

# HEE Business Plan 2022/23



July 2022

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### From our Chair and Chief Executive

National pride in the NHS has grown further over the last two years. Staff worked under tremendous strain every day, with COVID-19 cutting a swathe through the workforce even as they cared for others. This has been the toughest period since the NHS was created, exacerbated by shortages in key workforce areas.

The NHS needs to recover from the pandemic, deal with a huge backlog of care, and prepare for longer term challenges such as rising numbers of people with more than one condition, an ageing population, and mainstreaming new technology.

That is why HEE has been commissioned to produce a new strategic planning framework to identify the drivers for workforce planning in 2037, including social care for the first time, and why we are building a new organisation with NHS England, NHS Improvement and NHS Digital to align workforce, service, finance, and technology.

This Business Plan recognises the need for continued and consistent delivery as we transition to the new organisation over

the coming year. It focuses on workforce transformation, skill mix, and growth; education and training reform; widening workforce participation and diversity; and our role in the global health workforce marketplace.

The plan places people at the centre of our work because healthcare is about people; the people who require it and the people who deliver it which is why we need more and different trained and educated staff to deliver for patients and citizens.

We outline how we will use the public money we receive to expand education and training in professions where shortages are most acute. It recognises the need to look after people who already work for the NHS through staff wellbeing, tackling health inequalities, developing multi-disciplinary teams, expanding advanced practice and using quality improvement to drive up quality, safety and productivity.

This Business Plan outlines what we will do to support NHS workforce needs now, over the next year, and into the future.



**Sir David Behan CBE**



**Dr Navina Evans CBE**

# 1. Introduction

HEE has long argued for better alignment of service, financial and workforce planning. Collaboration and cooperation have taken us some way along this path. Creating a new single national and regional leadership organisation with NHS England, NHS Improvement, HEE and NHS Digital gives us the chance to build this better alignment, so this is HEE's last independent Business Plan.

The new organisation brings education and training spending into NHS England's funding allocation and simplifies NHS national leadership creating greater synergy across the Long-Term Plan, People Plan, education and training reform, and workforce transformation.

This will help us better support colleagues to recruit and develop the health professionals needed to deliver exceptional patient care, now and in the future.

We will learn to live with COVID-19 as we deliver recovery, workforce expansion and education and training reform. Our work needs to factor in catching up for learners and ongoing COVID-19 need such as vaccinations. The availability of staff to support education and training will also be impacted by absence rates, mental health risks and burnout because of the pandemic.

This plan sets out how HEE will meet these challenges and take advantage of opportunities to improve, reform and deliver the education and training the NHS needs as we transition to the new organisation.





The size and complexity of health and care; the changing needs and priorities of citizens; new clinical practice and delivery models; political demands; wider local and international labour markets; and a four nation NHS are all factored into building robust models, plans and forecasts.

Going forward defining organisational roles, responsibilities and accountability is key to 'all levers at all levels' integrated planning. We are working to map these over the coming months and will ensure the new organisation makes this more effective.

### **Supporting the education of postgraduate trainees**

We support postgraduate trainee doctors, dentists, pharmacists, healthcare scientists and advanced practitioners progressing through selection, supervision, and assessment.

### **Postgraduate Medical and Dental Education (PGMDE)**

We spend the largest proportion of our budget (£2.5bn) planning, funding, quality managing and organising education and training for over 54,000 medical and dental trainees. We organise the recruitment, delivery, and assessment of training; sign-off full registration for UK educated doctors; ensure inclusion on the specialist register with a certificate of completion of training (CCT); and improve the quality and flexibility of education and training whilst supporting doctors in training individually and collectively.

### **Assessment, progression, and medical revalidation**

HEE is responsible for revalidation where doctors in training demonstrate they are up to date and fit to practice. Our Postgraduate Deans make their revalidation recommendations following a doctor's Annual Review of Competency Progression (ARCP) which confirms they are providing safe, quality care and progressing against training programme standards. All dental core trainees also have a Review of Competence Progression (RCP) which ensures that the required competences are being achieved.

### **Placement management**

We spend nearly £200m annually supporting around 120,000 nursing, midwifery and AHP clinical placements where students provide supervised care across care settings. We play a direct role in selecting, supervising, and assessing these clinical placements.

### **Placement Quality**

Our Quality Strategy and Quality Framework set the standards we expect of clinical learning environments, safeguarded through the NHS Education Contract. We ensure learner's career pathways are supported and aid the transition from education to employment. We also maintain and improve placement capacity and capability to ensure training is responsive to new care models and supports workforce transformation and sustainable supply.

Our annual National Education and Training Survey (NETS), the only survey for all healthcare students and trainees, gathers views about what is working well and what could be improved in placements and training posts.

## Financial support

We invest in courses and CPD for current staff. We pay clinical placement costs for all students. We provide back-fill and salary support payments for some professions. We spend to design courses, buy equipment, support learners and educators and deliver online education. As such HEE funds for every Trust, GP surgery, and many voluntary and private providers are:

1. cost of living, through a salary contribution for employed learners, or a student bursary.
2. placement provider costs usually through placement tariff but sometimes direct supervisor or placement management cost.
3. the university's cost in the form of a tuition fee.

Our responsibilities for education and training touch on every part of the NHS, every pathway, institution, and clinical professional. We plan, recruit, educate and train the health workforce.



### 3. HEE Vision, Purpose, Operating Model and Plan on a Page

Collectively these documents follow the golden thread through HEE from our vision, through our purpose, values and goals to how we operate now and our preparation for transition to the new organisation and working with ICSs in the new NHS landscape.

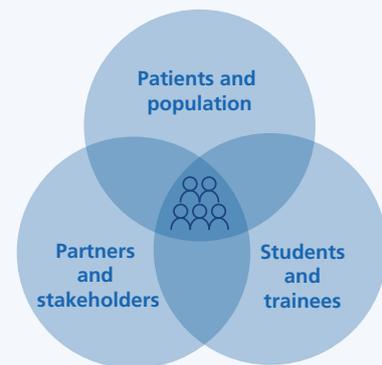
Health Education England exists for one reason only: our **vision** is to help improve the quality of life and health and care services for the people of England by ensuring the workforce of today and tomorrow has the right skills, values and behaviours, in the right numbers, at the right time and in the right place.

Our **purpose** as part of the NHS, is to work with partners to plan, recruit, educate and train the health workforce.

We are people centred, committed to the NHS Constitution, and driven by our **values** of responsibility, inclusiveness, fairness, and confidence.

Our **goals** are to deliver and reform education to produce the best possible **future workforce**; to transform the **current workforce** to meet tomorrow's health and care needs; and ensure the **quality** of our education and training system.

**We serve...**



HEE's Operating Model turns our vision and purpose into action and outcomes. It is how we do our business now and how we will work with ICSs and the new NHS leadership organisation as we build it during this transition year. Integration, subsidiarity, multi-professionalism, sustainability, and continuous improvement is the core to our approach.

We also published separate guidance on how our regions will collaborate with ICSs based on NHSE/1's (now NHS England (NHSE) as of July 2022) 10 ICS People function outcome areas set within an 'all levers, all levels' integrated planning framing.

Our updated Plan on a Page shows the alignment of our purpose, strategic goals, objectives, internal improvement programmes which are our foundations for success, and our values.

HEE is part of the NHS,  
and we work with partners to plan,  
recruit, educate and train the health workforce

**Future Workforce**

Reform clinical education to produce the highest quality new clinical professionals ever in the right number

**Objectives**

Support delivery of domestic education and training supply to meet NHS need with the required placement capacity expansion.

Develop a new strategic planning framework based on integrated workforce planning.

Continue to deliver the NHS Long-Term Plan priorities and Manifesto commitments.

Through global health partnerships, we will increase the quantity and quality of staff working in the NHS.

