Liberating the NHS: Developing the Healthcare Workforce

From Design to Delivery

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Foreword by Secretary of State

In December 2010 we set out our vision for a new system for developing the healthcare workforce. One that would ensure employers supported by clinicians were placed at the heart of the decision-making process, with the opportunity to design the shape of their workforce and the way in which they develop the people they employ.

The NHS in England is one of the best healthcare systems in the world and that is down to the dedication of the workforce. However, while the NHS currently delivers excellent care, in some areas outcomes for patients still lag behind the top countries in the international league. As we strive to improve the NHS to deliver world-class health outcomes for patients, we need also to improve the way we develop the healthcare and public health workforce.

The people who work in health services, whatever the sector, need to be well supported to attain the right professional and clinical skills, as well as providing care with compassion, kindness, and respect for people. Today's health workers must also be able to cope with ever-changing patient and public needs and adapt quickly to innovation in service models.

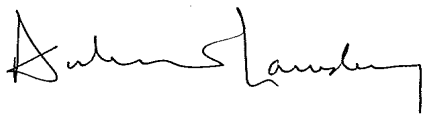
We are setting up a new system that can produce the flexible workforce we need to address future challenges, that aspires to excellence in training as well as a better educational experience for trainees, and is supported by a fairer and more responsive funding system. This presents a unique opportunity to strengthen partnerships between all providers of services and the professionals who deliver them, as well as fully harnessing the natural partnerships with research and innovation to improve health outcomes.

Making these changes work is all about placing accountabilities in the right place. Locally, with providers supported by professionals who understand the local needs of their workforce, and nationally with Health Education England to interpret workforce intelligence and planning and then lead in support, guidance and oversight for the commissioning of education and training.

The Education Outcomes Framework will directly link education and learning to improvements in patient outcomes. By providing a clear line of sight and improvement to patient outcomes, it will help address variation in standards and ensure excellence in innovation through high quality education and training.

Since we first published these plans, a great deal of progress has been made. We have consulted widely and used the work of the NHS Future Forum, whose second report has shaped our thinking. We have listened to your comments and ideas and believe this document presents the right steps forward for the successful implementation of our proposals.

Now is the time to focus on making this work. Health employers, with their professional leaders, universities and the education and research sectors need to come together and work to ensure a carefully managed transition into the new system - a system that will have a positive outcome for both patients and staff.



Andrew Lansley

Secretary of State for Health

Executive Summary

1. The shape and skills of the future health and public health workforce need to evolve constantly if we are to sustain high quality health services and continue to improve health in the face of demographic and technological change.
2. To keep up with these changes, the NHS and public health system is changing and therefore the way in which we educate and train our workforce must also change - the needs of patients and the public must be served by a workforce that has the skills and knowledge to provide safe, effective and compassionate care at all times.

3. Here we set out a new education and training system that will do just that, building on responses to our consultation and the advice of the Future Forum. It puts employers, and professionals in the driving seat and gives them the national support they need to identify and anticipate the key workforce challenges, and to be flexible and responsive in planning and developing their workforce. We believe these provider-led arrangements offer the best assurance for future-proofing the way we develop the health and public health workforce so we can meet the aspirations set out in the NHS Constitution - to bring the highest levels of human knowledge and skill to save lives and improve health.

4. There are two central planks to the new system - Health Education England (HEE) and the Local Education and Training Boards (LETBs).

5. HEE will provide national leadership and oversight on strategic planning and development of the health and public health workforce, and allocate education and training resources. HEE will promote high quality education and training that is responsive to the changing needs of patients and local communities - including responsibility for ensuring the effective delivery of important national functions, such as medical trainee recruitment. Once the new education and training system is fully established, HEE will be able to consider to what extent they can be devolved.

6. The LETBs will be the vehicle for providers and professionals to work with HEE to improve the quality of education and training outcomes so that they meet the needs of service providers, patients and the public. Through HEE, health and public health providers will have strong input into the development of national strategies and priorities so education and training can adapt quickly to new ways of working and new models of service. LETBs may also take on specific leadership roles for particular professional groups, such as the smaller professions and commissioning specialist skills.

7. The Department will set the education and training outcomes for the system as a whole, securing the resources necessary and continuing to set the regulatory, policy and legal framework. It will hold the HEE Board to account for delivery of its strategic objectives.

