



Health Education England

NHS Pay Review Body: Written evidence for submission by Health Education England.

2023/24

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1. Introduction and policy context

- 1.1. Health Education England (HEE) welcomes the opportunity to submit evidence to the NHS Pay Review Body (NHS PRB)¹. This forms part of the national process of gathering evidence from interested parties to inform the recommendations for the 2023/24 pay review. HEE's evidence provides an update on key areas of responsibility, including the objectives set out in HEE's mandate². There are sixteen objectives for HEE in 2022 to 2023, grouped under seven key themes. The continuing focus for HEE is on enabling the health system to deliver elective recovery, to manage COVID-19 and to maximise student and trainee progression. HEE continues to drive work that will help deliver better patient outcomes by building a more resilient NHS workforce for today and for the future.
- 1.2. Following distinct commissions from Ministers, HEE's submission of evidence has been informed by its work:
 - with partners to develop a long-term strategic workforce planning framework for the health system and the regulated social care workforce;³
 - in partnership with NHSE to develop a long-term workforce strategy for the system.
- 1.3. Our evidence has been provided in the light of the broad strategy outlined in the [NHS Long Term Plan](#) and [We are the NHS: People Plan for 2020/21](#). However, an overarching driver is the Health and Care Act 2022, which builds on the proposals brought forward by the NHS following the publication of the Long-Term Plan. These proposals built on extensive engagement by the NHS in 2019 and, were further developed in the 2021 White Paper Integration and Innovation: *Working Together to Improve Health and Social Care for All*. NHS England is leading the development of a NHS Long Term Workforce Plan and we welcome that the government has committed to its publication this spring.
- 1.4. The Health and Care Act advances on the collaborative working seen throughout the pandemic, to shape a system which is best placed to serve the needs of the population. HEE's work to support service transformation, integration and productivity align with the Health and Care Act's ambition for greater collaboration, to support the health and social care system in helping people to live healthier, more independent lives for longer.
- 1.5. HEE's evidence and planning is informed by the annually published NHS priorities and operational planning guidance. The current planning guidance for 2023/24, [The guidance is available here: 2023/24 Guidance](#), sets out a commitment by the NHS to increasing capacity and resilience to deliver safe, high-quality services that meet the full range of people's health and care needs. Together with plans to accelerate and grow the substantive workforce and work differently as the NHS assures a renewed focus on the health, wellbeing, and safety of our health learners, trainees, and staff. HEE acknowledges and welcomes that NHS England is increasing investment in workforce education and training in real terms in each of the next two years. The guidance also

¹ Letter from SoS to Chair of the NHS Pay Review Body, setting out scope of review published 16-11 2022 is here: [Remit Letter 2023/2024 NHS pay round](#).

² HEE's Mandate [can be found here](#)

³ This is a foundation of 4th theme of HEE's mandate: *long term workforce planning and reform to transform services*

shines a light on continued work, which we touch in in this submission, which supports the future pipeline and workforce sustainability through:

- *‘Increased productivity by fully using existing skills, adapting skills mix and accelerating the introduction of new roles (e.g., anaesthesia associates, AHP support workers, pharmacy technicians and assistants, first contact practitioners, and advanced clinical practitioners).*
- *Regional multi professional education and training investment plans (METIP) and ensure sufficient clinical placement capacity, including educator/trainer capacity, to enable all NHS England- funded trainees and students to maintain education and training pipelines.’⁴*

1.6. **Workforce policy drivers shaping the future workforce**

HEE is aware how vital it is to navigate recent and emergent policy drivers to help create a workforce fit for the future. In reviewing our evidence, we recognise the need to reflect and align our work with major initiatives that are centred on fostering better leadership, together with delivering better and best patient outcomes.

1.7. **The Ockenden Report:** [Final Report March 2022](#)

In framing our evidence HEE has given careful consideration to the Ockenden Report. Beyond the recommendation that the Department of Health & Social Care (DHSC) must work with the Royal College of Obstetricians and Gynaecologists (RCOG) and HEE to consider how to deliver an adequate and sustainable level of obstetric training posts to enable trusts to deliver safe obstetric staffing over the years to come. The drivers for transformation include recommendations around workforce planning, together with multidisciplinary working. Set out at page 9-10 below is HEE’s response and the steps HEE is taking, which will inform both training, together with the future midwifery workforce.

1.8. **The Messenger Review:** [Leadership for a collaborative and inclusive future](#)

In June 2022, Sir General Sir Gordon Messenger, working with Dame Linda Pollard, published their examination of the state of leadership and management in the health and social care sector. HEE contributed to this work, supporting a multi-professional approach led by Professor Laura Serrant (Regional Head of Nursing, HEE) and Professor Wendy Reid (Medical Director, HEE). The seven recommendations adopted by Government include interventions that will strengthen leadership, management in health and care and the future pipeline.

1.9. **Changes to Regulation:** The Health Act 1999 provides powers to make changes to the professional health regulatory landscape through secondary legislation. The current planned legislative changes will enable the Secretary of State for Health and Social Care to make reforms to ensure the professional regulation system delivers public protection in a modern and effective way and, that professions are regulated in the most appropriate and cost-effective manner.

⁴ NHS 2023/24 priorities and operational planning guidance page 17 (published December 2022)

- 1.10. In planning for a future workforce, HEE and the NHS will continue do so recognising that the landscape of health and social care is not static. Risks are dynamic and will change over time as practices, technology and roles develop. While statutory regulation may be necessary now for a certain profession, over time the risk profile may change, such that statutory regulation is no longer proportionate or even necessary. The right protections and regulatory barriers will always be required, but these will need to be proportionate for all health and care professions. HEE, as part of the NHS will ensure in shaping the future workforce, changes to professional regulation remain central to system wide planning.
- 1.11. **Mental Health Reform and the Workforce:** The government has committed to strategies that have set significant and welcome targets for expanding the mental health workforce. The Mental Health Implementation Plan (2019) for the NHS Long Term Plan provided for 27,640 more mental health staff to be recruited by 2023/24, to meet the needs of an additional two million people. HEE's progress and continued ambition is set out below in point 4.

2. Health Education England

- 2.1. HEE was created by the NHS reforms in 2012, which abolished Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs). The functions of these organisations were given to new bodies including the NHS Commissioning Board, Clinical Commissioning Groups, The Trust Development Authority, and to HEE. HEE was originally created as a Special Health Authority in 2013 and was formalised by the Care Act 2014 as a statutory Arm's Length Body of the Department of Health and Social Care.
- 2.2. HEE is undergoing change, together with the wider NHS. Currently, HEE is the NHS body that works with others to plan, educate, and train the health workforce.
- 2.3. To deliver this purpose, HEE:
- seeks out, invests in and quality assures the best education and training for trainees, new roles, and current professionals; intervening where quality, environment or supply are not meeting the needs of learners or the NHS.
 - ensures new evidence-based science, digital technology, skills, and knowledge enhance both individual staff and multi-professional teams.
 - co-operates and collaborates with partners across health and education, respecting each other's roles, expertise, and responsibilities. HEE brings workforce data, intelligence and analysis, policy proposals, practical transformation and development tools and resources, both financial and people, to shared issues.
- 2.4. The planned changes taking place, will create a new organisation that HEE will be part of. As part of the new organisation, HEE will make sure that service, workforce, and financial planning are integrated into a single organisation. The national system for leading the NHS will be simplified, ensuring a common purpose and strategic direction. It will enable the system to drive changes in education and training both further and faster, to enable employers to recruit the health professionals they need to provide the right care to patients in future, and to better meet the needs of the future.