Deliver education and training reform to address health inequalities and facilitate multi-professional team working.

**Current Workforce**

Transform today's workforce to work in a co-operative, flexible, multi-professional, digitally enabled system

**Objectives**

Support Integrated Care Systems with new ways of working and workforce redesign.

Adapt education and training to help the workforce become digitally competent and confident and embrace new technology.

We will expand advanced practice opportunities to build multi-disciplinary teams and a more flexible workforce.

Further strengthen the training, learning and development for support staff and volunteers.

**Quality**

Assure and deliver with partners, quality education and training that is rigorous, highly sought after and future focused

**Objectives**

Embed our Quality Strategy and Framework to drive a more consistent and systematic approach to quality assurance, and improvement.

Enhance the quality and safety of maternity services, by delivering the planned future workforce and ensuring the quality of their training.

Ensure the learner voice is heard and acted upon by using data and insight to measure, monitor and improve the quality of the learner experience.

**Reduce health inequalities and develop a workforce representative of the population we serve**

**Best Place to Work**

We will collaborate to maximise our individual and collective potential by becoming a great place to work.

**Continuous Quality Improvement**

We will operate a culture of continuous improvement in the delivery of our priorities.

**Governance & Decision Making**

We will be well governed with fair, timely, inclusive and evidence-based decision making.

**Digital First**

We will engender the right culture, environment and support to enable all HEE staff to create the best digital services for our users.

**Partnership, Co-operation and Collaboration**

We will work with partners to deliver shared priorities to improve the NHS.

**Value for Money**

We will spend money wisely to achieve our intended outcomes.

**Sustainability**

We will have regard to sustainability in relation to our use of resources.

## 4. Strategic context

This plan shows how we will help meet NHS priorities. To ensure this we have aligned to the plans and guidance which set the context for health and care in 2022/23.

### NHS Long-Term Plan (LTP)

The LTP set out key ambitions in cancer, maternity and neo-natal health, mental health and respiratory care, to make the NHS fit for the future and deliver maximum value from taxpayer investment. It outlines giving people more control over their own health and care and encouraging more collaboration between local services through primary care networks. The LTP also entrenched health and care integration, bringing together primary and secondary care and mental and physical health, through ICSs.

### The Health and Care Act 2022

The Act (currently in Parliament) gives legal status to Integrated Care Systems and promotes greater collaboration between health, public health and social care to meet needs of local populations. These new bodies should be legally established on 1 July 2022. The Act also gives the Secretary of State enabling powers to bring HEE, NHSE, and NHS Digital together into a new organisation, as well as abolishing our Local Education and Training Boards (LETBs).

### HEE Mandate 2022/23

Our annual Mandate sets out what Government expects of HEE, including collaborative working to maximise the availability of staff to support COVID-19 recovery and ensuring workforce supply in the medium and longer term. It commits us to delivering manifesto commitments and LTP priorities as well as the continuing reform of education and training. It also requires us to complete the new Framework 15 and work with NHSE to develop a workforce strategy addressing staff shortages, retention, culture and compassionate and inclusive leadership.

### NHS 2022/23 Priorities and Operational Planning Guidance

This guidance highlights the need to restore services, meet new care demands and reduce care backlogs resulting from the pandemic. It calls for increased capacity and resilience to deliver safe, high-quality services that meet health and care needs and accelerates plans to grow the workforce and work differently. We must learn from the pandemic, exploit digital technology, make best use of resources, and invest in buildings and equipment.

### DHSC Business Planning Guidance 2022/23

This stresses that ALB business plans should address COVID-19 challenges, LTP delivery and Government manifesto commitments through close system working. There is also guidance on international activity, reducing health inequalities and 'levelling up'. How we are supporting the **elective recovery plan** specifically is outlined in our goals and objective section.

## 5. Our goals and objectives

We set out our objectives against the continuing consequences of COVID-19 and our role in maximising the availability of staff to support restoration and recovery. Embedding training recovery into service delivery is critical in supplying the required workforce.

### Restoration and recovery of NHS services

Our Postgraduate Medical Education Recovery Programme will reset, recover and reform education and training to minimise the impact on progression; support trainee and educator wellbeing and training recovery; and improve and boost resilience in the medical pipeline.

Every trainee will be offered individual conversations to identify their training and wellbeing needs. With the Academy of Medical Royal Colleges and educators we are exploring options for gaining competencies and tailoring training activities to individual learning needs. We will enhance training opportunities, including improved access to training in the independent sector, facilitate movement between employers and accelerate digital and remote training solutions.

We are investing £25m to reduce the need for training extensions, which pose a personal risk to trainees and system cost risk to the NHS. We are also publishing innovative and effective solution case studies which we will evaluate to inform future education reform.

HEE is also investing in simulation, immersive technologies and Technology Enhanced Learning resources to help mitigate the pandemic's impact across professions. This will offer adaptable solutions locally and nationally.

The recovery of elective services requires maximising workforce availability. We will also continue to invest in skills development, building workforce capacity, transformation and planning including providing data and tools to enable integrated planning. Our support for elective care recovery will primarily focus on mental health, cancer and diagnostic care, intensive and critical care and respiratory services.



We have strengthened our work with NHSE, ICSs and providers to dovetail responsibility for immediate workforce supply with provider’s focus on retention, recruitment, job design, in-house training, team working and pay. We will also develop the ‘Elective Care Recovery – Innovative Practice Repository’ of case studies for ICSs.

Aligning training recovery and our Regional Transformation teams will help unify service planning and regional elective care recovery. This is alongside expanding placement capacity at a time when patient services are very stretched recognising that educators who are essential to future workforce supply are also under pressure. As we create the new organisation, we will support ICSs to plan how workforce skills and capacity can increase to respond to patient needs.



**Measuring progress**

**Board Assurance Framework Opportunities supported: [2](#) and [3](#)**

KPI Descriptor	HEE Executive Lead
i. % of ARCP outcomes 10.1 and 10.2 (training impacted by COVID-19) compared to outcomes 2 and 3 (pre-COVID-19).	Wendy Reid

## HEE strategic goals and objectives 2022/23

Our objectives reflect our purpose and help deliver our strategic goals although we will build flexibility and review into objectives to reflect potential consequences of COVID-19.

### Future workforce goal

**Reform clinical education to produce the highest quality new clinical professionals ever in the right number.**

#### Objective 1

Support delivery of domestic education and training supply to meet NHS need with the required placement capacity expansion

Our Multi-professional Education and Training Investment Plan (METIP) is a multi-year view of our future NHS workforce investment. It optimises domestic education and training by balancing professional, geographical, and clinical service demand with education capacity. We will:

- Work with DHSC and NHSE to agree the main growth priorities for service need.
- Promote undergraduate and postgraduate courses through Health Careers, building on recent university application and admission increases.
- Support new professions such as physician and anaesthesia associates to provide additional expertise and capacity in patient care.
- Increase placement capacity through new networks to make more use of primary care, private, voluntary, and technology-based placements combined with alternative supervision models.
- Help systems and providers innovate and learn from each other.
- Build on our blended learning nursing and midwifery programmes with more professions in primary and community care.
- Explore new NHS entry routes such as part time education and medical apprenticeships.
- Support and promote clinical academic careers to increase the skilled educator and clinician numbers to grow future healthcare graduate numbers.

The METIP provides transparency and rigour to ensure value for money and help align available funding, workforce requirements and the desired geographical distribution of activity.

