and the oral health needs of the population. We are working with key partners in HEIs and training providers to train and build the Welsh dental workforce and improve the continuum between undergraduate and postgraduate training to retain the workforce locally to create a sustainable supply of dental professionals. This will ensure that dental education and training is developed appropriately to ensure jobs are available in Wales for those undertaking training. This will include post-graduate training for dentists and Dental Care Professionals (DCPs) and the provision of specific enhanced skills training to meet patient needs.

At the heart of Welsh Government policy direction '*The Oral and Dental Services Response to A Healthier Wales*' is a whole-system change approach in dentistry to facilitate a step-up in needs-led preventive care to improve outcomes for patients. The dental contract offer encourages new ways of working including focussing on prevention and increasing access for patients. There are opportunities for primary care dental practices to develop new ways of working to increase the use of skill mix and the wider dental team in providing care to patients.

There are significant workforce shortages in all areas in dentistry which are impacting on patients being able to access oral health care in all areas of Wales. We are pleased to confirm that we will become a National Examining Board for Dental Nursing training centre and therefore able to offer pre and post registration dental nursing training. There are several existing routes for Dental nurse training in Wales and we are working with stakeholders to increase the provision of quality training through Welsh Government funded routes for Wales to ensure a sustainable supply of this essential workforce.

#### 3.8.1 Dental Specialty Training

Recommendations	35
Context	The specialist workforce in dentistry is complex and based on service and population need along with the need to succession plan and ensure sufficient provision and training capacity for the future.

	<p>We have worked closely with the dental specialties and leads in Wales to consider the workforce and population needs along with strategic direction e.g., Oral Surgery. Wales has only one dental school in Cardiff University that requires lecturers in specific specialties to enable comprehensive teaching and delivery of all the learning outcomes and standards prescribed by the General Dental Council (GDC). Ensuring sufficient academic staff in relevant specialties is essential to the dental school retaining Dental Authority status (awarded through the GDC) to continue providing dental undergraduate education and training.</p> <p>We have worked with the Dental School to develop plans for academic specialty trainees that will contribute to the training for these fragile specialties and ensure continuation of provision in education and training for the future.</p>
Trend	<p>↑ 50% increase on 2022/23</p> <p>Increased 12 training posts from 26 posts in 2022/23.</p>

### 3.8.2 Dental Foundation Training

Recommendations	74
Context	<p>The number of dental foundation training places is determined through the allocated funding. Dental Foundation training an essential requirement for all dental graduates who wish to work in primary care dentistry and provides a structured environment to ensure new graduates acquire the knowledge, skills and competencies to work safely in General Dental Practice. This training ensures that the majority of all dental graduates in the UK are eligible to enter NHS primary care dental practice and are able to see and treat patients safely and effectively.</p>
Trend	→ Maintained on 2022/23.

### 3.8.3 Dental Therapy Foundation Training

Recommendations	<p>20 (10 additional)</p> <p>Due to the increase training programme director and admin support will require investment.</p>
Context	<p>The dental therapy foundation training has been running since 2003 in Wales and places newly qualified dental therapists in General Dental Practice where they gain knowledge and skills of working in NHS primary care within a structured learning programme.</p> <p>The ambition to increase the availability of training places aligns with the system reform principles to further develop skill mix in dental practices.</p>
Trend	<p>↑ 100% increase on 2022/23</p> <p>10 posts were commissioned in 2022/23.</p>

### 3.8.4 Dental Hygienist and Dental Therapy (Undergraduate)

Recommendations	42
Context	Dental hygiene and dental therapy training has increased in recent years, expanding existing training provision in Cardiff university with training in North Wales via Bangor University. There are currently capacity challenges with the existing providers however we will look to increase existing contracts in year (up to 20%) if these issues can be resolved. We are working closely with providers to monitor and support this.
Trend	➔ Maintained on 2022/23 A new provider was commissioned in 2022 in Bangor and dental hygiene places were increased by 12.

## 3.9 Medical Workforce

Our recommendations are to increase posts across a wide range of specialties/training programmes in Secondary Care/Specialty Training and Foundation Training.

The workforce shortages and consultant gaps in a number of priority areas is a limiting factor in the ability of the NHS in Wales to deliver key services and address the backlog in planned care following disruptions to services arising from the COVID pandemic. These recommendations aim to bridge this gap and increase the output of consultants over the next 5-10 years enabling NHS Wales to futureproof services and maintain current consultant levels against projected consultant retirements during this period. However, in the immediate term, the increased capacity afforded through these recommendations will support NHS Wales to provide regional treatment, healthcare closer to home and timely access to treatment and diagnostic procedures.

The increase in posts created through these recommendations will be distributed across NHS Wales according to education and training capacity. However in some instances, increases in North Wales have been stipulated within the recommendations to enable freestanding North Wales programmes or to address specific issues such as programme attractiveness, retention and delivery in that locality. For 2023/24 the approach to workforce planning for the medical workforce has focused on several key themes:

- Urgent and Emergency Care
- Cancer Care
- Planned Care
- Diagnostic Specialties/Health Promotion & Prevention
- Mental Health.

The medical workforce planning process and its recommendations is not undertaken in isolation from the process for other healthcare professionals. It is increasingly important to understand how new roles and new ways of working might support delivery of service in areas which were traditionally considered the remit of the doctor.

The growth in training on a Less Than Full Time (LTFT) basis has had implications for workforce planning. In July 2021, 452 Medical trainees across Secondary Care and General Practice training programmes were training on a LTFT basis. As of the end of March 2022 this has now risen to 653 with 22 trainees at Foundation level, 427 trainees in Secondary Care/Specialty Training and 204 trainees in General Practice. This accounts for 25% of the



total specialty trainee doctor workforce with percentages being much higher across specific programmes such as Paediatrics, General Practice, Emergency Medicine and Anaesthetics.

Training Programme Directors and findings from surveys such as the GMC National Training Survey, report high levels of self-reported trainee burn-out particularly amongst those in the frontline specialties (Medicine /A&E anaesthesia and ICM) exacerbated by the Covid pandemic. Furthermore, there is increasing evidence that the Doctors of today wish to work in a different way with greater emphasis on a 'better work life balance'. Flexible working hours and portfolio careers are much higher on their agenda. These issues need to be supported if we are to retain our medical workforce and are considered in our workforce planning. The 2024/25 workforce plan for medicine will therefore focus on measures to address this and explore options to build flexibility in our systems to enable us to better meet the future demands of the trainee workforce.

### 3.9.1 Secondary Care/Specialty Training

Recommendations	90 (Full table provided in <a href="#">appendices</a> )
Context	<p>Recommendations for Postgraduate Medical training post expansions align with policy on key priority areas supporting NHS Wales to build sustainable capacity including;</p> <ul style="list-style-type: none"> <li>• Urgent and Emergency Care which includes increases in emergency medicine, geriatric medicine and internal medicine</li> <li>• Cancer Care which includes increases in clinical oncology, medical oncology and palliative medicine.</li> <li>• Diagnostics, which includes infectious diseases, clinical radiology, clinical neurophysiology, public health medicine and clinical pharmacology and therapeutics</li> <li>• Planned care recovery which includes general surgery, trauma &amp; orthopaedics, anaesthetics, dermatology, rheumatology and neurology.</li> </ul>
Trend	<p>↑ 1% increase on new posts in 2022/23 89 new posts were created in 2022/23.</p> <p>The increase of 90 new posts will see our training post establishment (baseline from August 2022) rise by a further 4.8% in August 2023. Of note the increase was 4.8% in August 2022 and 4.1% in August 2021.</p>

### 3.9.2 Foundation Training

Recommendations	69
Context	To increase the number of Foundation Year 1 posts by 39 and Foundation Year 2 posts by 30 for August 2023 as detailed in the Foundation Expansion Business Case.
Trend	<p>↑ 15% increase on new posts in 2022/23. 60 new posts were created in 2022/23.</p> <p>The increase of 69 new posts will see our training post establishment (baseline from August 2022) rise by a</p>

	further 8.7% in August 2023. Of note the increase was 8.2% in August 2022 and 6.1% in August 2021.
--	--

### 3.10 General Practice

Our recommendation for recruitment to General Practice (GP) Training Schemes for 2023/2024 remains at 160 to a maximum of 200.

In 2019 Welsh Government agreed that GP Training numbers should increase to better reflect population numbers in each Health Board area. At the same time as an expansion of training places, the 1+2 model was also introduced (two years in general practice and one year in hospital) initially in 5 Schemes and then rolled out to the other 6 Schemes from August 2020. The target now is to recruit 160 GP trainees per year with an agreement that we can recruit up to 200 trainees if there are sufficient numbers of eligible candidates.

Since that agreement, the number of GP trainees has steadily increased. However, with this increase has come a change in the profile of some of our trainees due to UK wide regulatory changes. The Home Office have now included doctors on the Shortage Occupation List which means that all overseas doctors can apply for GP training in Round 1 rather than waiting for Round 2 when fewer numbers of posts are available. Now high numbers of our trainees are International Medical Graduates (IMGs) some of whom have little or no experience of the NHS and/or familiarity with UK general practice. For example, of the August 2021 and February 2022 intake, of a total of 184 total trainees 54% were IMGs. Indications for the August 2022 and February 2023 intake is that the number of IMGs will be high.

UK wide research shows that GP trainees who score below 500 in the Multi-Specialty Recruitment Assessment (MSRA) which forms part of the selection process will be more likely to experience difficulty in passing the exams that make up the Membership of the Royal College of General Practitioners (MRCGP) licensing exam and consequently may need extensions to their training. Higher numbers of trainees in this group are being recruited across the UK and this results in a higher cost per trainee due to the longer duration of their training. To mitigate against these factors, we have introduced a package of enhanced support for these trainees including the 3 module sub-regional Wales Enhanced Support for Training (WEST) Programme. In 2023/24 we will further develop and embed this support and have a business case in preparation for additional funding to provide this support.