- 2.5. As part of a new organisation, HEE will continue to engage stakeholders and system leaders on:
- Workforce design and analysis
 - Medical and Dental education
 - Clinical education and training; including Nursing & Midwifery, Pharmacy, Allied Health Professions.
 - Quality of education and training
 - Workforce transformation and skills development
 - Developing global partnerships
- 2.6. While HEE will continue to deliver its statutory responsibilities to secure sufficient and high-quality education and training for the NHS workforce, HEE recognises the importance of working collaboratively.
- 2.7. In response to the *NHS Pay Review Body remit letter: 2023 to 2024 pay round* from the Secretary of State for Health and Social Care published on the 16 November 2022, we recognise more than ever that the evidence we submit, should take account of the need to strike balance between a future pay award, as well as the imperative of providing ongoing value for taxpayers.
- 2.8. This includes recognition of the Secretary of State's clear direction of: '*not in future, driving the country's debt higher.*' HEE's strong focus is on investing in a future workforce, which once qualified will be part of the solutions around tackling health inequalities, reducing pressure and supporting prevention. The investment today in a well-trained future workforce, will tomorrow contribute to driving down future costs and help in reducing debt.

3. Driving service transformation, integration, and productivity

- 3.1. This will be the final year HEE submits evidence to the pay review bodies. From April 2023, HEE and NHS Digital will become part of the new NHSE that will bring together the three organisations to create a smaller, simpler high performing organisation that leads the health service more effectively. HEE has long argued for better alignment of service, financial and workforce planning.
- 3.2. 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. The timeline for HEE to be legally incorporated into the new NHSE is on schedule for 1 April 2023.
- 3.3. Functions in support of growing staff supply, through training, retention and recruitment will continue to remain an immediate issue facing the NHS. Maximising impact of professions and support staff in teams, and harnessing workforce transformation are also key issues for the NHS with system partners, to address. Responsibility for future workforce supply will require exploration of all available routes. This includes driving transformation using new patient facing & regulated roles, team-skills composition, and enhanced competencies. Alongside new graduates, staff returning to practice and staff joining from elsewhere, either overseas or non-NHS sectors, plus alternative routes to professions via apprentices and alternative modes of delivery to better match supply and demand.

- 3.4. HEE's impact, in supporting NHSE in their responsibility for the current workforce, through high impact initiatives around: better retention, return to practice after time out of the workforce and workforce transformation have had demonstrable impact on the frontline. Harnessing this approach will require increased flexibility as local Integrated Care Systems (ICSs) develop new models of care in accordance with population need in their area. As a result, roles and places of work will evolve in line with changes to clinical practice and the shape of healthcare. HEE has been agreeing principles that inform our developing relationship with ICSs in delivering recovery and developing resilience. ([Working together to improve health and social care for all](#)).
- 3.5. At the start of the 2022/23 fiscal year HEE began sharing statements to show the financial support it provides for education and training, and the corresponding activity delivered by providers, within each of the 42 ICS geographic footprints. The aim of this activity is to:
- Increase transparency in educational funding flows, enabling ICS-level strategic discussions on HEE's investment including its alignment to ICS clinical strategy delivery and long-term service sustainability.
 - Inform the development of an Education and Training Plan for each ICS.
 - Enable, through the production of an ICS Education and Training Plan, engagement with HEE on the future investment of educational funds to support the right educational capacity and thus prioritise delivery.
 - Highlight any inequity of activity which will be underpinned by HEE's funding strategy and policy, including medical redistribution.
- 3.6. Alongside the production of HEE's Annual Funding Guide, standardising and providing clarity of payment rates. This will become an annual publication process. The statements have initially focused on two funding pots: future workforce and workforce development funding.
- 3.7. Throughout the Covid-19 pandemic, Workforce Planning and Intelligence played a significant role in the response to COVID-19: applying available data and analytics in 'real-time', developing a range of tools aimed at supporting front-line services during the initial stages of the pandemic. Critical care staffing models, combining clinical expertise with analytical know-how enabled assessment of beds and staff required, and consideration of working patterns and skills mix.
- 3.8. These tools, constructed extremely rapidly, informed strategy and delivery plans. Analysis of data from HEEs Trainee Information System (TIS) and the NHS Electronic Staff Record (ESR) enabled identification of staff with 'airway 'management' competences, quantification of the depth of that competence, and intelligence on how recently these skills had been deployed. Other tools drew on ESR data to identify latent 'surge capacity.'
- 3.9. Workforce Planning and Intelligence worked nationally and locally with education providers and NHS trusts to support the design and rapid delivery of a bespoke system to enable students to be deployed into the workforce and to extend placements at the height of the first wave. Latterly the tools have been repurposed to track the disruption this caused to training pathways, supporting remediation processes, and enabling assessment of the impact remediation will have on the supply of new registrants in future.

3.10. An overview of health learner attraction, retention is a mixed picture. There is evidence of growth and expansion in some disciplines, including across health care science, together with increasing demand for apprenticeships, new roles, and new routes in. Together with attrition in some disciplines and localities. Tackling learner attrition pre or shortly after registration continues to require a range of targeted policy approaches. HEE is working hard, within its statutory remit to promote interventions to secure the pipeline and actively drive-up early career retention at the point of transition into the NHS workforce.

4. Workforce strategies and reform programmes

We Are the NHS: People Plan 2020/21

4.1. To ensure the NHS has the workforce it needs to deliver the service ambitions for patients set out in the Long-Term Plan, HEE and NHSE/I worked together to lead the development of the NHS People Plan, with a continued focus on:

- make the NHS the best place to work, improving staff experience and retention.
- improve the leadership culture, with an emphasis on compassionate, inclusive, and collaborative leadership behaviours.
- transform and grow the workforce ('more staff, working differently') in support of Long-Term Plan service priorities by:
 - I. releasing more time for care, supported by systematic use of digital technology.
 - II. supporting and enabling workforce redesign through better use of clinical and non-clinical roles to support registered professions, extended and advanced roles, and helping established professions work in multidisciplinary teams across different settings including primary care.
 - III. safely redeploying existing staff and deploying returning staff, using guidance developed in response to COVID-19 by with key partners, alongside HEE's Workforce Transformation tools and approaches which includes the STAR methodology, a tool used to achieve better definition of workforce challenges, priorities and solutions and structures workforce redesign interventions by profession, pathway, and place.
 - IV. delivering training to support a systematic approach to workforce redesign to help create robust workforce transformation plans on the ground. This training includes theoretical and practical elements to ensure attendees are equipped with the knowledge and understanding of the methodology to put it into practice in support of ICS workforce redesign activity.
 - V. growing the future workforce and reforming education and training to ensure the right number and mix of staff – with the right skills – able to join our workforce in the short, medium, and longer term.
 - VI. implement a new operating model for workforce issues, with a much stronger role for integrated care systems.

Mental Health and Reform

4.2. Key HEE actions around **mental health reform**, particularly within the NHS People Plan include:

4.3. Redesigning and extending the roles and availability of for e.g. mental health and wellbeing practitioners, peer support workers, physicians associates, multidisciplinary

advanced practitioners, responsible clinicians, social workers, community pharmacists to support increased capacity and improved skill mix to enhance patient experience and care outcomes through optimised multidisciplinary team working, that engages with the voluntary, community and social enterprise sector to develop care pathways.

- 4.4. Expanding education and training capacity to support the growth of the current and future workforce of both the current and the future, community, secondary and tertiary care across the life course for example, clinical psychologists, psychological therapists and practitioners, child and adolescent psychotherapists, clinical support workers, education mental health practitioners, psychiatrists.
- 4.5. Where applicable, developing senior roles to provide both a supervisory function and introduce a stepped career framework to encourage retention and job satisfaction.
- 4.6. Continuing to expand and upskill the current workforce, to support the meeting of both the existing and increasing demand for mental services, for example early intervention, access to psychological therapies including for people living with severe mental health conditions and acute and complex trauma, crisis intervention, eating disorders, specialist and wider perinatal, primary care and ambulance services.
- 4.7. Increasing the supply of clinical psychologists available to work across mental and physical health to support the increasing use of trauma and psychologically informed care in physical health services and long-term conditions management. Which will be further supported by the enhancement of mental health clinical leadership in primary care and the development of mental health champions in all children and young people's services.
- 4.8. In synchrony with the Government Mental Health Act Review implementation and to further generate the increased availability of Responsible Clinicians, working with the Royal College of Psychiatrists to attract to the role, Specialty Doctors, and Associate Specialists (SAS) who are while they are neither consultants nor doctors in training, play a vital role in mental health care and service delivery.
- 4.9. In response to the 2021 Dame Carol Black's Independent Review of Drugs Prevention, Treatment and Recovery and the related DHSC drugs and alcohol reviews, undertaking the groundwork to enable the transformation of those services, which in 2022-23 includes and a benchmarking of the current workforce and the development of a competency framework.
- 4.10. In partnership with the DHSC Start for Life Unit programme, in the delivery of the Best Start for Life: a vision for the 1001 critical days policy, that is focused in new investment for essential services in the crucial period from conception to age two years, commissioning a range of learning resources for the Local Authority and the NHS workforces
- 4.11. In response to the interim recommendations of NHSE commissioned Independent Review of Gender Identity Services for Children and Young People led by Dr Hilary Cass, working in partnership with NHSE England to scope existing training for the specialist and wider workforce and gap analyse, in anticipation of the interim service specification, currently undergoing public consultation to 4 December 2022.