## Measuring progress

Board Assurance Framework Opportunities supported: [2](#), [3](#) and [4](#)

KPI Descriptor	HEE Executive Lead
<p><b>Postgraduate</b></p> <ul style="list-style-type: none"> <li>i. % of postgraduate offers that need to be rerun.</li> <li>ii. Number of complaints raised by trainees and the % upheld.</li> <li>iii. Number of CCTs as a % of trainees in the programme per year.</li> <li>iv. Number (and %) of late revalidations.</li> <li>v. Fill rate of advertised posts.</li> </ul>	Wendy Reid
<p><b>Undergraduate</b></p> <ul style="list-style-type: none"> <li>i. % of medical schools that sign up to the undergraduate tariff accountability agreement.</li> </ul>	Wendy Reid
<p><b>Clinical</b></p> <ul style="list-style-type: none"> <li>i. Total clinical starts against plan (METIP).</li> <li>ii. The number of clinical students who complete their studies in 2022/23 (against an October 21 baseline).</li> </ul>	Mark Radford

**Objective 2**

Develop a new strategic planning framework based on integrated workforce planning

This is HEE’s future focus writ large. We will work with stakeholders to produce a Long-term Strategic Framework for Health and Social Care Workforce Planning – a new Framework 15. It will analyse the key drivers of long-term workforce demand and supply, and how they impact on the shape and size of the future workforce. It will be completed summer 2022.

Integrated planning aligns service, finance and workforce with long-term demand and supply trends and enables shorter term planning assessments. Our ‘all levers, all levels’ framing integrates workforce planning with population health, service and financial planning. This will be central to the new organisation.

HEE will develop and promote modelling tools and provide high-quality workforce data to ICSs and other partners which, along with Framework 15, the integrated planning framework and new operating model, will support better system workforce planning to meet demand.

**Measuring progress**

**Board Assurance Framework Opportunities supported: [1, 2 and 4](#)**

KPI Descriptor	HEE Executive Lead
i. Production and embedding of the strategic framework.	Jo Lenaghan



**Objective 3**

Continue to deliver the NHS Long-Term Plan priorities and Manifesto commitments

This objective demonstrates HEE's contribution to cross-system work contained in the LTP and manifesto commitments, with particular regard to:

**Primary and Integrated Care**

To help deliver primary care with expanded multidisciplinary teams HEE will:

- deliver 4,000 GP trainees to help secure 6,000 more GPs by March 2024.
- increase to 24 months the time new GP trainees spend in primary care during training.
- help secure 26,000 more primary care professionals by funding and delivering Primary Care Training Hubs across ICSs to ensure workforce skills match changing patient needs.
- train more physician associates and encourage them to work in general practice.
- train more clinical pharmacists and pharmacy technicians to expand the primary care wider workforce. This is facilitated through the 18-month Primary Care Pharmacy Education Pathway (PCPEP).
- with the Royal College of Anaesthetists develop the educational capacity and infrastructure to support workforce expansion. Grow anaesthesia associates (AAs) in training.
- commission a blended learning programme for anaesthesia associates to take advantage of current and emerging innovative technologies to widen participation and deliver expanded AA course provision into areas with the largest anaesthetic workforce gaps.
- increase nurses through a new pre-registration programme focusing on first destination jobs in primary and community care.

**Mental Health, Learning Disability and Autism**

We will help increase mental health staff, including nurses, clinical psychologists, and child and adolescent psychotherapists by:

- developing advanced clinical practice programmes for mental health nurses and allied health professionals.
- recruiting additional physicians into core psychiatry training.
- improving access to psychological therapies by increasing staff trained in psychological techniques, especially for children and young people, and new perinatal mums and families.
- delivering the priority actions assigned to HEE in the Psychological Professions Workforce Plan for England.
- tackling the shortage of learning disability nurses by educating and training more of them.
- ensuring health and care staff are trained to treat and care for people with autism and people with a learning disability through our Oliver McGowan mandatory training programme.

We will also continue to support DHSC in the drafting of the Mental Health Act Strategic Workforce Plan which will set out proposals for ensuring the required workforce is in place to enact the Mental Health Act reforms.

## Nursing and midwifery

We will build on undergraduate and postgraduate growth over the last three years (2021 nursing applications up 38% on 2019<sup>1</sup>) to maximise domestic supply in meeting the commitment to 50,000 more nurses. To do this we will:

- promote alternative routes into training, including converting nursing associates and assistant practitioners into registered nurses, nursing apprenticeships, blended learning degrees and return to practice. This will increase diversity and widen access to nursing.
- promote, inform and guide applications for nursing and midwifery courses through our Health Careers service.
- create a new blended learning programme to strengthen the specialist critical care nursing workforce in adult intensive care.
- seek to reduce pre-registration nurse attrition by tracking student engagement.
- continue to deliver additional midwifery training places (1,000) to meet the 3,650 target by 2023, continue to deliver the Maternity Workforce Transformation Plan.
- support the system response to the Ockenden Review recommendations and the Health and Care Select Committee Inquiry into maternity safety. This will include the provision of additional specialist support to maternity centres through pre CCT physician expansion from one to four posts.
- develop a framework for Advanced Clinical Practice in midwifery and midwifery ACP credential.
- develop the career, competence and education development framework for midwives from the point of registration, through enhanced practice, advanced practice and consultant level practice.
- continue to explore new routes into midwifery training.

## Allied Health Professionals

We will tackle AHP shortages across the fourteen professions to support the NHS Long-Term Plan by:

- with partners (OfS and NHS Careers) increase awareness of AHP disciplines and produce resources (e.g. quick guide resources) to stimulate interest and broaden routes into the professions.
- grow targeted pre-registration training and placement recovery to expand placements and apprenticeships, support workers and career development.
- optimise the role of the support worker within each profession through the development of a career framework and educational review.
- support a national programme of ethical international recruitment.
- reform education across each of the professions to develop clinicians to meet the complex, changing needs of populations.

1. <http://www.ucas.com>  
Next Steps: Who are the Future Nurses

## Cancer and Diagnostics

To help meet NHS priorities we will contribute to the new Cancer Strategy due to be published in the summer 2022, focusing on the initiatives being implemented and supporting partners with their delivery plans.

To help meet the demand for diagnostics and the recovery of diagnostic activity we are working with NHSE to develop Community Diagnostic Centres (CDCs). HEE will ensure a pipeline of key staff in imaging; endoscopy; pathology and healthcare science; physiological measurement; and genomics. To deliver this we will:

- recruit additional medical trainees in priority professions.
- implement regional academy-style training infrastructure for imaging and endoscopy.
- boost capacity and skill mix for clinical endoscopists and reporting radiographers.
- Pilot new roles in endoscopy and imaging, including care navigator and practice educator roles to better integrate education and training into service delivery.
- increase histopathology capacity by upskilling biomedical scientists and increasing scientific training places.
- increase training places for key genomic professions.

To further support increased capacity across the cancer pathway we will:

- train more radiographers and advanced practice radiographers to support radiologists.
- increase the number and capabilities of the cancer support and assistant practitioner workforce.
- increase access to, and mobility through the workforce to maximise staff skills and offer rewarding careers.
- increase the skill mix in MDTs and free up doctors' time for more complex oncology and breast cancer cases through new advanced practice roles.
- develop cancer nurse specialists, chemotherapy nurses and cancer support workers.
- promote genomics for early screening, especially where a family history of cancer exists.
- train more NHS staff about the relevance and potential of genomics to their roles.