### 3.11 Eyecare

Since 2021, HEIW has held the budget to support the professional development for qualified non-medical eye care professionals. HEIW's Associate Director of Optometry Transformation works closely with Welsh Government and healthcare providers to deliver and support education that improves the eye health of the people of Wales.

In Wales there is very good access to optometry services, where optometrists help to detect, treat and manage eye diseases early and stop unnecessary referrals. Community optometry practices are seen as an integral part of the transformation of eye care services and the on-going development of care closer to home. Optometry has a key role in delivering the key aims of "*A Healthier Wales*" through provision of care. HEIW supports these aims through:

Aim	Benefit to NHS Wales
1. Ensure newly registered and newly qualified IP optometrists are	To build confidence and extend skills which should reduce unwarranted referrals into

offered support and mentorship by the end of 2023.	secondary care. The extended support should also improve recruitment and retention of practitioners in Wales.
2. Embed a programme of quality improvement training for all registered practitioners.	Improved clinical and operational outcomes to maximise value of services to our population.
3. Develop and commission education which is used to provide new patient services in community optometry practices.	Ensure continuity and equity of professional development to meet regulatory and government requirements leading to improvement in clinical and professional practice to positively impact patient services across the whole of Wales.
4. Develop an education and training plan for secondary care ophthalmology nursing workforce.	To facilitate career progression to advanced and consultant practice for the ophthalmology nursing workforce and increase access to extended skills. Promote increased collaboration across the patient eye care pathway.
5. Explore teach and learning clinics and a quality framework for undergraduate and postgraduate placements by mid 2023.	To ensure equity of access to community optometrists with the highest professional skills for all areas of Wales, particularly those with rural and older populations.

### 3.12 New Roles

#### 3.12.1 Physician Associates

Our recommendation is to increase the level of education provision.

Physician Associates (PAs) work across a wide range of medical specialties in secondary care and in a number of practices in primary care. HEIW are working collaboratively with Bangor University and Swansea University, the Health Boards and Primary Care leads to develop more placements for PAs.

Recommendations	57 (Over IMTP numbers requested of 42)
Context	The numbers in training have steadily increased, and since 2021 graduating physician associates have been recruited as part of the streamlining processes. We have worked with organisations to identify opportunities to employ physician associates across a broad range of specialty, including within primary care and this has led to an increase in the interest in employing physician associates. The Mental Health Workforce Plan identifies a need to grow this workforce.
Trend	↑ 5% increase on recommendations in 2022/23

#### 3.12.2 Anaesthesia Associates

Anaesthesia Associates (AAs) were originally introduced in 2004 and are now established within many NHS hospitals in England and within Hywel Dda Health Board in Wales, which has 8 AAs.

AAs are highly trained, skilled practitioners that work within an anaesthetic team under the direction and supervision of a Consultant Anaesthetist. All qualified AAs have successfully completed an Anaesthesia Associate Postgraduate Diploma and are encouraged to maintain their presence on the managed voluntary register held by the Royal College of Anaesthetists (RCoA). AAs can provide perioperative patient care in either a 1: 1 or 2:1 capacity depending on patient acuity, they can support services such as PIC line insertion and can provide pre-operative assessment.

AAs can come from a nursing, ODP background or can enter the training with a biomedical degree. Currently Birmingham University and UCL deliver the training. It is a 27-month work-based programme, while students are on the programme they are employed by an organisation with the majority of the training being delivered in-house. Following engagement, it was agreed that there will not be enough demand over a period of time to make a course delivered by a Welsh university sustainable and therefore felt commissioning places from Birmingham or UCL would be the best option.

AAs are currently unregulated although the GMC have announced that they will be regulating them. The AA task and finish group have developed an all-Wales governance framework in line with the Physician Associate Framework.

### **3.12.3 Clinical Associates in Applied Psychology**

Following the review of the psychological therapies in 2020 and the Together for Mental Health Delivery 2019-2022 plan<sup>[i]</sup>, a need has been identified to develop the psychological therapies across Wales. Clinical Associates in Applied Psychology (CAAPs) offer a unique solution to help address the psychology and wider mental health recruitment challenges. CAAPs fill an identified skills gap between assistant psychologist and psychologists and also open up a new career pathway for graduate psychologists. From extensive stakeholder engagement it is clear there is an appetite for the development of CAAPs. A pilot cohort of CAAPs training is being commissioned during 2022/23 and 2023/24 academic year. A business case will be submitted to Welsh Government for recurrent funding and annual intakes of CAAPs. A longer-term procurement for this education will be progressed for students to commence in 2024/25 academic year. CAAPs are key to the achievement of the Mental Health Workforce Plan.

CAAPs are psychology graduates who complete a one year programme at full MSc in order to become a skilled associate psychologist. They can be trained to work with a wide variety of clinical settings and have a full year of supervised clinical practice before they graduate to become a CAAP. CAAP duties include assessing, formulating, and treating clients within specified ranges of conditions and age, either in primary care/adult mental health settings or in a range of areas involving children, young people, and their families. They are able to practice autonomously with appropriate support, working within their scope of practice, under the supervision of an appropriately registered Health and Care Professional Council (HCPC) clinical psychologist.

Welsh Health Boards have highlighted a number of areas in which CAAPs can help to deliver on Matrics Cymru & Matrics Plant including:

- Low Intensity workforce
- High Intensity/CBT/Systemic Therapists (following further post qualification training)
- Psychologically Informed Practitioners
- Highly specialist assessment and formulation at earliest point in patient journey
- Psychologically informed/trained practitioners for inpatient services

- Increasing accessibility to EB psychological interventions
- Post-diagnostic support services (OA)
- Carer-focussed interventions
- Psychologically informed support during a crisis (LD).

CAAPs implementation can also have a positive impact on the transformation of psychological services including:

- Increase access to psychological interventions for neurodiversity and cognitive impairment
- Clinical Health Psychology
- Psychologically informed inpatient services
- Delivery of group interventions in inpatient environments
- Management of pain and long-term conditions
- Primary and secondary schools- supporting the Whole School Approach
- Learning Disabilities Services
- Working with partner organisations to develop embedded, psychologically informed and psychological skilled work.

## Chapter 4 – Supporting Multi-professional National Programmes

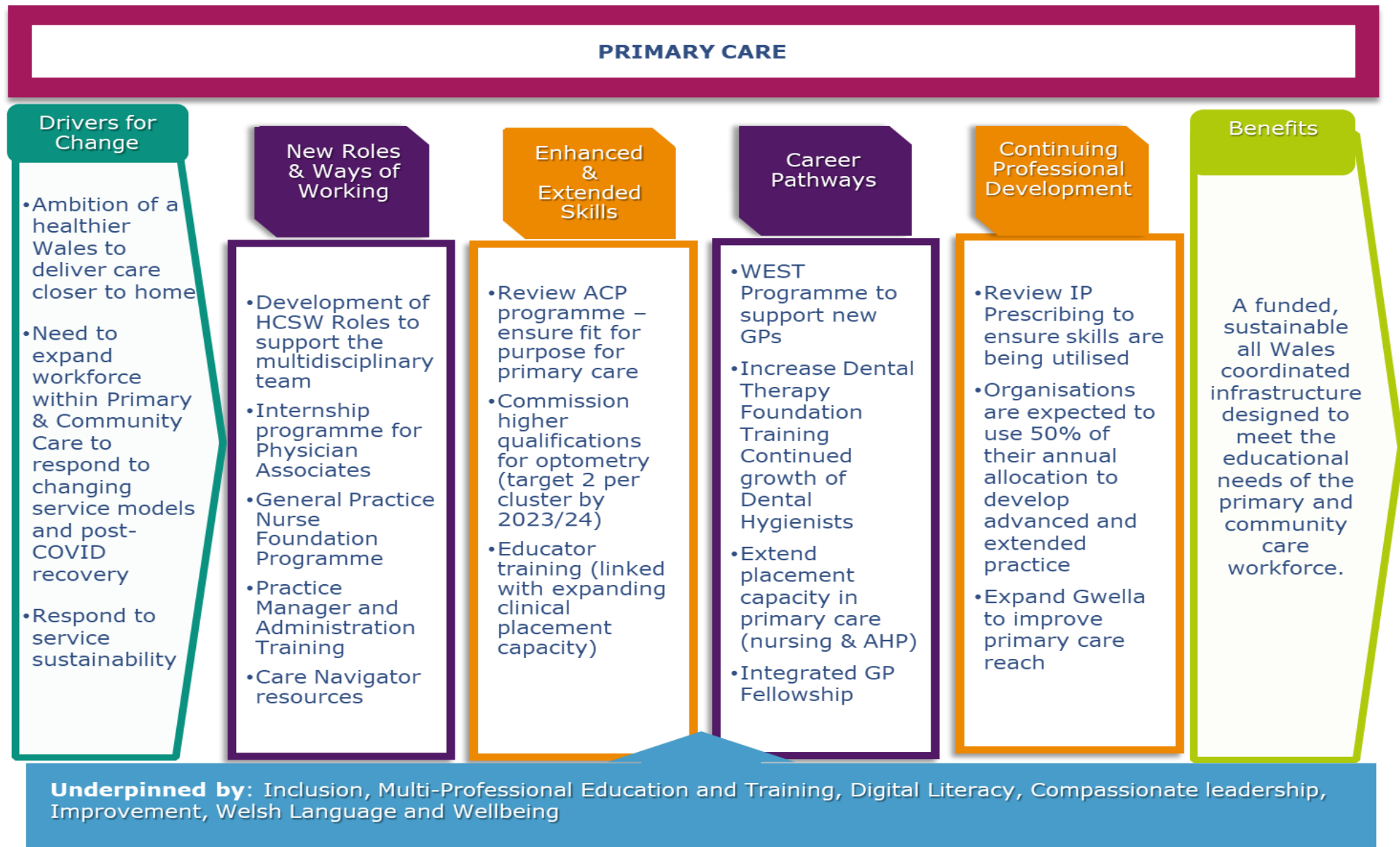
This chapter describes the contribution of Education and Training to supporting the delivery of national programmes.