5. Manifesto Commitment: 50,000 more nurses

- 5.1. As of September 2019, there were 300,904 FTE nurses working across NHS providers and GP settings (excluding health visitors). As of July 2022, current nursing NHSE workforce statistics show that **29,063** more FTE nurses were working in the NHS than in September 2019 giving a total of **329,967**. The 2021-22 forecast was successfully achieved, ending up **slightly ahead**.
- 5.2. The future domestic pipeline is currently strong,
- UCAS end of cycle data for 20/21 showed 25,100 future nurses enrolled on courses. This represented a 27% increase in nursing acceptances
 - 2022 UCAS, day 28 position was 21,490 - 9% down on 2021 figure 23,490, 4% down on 2020 levels (22,490 the 2020 figure)
- 5.3. Strong performance in postgraduate expansion also, with nearly 7,000 starters across the duration of the programme so far. In Spring 2021, HEE commissioned research providing insights into the postgraduate pre-registration route to a nursing degree, including how to better engage with potential applicants and raise the profile of this route. The research took an in-depth look at a range of issues including the motivations for applying to postgraduate preregistration nursing programmes, potential barriers to applying and how these programmes can be effectively promoted at both a national and local level. Webinars held in Autumn 2021 shared positive practice between Higher Education Institutions (HEIs) delivering the postgraduate route e.g., considering alternative first degree subjects and prior healthcare experience.
- 5.4. Reducing preregistration nursing attrition remains a key focus on the programme and HEE now collects robust data from all English universities that run a nursing degree, so we can review and analyse the trends in attrition. We have monitoring in place, reviewed each semester with our university partners to understand this, highlights areas of concern and follow up with necessary change where it is needed, through regional partnership. Continued actions include:
- Continued investment in placement capacity, innovation, and services
 - Investment in early warning indicators/systems of those students at risk of leaving
 - Dedicated project management support for each region to focus on key interventions to reduce preregistration attrition
 - HEI investment to support recovery of paused students
 - Targeted interventions on delayed students
 - Supporting transition of newly qualified nurses, including:
 - Development of a compendium of support for Preceptors to help them carry out their role to support NQNs
 - Roll out to all seven regions of a virtual programme to aid students in making the transition to NQN

Midwifery and the Ockenden Review

- 5.5. The Maternity Transformation Programme (MTP) led by NHSE is delivering the Better Births vision of improving maternity care in England which recognises Continuity of Carer as the service model for all maternity services in England. During 2021/22 HEE have

continued to deliver the objectives outlined in the Maternity Workforce Transformation Strategy, supported the recommendations from the Ockenden 1 Review and Maternity Workforce requirements from the NHS Long Term Plan.

- 5.6. In the summer of 2017, following concerns raised by bereaved families, the former Secretary of State for Health and Social Care, Jeremy Hunt, instructed NHS Improvement to commission a review assessing the quality of investigations relating to new-born, infant and maternal harm at The Shrewsbury and Telford Hospital NHS Trust. The interim report of the independent review, led by Donna Ockenden was published on 10 December 2020. The final report of the Independent Review of maternity services at The Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022.
- 5.7. Following the publication of the final Ockenden report in March 2022, the HEE Maternity Programme team undertook a mapping exercise of all Immediate and Essential Actions (IEAs) to identify alignment of past, current, planned, and potential areas of work to address gaps across HEE. Following this, a paper was presented to the HEE Board in July 2022, outlining key recommendations to support the delivery of the IEAs, including the opportunity for closer working across the HEE Maternity and Quality teams to gain a better understanding of the student experience, quality of clinical placements and culture of the environment within which the placement is experienced:

Midwifery - Integrated cross-system working and governance:

- 5.8. To support and encourage continued, cross-system working, HEE has taken a number of actions to convene key stakeholders, to ensure cross-system alignment regarding any actions relating to the maternity workforce.
- 5.9. An extraordinary meeting of the HEE led Maternity Programme Oversight Group (MPOG) was held on 3 May 2022 with a focus on the planned activity relating to the Maternity workforce in response to Ockenden. The meeting includes membership and representation across all key stakeholder organisations including NHSE, The Royal College of Midwives, The Nursing & Midwifery Council, RCOG and service user engagement.
- 5.10. It has been agreed that going forward, MPOG will be the single maternity workforce oversight group for the system and in support of the National Maternity Transformation Board. The group will be co-chaired by HEE and NHSE. A review and refresh of the existing Terms of Reference and Membership is underway to reflect any required changes.
- 5.11. A joint workshop has been held between the HEE Maternity Programme, NHSE Maternity Transformation Programme and NHSE Maternity Workforce Programme, supported by the Good Governance Institute to ensure clarity and alignment across programmes, identify opportunities for joined up working and agree robust governance processes. A further workshop is planned for November.
- 5.12. The work being undertaken to align and integrate governance arrangements across HEE and NHSE will support the development of a cross-ALB delivery plan to support the implementation of the Ockenden IEAs, recommendations from the All-Party Parliamentary Group (APPG) report and any recommendations from the report of the Independent

Investigation into East Kent Maternity Services, led by Dr Bill Kirkup, published 19 October 2022.

Key Recommendations for HEE

- 5.13. HEE Recommendation 2: A Maternity Education and Training Roundtable session should be held with senior leads across Colleges, ALB's and with service to focus on the education and training implications arising from the Ockenden report and where HEE can influence progress. This will include course content and curriculum, learner morale, career development and transition to work. The internal round table has taken place and as a next step a meeting of senior stakeholders from NHSE and HEE is being organised, ahead of a wider stakeholder event.
- 5.14. HEE Recommendation 3: HEE should work with the NMC to develop plans at a Local Maternity System level for ensuring the roll out of the Future Midwife Standards and with the Care Quality Commission (CQC) to ensure the standards are incorporated into inspections and evolving year on year.
- 5.15. HEE Recommendation 4: Opportunities for joint training opportunities between third year Midwifery students and Medical Students in Obstetrics and Gynaecology placements should be explored with Universities to develop a culture of collaboration in training that can then be taken into service focussing on team issues that can support building teams. We should also explore opportunities for Obstetric trainees joint learning with midwifery colleagues. The view of the internal round table was that this is only part of the solution and that the focus of any future work should be on what it is about joint training and joint team training that works and improves the care of women.

Student experience – what does good look like

- 5.16. Working in collaboration, the HEE National Quality and Maternity teams will undertake the first nationally co-ordinated HEE Quality Review of Pre-registration Midwifery Education. It will be conducted across sectors that provide practice-based learning for pre-registration midwifery learners and newly qualified Midwives (NQM).
- 5.17. The review will also seek to capture the experience of student midwives and NQM to inform the development of a Midwifery Student Charter, which will set out and clarify the expectations, rights and responsibilities of both students and clinical placement providers to provide students with an understanding of what 'good' looks like and to seek to ensure a positive experience for all. We also seek to ensure that student and NQM midwives across England have a full understanding of the function of HEE and the mechanisms in place to support them throughout their programmes of learning and beyond.
- 5.18. In the recent report of the Baby Loss and Maternity All Party Parliamentary Group (APPG) published on 14 October 2022, several recommendations were made for the maternity system in England, include direct recommendations for HEE. These recommendations call for HEE and partners to tackle current staff shortages, support education and training activity for existing staff and undertake robust workforce planning based on the needs of women, babies, and families. The report calls for a review of maternity and neonatal training numbers beyond 2022/23 to include consideration of increased funding for apprenticeships and shortened midwifery training for registered adult nurses.