## Measuring progress

Board Assurance Framework Opportunities supported: [1](#), [2](#), [3](#) and [4](#)

KPI Descriptor	HEE Executive Lead
<p><b>Primary and Integrated Care</b></p> <ul style="list-style-type: none"> <li>i. GP trainee acceptances against plan.</li> <li>ii. Physician Associate starts against plan.</li> <li>iii. Anaesthesia Associate starts against plan.</li> </ul>	<p>(i) Wendy Reid; (ii) &amp; (iii) Patrick Mitchell</p>
<p><b>Nursing and Midwifery</b></p> <ul style="list-style-type: none"> <li>i. Pre-registration nursing starts against plan.</li> <li>ii. Nursing students active on programme due to complete March 2024.</li> <li>iii. Nurses in employment (part of N50k monitoring).</li> <li>iv. Increase in Learning Disability nursing compared to 21/22.</li> <li>v. Increase in Mental health nursing compared to 21/22.</li> <li>vi. Midwifery starts against plan (1,000).</li> </ul>	<p>(i) to (v) Mark Radford; (vi) David Farrelly</p>
<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>i. Adult IAPT starts against plan.</li> <li>ii. Children and Young People expansion against plan.</li> <li>iii. Expansion of psychological therapies for and upskilling for a) perinatal mental health team across inpatient and community settings; b) teams caring for Adults and Older People with serious mental health problems.</li> <li>iv. Expansion of new roles (e.g. Peer Support Workers and across psychological professions).</li> </ul>	<p>Mark Radford/ Calum Pallister</p>
<p><b>Allied Health Professionals (AHPs)</b></p> <ul style="list-style-type: none"> <li>i. AHP starts against plan.</li> </ul>	<p>Wendy Reid</p>
<p><b>Cancer and Diagnostics</b></p> <ul style="list-style-type: none"> <li>i. Training programme starts against plan (medics and science).</li> <li>ii. Number of upskilling starts against plan.</li> <li>iii. Number of apprenticeship starts against plan.</li> </ul>	<p>Wendy Reid</p>

**Objective 4**

Through global health partnerships, we will facilitate an increase in the quantity and quality of staff working in the NHS

International graduates will continue to make an outstanding contribution to patient care. The exchange of healthcare workers between nations is desirable with the NHS enriched by the experiences of those who have trained in different contexts. To support the Government’s global health priorities, we will:

- develop NHS Global Health Solutions through piloting ethical recruitment models and education pathways which meet local needs and the WHO Code of Conduct on International Recruitment of Health Personnel, supporting transition of successful pathways to the system.
- increase global learning opportunities for NHS staff through mutually beneficial co-developed programmes with our overseas partners.
- develop a global learning outcomes framework which supports NHS staff and systems to understand the learning which is gained from engagement in global health.
- develop partnership programmes between GHP and ICS organisations in England to explore and deliver global health workforce solutions.
- strengthen partnerships between NHS systems and overseas partners, building on our Managed Educational Partnerships model, and successful models of technical collaboration.
- continue to support the contribution to patient care made by international graduates.

**Measuring progress**

**Board Assurance Framework Opportunities supported: [1](#), [2](#), [3](#) and [4](#)**

KPI Descriptor	HEE Executive Lead
i. Qualitative narrative update initially with more substantive KPI developed in year.	Giles Denham

**Objective 5**

Deliver education and training reform to address health inequalities and facilitate multi-professional team working

Our education reforms will develop professional competencies that are responsive to changing health needs, address health inequalities, overcome professional silos, and harness digital technology in learning whilst strengthening professional identity and leadership values.

The **Future Doctor Programme** enhances doctor's generalist skills to support population health, better treat multimorbidity in patients with complex needs, improve the quality of care and support ICS ambitions. COVID-19 showed how crucial generalist skills are for all clinicians.

**Enhancing Junior Doctors Working Lives** will continue to embed greater training flexibility to address exhaustion via Out of Programme Pause and Less than Full Time initiatives. To address health inequalities, we are changing the geographical distribution of postgraduate medical training investment so future doctors align with population health needs more equitably. We will also embed innovations from the pandemic by reforming recruitment, progression, and assessment.

We will also work with medical schools to increase recruitment from disadvantaged and diverse backgrounds through an undergraduate medical degree apprenticeship. Further reforms will ensure graduates are better prepared for Foundation Programmes.

Dental education reforms outlined in the **Advancing Dental Care Review Report** will support skills development, widen access and participation and improve training flexibility to produce a skilled multi-professional oral healthcare workforce supporting patient and population needs. The reforms will include the establishment of a Lead Employer for Dental Education trainees.

We will also do more to train clinicians to help patients and families to make informed decisions about their own health and care. The **NMC's Future Nurse Standards** for registered nurse education places a much greater emphasis on health promotion and self-care.

New standards and reforms to **pharmacy education and training** will enable pharmacists to play a greater clinical care role from their first day on the register, including independently prescribing. Clinical pharmacists and pharmacy technicians are being developed and deployed in Primary Care Networks and ICSs to support primary, secondary and urgent care, specialist practice, and ambulance services. Community pharmacists are also providing expanded services including medicines optimisation, prescribing and urgent care for minor illnesses.

Our reforms to undergraduate medical education, will include a final year six-month placement or 'internship' under the auspices of the medical school. This work with medical schools will help to ensure graduates are better prepared for their transition to the Foundation Programme.

We will also support the development of multi-professional working, supervision and training through various initiatives including the development of multi-professional credentials, a multi-professional supervision workstream and the roll out of the multi-professional Leading Through Education to Excellent Patient Care (LEEP).

**Measuring progress****Board Assurance Framework Opportunities supported: [1, 3 and 4](#)**

KPI Descriptor	HEE Executive Lead
<ul style="list-style-type: none"> <li>i. % of doctors in training who are training LTFT.</li> <li>ii. Number of trainees who have returned to training following SuppoRTT programme.</li> <li>iii. Redistribution of specialty training posts (cardiology, haematology and obstetrics and gynaecology).</li> </ul>	Wendy Reid

## Current workforce goal

**Transform today’s workforce to work in a co-operative, flexible, multi-professional, digitally enabled system**

### Objective 1

Support Integrated Care Systems with new ways of working and workforce redesign

HEE regions will collaborate with ICSs based on the ten ICS People function outcomes within an integrated planning framing. Our Workforce Transformation offer will support new ways of working and systematic workforce redesign to help deliver ICS outcomes.

We will assess development needs in regional teams to build capabilities, tools and techniques that maximise our leadership, expertise, and skills in workforce transformation. This will lead to co-produced workforce transformation designed as close as possible to care and local need.

HEE will offer practical solutions and development funding to help produce ICS workforce plans and redesign priorities. We will evaluate these investments to provide the evidence for adoption and spread and build a case study resource on improved skills mix.

As we transition to the new organisation, we will work with NHSE to focus workforce redesign on an agile workforce shaped by service improvement and digital technology. We will develop ‘blueprints and models for elective recovery, enabling faster adaptation of solutions.

We will also use consistent workforce redesign methods and tools to ensure consistency, equity, economies of scale, and value for money. For example, with respect to the Clinically-led workforce and activity redesign (CLEAR) programme we will favour an approach to develop regional faculties to enable greater flexibility of design and direction and prioritisation of what really matters to local systems, placing service transformation in the hands of those delivering care.

### Measuring progress

**Board Assurance Framework Opportunities supported: [1](#), [2](#), [3](#) and [4](#)**

KPI Descriptor	HEE Executive Lead
i. Qualitative update to include any independent evaluation of good practice.	Patrick Mitchell

**Objective 2**

Adapt education and training to help the workforce become digitally competent and confident and embrace new technology

COVID-19 has accelerated the awareness of digital solutions so we must quickly entrench them within education and training. Digital technology can improve access, rebalance services away from hospitals, and help patients avoid unnecessary admissions. Developments in genomics, digital medicine, artificial intelligence, and robotics will also result in new roles and the need to re-skill the current workforce. To support this we will:

- use our Digital, Artificial Intelligence and Robotics Technologies in Education (DART-Ed) programme to understand how clinicians can best learn to use, design, implement and appraise digital technology, enabling us to design future courses.
- increase our Digital Leadership and Technological Literacy Fellow numbers to lead more local digital health transformation and innovation.
- grow our three digital learning services (Learning Hub, e-Learning for Healthcare and Digital Learning Solutions) which already have 2 million users, through technology and simulation.
- add to our library of over 500 free, quality assured, education and training resources.
- improve the digital skills, knowledge, understanding and awareness of leaders, digital experts and the wider workforce through the NHS Digital Academy.