In our IMTP 2022-2025 we set out the contribution we will make to supporting multi-professional national programmes as summarised below. The rest of this chapter outlines the contribution of the ETP to these national programmes;

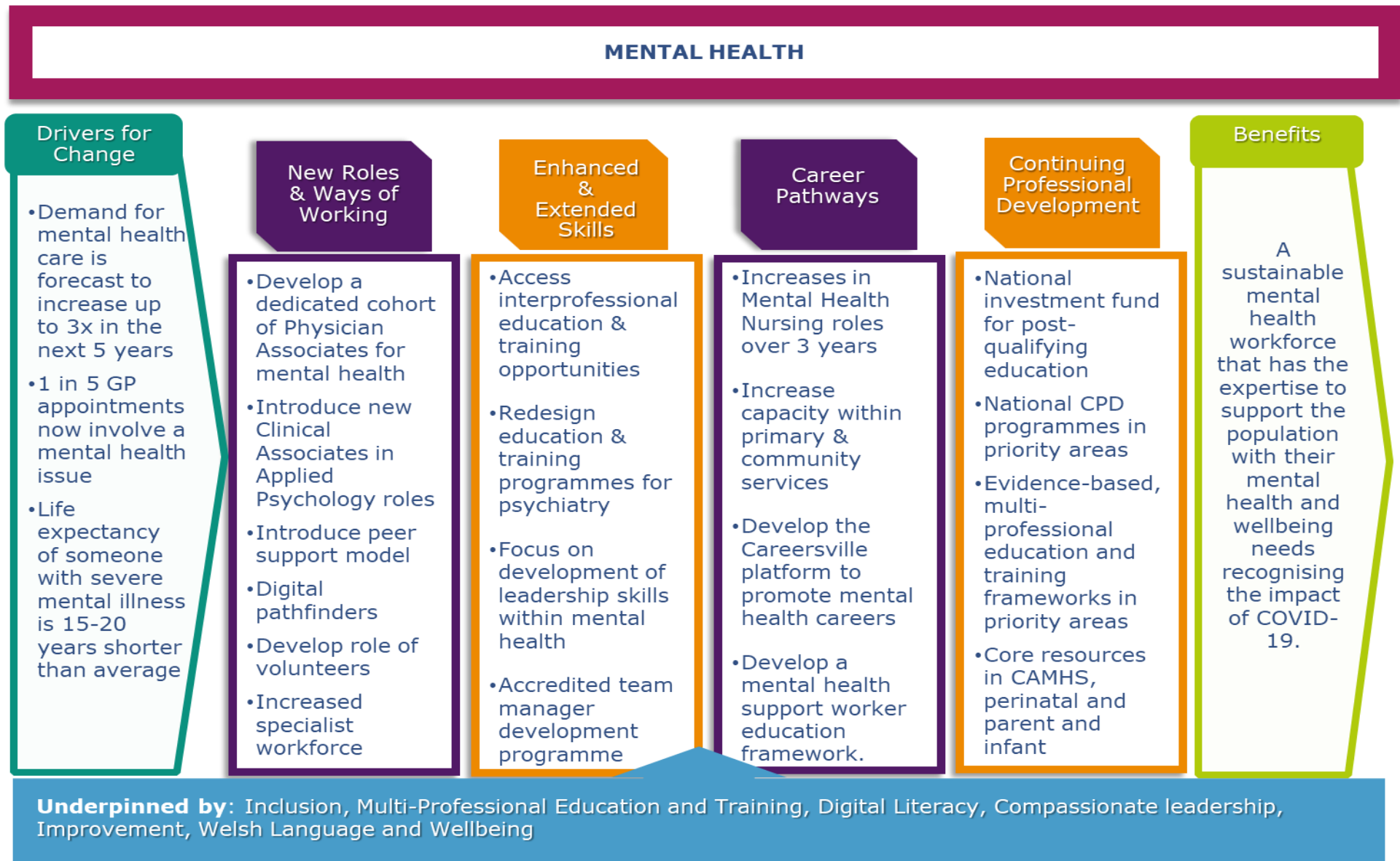
Supporting National Programmes						
	Primary & Community Care	Mental Health	Urgent & Emergency Care	Planned Care	Cancer	Diagnostics
<b>Deliverables 2022/23</b>	<ul style="list-style-type: none"> <li>Establish the primary care infrastructure.</li> <li>Agree a prioritised phased plan for development and/or roll out of education programmes across Wales.</li> <li>Undertake a baseline scoping of education and training programmes available to the wider community workforce.</li> <li>Review and assess funding models/approaches</li> </ul>	<ul style="list-style-type: none"> <li>Complete consultation and finalise costed actions for next 3 years</li> <li>Agree funding requirements with WG</li> <li>Finalise &amp; publish plan</li> <li>Agree implementation plan for 22/23</li> <li>Implement first cohort of CAAPs</li> <li>Continue implementation of new education and training for CAMHS and perinatal</li> <li>Develop a training package for MHA work part 1.</li> </ul>	<ul style="list-style-type: none"> <li>Lead workforce, education and training development and transformation in the priority areas</li> <li>Develop UEC workforce models in-line with prudent health principles for areas identified as a priority.</li> <li>Initial priorities include: <ul style="list-style-type: none"> <li>RCDM training</li> <li>Phase 2.Educational Framework for Mental Health 111.</li> <li>Advanced Paramedic Practitioner workforce model.</li> <li>Urgent Care Practitioner (UCP) education.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Review opportunities for short term solutions / accelerated progress in these areas.</li> <li>Promote existing work programmes and showcase good practice/innovation.</li> <li>Develop clear expectations and requirements for education and training capacity recovery programme.</li> <li>Review education and training support Research good practice and emerging innovation</li> <li>Develop proposals to address any gaps in the workforce plans</li> </ul>	<ul style="list-style-type: none"> <li>Scope the impact of ongoing work in endoscopy, imaging, pathology, and Pet and within the wider HEIW remit that will improve the implementation of the Upper GI and Colorectal National Optimal pathways.</li> <li>Identify further work on specialist issues and gaps.</li> <li>Agree priority workforce, education and training solutions.</li> <li>Develop a methodology that can be used by the Wales Cancer Network to roll out to other tumour sites.</li> </ul>	<ul style="list-style-type: none"> <li>Support the implementation and completion of the Strategic Workforce Plan.</li> <li>Development and delivery of education in response to the I Strategic Workforce Plan.</li> <li>Commission a part-time Practitioner Training Programme in Biomedical Science.</li> <li>Develop an all-Wales resource for the Level 3 Healthcare Science qualification.</li> <li>Review the future multi-professional workforce to develop a shared national vision.</li> </ul>
<b>Outcomes 2025</b>	A funded, sustainable all Wales coordinated infrastructure designed to meet the educational needs of the primary and community care workforce.	A sustainable mental health workforce that has the expertise to support the population with their mental health and wellbeing needs recognising the impact of COVID-19.	Modern, multi-professional urgent and emergency care workforce models, that use their skills in line with the prudent in practice principles	Development of size and shape of workforce to support planned care recovery	Improving cancer survival outcomes by addressing workforce barriers to implementing the National Optimal Pathways for cancer.	A modernised NHS Wales Diagnostics workforce to support the recovery priorities.