6. The supply and recruitment of Agenda for Change (AfC) staff

- 6.1. To help deliver **primary care** with expanded **multidisciplinary teams** HEE will continue to:
- 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 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)
 - train more physician associates (PAs) and encourage them to work in general practice
 - 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 AAs 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.

Allied health professionals

- 6.2. HEE is continuing to tackle Allied Health Profession shortages across the fourteen professions to support the NHS Long-Term Plan. Allied health professionals (AHPs)⁵ are the third largest clinical workforce in the NHS. In the main they are degree-level professionals and are professionally autonomous practitioners. Thirteen of the fourteen types of AHPs are regulated by the Health and Care Professions Council⁶, with osteopaths regulated by the General Osteopathic Council⁷.
- 6.3. HEE is working to make Allied Health Professions a career of choice and stimulate and incentivise applications for AHP undergraduate course places. HEE recognises that key to building the workforce of tomorrow is work that will:
- Increase student recruitment into the fourteen professions and grow the AHP workforce
 - Improve patient access to quality care
 - Raise awareness of the smaller and vital professions
 - Improve equality and diversity in the AHP workforce, by widening access and participation, particularly for groups who have historically been underrepresented in some of the professional groups.
 - Identify and action interventions to support student recruitment
- 6.4. AHPs are central to meeting the changing demand the NHS faces from our growing and ageing population and the expanding frontiers of science and innovation. They are

⁵ <https://www.england.nhs.uk/ahp/role/>

⁶ <https://www.hcpc-uk.org/>

⁷ <https://www.osteopathy.org.uk/home/>

instrumental in delivering person-centred, evidence-based care as clinical leaders and practitioners. Their expertise is key to the shift from over-reliance on hospitals and unnecessary care costs, which is vital to ensuring the sustainability of future services. They are central to the Long-term Plan refresh and the 15-year Framework.

- 6.5. AHPs make a crucial contribution as first-point-of-contact practitioners to faster diagnostics, living well both with and beyond cancer, earlier interventions in primary care and dissolving the historic divide between primary and community health services. During the pandemic AHP played a significant role in critical care (including in the Nightingale hospitals), recovery and rehabilitation. AHP's ongoing contribution is central to elective care recovery and reducing wider system pressures.
- 6.6. There has been success in growing the AHP workforce, for instance the Physiotherapy workforce grew by 18% (3.3% per year) between 2017 and 2022. It is expected that there will be continued growth in the order of 4% per year, over the long-term.

AHP: Urgent & Emergency Care

- 6.7. The role of an urgent and emergency care strategy in reducing system pressures is widely acknowledged, as is the contribution of the paramedic workforce. As part of HEE's AHP's programme, work is underway around supporting demand for the paramedic profession, however in-service retention, student placements and student attrition are impacting supply.
- 6.8. As of March 2022, there were 19,838 registered Paramedics working within the NHS in England. The current commitment is to build towards, and then maintain, training 3,000 pre-reg students per year – this is to be reviewed in 2024. However, increasing primary and acute care utilisation alongside slower than anticipated improvements in retention and international recruitment has led to a need to urgently increase numbers to meet projected system demands.
- 6.9. There is currently in the order of a 5% shortage in paramedics, and initial HEE modelling suggests that if left unaddressed this could increase to 17% by 2032. HEE have been working with to develop an NHS Long Term Workforce Plan by the end of this year, setting out the NHS staffing requirements and requirements for paramedics will be part of that work.
- 6.10. While there is a largely positive story to tell on growth in supply, student attrition has increased, running at 12%. Additionally, many universities are reporting an increase in students pausing their studies. Workforce attrition has also increased, running at 7.6% currently, long term sick and other absence rates are on the rise too.
- 6.11. Work to grow supply is establishing, with several reform areas having progressed in recent months, including the current consultation to revise the pre-registration curriculum to ensure that students are exposed to the wider system and preceptorship work, but there now needs to be targeted interventions to enable realisation of this reform and to further grow domestic supply, including expanding apprenticeship routes, increasing the number of fast-track post-graduate courses and targeted actions to reduce attrition, supported by robust educational infrastructure to ensure quality is maintained. Sufficient financial recompense, including student degree funding reforms are enacted is essential to grow, and maintain the workforce.

- 6.12. Work is also ongoing to develop longevity within paramedicine to ensure 'right-skills, right-time' are deployed, but this requires creative thinking around changing models of care and associated commissioning models.

Pharmacy

- 6.13. Working with Pharmacy Schools Council, HEE is developing a shared curriculum for prescribing in the Initial Education and Training (IET) of Pharmacists in England. This forms part of wider activity to reduce pressure on general practice and supports the NHS Long Term Plan by ensuring the appropriate use of pharmacy professionals' clinical skills, helping patients get the right care, at the right time, in the right place. This will ensure that learners and trainee pharmacists can successfully demonstrate the learning outcomes of the Initial Education and Training standards that link to becoming a prescriber. This curriculum for prescribing training is designed to guide the teaching content in both the MPharm (years 1-4) and the Foundation Training Year (Year 5), ready for implementation in 2025/26. Further background on the curriculum is set out [here](#). It is a live document that continues to be co-developed during the period of IET reform.
- 6.14. As part of the publication of the 22/23 education and training tariff guidance document, the DHSC have confirmed that providers of placements in England for pharmacy undergraduate students will for the first time be eligible for clinical placement funding (this was implemented from September 2022). This funding will allow a consistent approach to the funding of all pharmacy placement activity across England, replacing the current local funding arrangements.
- 6.15. As set out in the NHS People Plan, HEE is offering training for fifty community-based specialist mental health pharmacists to support development of this workforce. Places will initially be offered to pharmacists within CMH teams, with consideration of other pharmacy staff in future cohorts. The education training pathway has been developed in collaboration with key stakeholders and completion of the pathway will ensure that specialist mental health pharmacists are equipped to provide services according to service user needs. This includes support for medicines optimisation and improved physical health care by working with people with mental health problems on adherence and providing bespoke, expert advice to them about their medicines. In the spring of 2023, there will be an additional cohort of seventy new practitioners.
- 6.16. The Newly Qualified Pharmacist pathway aims to link the initial education and training reforms to a continuum of development into post-registration. The pathway is intended to help pharmacists make the transition to more independent learning and acts as a stepping-stone towards enhanced and advanced practice. Pathway registration opened in 2022. It is designed for learners across all sectors of pharmacy to help them meet their development needs as they enter newly qualified practice. More information is available [here](#).
- 6.17. The Pharmacy Technician Workforce Expansion Project is ongoing will help employers develop pre-registration pharmacy technicians (PTPTs) across England, either as part of a cross-sector programme or by providing a single-sector training placement in community pharmacy.
- 6.18. NHSE are supporting an expansion of trainee pharmacist cross-sector placements within Health and Justice. The placements will be for a 13-week period starting in 2023.