**Measuring progress**

**Board Assurance Framework Opportunities supported: [1](#), [2](#), and [3](#)**

KPI Descriptor	HEE Executive Lead
i. The number obtaining the online digital certificate and completing digital learning through the self-assessment signposting tool. (Tracking Digital literacy). ii. The number going through and graduating from the Digital Health Leadership Programme. (Tracking Digital Leadership Development). iii. The number of trusts that have received Board development sessions and the value of these. (Tracking Digital Board Development).	Patrick Mitchell

**Objective 3**

We will expand advanced practice opportunities to build multi-disciplinary teams and a more flexible workforce

Nurses and AHPs in advanced roles improve access and the effectiveness of care as part of multi-disciplinary teams. This creates a better workload balance and staff realise their full potential by contributing at the top of their skill set.

Advanced practice develops and retains people whilst improving prevention, personalised and holistic care, teamwork, and response to patient needs. It is at the heart of new models of care and ways of working.

Our Centre for Advancing Practice oversees the transformation of advanced level practice through education and training standards in our new e-Portfolio for advanced practitioners. This represents the intellectual underpinning of workforce planning based on capability and skills.

**Measuring progress**

**Board Assurance Framework Opportunities supported: [1, 3 and 4](#)**

KPI Descriptor	HEE Executive Lead
i. Number of ACP trainee starts against plan.	Mark Radford

**Objective 4**

Further strengthen the training, learning and development for support staff and volunteers

Despite being 40% of the workforce with a critical role in patient care, the training and development of support staff has never been a priority for the NHS. **Talent for Care** will continue focus on these groups to support career progression through our 'Get Ready, Get In, Get On and Go Further' programme.

**Apprenticeships** recruit new talent into the NHS and develop the skills of existing staff. They deliver service, maximise aspirations, talent, and opportunities whilst improving workforce retention, flexibility and agility. We will help employers use apprenticeships so staff in support and associate roles can develop into registered professions.

Our **Volunteering Strategy** will create new opportunities and deliver products to enhance the training, recruitment, and experience of volunteers. We will encourage NHS staff to volunteer to become NHS Ambassadors to inspire young people to join the health and care service and ensure that senior leaders value the contribution volunteers make to the service.

**Measuring progress**

**Board Assurance Framework Opportunities supported: [1](#), [2](#), [3](#) and [4](#)**

KPI Descriptor	HEE Executive Lead
i. Qualitative update capturing the Talent for Care work in these areas.	Mark Radford

## Quality and patient safety goal

**Deliver and quality assure with partners, education and training that is rigorous, highly sought after and future focused**

### Objective 1

Embed our Quality Strategy and Framework to drive a more consistent and systematic approach to quality assurance, and improvement

Quality depends on the capacity, capability, and competence of our people, ultimately secured through selection, training, and regulation. Patient safety will be compromised if any of these components fail.

Our updated Quality Framework reflects the ever-changing landscape and context of health education whilst our Quality Strategy outlines a whole system approach to meeting our patient safety and learner wellbeing expectations in quality clinical learning environments.

Our Framework shows what learners can expect, the contribution they can make and how to raise concerns; it's transparent about placement standards for patients and citizens; and for providers it outlines how those standards will be managed via the NHS Education Contract.

We will further embed quality and ensure standards are met by working with providers and other partners on where improvement is needed and how lessons can be spread across the NHS.

### Measuring progress

**Board Assurance Framework Opportunities supported: [1](#) and [3](#)**

KPI Descriptor	HEE Executive Lead
i. Qualitative update that demonstrates the embedding of the Quality Strategy and Framework and its impact on quality improvement.	Wendy Reid

**Objective 2**

Enhance the quality and safety of maternity services, by delivering the planned future workforce and ensuring the quality of their training

The Ockenden Report into maternity services at Shrewsbury and Telford Hospital NHS Trust makes clear there is more to do to ensure safe, high quality, individualised maternity care for all. We will build on our Maternity Transformation programme over the last five years, to deliver 1,200 additional midwives and 100 consultant obstetricians to help fill workforce gaps.

Whilst helping increase student numbers we will focus on improving education and training quality by ensuring student midwives have the right exposure to all areas of practice and clinical need. This will include multidisciplinary training for staff who work together and a focus on high quality leadership and positive learning cultures. Maternity training funding should be ring-fenced for this purpose.

To further enhance careers, we are aligning education opportunities through an Advanced Clinical Practice Credential and an Education Career and Competence Framework for midwives, from the point of registration through to consultant level practice.

**Measuring progress**

**Board Assurance Framework Opportunities supported: [2 and 3](#)**

KPI Descriptor	HEE Executive Lead
i. Improved satisfaction with the overall quality of training received by midwives.	Wendy Reid

**Objective 3**

Ensure the learner voice is heard and acted upon by using data and insight to measure, monitor and improve the quality of the learner experience

The data from the latest multi-professional National Education and Training Survey (completed by a record number of healthcare learners) will be triangulated with other data and insight, enabling us to improve in areas of concern and promote good practice more widely.

**Measuring progress**

**Board Assurance Framework Opportunity/ies supported: [1 and 3](#)**

KPI Descriptor	HEE Executive Lead
ii. Overall learner satisfaction with training.	Wendy Reid

Our final objective underpins all our strategic goals.

<b>Cross cutting objective</b>	We will strive to reduce health inequalities and create a health workforce representative of the population it serves
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Reducing health inequalities and having a diverse, locally representative workforce improves communities, individual lives, and the NHS. A greater emphasis on prevention and early intervention in the social determinants of health - employment, education, or housing; or helping people adopt healthy behaviours, reduces health inequalities.

We work with partners to provide access and participation solutions aligned to system goals, tackle inequality, and enable an entire workforce supply approach, and an inclusive culture. We will widen access and participation in health professions by:

- developing a broader range of entry routes and course delivery options, including a medical apprenticeship, to ensure the widest possible selection criteria to study medicine.
- working with medical schools to increase recruitment from people with disadvantaged and diverse backgrounds.
- redistributing medical training investment to remote, rural, and coastal communities.
- continuing to purposely promote health careers to diverse and underrepresented groups.
- developing alternative education and training routes such as apprenticeships and T levels.
- breaking down systemic barriers that prevent career progression for people from diverse and disadvantaged backgrounds.
- provide networks, toolkits, information, advice, guidance, work experience and work-related learning to systems.
- provide pipelines in specific pathways such as our ‘access to medicine, dentistry, and healthcare professions programme’.

**Measuring progress**

**Board Assurance Framework Opportunities supported: [1](#), [2](#), [3](#) and [4](#)**

KPI Descriptor	HEE Executive Lead
i. Qualitative update reflecting HEE’s endeavour, with partners, to reduce health inequalities.	Navina Evans

## 6. Foundations of Success

Our seven 'foundations of success' are designed to improve HEE so we can deliver better products and services to learners and the NHS.

### Best Place to Work

HEE wants to become the Best Place to Work (BPW) to help deliver better outcomes for the NHS, learners and patients. Our ambition and activity are distilled into six strategic outcomes.



Our co-created values and behaviours of Responsible, Fair, Confident, and Inclusive run through BPW. Our actions were drawn directly from a crowd sourced engagement across HEE in early 2020, and are constantly reviewed, measured, and updated as we progress. Employee voice, through surveys and our commitment to engage and involve is vital. Our recent survey showed a 25-point improvement in colleagues recommending HEE as a place to work.

However, HEE cannot be the Best Place to Work for just some people so we will face up to survey results which shows BAME and disabled colleagues have a worse work experience than others. This will include inclusive recruitment, working with staff networks, and striving to become an anti-racist organisation.