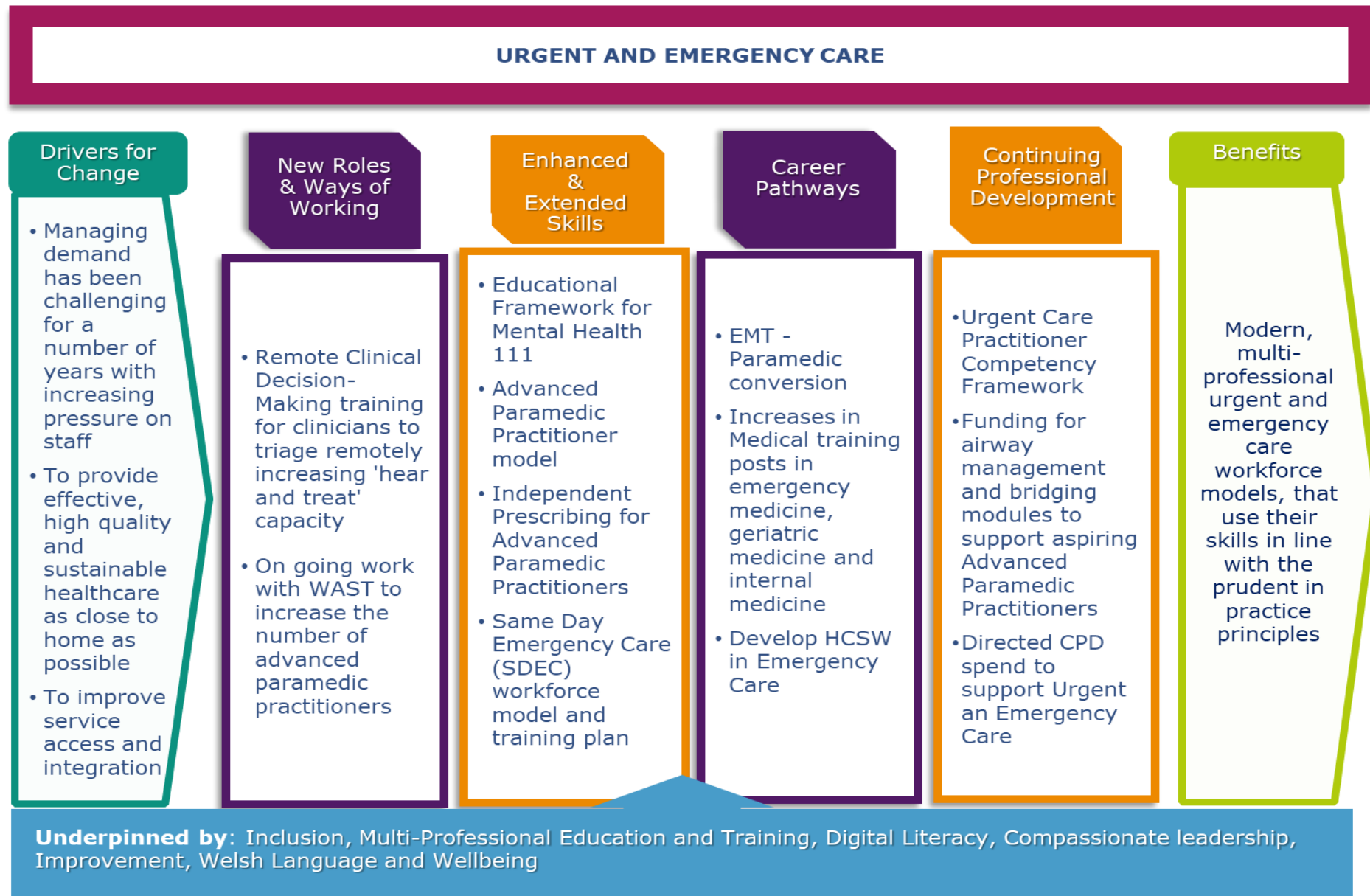
## 4.1 Primary Care



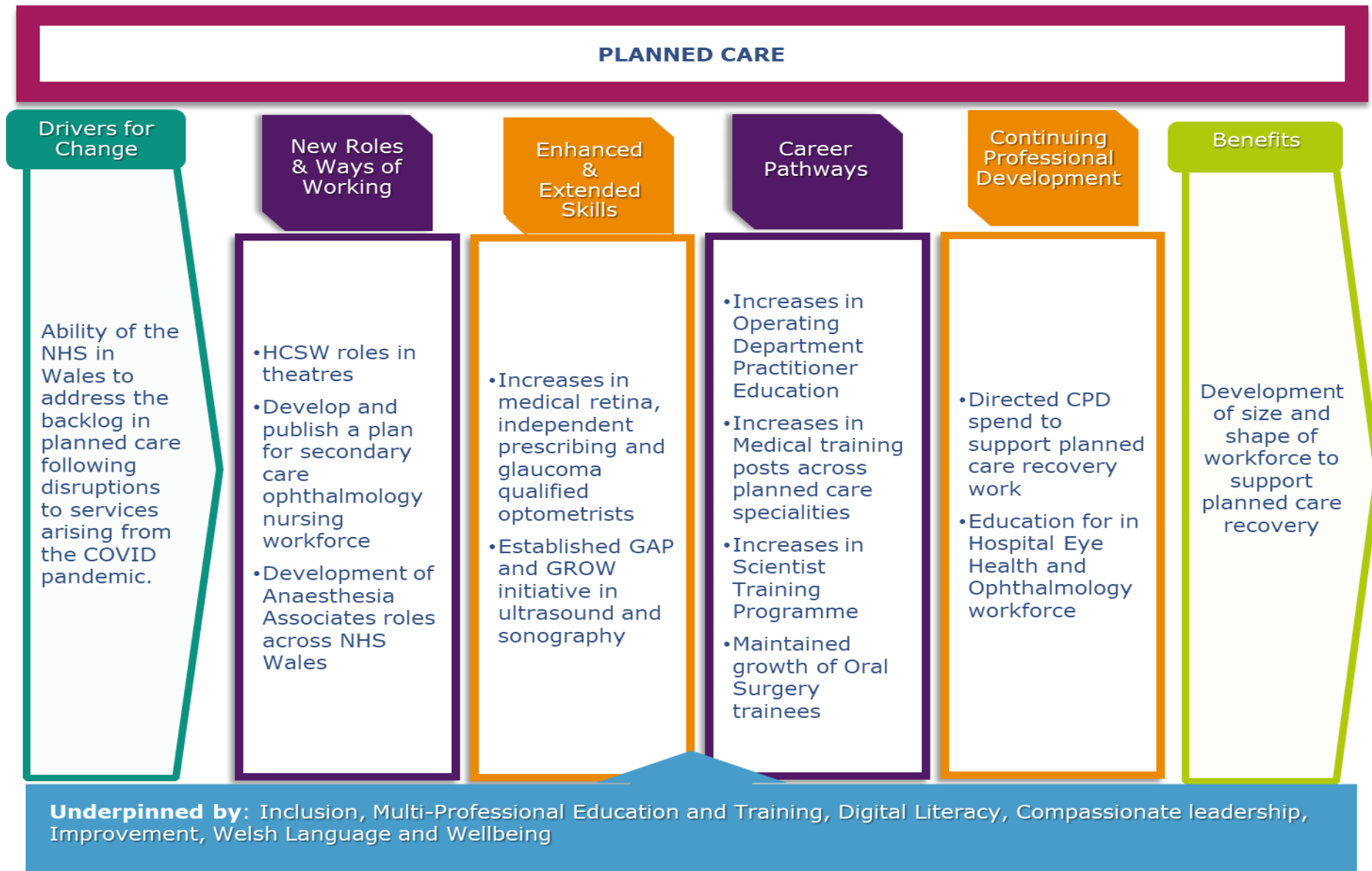
## 4.2 Mental Health



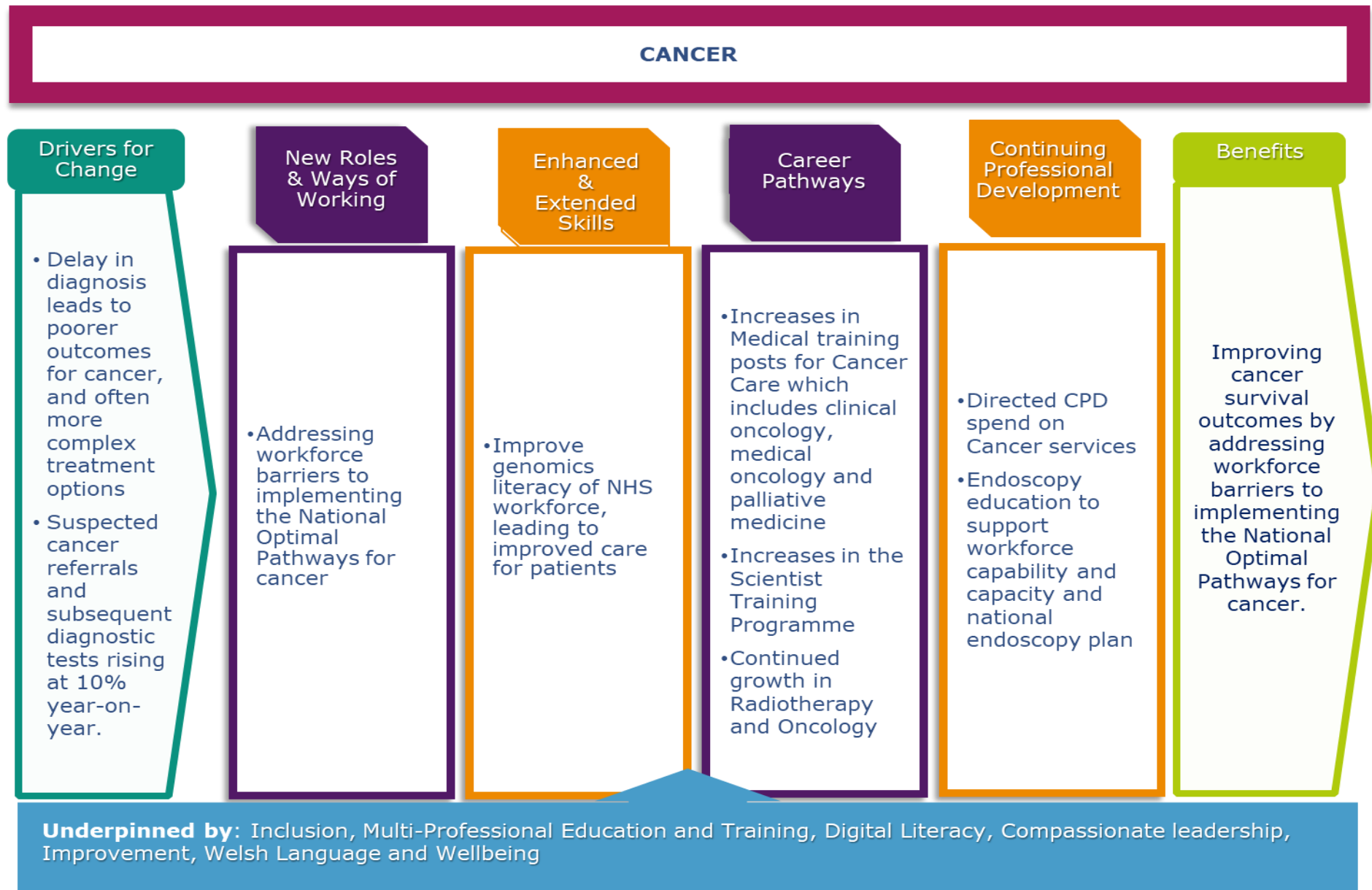
### 4.3 Urgent and Emergency Care



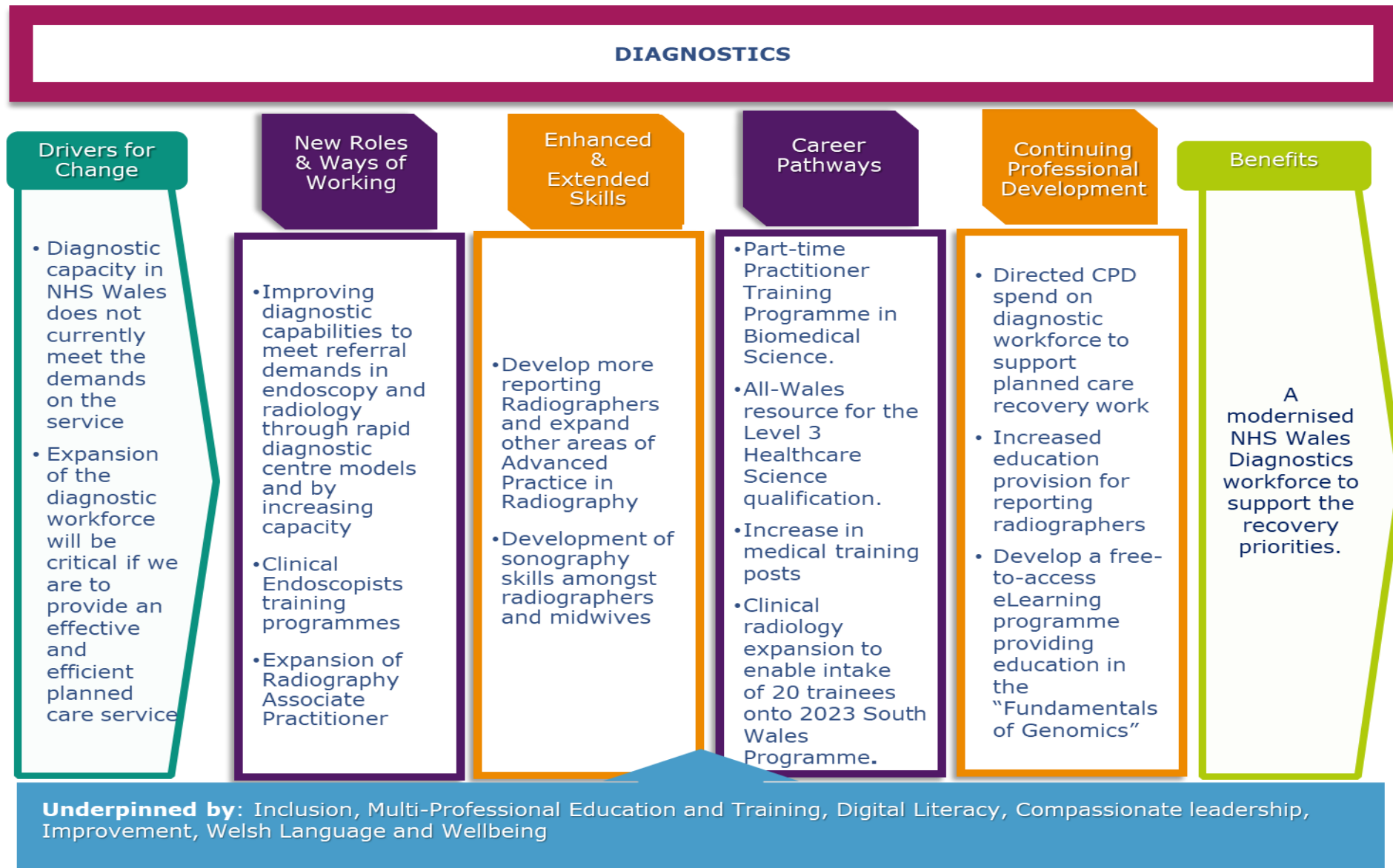
## 4.4 Planned Care



## 4.5 Cancer



## 4.6 Diagnostics





## Chapter 5 – Addressing Diversity and Building Career Frameworks

### 5.1 Addressing Equality, Diversity and Inclusion in Education and Training

This chapter sets out the actions we are taking to address diversity, widen access and build career frameworks for NHS Wales. It includes information on how we are taking forward work-based learning, apprenticeships, and healthcare support worker development.

HEIW is committed to encouraging and supporting equality, diversity and inclusion within the healthcare workforce and promoting the 'widening access' agenda. We recognise our role to inform workforce policy and plans to ensure that we are developing a workforce that reflects the communities we serve.

The diversity of UK graduates regarding ethnicity and other protected characteristics continues to increase which is welcomed and supported. However, we understand there remains barriers and challenges faced by students and trainees with protected characteristics and acknowledge the impact on their training experience.

HEIW will introduce initiatives to address these barriers and challenges for NHS Wales, such as ensuring that our trainers are appropriately trained and skilled in understanding cultural diversity and unconscious bias to better support these individuals. Commencing in 2022, the new health professional contracts will require Universities to provide specialist advice and support for students regarding equality, diversity and inclusion and facilitate both the gathering of data and engagement with students with protected characteristics to identify variance in experience, perceptions, or attainment.

Recently, ethnicity and progression in postgraduate medical training has received a lot of attention in the UK with a focus on understanding and addressing the differential attainment gap identified between International Medical Graduates (IMG), UK BAME graduates and graduates from UK white backgrounds with the former two groups more likely to experience issues impacting their progression. Furthermore, the 2019 RCN Employment Relations survey found that nursing staff from an ethnic minority background were far less likely to be employed at higher Agenda for Change bands.

We recognise the importance of upskilling staff in this area and are developing a series of annual learning events for students and trainees that we support including a cultural competency programme. In our Strategic Equality Plan we have committed to develop and deliver procurement learning and development programmes which raise awareness of the importance of equality, inclusion, wellbeing and Welsh Language. Furthermore, following recent publication of Wales anti-racist action plan we will explore how best to drive this work through our Strategic Equality Plan.

HEIW will increase the understanding of such differences and introduce initiatives to address these for NHS Wales. We are committed to ensuring that equality, diversity and inclusion is embedded across the whole health and social care workforce at every stage of an individual's career, and that it is a fundamental component for a positive training experience in Wales.

## 5.2 Careers

We will continue to develop our one-stop all-age digital careers platform 'Careersville' as the primary resource for NHS Wales careers marketing, promotion and event management, taking the opportunity to also align with 'Train.Work.Live' and 'WeCare' marketing campaigns. 'Careersville' has been highly successful since the launch with our schools event in October 2021, and in particular the view rate has been very high on the Welsh Language version of the site 'Tregyfa.'



Over the next year we will enhance our approaches to supporting the wellbeing of our future workforce by providing age-appropriate career information and guidance to create meaningful work experience to better prepare our prospective students, learners and workers. We continue to support individuals and organisations who provide careers advice to schools, pupils and adults such as Careers Wales staff and teachers, ensuring they have access to robust and timely information about NHS Wales careers, as well as leading a thriving health and social care careers network, which helps to inform our offer and enables us to share good practice, as well as develop resources and information.

We will shortly commence engagement to develop our careers strategy. This strategy will encompass all ages and career stages and set our ambitions for future which include:

- Having a proactive approach to targeting specific shortages and in helping and supporting current staff who want a change in career and direction