Healthcare Scientists

- 6.19. The National School of Healthcare Science (The School) has national responsibility for the management of the educational framework for training and development of healthcare scientists. The School is continuing to work across more than 40 specialties in the NHS, from apprentices to consultant grade. World class education and training is delivered by scientists working across the NHS and beyond. The School has pioneered national scientist training in the UK, producing scientists who as part of the NHS workforce will change patient and clinical outcomes. Healthcare scientists, who number over 50,000 are contributing to multi-professional working and leading in many areas of innovation and translational research in the NHS.
- 6.20. The School is working hard to strengthen and drive growth in the pipeline, as well as support resilience. There continues to be year-on incremental growth across the disciplines. A series of planned changes are being implemented to the assessment of trainees on the new Scientist Training Programme (STP) curricula.
- 6.21. The introduction of the new STP curricula across all specialties provides the School and the healthcare science community with an opportunity to rethink and to improve how the training programme is delivered and assessed for the 2022 intake and beyond.
- 6.22. The School, is currently working hard on several assessment initiatives which will:
- continue to provide the healthcare science community with confidence in the quality of the programme and of the trainees who complete it
 - enable it to respond to assessor feedback and move beyond some of the temporary changes to the programme that were introduced in response to the COVID-19 pandemic
- 6.23. In particular, the School is working on the following initiatives:

A new STP end point assessment for 2025

- The end point assessment for the trainees who have begun the STP in September 2022 will be different from the IACC.
- It is expected to take the form of a standardised, viva-like interview only.
- The demand upon assessor time will be reduced as compared with the current IACC.
- A rigorous quality assurance approach will ensure that standards are applied consistently.

A lightweight model of external assessment in the workplace

- The school intends to introduce a lightweight amount of external assessment of workplace-based assessment (OCEs, DOPS and CBDs) to enhance the confidence of the healthcare science community in trainees' practical skills.
- The school conducted a consultation about this initiative with experienced trainers and assessors in the summer of 2022 and now intends to be very responsive to the feedback we received about ensuring that this approach is realistic and feasible.
- The aim is to introduce a light, additional layer of rigorous, consistent assessment of STP trainees' practical skills.

- Introducing a small amount of independent assessment of practical skills in the workplace allows the programme to change the focus of the end point assessment.
- The school expects external assessment to begin for the new intake of trainees as they move into Phase 2 of the curriculum in the autumn of 2023.

Transformation

6.24. In driving expansion to meet growing patient needs, the school's ambition matches the NHS' appetite to deliver best outcomes for patients. As an exemplar, in the Physiological Sciences HEE is working to support innovation and development, which will have a measurable impact on the future workforce and patient care. This activity includes: the expansion of STP commissions in Physiological Sciences 2023/24 – 30 extra per year. Together with an expansion of Higher Specialist Science Training programme (HSST) commissions in Physiological Sciences 2023/24 – 20 extra per year

6.25. In addition, new work in development includes:

Graduate Diploma in Respiratory and Sleep Science

- Expected for 2023/2024
- Recruiting graduates with physiology background, upskilling equivalent to Practitioner Training Programme (PTP).

PGCert in Clinical Sleep – in development

- Expected for 2023/2024
- New programme to train multidisciplinary HCP in Sleep

New programmes in Cardiac Science (CRM)

- Working group in discussion

New STP specialism in Intraoperative Neuromonitoring

7. Impact of COVID-19 and the future workforce

- 7.1. HEE has made it a priority to address the scale of the disruption that the pandemic has had on students and trainees. HEE continues to work with system partners to reduce the cumulative impact of delayed training on workforce capacity now and for future years.
- 7.2. HEE recognises the key role that NHS staff taking on roles as supervisors, mentors, and educators, have played in supporting education and training delivery during the COVID-19 pandemic. There is a deep and continuing recognition that service challenges and seasonal pressures faced by the NHS impact on training and placements. HEE and our partners recognise that it is vital that the NHS continues to support a focus on training recovery and on continuing to deliver education and training activities.
- 7.3. HEE and system partners know that the future workforce depends on students and trainees continuing to be supervised both clinically and to meet their educational needs. This requires an embedded culture of education and training across the system that is fair, promotes equality and values and facilitates learning opportunities for all.

- 7.4. HEE is continuing to encourage innovation in education and training. This has included better multi-professional team working and supervision, as well as promoting use of virtual and hybrid technology enhanced learning, including simulation.
- 7.5. HEE understands that mitigating the impact of the pandemic on health learner and trainee wellbeing is an important facet of retaining a future workforce. Health learners together with healthcare workers may have been at increased risk of exposure to distressing experiences during the pandemic. This experience can contribute to later burnout, post-traumatic stress disorder, and other residual trauma-related challenges. HEE has continued to support training recovery and will support the system in sharing best and better practice to maintain the learner pipeline.

8. Apprenticeships: Health and Social Care

New Talent Pipelines

- 8.1. The Technical education reforms and apprenticeships are a key Government driver in relation to equality, diversity, and inclusion, to levelling up and to COVID-19 response and recovery.
- 8.2. The HEE deliverable to maximise and harmonise the apprenticeship levy spend in the NHS is directly supported by HEE in facilitating and supporting employers with solutions for implementing apprenticeships and to meet the aspirations of Levelling Up, through enabling people with non-traditional education achievements to be supported into employment, education, and career progression.
- 8.3. It also enables a new talent pipeline to directly support meeting government healthcare workforce priorities particularly by giving support to employers in identifying and attracting non-traditional entrants through a wide range of strategic and local partnerships, and technical and vocational education pathways. For example, Project Choice, Princes Trust, Further Education, University, and employer providers of Apprenticeships through national, local, regional interface with ICSs and communities. This has direct impact on reducing health inequalities improves communities, individual lives, and the NHS.
- 8.4. Our collaboration with NHSE and social care is essential in recognising how new entrants into the workforce are supported through work experience, T Levels Industry Placements, and the Care Certificate, which directly support longer term employment and routes into apprenticeships which relate to services and career aspirations.

The NHS apprenticeship achievements

- 8.5. The NHS has achieved 24,000 apprenticeship starts in the 2020/21 academic year. Despite the challenges of COVID-19, this represents the most apprenticeships starts in the sector in an academic year, continuing the growth of the programme.
- 8.6. NHS Trusts have increased commitment to spend more levy against the rising apprenticeship numbers forecasted. The whole NHS levy is now over £200m per year, with around 80% (£160m) fulfilled so far and employer plans indicating overcommitment for future years. So far, we have facilitated over £25m in 'levy transfers' from other industries into and across health and social care to help meet employer plans.

- 8.7. By sharing best practice, tackling the emergence and delivery of apprenticeships, and working closely with DHSC and the Department for Education we support supply of information which directly informs the strategic approach and support employers during times of constraint and the pressure of the pandemic.
- 8.8. This directly influences employer choices and utilisation of apprenticeships, to support the ambition to increase a home-grown future workforce supply and reduce health inequalities. By widening access and participation for underrepresented groups, a more diverse and skilled workforce combined with preventative activity in local communities can reduce demand on NHS services.

Trends in apprenticeships

- 8.9. Since the implementation of the apprenticeship reforms and inception of the levy in 2016 there have been over 100,000 apprenticeship starts.
- 8.10. The most popular apprenticeships in the NHS are:
- Health Care Support Worker
 - Senior Health Care Support Worker
 - Nursing Associate
 - Registered Nurse Degree Apprenticeship
 - Business Administrator
 - Senior Leader
- 8.11. We have seen increased employer interest and large expansion of apprentices in new roles such as the Nursing Associate and in support of the manifesto commitment to recruit 50,000 Registered Nurses. This shows the remarkable commitment that has been made by and to apprentices and employers across the sector, and the increasing appetite for these routes to employment to which is demonstrably opening widening participation and levelling up opportunities. An area of particular interest is in supporting Nursing Associates and Assistant
- 8.12. Practitioners to convert or 'top up' to Registered Nurse through apprenticeship, a model also being explored by other professions. HEE are working with DHSC and NHSE through the programmes and employer scoping on models of future funding models in the LTWP to support employers in continuing and building their apprenticeship pathways.
- 8.13. We are working closely with the NHSE Healthcare Support Worker programme and employers in developing sustainable entry level apprenticeship at Level 2 and 3 to both open up a new talent pipeline, and enable people to take their first step into the NHS, to support those following a technical education background or those from non-traditional education backgrounds to access the training and development to both meet occupational competence in role and be able to access progression pathways into health care careers

Support for progression

- 8.14. We continue to develop innovative support for employers to ensure our apprenticeship programme continues despite the pandemic. This includes supporting employees in developing their Skills for Life (numeracy, literacy, digital skills) with over 20,000 learners nationally accessing HEE Talent for Care funded functional skills software. We have

expanded this to include support for people with dyslexia and dyscalculia, an *English for Speakers of Other Languages* toolkit, and HEE Talent for Care team funded a licence for UK ENIC which is the designated national agency for the recognition and comparison of international qualifications and skills, often cited as a barrier for widening participation in apprenticeships and traditional nursing and AHP degree programmes.