As we prepare to build our new organisation, we will accelerate certain aspects of BPW and engage with partners on how we can embed the best of this in our collective future.

### Measuring progress

KPI Descriptor	HEE Executive Lead
i. Overall colleague engagement score compared to 2021/22.	Vikki Matthews

### Digital First

HEE will become a Digital First organisation to help meet raised customer expectations by delivering greater, more personalised benefits and services more quickly for learners, employers, educators, partners, and colleagues.

Digital First supports Best Place to Work and we are upskilling colleagues to deliver change and implement technology to redesign, streamline and rationalise services by understanding and respecting customer preference. We have 116 digital champions leading this work.

### Measuring progress

KPI Descriptor	HEE Executive Lead
i. Colleague engagement score on digital (efficacy of digital tools used to meet stakeholder needs) compared to 2021/22.	Patrick Mitchell

### Governance and Decision Making

Good governance ensures sound, transparent, and inclusive decision making, controls, and accountability drive our use of resources to meet our priorities.

Our new Board Assurance Framework (BAF) and Board committee structure allows us to make the most of opportunities to improve outcomes for the NHS, learners, and patients. It provides the Board with assurance around successfully controlling the uncertainties that may prevent delivery. It outlines five opportunities (updated to reflect transition to the new organisation). Board Committees will regularly discuss and assure themselves around the BAF opportunities.

We are working with the Good Governance Institute to review and improve our overall governance and decision-making approach. We are also putting in place preparations for the forthcoming Public Inquiry into the COVID-19 pandemic.

## Measuring progress

KPI Descriptor	HEE Executive Lead
i. Colleague engagement score (HEE tries to involve colleagues in important decisions) compared to 2021/22.	Lee Whitehead

## Continuous Quality Improvement

Continuous improvement helps deliver our objectives. Our recent independent performance management maturity assessment showed significant progress in measuring, reporting, and managing performance. Processes are improving with performance data generating operational and strategic insights. We will implement the assessment's recommendations to improve further. We will also continue our improvement workshops with senior HEE colleagues.

## Measuring progress

KPI Descriptor	HEE Executive Lead
i. Qualitative update to reflect continuous quality improvement.	David Farrelly

## Partnership, Cooperation and Collaboration

Partnership, cooperation, and collaboration are in HEE's DNA. We can't deliver our priorities alone. All our objectives rely on working with others. This includes COVID-19 and elective recovery and meeting shared commitments. Partnership also underpins how we agree our budget with DHSC and NHSE.

The Secretary of State has announced that HEE, NHS Digital, and NHSE will come together to create a new NHS national and regional leadership and support organisation. The new organisation will better align workforce, finance, service and education and training so the NHS can develop integrated planning. A joint Transition Group is taking this work forward, supported by a HEE Programme Management Office. Ensuring delivery of our priorities whilst supporting our colleagues safely through this transition will be a major focus.

## Measuring progress

KPI Descriptor	HEE Executive Lead
i. Qualitative update - explore stakeholder survey for stakeholder views of HEE.	Lee Whitehead

## Value for Money

We must extract real value for every taxpayer's pound in meeting our objectives. Educating and training future healthcare professionals so we ensure learners get high quality teaching and experience a variety of quality clinical placements with excellent supervision. We also spend our money to run HEE efficiently and effectively and invest in education and training reform. Our work will meet UK Government's Functional Standards<sup>2</sup> which set expectations for the management of functional work and guide improved and consistent ways of working.

An internal Portfolio, Programme and Project Management Improvement programme is delivering a pipeline prioritisation process, between Finance and the Corporate Portfolio Office, to improve value for money decision making. The commissioning of the investment portfolio is linked to the implementation of the Benefits Management Framework which will provide a mechanism for evidencing delivery outcomes and to inform future investment prioritisation and decision making.

### Measuring progress

KPI Descriptor	HEE Executive Lead
i. Monitoring of actual spend against budget plan.	Calum Pallister

## Sustainability

The NHS is committed to reaching net zero in its carbon footprint by 2040, and HEE is playing its part alongside colleagues and partners by increasing our sustainability activities and supporting learners to do so. We will publish our Sustainable Development Management Plan, outlining how HEE will reduce our environmental impact and carbon footprint, use our resources wisely and educate future clinicians about their role in a sustainable NHS. By aligning HEE's activities to the UK Government 2030 and United Nations 2030 agendas to meet the internationally recognised seventeen global goals for sustainable development we will ensure the work we do contributes to national and global ambitions and efforts.

### Measuring progress

KPI Descriptor	HEE Executive Lead
i. Reduction of CO2 emissions from the HEE estate and travel.	Lee Whitehead

Each of these foundations of success are key enablers to delivering a better education and training system, and therefore a better workforce, for the NHS and the people we serve.

### Measuring progress

All foundations of success support **BAF opportunity 5**, which supports the rest of the BAF.

2. [www.gov.uk](http://www.gov.uk)  
Government Functional Standards

## 7. Our Operating Model and Regional Delivery Plans

Activities in this plan deliver our objectives through national strategies and programmes and regional delivery. Regional Delivery Plans (RDP) show how this plan and METIP will be delivered locally with partners and coordinate with national programmes.

They show the golden thread that connects our objectives with responding to ICS needs, balancing national and local priorities. Most HEE colleagues work with local health, care and education partners in our seven regions. A key focus is supporting the new statutory Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) as they take shape and outline priorities.

HEE's role with these new bodies supports integrated planning, transformation and place and system level quality. Regional clinical leaders will be key to delivering our objectives around workforce growth and education and training reform whilst building mutually supportive relationships with ICB colleagues.

Some regional variation can be expected in how these objectives are delivery locally, recognising each region's unique geography, population and culture. Local objectives agreed with partners will also be reflected in RDPs.

In response to the creation of the new statutory bodies, HEE will change and adapt through our Operating Model how we work. Its sets how regions leading collaborative relationships with ICSs will be our default approach to local delivery. It ensures HEE can help ICSs plan and deliver joined up services and improve population health. It is also designed to enable ICSs to collaborate with HEE to deliver our duties around workforce supply and education and training quality.



HEE regions will continue our direct contractual partnerships with providers and universities. Our ICS-aligned workforce transformation teams will also support ICS priorities to maximise our collective impact on workforce challenges.

## 8. Financial requirements

### Programme Allocation and other significant income

We have worked closely with DHSC and NHSE to agree a trilateral proposal which enables a balanced HEE budget for 2022/23. This budget reflects our priorities and invests in ongoing costs because of the COVID-19 pandemic, commitments to expand training places, recent higher student intakes from A-levels and inflationary training cost pressures.

	2021-22 Budget	2022-23 Budget	Difference	Difference
	£ million	£ million	£ million	% Change
<b>Allocation and other income</b>				
DH Programme baseline	4,602.10	4,602.10	0.00	
Non-recurrent Development funding (Mental Health)	67.9	0	-67.90	
In-year Continuous Professional Development Allocation	67.9	67.9	0.00	
<b>Agreed changes:</b>				
Unavoidable cost pressures (including Mental Health)	0	320.63	320.63	
Covid training recovery costs	0	25	25.00	
DHSC LSF savings contribution to unavoidable cost pressures	0	63	63.00	
DH Programme - Clinical Excellence	0.2	0.2	0.00	
<b>Subtotal DH Programme</b>	<b>4,738.10</b>	<b>5,078.83</b>	<b>340.73</b>	<b>7.19%</b>
<b>Contributions to programmes</b>				
NHSE	144	303.8	159.8	
Devolved administrations	1.2	1.2	0	
NIHR	65.6	65.6	0	
<b>Subtotal Contributions</b>	<b>210.8</b>	<b>370.6</b>	<b>159.8</b>	<b>75.81%</b>
<b>Total Programme Funding</b>	<b>4,948.90</b>	<b>5,449.40</b>	<b>500.53</b>	<b>10.11%</b>
<b>DH Admin - non-ring-fenced</b>				
DH Admin – Non-rec Clinical Excellence	0.1	0.1	0	0.00%
DH Admin - ring-fenced DEL	1	1	0	0.00%
<b>Subtotal Admin funding</b>	<b>60.2</b>	<b>61.98</b>	<b>1.78</b>	<b>2.95%</b>
<b>Subtotal Grant in Aid from DH</b>	<b>4,798.30</b>	<b>5,140.8</b>	<b>342.51</b>	<b>7.14%</b>
<b>Total Income</b>	<b>5,009.10</b>	<b>5,511.4</b>	<b>502.31</b>	<b>10.03%</b>

Expenditure budget allocations are based on anticipated activity, national tariffs and local pricing triangulated with expansion plans agreed with NHSE. Anticipated activity is based on numbers of existing students and new intakes in line with the METIP.