- Reaching out to children and young people as well as adults, beyond our traditional paths to help shape their career choices
- Opening access to the many people in our communities that have valuable skills and experience currently under-represented in our workforce.

## 5.3 Advanced Practice

Multi-professional Advanced and Consultant Practice is critical to ensure we are developing a prudent in practice workforce maximising the opportunities of all professions to work to the top of their licence. In our IMTP we have committed to the development of an assurance framework. Currently there are inconsistencies across Wales in the development of advanced and consultant practice, resulting in a risk of inequitable practice or an inability to demonstrate parity in practice with potential risk of variable quality and safety for people using health services. A revised assurance framework will offer:

- Increased confidence that HEIW are commissioning Advanced Practice and Consultant training which is fit for purpose
- Improved understanding of career development routes and opportunities, including both academic and work-based learning routes

- Clearer expectation and articulation around quality of Advanced Practice and Consultant practice, building credibility around roles, enhancing consistency in development of non-medically led services and First Contact Practice roles
- Support the delivery of multi-professional practice providing care closer to home.

In order to support the development of advanced practice across NHS Wales an Advanced and Consultant Practice Development Manager has been appointed to lead on a review of the All Wales Advanced Practice Framework and undertake an exercise to create a data base of Advanced Practitioners in Wales. We will work with the Advanced and Consultant Practice networks to understand their needs going forward and introduce an advanced practice portfolio to the work of the Revalidation Support Unit in HEIW.

Our recommendation is to maintain the budget for Advanced and Extended Practice education annual funding at £2m for 2023/24, priority areas identified for health boards and trust to target their spend are:

- Community and Primary care/GP OOHs
  - All organisations are expected to use 50% of their annual allocation to develop advanced and extended practice within the community and primary care multidisciplinary workforce. This includes both managed and independent GP practices (SCPHN and SPQ are funded separately)
- Unscheduled care to include, emergency care, critical care
  - Ongoing work with WAST to increase the number of advanced paramedic practitioners (APP), provide funding for airway management and bridging modules to support aspiring APPs to meet the demands of the education
- Cancer services and diagnostic workforce to support planned care recovery work
- Endoscopy education to support workforce capability and capacity and national endoscopy plan
- Education for in Hospital Eye Health and Ophthalmology workforce
- Mental Health workforce education to support implementation of the mental health plan, which includes education for CAMHS, CBT, DBT etc.

## 5.4 Independent Prescribing

Independent prescribing (IP) education and training represents a significant area of expansion over the forthcoming years bringing direct benefit to the people of Wales.

Recently, regulatory changes have permitted a number of professions, such as nurses, pharmacists, physiotherapists, podiatrists, radiographers, optometrists and dietitians to play an increasing role in prescribing medicines for their patients. The first students to enter the Future Nurse programmes will enter the workforce in 2023 and carry the NMC expectation that they will be able to:

“4.17 apply knowledge of pharmacology to the care of people, demonstrating the ability to progress to a prescribing qualification following registration.”

This means that whilst ‘prescriber ready’ they will still need to undertake a post-registration prescribing programme to become a nurse prescriber and this will be linked to their employment role. In addition, Physician Associates will increasingly undertake IP courses as they integrate their roles further in primary care and 111 for example. This depends upon when they become a regulated course.

Changes in legislation means Advanced Paramedics are now able to undertake additional training to prescribe, bringing huge benefits to patients. Under current medicines legislation, registered paramedics already safely supply and administer a range of medicines for their patients. However, for those advanced paramedics mainly working within a GP practice, minor injuries unit, urgent care centre or in A&E this will enable a better use of their skills and improve patient experience by providing timely access to medicine and care closer to home.