Learning from the apprenticeship implementation

- 8.15. There is emergent evidence from the early implementers of all apprenticeships (including degree apprenticeships), indicating low attrition on-programme and high retention post-qualifying through the apprenticeship route. As little as 4% on-programme losses and high (near 100%) post graduate retention rate and into employment, with an indicative return of investment of 2 years post-qualifying for the on-programme investment made. We are currently scoping with employers' broader intentions regarding all apprenticeships and workforce plans.
- 8.16. We are also learning that employers and education providers are keen to establish internal talent pipelines which maximise progression for those in Support Worker and Associate Level roles into the registered professions using apprenticeships.
- 8.17. To maximise the potential that apprenticeships present in their contribution to the domestic workforce supply into health and care careers, we are recommending an 'Apprenticeship First' approach to commissioning (i.e., ensure apprenticeships are considered at all points of commissioning activity and that decisions for not using apprenticeships are clearly recognised).

Challenges in implementation

- 8.18. There are several challenges to implementation and expansion of apprenticeships, which the HEE Apprenticeship Support Programme aims to address in support of employers maximising the opportunities afforded by apprenticeships. These challenges include:
 - shortage of data reducing assessment of impact, especially over the long term
 - difficulty obtaining certain data to help assess impact, such as employer held data not covered by Data Sharing Agreements.
 - readiness of potential apprentices to progress (addressed by our Skills for Life offer)
 - employer-led nature of apprenticeships and the apprenticeship levy
 - a need for greater external expertise and learning from other sectors
 - a need for focused effort in certain occupations and apprenticeship pathways to match against local demographics and local needs verses national drivers
- 8.19. There have also been additional constraints related to the pandemic that have affected apprenticeships, such as:
 - breaks in learning causing delays in completion
 - COVID-19-related staff shortages resulting in reduced capacity of both education providers and supporting workplaces
 - reduced access to healthcare premises due to infection control and prevention practices restricting the access of education providers

- 8.20. Throughout the pandemic, HEE continued to work closely with the Institute for Apprenticeships and Technical Education (IfATE) to ensure apprentices can complete their programmes and qualify in a timely way and be able to take up their new role in delivering service at a time of great need. This includes de-bunking technical issues, supporting employers with solution-focused fixes, and supporting the development of flexible approaches to apprenticeship delivery.
- 8.21. HEE is continuing to successfully address the challenges, through work with stakeholders and other measures. HEE has a data sharing agreement with the Education Skills Funding Agency and DHSC, the HEE support programme is designed to empower and support employers in developing their Apprenticeship programme and overcome these challenges. HEE is effectively harnessing national and regional networks, enhancing the ability to scale up best practice models and ensuring that both employers and education providers have technical support in all aspects of delivering apprenticeships and in developing sustainable apprenticeship strategies.

Apprentices in clinical roles

- 8.22. At the time of publication, the cumulative number of NHS apprentices since 2016 is over 100,000. The breakdown of clinical and non-clinical apprentices is over 70,000 clinical and 30,000 non-clinical⁸.

Levels of Occupational Apprenticeship Standards (Clinical)

- 8.23. Apprenticeship standards are defined at occupational level having been designated with 'level descriptors' which identify in each profile the occupational competence and accountability for each apprenticeship standard⁹. This requires more interrogation but gives an indication of the skills growth in the NHS workforce gained through apprenticeships.

9. Reducing attrition and promoting quality

- 9.1. We know that learner attrition and retention are influenced by a range of factors. HEE's work with system partners on the successful delivery of the RePAIR (Reducing Pre-registration Attrition and Improving Retention) project, highlighted key lessons and produced a much welcomed and used toolkit. RePAIR has become embedded across HEE's work. There is still a need for all stakeholders 'to do better' to increase their commitment to each other and to take ownership for the contribution they play in the learner 'journey' to reduce attrition and improve retention.
- 9.2. The RePAIR project enabled HEE to gain an in-depth understanding, through evidence, of the factors impacting on healthcare learner attrition and retention. HEE continues to

⁸ The 'clinical/non-clinical' label relates to the apprenticeship, not the primary role held by the apprentice. We are aware that clinical staff undertake non-clinical programmes such as management and leadership apprenticeships, for example.

⁹ The Education Skills Funding Agency (ESFA) do not collect employer pay data, so this reporting is based on the Occupational Level of the apprenticeship standard. It is important to note that apprenticeship occupational level does not necessarily equate to NHS Agenda for Change pay band.

place emphasis on taking an evidence-based approach to understanding and addressing health learner experience, together with attrition and this is central to HEE's cross-disciplinary work on the Quality Framework & Strategy.

The Quality Framework & Strategy

- 9.3. HEE's Quality Framework and Strategy sets out our expectations required to support high quality education and training and high-quality care within the work-based learning environment.
- 9.4. The views and opinions of all our trainees and students lies at the heart of HEE's Quality Strategy and Quality Framework. HEE's National Education and Training Survey (NETS) provides an opportunity to hear first-hand about the quality of education. This feedback supports our Clinical Teams, Postgraduate Deans, Quality Teams, and Local Providers to recognise aspects of training that work well and those areas which can be improved. NETS is the voice of the healthcare workforce. The results drive forward improvements in the clinical learning environment and underpins our work to eliminate inequalities in education and training. Insights from NETS is helping us secure our future pipeline, by addressing the issues that can drive learner attrition.
- 9.5. The NETS is the only national survey open to all undergraduate and postgraduate students and trainees undertaking a practice placement or training post in healthcare as part of their education and training programme. It is unique and offers a multi-professional window into the environments and services in which the current and future healthcare workforce are training and working and can identify emerging and escalating concerns.
- 9.6. The survey gathers opinions from students and trainees about their time working and training in practice placements and training posts, asking them to provide feedback on what worked well and what they think could be improved.
- 9.7. Every survey response, across every profession and location, counts and helps to improve the experience of current and future students and trainees. A summary of the most recent NETS results is set out below in Annex A.
- 9.8. The importance of NETS is underscored by the range and significance of insights being gathered, for instance:
 - In November 2021, over 49% of learners told us that they are not aware of who their local Freedom to Speak Guardian was.
 - 94% of learners confirmed that they knew how to raise concerns in the clinical learning environment, but only 81% felt comfortable to do so.
 - 15% of learners reported experiencing bullying and/or harassment in their most recent clinical/practice placement or training post.

10. Health Learner Access, Diversity, and Inclusion

- 10.1. HEE is responsible for ensuring that there are high quality learning environments for all healthcare learners in England. HEE has a statutory duty to secure continuous improvements in the quality of education and training and to promote the skills and behaviours that uphold the NHS Constitution. HEE has adopted a Quality Framework; this

includes a commitment to making sure that the learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups. HEE is committed to making sure that organisational culture is one in which all staff, including learners, are treated fairly, with equity, consistency, dignity, and respect. The Quality Framework seeks to support parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.