## Summary of planned expenditure

	2021-22 Budget	2022-23 Budget	Change	Change
	£ million	£ million	£ million	% Change
<b>Expenditure</b>				
Future workforce - post graduate M&D	2,296.6	2,512.2	215.6	9.39%
• undergraduate medical and dental	946.6	1,019.0	72.4	7.65%
• clinical	986.3	1,156.6	170.3	17.27%
• tariff and local inflation on FW	27.6	0.0	-27.6	-100.00%
<b>Subtotal future workforce</b>	<b>4,257.10</b>	<b>4,687.80</b>	<b>430.70</b>	<b>10.12%</b>
Education support	126.4	160.1	33.7	26.66%
Workforce development and transformation	293.2	337.3	44.1	15.04%
National activities	206.6	198.6	-8	-3.87%
NIHR Expenditure	65.6	65.6	0	0.00%
<b>Subtotal programme expenditure</b>	<b>4,948.90</b>	<b>5,449.40</b>	<b>500.50</b>	<b>10.11%</b>
Admin Expenditure	60.2	62.0	1.78	2.96%
<b>Total expenditure</b>	<b>5,009.10</b>	<b>5,511.40</b>	<b>502.28</b>	<b>10.03%</b>

## 9. Accountability and Measuring Progress

HEE is accountable to DHSC for delivering our Business Plan and Mandate. A Framework Agreement shows how we work together and discharge these responsibilities. HEE is also accountable to Parliament, our partners, and our learners.

Our Performance Framework aligns with our Business Plan to monitor and report progress on how we are delivering our goals, objectives, core business and foundations of success and the KPIs that make up this framework are referred to throughout this Business Plan under each objective.

We are also ensuring that the objectives in our Business Plan make a significant contribution against our Board Assurance Framework which outlines improvements HEE could deliver if we took five opportunities. These opportunities are:

1. The delivery of HEE's role and priorities would be enhanced by greater stakeholder clarity and understanding of HEE's workforce responsibilities, expertise and impact.
2. Aligning HEE's long-term planning, transformation and reform focus with shorter term NHS operational priorities (exacerbated by COVID-19 recovery) would improve the NHS of the future.
3. Ensuring HEE's knowledge, skills, expertise and resources are relevant to nearer term improvement could be key to workforce transformation and improvement.
4. HEE's ability to deliver its statutory workforce supply responsibilities is improved, including by widening access and increasing routes into training.



5. HEE's ability to deliver its strategic objectives is enhanced through continuous improvement in the effectiveness of the organisation, its governance and striving to be the Best Place to Work.

Key Performance Indicators, following extensive work on Key Business Questions, enable our performance framework to better reflect our customers through consistent and transparent national and regional information. These are captured after each objective in this Business Plan. Performance will be reported to the Board Performance and Business Committee. The Chief Operating Officer and Director of Finance will also conduct regular Regional Improvement Forums with all regional teams.

### 2022/23 Multi Professional Education and Training Investment Plan (METIP)

#### Scope of the METIP

The METIP sets out the planned education and training activity, across all professions which HEE plan to fund in the following financial year. HEE funding supports clinical placement capacity through education and training tariffs, commissioned education and training programmes and salary support for education programmes undertaken whilst learners are employed in the NHS.

Funding policy is set corporately working in collaboration with NHSE and DHSC. The Secretary of State retains responsibility for the approval of the Education and Training tariff. The education activity is established through collaborative assessment of the local and strategic demand in relation to the local, regional, and national education supply pipeline. The METIP must be affordable within the allocation of funding received by HEE.

Workforce Development funding activity is not included in the METIP activity plans as these plans are managed locally and flexibly to support in year transformation and recovery activity. Activity funded through the WD funding is not subject to national funding policy.

The below sets out the planned new activity for 2022/23 i.e. programmes which will start in the coming academic year; NHSE support for additional education and training activity to support LTP and service recovery priorities.

#### Rationale for planned education and training activity to be funded by HEE

Education and Training activity for delivery from 2022/23 has been established through engagement by each region with their local systems and providers and through nationally led service programmes such as Mental Health, Cancer and Diagnostics and Primary Care. It also includes additional activity which HEE and NHSE national programme teams have identified will further support long term plan and recovery.

## Undergraduate Medical and Dental activity

Programme Name	22/23 Regional Submissions							Grand Total
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	
<b>Undergraduate Medical Degree</b>	1,767	621	1,598	1,304	883	763	644	7,580
<b>Undergraduate Dental Degree</b>	219	0	71	218	172	0	129	809
<b>Grand Total</b>	<b>1,986</b>	<b>621</b>	<b>1,669</b>	<b>1,522</b>	<b>1,055</b>	<b>763</b>	<b>773</b>	<b>8,389</b>

## Postgraduate Medical & Dental activity

Programme Name	22/23 Regional Submissions								Grand Total
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	National	
<b>Dental - Foundation Level</b>	124	85	157	165	127	123	84	0	865
<b>Dental - Specialist Level</b>	177	60	120	193	108	74	68	19	819
<b>Medical - Fellows</b>	59	43	78	94	60	76	26	6	442
<b>Medical - Foundation Level</b>	2,064	1,168	2,165	1,785	1,579	1,719	1,026	501	12,007
<b>Medical - General Practice</b>	1,661	1,356	2,635	2,297	1,783	1,723	1,329	3	12,787
<b>Medical - Public Health</b>	89	44	84	63	67	82	39	0	468
<b>Medical - Specialist Level</b>	5,179	2,264	4,151	3,854	3,244	3,019	2,237	774	24,722
<b>Less Than Full Time (LTFT) Training</b>	197	14	102	107	23	63	60	0	566
<b>Grand Total</b>	<b>9,549</b>	<b>5,034</b>	<b>9,492</b>	<b>8,558</b>	<b>6,991</b>	<b>6,880</b>	<b>4,869</b>	<b>1,303</b>	<b>52,676</b>

## Clinical non-commissioned education activity

Programme Name	22/23 Regional Submissions							Grand Total
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	
Adult Nurse	2,972	1,653	3,935	3,690	3,701	1,818	1,180	18,949
Children's Nurse	648	304	760	572	745	327	172	3,528
Dental Hygiene & Therapy (inc. Orthodontics)	87	72	41	102	76	67	68	513
Diagnostic Radiographer	284	146	310	288	232	185	242	1,687
Dietician	120	65	95	150	101	58	67	656
Dual Qualification Nursing	40	89	60		152	82	0	423
Learning Disabilities Nurse	97	65	200	183	125	45	50	765
Mental Health Nurse	963	533	1,100	1,094	1,187	504	400	5,781
Midwifery	705	418	650	506	535	473	267	3,554
Occupational Therapist	337	273	320	600	349	257	300	2,436
Operating Department Practitioner	81	101	200	273	185	137	112	1,089
Orthoptist	25	0	10	50	68	0	0	153
Orthotists/Prosthetics	0	0	20		46	0	0	66
Physiotherapist	603	353	700	700	556	433	300	3,645
Podiatrist	34	0	75	96	89	61	35	390
Speech & Language Therapist	230	138	130	260	185	112	65	1,120
Therapeutic Radiographer	98	38	50	90	55	19	38	388
Undergraduate Clinical Pharmacy	500	200	825	475	350	500	125	2,975
<b>Grand Total</b>	<b>7,824</b>	<b>4,448</b>	<b>9,481</b>	<b>9,129</b>	<b>8,737</b>	<b>5,078</b>	<b>3,421</b>	<b>48,118</b>