Increasing access to prescribing for paramedics has huge potential to improve patient safety by reducing delays in care and creating clearer lines of responsibilities for the prescribing of medicines. For patients this means more timely access to medicines, care closer to home avoiding unnecessary trips to hospital or additional appointments with other health professionals.

In May 2022, GPhC made the long-anticipated announcement that pharmacists can begin independent prescriber courses whenever they have “the relevant experience and awareness”. This removes the previous minimum of 2 years ‘in practice’ and will increase (the rate of) engagement with IP training. All pharmacists on the new curricula will graduate – from 2026 – as prescribers. The plan is that the existing circa 1,200 patient facing pharmacists will become IP’s by 2026. We recognise that this causes some challenges in community settings.

Furthermore, we are commissioning new optometry education modules which can be directly used to provide new patient services in high street practice with the aim of having at least 2 optometrists in every cluster with higher qualifications in glaucoma, medical retina and independent prescribing. This will be aligned to new contract reform to facilitate delivery of new services in primary care optometry practice.

We recognise that it is vital that those who are upskilled to become independent prescribers require the infrastructure to support the use of these skills in practice. We commit to working with our health board partners to ensure that staff are able to use their skills and knowledge of prescribing and are supported to be prescribers.

There are also issues about increasing numbers across Wales as capacity is currently at limit. However, increases are being negotiated with Universities across Wales to help manage this shift in numbers. This work is ongoing and will continue to be developed. HEIW is reviewing the need for additional IPs and looking at a whole system solution rather than by individual professions. As highlighted in Chapter 3 this will require budgetary review for new contracts procured for 2024-25.

## **5.5 Work-Based Learning and Apprenticeships**

In 2021 Welsh Government agreed that HEIW would be their Development Partner for the Healthcare Apprenticeships. This role had previously been held by Skills for Health. A steering group has been established, led by HEIW and involving a wide range of stakeholders.

Over the last two years HEIW has been carrying out detailed reviews of the Healthcare Apprenticeship Frameworks currently offered. It is envisaged that this work will be completed by the end of March 2023. The suite of Healthcare Apprenticeships will then be fit for purpose for NHS Wales and associated healthcare partners. As a result of these reviews the number of work-based learning (WBL) qualifications contained within Apprenticeship Frameworks will increase, enabling a greater range of organisations to invest in apprentices and maximise their levy contribution.

Over the next three years we are committed to ensure WBL qualifications will be developed at education Levels 2 (GCSE equivalence) through to Level 7 (Masters equivalence) to support the development of the registered and non-registered workforce. Work is also being undertaken to identify education and training gaps in the progression routes and develop appropriate solutions, e.g., development of Level 4 WBL qualifications, procurement of part-time routes to health professional registration.

Over the next year we will;

- Develop and implement a new approach to support learning in practice for all students and trainees
- Embed the required quality control systems and processes for WBL across NHS Wales to include all aspects of the WBL Governance Framework
- Establish a process for the review of all Wales WBL resources to ensure that they are up to date
- Develop the Y Ty Dysgu learning platform to host WBL resources and other relevant information
- Undertake reviews of current work-based learning qualifications in line with their agreed review dates
- Deliver assessor and Internal Quality Assurance (IQA) training
- Take responsibility for the registration of all learners undertaking post registration WBL qualifications to support Phase 2 of the Strategic Review
- Work with the Education Workforce Council to ensure any NHS Wales staff who need to register are supported to do so.

We will measure our success in three years' time by being the main contractor to draw down Apprenticeship Funding from Welsh Government to offer a wide range of opportunities across NHS Wales.

## **5.6 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 (AHPs), others working across Healthcare Science, Facilities, Primary Care and more. 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 individuals today and tomorrow. Without building capacity and capability 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.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sought to increase the numbers HCSWs undertaking apprenticeships, which are referenced 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 HCSW budget.

There is an urgent need, however, 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.



There also needs to be equal opportunities for all HCSWs including those who work within Healthcare Science (commonly known as Assistant and Associate Practitioners in line with Modernising Scientific Careers) and Facilities Services and how HEIW supports the development of support workers within Primary Care. HEIW has continued to develop accredited work-based learning (WBL) qualifications to meet the development needs of the whole HCSW workforce. Areas where qualifications require development are identified:

- By the HCSW leads from across NHS Wales and their equivalents working within Primary Care
- By specialist workforce and education groups and service managers/clinical leads.
- Through the IMTP process where there is an opportunity to not only detail current requirements for support workers but also future qualification development
- As reviews of the healthcare apprenticeship frameworks take place
- HEIW will support WBL qualification development when there is an all-Wales need.

Further work needs to be done to illustrate not only the progression routes for a number of these qualifications but also where common units sit within a number of qualifications. This will allow learners to move more easily between settings/roles to continue their education journey. 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.

## 5.7 Welsh Language

Language has always been paramount to enabling effective communication and person centred care. Receiving services through the medium of Welsh is a key component of care, especially when discussing sensitive and emotional concern.

This plan builds on the foundations of the workforce strategy for health and social care, in creating a workforce that is reflective of Wales' diverse population, Welsh language and cultural identity. The evidence of better clinical outcomes, and outcomes for people accessing care and support through the language of their choice is clear and highlights the vital importance we place on the delivery of health and social care in the language of Wales.



Professions such as Speech and Language Therapy now have specifically commissioned Welsh language courses to ensure the future workforce can deliver services in the chosen language of their patients.

We continue to work with Higher Education Institutions to ensure that all students have access to bi-lingual Welsh Language provision or provide opportunity for students to enhance their Welsh language skills in practice including opportunities for appropriate level Welsh Language lessons free of charge. We are aware through our new contract implementation meetings with education providers that some institutions plan to go above and beyond their contractual requirements.

The success of 'Tregyrfa.' has clearly demonstrated the need to support educational and career pathways through Welsh language.



## 5.8 Foundational Economy

We recognise our responsibilities to address the individual needs of each Health Board whilst, where appropriate, supporting a Once for Wales Approach regarding education and training and to ensure we are a major contributor to the foundational economy in Wales, both through direct funding into the education and training sector and by promoting access to high-quality employment and also supporting the 'Grow your own' workforce.

The implementation of Strategic Review Phase 1 has identified potential benefits of the new education contracts for health boards;

- Delivery of a more local / regional approach to healthcare professional education commissioning bringing the delivery of education closer to or in all health boards in Wales
- Dispersed and Distance Learning Nursing programmes enabling flexibility of learning and placements close to home
- For AHP's and Healthcare Science, all Wales and south east Wales provision has been diversified to, where appropriate, create part time education provision and develop additional programmes moving away from single providers for Wales where numbers allowed
- There will be a greater focus on closer partnership working and collaboration between the NHS Wales, HEI's and HEIW. By recruiting higher numbers of local students who understand the local population and community needs and are able to maximise undertaking their academic learning and placements more locally, it is envisioned there will be more opportunities for NHS Wales to fill vacancies from Welsh University graduates.

From 2022 we are meeting with all University and education partners individually on at least an annual basis. Here we will discuss how our organisations can work together on strategic healthcare education and training priorities addressing both country wide and local agendas.

Emphasis has also been given to recruit students from disadvantaged areas of Wales and from hard-to-reach communities, whereby a financial incentive is incorporated to enable greater support to those students from the lowest Welsh Index of Multiple Deprivation communities in Wales. One particular area requiring attention is the financial support available to students. We currently fund accommodation and travel costs for health professional students when this requires additional cost when referenced against their accommodation and travel to university. The Welsh Bursary provides much needed support to many students, and also attracts students to study in Wales. We are committed to working with our stakeholders to ensure appropriate and fair financial support to students.

From 2022 HEIW are commissioning two more Adult Nursing programmes in Wales that will help to attract people who previously may not have been able to access this training. There will be a full-time programme to service HDUHB North delivered by Aberystwyth University and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

The work to address the needs of local areas, in particular those whose access to education and training is affected by rural or remote geography will continue during Strategic Review of Health Professional Education phase 2. Aspects of SRHPE phase 2 have been referred to throughout this ETP. A stakeholder event to address the next steps in SRHPE phase 2 is planned for later this year focused on advanced and extended practice together with newly identified areas of education and training need to support and respond to workforce need.

## Chapter 6 – Educational Enablers

This chapter sets out the strategic plans for the education enablers necessary to achieve optimal education and training and thus recruitment into the workforce.

### 6.1 Clinical Placements and Supervision

We are committed to supporting the development of placement availability and quality to underpin delivery of education and training across healthcare programmes. Placement learning constitutes a significant proportion of healthcare education and training with over 11,000 students undertaking pre-registration education programmes at any one time, and a significant number of trainees undertaking post-graduate education in Wales.

Increases in student and trainee numbers has placed a substantial premium on placement availability. New models for placement learning, inter-professional education and supervision are needed to ensure sufficient placement capacity for a wide range of students/trainees. In our IMTP we have committed to:

- Build on existing placement availability across nursing, midwifery, allied health profession, and healthcare science programmes
- Expand placement availability in targeted areas across primary, secondary, tertiary health and social care placement environments
- Establish stakeholder workstreams to develop new placement availability across priority settings including primary care
- Consolidate our role in medical, dental, pharmacy, and optometry placement management aligned to new programme implementation, service redesign, and strategic funding developments
- Ensure best-practice placement quality framework alignment across all healthcare professional programmes
- Develop quality benchmarks for placement excellence.

In three years' time we will have achieved the following outcomes for the population, staff and patients;

- Healthcare placements that offer students/trainees the breadth and variety of learning experiences necessary to meet programme learning outcomes, supported by committed, interprofessional placement supervisors, educators, and assessors
- Strategic, contractual, and financial plans that facilitate broader placement experiences to be achieved by education and placement providers, in collaboration with Regional Partnership Boards
- Placement learning experiences that prepare future registrants to provide service excellence in population health and wellbeing, respect personal experiences of care, ensure best value from resources, and be part of a sustainable and committed workforce
- Increased the number of pre-registration clinical placements for nurses within General Practices in Wales by rolling out a model tested in CTM across Wales using the new Primary & Community Care Academy infrastructure to facilitate this.