Disability Equality: Driving Down Attrition and Improving Retention

- 10.2. HEE's national Policy & Regulation Team is leading an innovative and dynamic programme of work to embed a social model of disability across our education reform programmes, together with our programme workforce. The interventions being progressed will drive down attrition by addressing historical disability discrimination and improving the transition into the workplace for health learners who are disabled and/or living with long-term health conditions. These historical failures have been brought into focus during the COVID-19 pandemic and following recent engagement with healthcare learners and HEE staff.
- 10.3. It is recognised that there is a gap in undergraduate completion rates between Disabled and non-Disabled health learners, and a disparity in the retention between Disabled and non-Disabled employees in the NHS. Using analysis by the Office for Students from 2022, the current gap in undergraduate completion rates between Disabled and non-Disabled students is estimated to be 3 percentage points. HEE's investment in policy interventions, has produced evidence of cost benefit. The independent economic assessment concludes, based on information on costs and benefits using a narrow exemplar group, if the policy interventions successfully close the gap in completion rates in training by 20% and retention rates in the workforce by 10%, the Exchequer is estimated to achieve a significant net financial benefit. This corresponds to a benefit to cost ratio (BCR) of 1.34. The positive net Exchequer benefits persist under a wide range of different modelling assumptions. As this initiative has a BCR greater than 1.0, the project is expected to deliver a positive net present value. We are confident that the model can be applied to other regulated healthcare professional groups in the AfC pipeline and workforce and will demonstrate relative cost benefit and together with positive net present value.
- 10.4. Preliminary evidence through an independent economic impact assessment suggests a positive costs and benefit to the Exchequer associated with the expected improvements in the retention of a cohort of Disabled health learners along the learner journey and into the NHS. This involved estimating the costs to the Exchequer associated with training a cohort of health learners, as well as assessing the benefits to the NHS associated with measures to mitigate staff shortages existing because of lower retention rates.
- 10.5. The benefit to cost ratio was calculated as 8.26, based on a mid-range figure, and relying on the net benefit of the policies i.e., the benefit of the policies minus the additional cost of training. Which was divided by the cost of sustaining the policies, which could be considered the actual cost of the policy intervention because the additional cost of training is not a policy cost itself, but it is a by-product of the policy.
- 10.6. Given some of the uncertainties in the modelling, a sensitivity analysis was undertaken with respect to the potential impact of the policy interventions, the cost of the interventions and the number of students identifying as Disabled. In every scenario, there is a net

Exchequer benefit associated with the policy interventions being supported by HEE's Policy and Regulation Team.

- 10.7. Inclusive Employers report there are over 14 million disabled and neurodiverse people in the UK, equating to approximately 20% of working age adults. In 2019/20, the Office for Students stated that 14.3 per cent of full-time undergraduate students reported having a disability. Whilst according to the Department for Work & Pensions (DWP), in 2021 Disabled workers moved out of work at twice the rate (8.8%) of non-disabled workers (4.9%).
- 10.8. It has been acknowledged that HEE has more to do across the health and care workforce it supports to embed disability equality, diversity, and inclusion. An analysis of the NETS in June 2021 and November 2020 identified that trainees who declared a disability were more likely to complete unsupervised tasks they were not prepared or trained. We know from NETS that the highest correlation between a protected characteristic and being subject to bullying and harassment, is having a disability.

The Find Your Way Guide

- 10.9. HEE is supporting work with Diversity & Ability to improve awareness of information on adjustments, together with Access to Work, for newly qualified health learners. This is the government backed scheme, to support better retention of people in work, through grants of up to £65,000 and advice on adjustments. Through a partnership initiated by HEE, working closely with Diversity and Ability and NHS Employers, efforts to drive down attrition, including for health learners who may have long-term conditions, mental health issue or are living with the long-term effect of COVID19. Information on the can be found here: [Link to the Find Your Way Guide, NHS Tool-kit](#)
- 10.10. HEE is continuing to work with Diversity and Ability, as well as NHS Employers and the Disabled Student's Commission to determine the best options for meeting the future costs of the scale and spread of this work as a multi-professional response. This partnership work is seeking to ensure continued alignment with the NHS planned Equality Diversity and Inclusion (EDI) strategy (April 2023) and NHS Long Term Plan.

Project Choice at HEE

- 10.11. HEE College (Project Choice) is contracted as a Specialist Post-16 College via the Education and Skills Funding Agency (ESFA), and as such, has a contractual obligation to deliver high quality provision for vulnerable students with learning difficulties, disabilities and/or autism (LDD/ASD). HEE directly receives funding, to support commissioned high needs places associated with the delivery of the College's Supported Internship course.
- 10.12. The College is hosted at a national level by HEE and is monitored by Ofsted, it was graded overall as 'Good' following its first inspection, in December 2019. Overall, the College has achieved 92% retention and 83% success rates over the 5-year period since it was established.
- 10.13. High needs places at the College are commissioned each academic year by Local Authorities (LAs) for young people aged 16 – 24 years with Education, Health, and Care Plans (EHCPs). There are currently 176 Interns enrolled at college who are supported by 18 NHS Trusts and 40 LAs. As the College grows, the student numbers, along with

partner commissioning LAs and Trust areas, and the associated ESFA and LA funding will similarly increase.

- 10.14. The college has an agreement with DfE and ESFA to continue to develop relationships with Local Authorities and stakeholders to increase the local offer to Special Education Needs nationally in line with local commissioning plans and in response to the NHS long term plan.

The Mental Health Workforce Programme

- 10.15. The Mental Health workforce programme at HEE, has demonstrated a strong commitment to addressing historic workforce inequality, together with delivery of a workforce that meets the needs of all our communities.
- 10.16. Work is in progress on widening participation in the psychological professions as a career option. This includes for example the funding of one year paid experience for the c18,000/year psychology graduates who wish to pursue a career in mental health. Together with mentoring opportunities for aspiring clinical psychologists who are from protected characteristics groups (as defined by the Equality Act 2010) and a mentoring scheme for aspiring leaders. In addition, the funding of mandatory normally self-funded pre-clinical training, for aspiring child and adolescent psychotherapists, who would otherwise be socio-economically disadvantaged and/or face barriers to accessing training.

Blended Learning

- 10.17. HEE introduced an innovative blended learning nursing programme, which draws on a combination of learning approaches supported by technology, coupled with more traditional approaches to education and training.
- 10.18. Courses are designed to appeal to a wider range of potential students who, for example, have to balance commitments such as having family or caring commitments, have challenges in relation to travel (coastal and or rural), which may include the remoteness of where they live, as well as those who have an interest in technology and using digital skills to study.
- 10.19. HEE are working with seven universities to deliver the blended learning nursing degree programme and four universities to deliver the blended learning midwifery degree programme. HEE, together with its partners will complete an independent evaluation of the nursing and commissioned blended learning programmes. This will help capture information and evidence on the quality, impact, and social and financial return on investment. The results of this evaluation, together with emergent evidence will be key to helping plan education and training now, and in future.

Pharmacy Initial Education & Training Reform Programme

- 10.20. HEE is working closely with professional regulatory bodies and stakeholders across pharmacy to embed EDI and support the levelling up agenda. HEE hosted a 200-delegate joint pharmacist education summit in February 2022. This has supported work to inform and explore best practice on developing an inclusive curriculum for students and trainee pharmacists. The event provided a route to highlight emerging good practice and resources to inform the widening participation agenda. Together with shape thinking on

work with the regions to understand and address learner attrition, as well as secure the learner pipeline by enhancing access to quality pre-registration placements for all.

-END-

Annex A

The National Education and Training Survey - summary and overview of insights 2022

The National Education and Training Survey (NETS) is the only national survey open to all students, trainees and doctors and dentists in training undertaking a practice placement or training post in healthcare. The survey opens annually and is one of the ways that we at Health Education England (HEE) are working to improve the quality of education and training.

The survey was created in 2018 as a national platform to collect multi-professional learner feedback and understand the experience of students, trainees and doctors and dentists in training working and training in healthcare services across England. The NETS is an opportunity for learners to reflect on their experience and identify what is working well and what could be improved.

The survey results are triangulated with quantitative and qualitative education quality indicators, including other sources of learner feedback and soft intelligence, to form a comprehensive picture of the multi-professional practice learning environment. Together, this information is used to identify areas of good practice in addition to emerging and escalating concerns at a national, regional, organisational, and professional level.