## Directly Commissioned Education Programme activity

Programme Name	22/23 Regional Submissions										
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	National	Regionally Hosted National Activities	Chief Nurse	Total
<b>Adult &amp; Older People*</b>	0	0	0	0	0	0	0	3,655	0	0	3,655
<b>Advanced Clinical Practitioner*</b>	575	388	701	421	438	610	300	0	0	0	3,433
<b>Anaesthesia Associate</b>	10	6	25	30	28	12	9				120
<b>Cancer - Support Worker</b>								500			500
<b>Cardiac Rhythmn</b>								50			50
<b>Child and Adolescent Psychotherapy</b>	24	8	11	13		19	17				92
<b>Clinical Academic Training</b>	30	16	1								47
<b>Clinical Psychology</b>	286	132	131	161	131	173	78				1,092
<b>Community Nursing Children</b>	22	11			26	11					70
<b>Critical Care - Upskilling</b>		130									130
<b>Children and Young People</b>	0	0	0	0	0	0	0	2,604	0	0	2,604
<b>Dental Nurse</b>	20			54	60	32					166
<b>Dental Technicians</b>				12	4						16
<b>Diagnostic Radiographer (Apprenticeship)</b>	23	19	41	32	27	29	20				191
<b>District Nursing</b>	99	49	122	130	117	117	74				708

## Directly Commissioned Education Programme activity

Programme Name	22/23 Regional Submissions										
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	National	Regionally Hosted National Activities	Chief Nurse	Total
Genomics									1,008		1,008
Genomics for histopathology/haematology Biomedical scientists and genomic technicians								58			58
Graduate Mental Health Worker	65										65
HCS Cardiac Scientists								25			25
HCS Echocardiography Training Programme (ETP)	17	11	14	13	10	15	8				88
HCS Higher Specialist (HSST)	27	8	13	14	11	12	13				104
HCS Medical Physics Technologists	8	5	10	8	7	7	5				50
HCS Physiological Measurement Assistants	42	25	54	42	37	40	26				266
HCS Physiological Measurement Associates	27	17	35	28	24	26	17				174
HCS Scientists Training Programme (STP)	135	44	96	96	72	74	58				575

## Directly Commissioned Education Programme activity

Programme Name	22/23 Regional Submissions										
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	National	Regionally Hosted National Activities	Chief Nurse	Total
HCS Sleep Disorders Assistants	6	4	8	6	5	6	4				39
HCS Sleep Disorders Associates	12	7	15	12	11	11	7				75
Health Visiting	124	114	120	120	103	99	88				768
IAPT High intensity therapist*	333	182	190	162	160	233	88	631	0	0	1,979
IAPT other*	0	0	0	0	0	0	0	3,017	0	0	3,017
IAPT Psychological wellbeing practitioner and supervision*	320	191	260	334	180	247	140	602			2,274
Independent Prescribing						250					250
Leading Practice Education						43					43
Mammographer - Radiographer	16	10	20	16	14	15	10				101
MH Community Support Worker								1,667			1,667
Midwifery Shortened	100	76	80	39	36	20	15				366
Non Medical Prescribing	25										25
Occupational Health Nursing	10	8			2	8	7				35

## Directly Commissioned Education Programme activity

Programme Name	22/23 Regional Submissions										
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	National	Regionally Hosted National Activities	Chief Nurse	Total
<b>Paramedic (inc. In-service)</b>	640	311	784	568	380	496	343	0	0	0	3,522
<b>Pathology ACP to up modules to support retention/career progression</b>								87			87
<b>Pharmacy - Clinical (inc Psychiatric Therapeutics)</b>		14,949	1								14,950
<b>Pharmacy - Clinical Skills Community Pharmacists (Pharmacy Integration Fund)</b>								5,000			5,000
<b>Pharmacy - Foundation (GP/PC)</b>	12	4	3	15	14	9	22				79
<b>Pharmacy - Foundation (SC)</b>	263	80	118	190	73	50	68				842
<b>Pharmacy - Independent Prescribing - Enhanced (SC)</b>	150	93	280								523
<b>Pharmacy - Independent Prescribing (GP/PC ARRS)</b>								770			770
<b>Pharmacy - Independent Prescribing (GP/PC)</b>		108									108

## Directly Commissioned Education Programme activity

Programme Name	22/23 Regional Submissions										
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	National	Regionally Hosted National Activities	Chief Nurse	Total
Pharmacy - Independent Prescribing (Pharmacy Integration Fund)								1,000			1,000
Pharmacy - Independent Prescribing (SC)				150	80	40	140				410
Pharmacy - LTP Pharmacist Role Mental Health Training								50			50
Pharmacy - Technician (GP/PC/PTPT)	0	0	0	0	0	0	0	380			380
Pharmacy - Technician (SC)	130	58	108	125	182	66	78				747
Physician Associate	180	122	260	175	245	189	126				1,297
Physician Associates - Preceptorship	46	37	80	43	62	60	18				346
Practice Education						34					34
Practice Nursing		27	35	50		3	90				205
Practice Nursing - Introduction	150					144		3,290			3,584
Practice Nursing (GPN Funds)	85	120	220		0						425

## Directly Commissioned Education Programme activity

Programme Name	22/23 Regional Submissions										
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	National	Regionally Hosted National Activities	Chief Nurse	Total
Psychology Leadership Fellows								7			7
Public Health Fellowships	6	7	4	4			7				28
Public Health Practitioner	3	1	2	2	1	4	25				38
Psychological Professions Family Therapy and Systemic								27			27
Psychological Professions Clinical Neuropsychology								50			50
Psychological Professions EDI clinical psychology and child psychotherapy								910			910
Psychological Professions Paid experience (Clinical Psychology)								105			105
Psychological Professions RISE								100			100
Radiographer - Ultrasound		34		70							104
Radiography Assistant Practitioner	23	14	30	24	21	23	14				149

## Directly Commissioned Education Programme activity

Programme Name	22/23 Regional Submissions										
	London	East of England	Midlands	North East & Yorkshire	North West	South East	South West	National	Regionally Hosted National Activities	Chief Nurse	Total
Respiratory Physiology								50			50
Return To Practice*	190	109	471	150	152	165	160	50	0	123	1,570
School Nursing	53	31	55	60	53	39	44				335
Sexual Health Nursing				1							1
Sleep disorders								64			64
Supporting Education in Practice						80					80
NA/AP - RN Conversions										500	500
Therapeutic Radiographer Apprenticeships	8	5	10	8	7	8	5				51
Trainee Nurse Associates*	805	585	935	760	591	564	750	0	0	150	5,140
<b>Grand Total</b>	<b>5,100</b>	<b>18,156</b>	<b>5,343</b>	<b>4,138</b>	<b>3,364</b>	<b>4,083</b>	<b>2,874</b>	<b>24,749</b>	<b>1,008</b>	<b>773</b>	<b>69,594</b>

\* To allow for high level comparison, some programmes have been merged.  
For example, all programmes based on Adult & Older People have been merged into one line of data.

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