HEIW funds approximately 60 Practice Education Facilitator (PEF) and equivalent roles across nursing, midwifery, allied health, and healthcare science professions. PEF roles are multi-layered and span the whole student journey including involvement in selection and recruitment, facilitation of placement capacity, delivery of supervisor and assessor training, quality assurance of practice learning environments, supporting registered staff with

students who are not meeting required levels of proficiency, through to the point of registration and support of new employees during their initial period of preceptorship.

HEIW has also recently introduced three Regional Care Home Education Facilitators (CHEFs) in Wales. A strategic thread of the CHEF role will be to work with key health and care partners and wider stakeholders to influence, promote and embed placement learning opportunities within the care home sector.

Responsibilities for PEF/CHEFs sit with the HEIW Head of Placement Experience and Improvement. A key objective for HEIW is to influence the future vision for PEF/CHEF posts in Wales, including a review of PEF role equity across fields of practice, healthcare professions, and regional geographies; widening the inter-professional remit of practice educator roles; and review of PEF core role elements. Business case proposals for new PEF and equivalent roles have been identified to support contemporary service developments for example in relation to primary and community care and mental health frameworks.

There are particular constraints on expanding clinical placements within primary care due to a combination of issues including lack of educator capacity; premises constraints and lack of specific funding that recognises the costs of releasing staff for educating and training due to the nature of independent contracts. Our ambition is to grow the availability of clinical placements within primary care to ensure that students have a rounded experience of clinical settings across the NHS, and to inspire a new generation of students to take up careers in primary care. We want to test the ability to extend the Cwm Taf Morgannwg Health Board hub and spoke model across Wales to expand clinical placements in General Practice settings from a very low baseline.

## **6.2 Simulation Based Education and Training**

The All-Wales Simulation-Based Education and Training Strategy for the Health and Care Workforce sets out our vision for excellent Interprofessional Simulation Based-Education and Training.

Our strategy recognises the importance of simulation as a learning and educational tool for the development of the workforce, as well as its role in quality improvement and enhancing patient and service user safety and experience. It sets out our mission to co-ordinate the delivery of exemplary, high quality, interprofessional simulation-based education and training (IPSBET) that is accessible to all across the health and care workforce in Wales, as well as our objectives for faculty development and promoting the use of key recognised simulation standards.

Since its establishment in 2020 HEIW's Simulation team has worked to add value to NHS Wales by putting in place key foundations to support the delivery of simulation-based education (SBE) and clinical skills delivery, promoting quality and consistency of approach. HEIW has undertaken extensive engagement with the simulation community in Wales, sharing information and best practice for SBE in Wales, underpinning future development and initiatives to support collaborative multi-professional practice and effective use of resources. The team has established a working group of key stakeholders to discuss the further development of simulation-based interprofessional education and training and developed a quality improvement-based framework to guide simulation interventions following key clinical events. The team has also completed a Delphi study to define 'Simulation-Based Education' and is collecting data around the

accessibility of faculty, facilities, equipment and other relevant resources to support the delivery of simulation-based education and training in Wales.

In our IMTP we have committed to:

- Implementation of key priorities within the All-Wales Simulation-Based Education and Training Strategy for the Health and Care Workforce, and particularly to:
  - Support and promote interprofessional simulation-based education and training.
  - Standardise the faculty approach for simulation-based education and training in Wales through faculty development
- Develop lines of accountability to facilitate strategy implementation, particularly regarding quality assurance, IPSBET and accessibility
- Work across HEIW to support the delivery of key resources, support structures and mechanisms needed for simulation-based education and training.
- Enhanced and quality-assured use of resources on appropriate virtual platforms
- Disseminate and promote simulation-based education and training developments in Wales.

We recognise that in order to support the sustainable development of simulation-based education and training it will be critical to understand how simulated placement hours will be measured in comparison to clinical placement hours in the longer term. We are committed to work with regulatory bodies and education providers to greater understand the impact and ensure quality whether through in person or simulated activity.

### 6.3 Leadership

[The Workforce Strategy for Health and Social Care](#) states that 'by 2030, leaders in the health and care system will display collective and compassionate leadership'. There is substantial evidence of improved delivery and performance and of better outcomes for patients, where compassionate leadership approaches have been applied. Compassionate leadership which encompasses a focus on the health and wellbeing of staff will be a key cornerstone in the recovery and reset of NHS Wales.

The new health professional contracts commencing in 2022 will ensure that students have an understanding of compassionate leadership from day one of their training. This will ensure we are growing the compassionate clinical leaders of the future. We have ensured that our HEI partners have access to Gwella the online leadership portal which includes resource bundles for the seven compassionate leadership principles and can further supplement their learning with the Compassionate Leadership book by Professor Michael West.

The leadership team have worked in partnership with Wrexham Glyndwr University and created a 20-credit Compassionate Leadership in Practice Module. The aim of the module is to introduce the behaviours of compassionate, collective, and inclusive leadership practices, through developing a critical understanding of the core concepts, facilitators, barriers and enablers to embedding compassionate leadership within a workplace culture.

HEIW is also working with Professor Michael West and in partnership with colleagues across health and care to develop a Compassionate and Collective Leadership Programme comprising a tutor led component and self-paced pathway aimed at embedding leadership principles and behaviours. In our IMTP we have committed to;

- Establish a network faculty of leadership associates who can support Executive and clinical development offerings
- Provide health and social care learning events to share best practice and create communities of compassionate and collective leaders
- Evaluate the impact and value chain of Gwella, leadership strategy and framework for action for NHS Wales
- Continue to enhance Gwella to reflect NHS Wales requirements through a series of pipeline developments
- Production of leadership resources for health and social care and continued publication and signposting to a wide range of leadership offerings.

The below diagram summarises how we are putting our compassionate and collective leadership strategy into action.



## 6.4 Wellbeing

[The Workforce Strategy for Health and Social Care](#) puts wellbeing front and centre of all that we do. Covid-19 provided us with huge focus on how we increased our support staff wellbeing. The [Pearson Report](#) into learners' mental wellbeing (Health Education England, 2019) highlighted areas for improvement in the way we prepare our future workforce, which includes work-experience prior to studying for health professional education programmes and how we support our students during their training.

We know that supporting both mental and physical wellbeing helps to attract new staff and retain existing staff, consequently improving patient care through an engaged, motivated, wellbeing focussed workforce. We will navigate wellbeing approaches, ensuring that they align with our compassionate leadership approach. We will curate resources, translate models and exemplar practice for use across Wales, to support the wellbeing of our NHS family in their current and future working lives.

Over the next year we will;

- Support our students by setting and monitoring standards for wellbeing support through our education contracting and commissioning
- Support our trainees/postgraduate (PG) students by reviewing our approach to wellbeing of trainees and PG students including our offer of the Professional support unit and how we hold joint responsibility with employers



- Support our NHS Family by providing system leadership and the curation and navigation of approaches and resources to improve retention by create conditions for staff to thrive.

Through providing system leadership in developing and embedding student training and workforce wellbeing, we are contributing to the ambition of an engaged, healthy and motivated workforce. Specifically, this means that:

- Information and resources including toolkits to support students, trainees, supervisors, managers and staff are widely available and utilised
- Robust diagnostic and evaluation tools have been developed and are providing evidence of improvement
- Wellbeing measures are being implemented and monitored to track progress
- Learner and workforce related policies and practices are being designed with a focus on wellbeing.

## 6.5 Continuous Professional Development

In the IMTP 2022-2025 we have committed to lead the development of a multi-professional Continuous Professional Development (CPD) strategy and drive improvements in current CPD activity to ensure that the existing NHS Wales workforce has the skills and capabilities required for the future. We have already been integral to the development of competency frameworks in Advanced Practice evidenced by roles such as Urgent Care Practitioners.

The CPD Strategy will provide direction and guidance for employers and employees when considering the range of CPD available to enhance both professional and personal development. It will allow HEIW to become a leader in the delivery, commissioning and signposting of appropriate, flexible, and accessible learning for the healthcare workforce in Wales. It will have an emphasis on Interprofessional Education and team training via digital and blended learning routes.

Having individuals who are able to access the most appropriate, good quality CPD at the right time, will ensure that the existing NHS Wales workforce has the skills and capabilities required for the future. This in turn will develop a competent, sustainable, and flexible workforce in line with [The Workforce Strategy for Health and Social Care](#).

Over the next year through extensive engagement and consultation we will develop, draft, refine and publish the CPD Strategy. Our plans for 2023 and beyond focus on the implementation and evaluation of the effectiveness of the CPD Strategy. By the end of 2025 our ambition is for staff across the professions to have access to high quality lifelong learning.

## 6.6 Digital

The Topol review concluded that 'Within 20 years, 90% of all jobs in the NHS will require some element of digital skills. Staff will need to be able to navigate a data-rich healthcare environment. All staff will need digital and genomics literacy'. In recognition of this we will improve digital skills and literacy through the Digital Capabilities Programme.

The pandemic has demonstrated the system's capacity for rapid digital transformation but this is not without challenges. Those unable to work, learn, or access critical services online tend to be already disadvantaged, and so the increased reliance on technology has had a compounding effect on inequality, health and wellness. This programme of work focusses on developing the digital capabilities of the 101,000 people employed in NHS Wales and will therefore also lead to increased digital participation and improving outcomes more broadly.



We will lead the development and implementation of a digital capability framework for the healthcare workforce (for staff who are not digital specialists). The approach makes developing digital capability accessible and actionable for individuals, mapping to a range of professions, resources, and tools. It builds consensus around skills and capabilities, whilst allowing for contextualisation within different professions. This programme includes a process or tool whereby individuals can understand digital skills and capabilities, self-evaluate, and be signposted to relevant support and development. By 2025 the digital capability framework will be well embedded in healthcare, providing individuals, and groups, with the opportunity, skills and resources to continue to develop digital capabilities as technologies evolve.