In 2022, the NETS recorded the highest number of responses to date with 39,855 completing the survey and providing feedback on their experience. The NETS captures data on protected characteristics, locality, and professional discipline, and is open to all health students and doctors and dentists in training. For the purposes of this annex, we will focus on the response from professional groups covered under the Agenda for Change terms and conditions, including advanced clinical practice, allied health professional, healthcare science, midwifery, nursing, pharmacy, psychological profession and scientific, therapeutic and technical professional groups. This equates to 13,479 responses and 33.82% of the overall response to the 2022 NETS.

Key findings

Overall experience

- Over 70% of learners rated their overall educational experience as 'Good' (36.89%) or 'Outstanding' (33.51%).
- 71% of learners measured their experience of supervision as 'Good' (35.23%) or 'Outstanding' (35.96).
- Over 87% of learners reported witnessing examples of safe care 'Often' (32.21%) or 'Always' (55.17%).
- 82% of learners saw examples of multidisciplinary teamwork 'Often' (31.93%) or 'Always' (51.03%).
- 17% of learners reported experiencing bullying and/or harassment in their current placement 'Once or twice' (12.25%), 'Occasionally' (3.32%) and 'Frequently' (1.53%).
- 19% of learners reported witnessing bullying and/or harassment in their current placement 'Once or twice' (12.75%), 'Occasionally' (4.84%) and 'Frequently' (2.24%).
- Over 93% of learners know how to raise concerns and 78% feel comfortable raising concerns.

Recommending a placement area

- Over 78% of learners would recommend their placement area to friends and family if they ever require the care or treatment provided there.

- 73% of learners would recommend their placement area to friends and colleagues as a place to work or train.
- When asked why they would recommend their placement area, learners cited the following top five reasons: supportive colleagues, quality of education, teaching and coaching, supportive learning environment, learning opportunities available and quality of patient care.

Attrition and retention

- 38% of learners considered leaving their course or training programme in 2022. When asked why, learners cited the following reasons¹⁰:

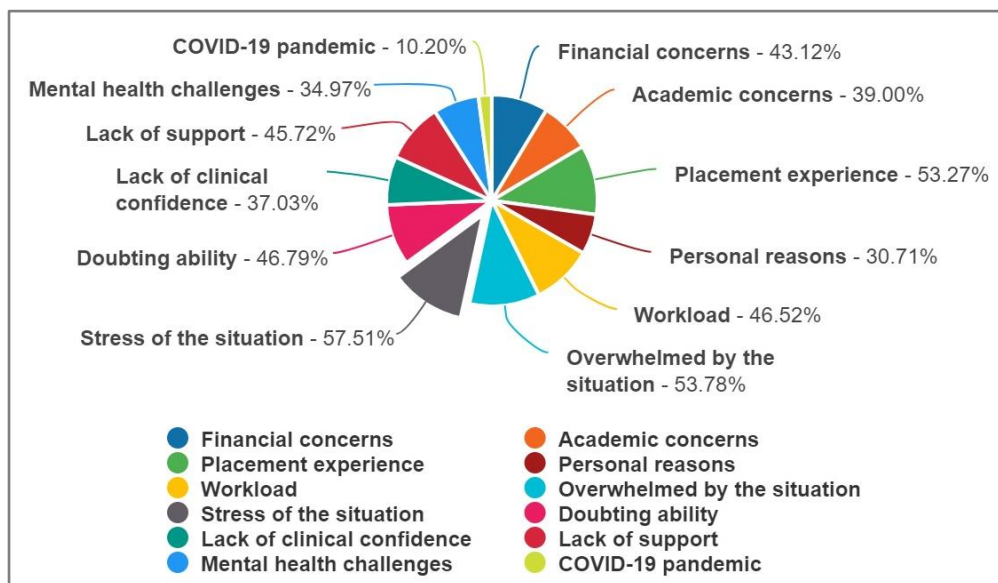


Table 1. Reasons why learners considered leaving their course/training programme in 2022 (NETS, 2022)

- Over 61% of learners did not consider leaving their course or training programme in 2022. When asked why, learners cited the following top five reasons: passionate about healthcare, a career in healthcare, working with patients, enjoying the course/training programme and support from family, friends and colleagues.

Health and wellbeing

- Over 70% of learners know how to access health and wellbeing resources in their placement organisation.
- 64% of learners felt able to access appropriate help and resources to support their health and wellbeing.

Equality, diversity, and inclusion

As part of our work to eliminate inequalities in education and training, we introduced three new questions to the NETS in 2022.

- In 2022, 13% of learners experienced discrimination by patients.
- 34% of learners reported their experience of discrimination by patients and 25% felt that the organisation managed and resolved their concern.

The experience of disabled learners

- HEE's policy interventions to improve the experience of disabled health learners and trainees are evidence based, driven in part by the insights and evidence captured through NETS.

¹⁰ To note learners are able to select as many reasons as applicable when answering this question.

- Analysis of the NETS Survey 2020 and 2021 identified that the protected characteristic which had the highest correlation with experience of bullying and harassment is having a disability.
- The results of NETS, to some degree mirror the findings of the NHS Confidential Staff Survey with ongoing evidence of Bullying and Harassment and lower quality of employee experience across a range of measures being reported by Disabled staff. The NHS Staff Survey (2021) showed that by protected characteristic, Disabled staff are the most likely group to experience bullying or harassment, with 26% of Disabled staff reporting being bullied or harassed in the previous 12 months, compared with 20% of NHS staff overall.¹¹
- Evidence suggests that across the workforce, stigma and bullying and harassment and poor experience, contributes to low disability declaration rates. The 2022 NETS data indicates potentially lower declaration rates and/or underrepresentation of disabled people, when set against the 21% of working age adults reporting a disability.^{12,13} In 2022, 11% of respondents in advanced clinical practice, allied health professional, healthcare science, midwifery, nursing, pharmacy, psychological professions, and scientific, therapeutic, and technical professional groups reported having a disability. These figures indicate that these learners were less likely to declare a disability and/or that disabled people continue to be underrepresented, when compared to the workforce, within the learner pipeline. Rates of declaration vary across disciplines with pharmacy having the lowest proportion of students declaring a disability and showing a much larger gap when compared to nursing, allied health, and the psychological professions.

| Professional Group | No | Yes | I do not wish to disclose |
|---------------------------------------|---------------|---------------|---------------------------|
| Advanced Clinical Practice | 87.85% | 8.87% | 3.28% |
| Allied Health Professional | 82.45% | 13.27% | 4.28% |
| Midwifery | 84.84% | 10.86% | 4.30% |
| Nursing | 83.98% | 12.39% | 3.63% |
| Pharmacy | 90.92% | 3.99% | 5.09% |
| Psychological Professions | 81.31% | 13.84% | 4.84% |
| Scientific, Therapeutic and Technical | 81.82% | 9.09% | 9.09% |
| Grand Total | 84.35% | 11.63% | 4.02% |

Table 2. Proportion of healthcare students who have a disability by professional group based on 13,479 responses

- The NETS 2022 analysis of responses is due at the end of January 2023.¹⁴ A more detailed analysis to evaluate evidence around the relationship, if any, between protected characteristics and learners' experience.

¹¹ <https://www.hee.nhs.uk/our-work/equality-diversity-inclusion/quality>

¹² <https://commonslibrary.parliament.uk/research-briefings/cbp-9602/>

¹³

<https://www.hee.nhs.uk/sites/default/files/HEEDS%20annual%20report%20Jan%202022%20FINAL%20for%20uplod.pdf>

¹⁴ <https://www.hee.nhs.uk/our-work/quality/national-education-training-survey-nets>

Next steps

The NETS Reporting Tool will be published on 31 January 2023 enabling healthcare providers to access aggregated trend data and work in partnership with HEE Quality teams to assess their compliance against the [HEE Quality Framework](#).

National and Regional Quality Improvement Plans will underpin a collaborative approach to improving the overall learner experience, reducing attrition, and enhancing placement capacity and capability. The NETS is a key thread in our work to secure the future workforce and support healthcare professionals to develop the knowledge, skills and behaviour to deliver safe, effective and high-quality care.