To ensure we are leading the way we will make use of current, emerging and future technologies to their fullest potential to develop and implement a digital learning platform. Y Ty Dysgu will enhance our reputation as a provider of high-level education and training to the NHS workforce in Wales. It will provide a standardised approach (quality and financial) for provision of course management and delivery of online learning activities and KPI reporting and will act as a vehicle for the operational delivery of HEIW's CPD strategy and digital capabilities work. Building on the accelerated transition to digital education and training in the early phases of the pandemic, Y Ty Dysgu will support the delivery of more than 25 of the Strategic Objectives in this year's IMTP.

The implementation of our single integrated data digital platform will offer:

- Information and services easily and safely accessed by those who need them, when and where they need them
- Barriers within and across organisations broken down, allowing for collaboration and integration
- Ability to join up data from multiple sources to create improved intelligence
- Processes that add value and support users
- Streamlining user experience with a focus on user first design principles
- Cloud first approach that allows agile deployment and development.

Over the next three years we are committed to establishing an improved digital first experience for staff and stakeholders, driving sustainable digital innovation through the M365 programme. We will embed being a data driven organisation, gaining insight and direction from business data. This will ensure an improved understanding of our workforce by developing analytical methods and sophisticated modelling techniques.

## **6.7 Multi-Professional Education & Training in Primary and Community Care**

In Autumn of 2020, we began engagement on a proposal to develop Multi-Professional Education and Training to support Primary and Community Care and the development of the Primary Care Model for Wales (PCMW). Over the last 10 years there has been a significant growth in the multi-professional workforce within primary care, yet with the exception of the GP training programme, there is no sustainable infrastructure to support multi -professional education in these settings. The engagement culminated in a proposal to invest in a sustainable infrastructure within HEIW and at a Health Board level and this has been supported by our Board. The aim is to establish an infrastructure during 2022/23 as set out within the IMTP. This will involve the creation of a small multi-professional education and training unit which will work alongside existing Deaneries and the creation of 7 Health Board Academies on a HB footprint.

The aim is to:

- Improve the quality and availability of multi professional training
- Improve access to clinical placements and work based learning
- Improve recruitment and retention
- Strengthen learning infrastructure and support for trainers
- Improve workforce planning in primary and community care at all levels (Practice, Professional Collaborative, Cluster and Health Board)
- Ensure that commissioning of all Wales training and education programmes is appropriate and fit for purpose.

In discussions with Health Boards, we have identified 5 pillars of educational support within primary and community care as shown below.



One of the early priorities for 2022/23 is to develop a national Foundation Programme for General Practice Nurses (GPN). GPNs are a key member of the multi-disciplinary team and provide a vital range of services. Investment in education and training for this group is patchy across Wales. We are working in partnership with Health Boards to develop and design a national GPN Foundation Programme which will be operational during 2022/23. In this first year, it will target 21 new training places for Practice Nurses at a cost of £0.275m HEIW costs) with a shared contribution from Health Boards and General Practices.

The infrastructure will improve the ability for NHS Wales to plan future workforce requirements including education and training need and we will work alongside Health Boards to systematically consider future need. It is likely that similar national programme will need to be developed that offer a consistent approach to education and training underpinned by the HEIW quality framework. We are proposing to handle future investment requirements taking a similar approach to that adopted for the delivery of HCSW and post-qualifying training whereby we prioritise programmes taking them through a robust internal business case approach and delivering via Health Board Academies. In 2023/24, we are proposing to start in a modest way through the creation of a fund that will support the national Unit and Academies in focussing on a small number of priorities and we are suggesting an investment of fund of £0.85 million to support the continuation of the GPN programme and any new national requirements.

## Chapter 7 – Financial Plan

This chapter sets out the financial costs associated with the Education and training plan.

In determining the financial implications of this education and training plan, costs have been calculated aligned to the identification of and review of workforce requirements and recommendations for investment.

The identified funding requirement across multi-professional areas has been calculated utilising consistent costing criteria based on known salary scales and anticipated annual uplifts.

### 7.1 Developments and Investments

Aligned to the contents of this plan, HEIW is actively progressing a range of workforce programmes which will complement the requirements identified in the plan and where additional resource is to be invested. These include;

- Mental Health Workforce Plan
- Primary and Community Care Academies
- Pharmacy Integrated Education and Training Plan.

Furthermore, organisationally HEIW is reviewing and advising on a number of existing funding streams currently in place to facilitate education and training across NHS Wales such as study leave, training grade salaries and advising on the future approach to Service Increment for Teaching.

### 7.2 Risks and Opportunities

The financial plan has been developed with the best available information and within the existing policy environment and investment approaches. The actual costs of investment will vary across the years of the plan as a result of the levels of recruitment and commencement of individuals into the wide variety of training programmes. There remains some uncertainty on the scale, length and impact of the COVID-19 pandemic on educational and training commitments in the early years of the plan.

### 7.3 Finance

The following detail sets out the total funding requirement for Education Commissioning and Training for 2023/24 calculated as **£281.98m** increasing to **£315.94m** by 2025/26.

The total requirement for 2023/24 can be broken down into **£147.36m** for the wider health Professional Education, which includes £2.63m for additional Mental Health Commissioning, **£15.53m** for Pharmacy Training, which includes £1.56m in relation to the costs for the Undergraduate Clinical Placement Programme business case, **£68.52m** for Medical Training places, **£36.44m** for GP training, **£9.91m** for Dental training.

The costs of the Mental Health Workforce Plan at **£3.37m** and the Primary Care Plan at **£0.85m** made up of three specific areas of expenditure as broken down below.

	2023-24 £m	2024-25 £m	2025-26 £m
<b>Health Professional Commissioning (inc Mental Health Education &amp; Training Costs)</b>	<b>147.36</b>	<b>170.38</b>	<b>180.32</b>
Pharmacy (inc. UG Clinical Placement)	15.53	18.20	18.47
Medical Training	68.52	71.02	71.02
GP Training	36.44	36.92	32.76
Dental Training	9.91	9.94	10.14
Mental Health Workforce Plan (Excl Mental Health Education & Training Costs)	3.37	3.04	2.38
Primary Care Plan	0.78	0.78	0.78
Primary Care Pre-Reg Nursing Placement	0.07	0.07	0.07
<b>Total</b>	<b>281.98</b>	<b>310.35</b>	<b>315.94</b>

The total funding request for Health Professional Commissioning includes an adjustment to reflect the impact of under recruitment and increased attrition in September 2022 cohorts, however the impact of bursary take-up for this period is not yet known.

### Health Professional Commissioning Split

Health Professional Commissioning is made up of a number of areas and as such can be further split into the following categories:

FINANCIAL YEAR	2023.24 £m	2024.25 £m	2025.26 £m
Nursing	73.73	92.70	100.33
Midwifery	6.07	6.68	6.89
Community Nursing	7.46	7.78	7.89
AHP total	32.62	34.26	35.47
Healthcare Science total	15.21	17.26	18.44
Advanced/extended practice	2.08	2.08	2.09
HCSW	2.50	2.50	2.50
Prescribing	0.50	0.50	0.50
Other Health Professional costs*	7.19	6.62	6.21
<b>TOTAL</b>	<b>147.36</b>	<b>170.38</b>	<b>180.32</b>

\* Other health professional costs includes Disability Allowance, Practice Education Facilitators, Overseas Nursing, Critical Care, Equivalence Training for Science Workforce, Return to Practice & Paramedic Refresher Training as well as some other small areas of commissioning not listed above.

## Increase in Requirement

The increase in the overall requirement for 2023/24 over the 2022/23 planned spend is £17.81m. This is as a result of a range of factors that are described in more detail in the table below.

	<b>Budget 2022/23 £m</b>	<b>E&amp;T Plan 2023/24 £m</b>	<b>Increase £m</b>	<b>Notes</b>
Health Professional Commissioning	146.19	147.36	1.17	Impact of increased commissioning numbers offset by under-recruitment and Attrition in Sept 2022 cohorts
Pharmacy	12.12	15.53	3.41	Undergraduate Clinical Placement Programme plus additional commissions
Medical Training	61.38	68.52	7.14	£5.51m additional workforce plus impact previous years commissions
GP Training	34.76	36.44	1.68	Increased numbers of extensions and protected pay. Cost modelled at 160 intake per year
Dental Training	9.72	9.91	0.19	Increase in Dental Therapist recruitment
Mental Health Workforce Plan	0.00	3.37	3.37	Costs of New Activity included
Primary Care Plan	0.00	0.85	0.85	Costs of New Activity included
<b>Total</b>	<b>264.17</b>	<b>281.98</b>	<b>17.81</b>	

It should be noted that within the Education & Training plan submitted in 2021/22, the reported full year impact of additional commissions included within that plan would result in a cost for 2023/24 of £277.94m.

The increase in funding request from £277.94m to £281.98 is £4.04m which can be broken down into:

- £1.56m associated with the Undergraduate Clinical Placement Programme business case
- £3.37m which relates to the Mental Health Workforce Plan and
- £0.85m for the Primary Care plan and
- The cost of additional commissions offset by under-recruitment and attrition in both 2022 cohorts.

## **APPENDICES**

[Appendix A](#) Workforce Analysis

[Appendix B](#) Education and Training Recommendations Further Information

- Commissioning Fill Rates by Course 2020-21 Intake
- Nursing and Midwifery
- Healthcare Professional Education
- Pharmacy
- Dental
- Medical Workforce

[Appendix C](#) Strategic Review of Health Professional Education Phase 1 & 2

[Appendix D](#) Summary of Engagement Undertaken

[Appendix E](#) Strategic Mental Health Workforce Plan for Health and Social Care

[Appendix F](#) Strategic Imagining Workforce Plan

---