8. HEE's role will be to ensure greater transparency in the education and training investments employers make in their workforce. LETBs will have flexibility to invest in education, training and ongoing professional development to support innovation and development of the wider health team. LETBs will also be able to ensure that funding in the new system follows the student/trainee on the basis of quality education and training outcomes. Proposals to raise the education and training budget through a levy on providers will be developed for consultation.

9. Local education providers, universities, colleges and employers, will remain directly responsible for the provision and quality control of education at a local level. This framework will be maintained in the new system, with the LETBs assuming responsibility for the quality management role at local level and for meeting standards required by national frameworks and the regulators.

10. The continuing success of the healthcare and public health systems is dependent on partnerships with higher and further education. Many educators, often working in close partnership with the health service, undertake excellent, cutting-edge research and innovation that underpins continuing improvements in health and public health in the UK and across the world. Therefore the mutual dependence between health, education and research means a strong working relationship is essential.

11. Education and training is an important factor in translating new developments and technologies into practice. LETBs will work closely with the new Academic Health Science Networks (AHSNs) to realise the ambition set out in ***Innovation, Health and Wealth*** for an NHS defined by its commitment to innovation and the rapid diffusion of transformative ideas and practice. They will together exploit the potential for high quality care and innovation through the integration of clinical, research and educational functions.

12. Given the importance of education and training and the competing pressures across the wider system, it is vital that we ensure a safe and stable transition and a pace of change that is led by local priorities and capacity. We are taking a deliberate and cautious approach so that we can secure continuity and a safe transfer of essential skills and staff from Strategic Health Authorities (SHAs) and protect individuals currently undertaking training. HEE will be established as a Special Health Authority in June 2012, with a view to commencing operations from October 2012, taking on full functionality when the SHAs close in April 2013.

13. In due course, we plan to consolidate HEE by establishing it in primary legislation as a Non Departmental Public Body (NDPB). This will enable HEE to operate on a permanent statutory basis at arms-length from the Department of Health, whilst remaining accountable to the Secretary of State. We intend to publish draft clauses for pre-legislative scrutiny in the second Parliamentary session. We then intend to legislate to establish the NDPB as soon as Parliamentary time allows.

14. The outcome of these changes will be a better education, training and workforce planning system for health and public health, one that is clearly focused on continually improving the health of the public and services for patients.

1. An effective education and training system

1. The driving principle for reforming the education and training system is to improve care and outcomes for patients. Excellent health and healthcare depends on a highly skilled and educated workforce, working together with compassion and respect for people. The new system aims to be responsive to patient and public needs and changing service models, such that our investment in the capacity and skills of current and future staff reflects the needs of patients, carers and local communities. That is why we want healthcare and public health providers to have greater responsibility for planning and developing the workforce they employ.

2. The Government has consulted widely on a new system for planning and commissioning education and training for the health workforce. The NHS Future Forum found continued support for a system that will be more responsive to the needs of patients and employers, professionally informed and underpinned by strong academic links. The responses to the consultation ***Liberating the NHS: Developing the Healthcare Workforce*** and the recommendations from the NHS Future Forum have informed the design of the new education and training framework. Subject to the passage of the Health and Social Care Bill, we are now ready to move from design into developing the world class health education and training system that is essential, alongside excellent research and innovation, to deliver world class healthcare and public health.

3. This system builds on the advice of the Future Forum, following design principles developed through consultation:

- greater accountability for all providers to plan and develop their workforce, whilst being professionally informed and underpinned by strong academic links;
- aspiring to excellence in training and a better experience for patients, students and trainees;
- supporting NHS values and behaviours to provide person-centred care;
- supporting the development of the whole workforce, within a multi-professional and UK-wide context;
- supporting innovation, research and quality improvement;
- providing greater transparency, fairness and efficiency to the investment made in education and training;
- reflecting the proposed, explicit duty of the Secretary of State to secure an effective system for education and training.

4. Developing the education and training system will take time, and the system will need to evolve as the rest of the NHS and public health system matures. The new system needs to have the flexibility to respond and adapt to future challenges and seize opportunities to work in new ways across the NHS, the public health system and with education, innovation and research partners. The partnerships between employers, professions and with the education and research sectors, locally and nationally, will be critically important to this.

5. New capabilities and relationships will be required as we look to plan for the whole workforce, it is equally important that we build on the skills and knowledge we already have. A safe transition is needed to secure business continuity and maintain current training programmes. It is also important that we minimise the financial risks to the system so changes to the way we fund education and training will be done carefully and at the right pace.

Securing an Effective Education and Training System

6. The education and training system will remain accountable to the Secretary of State. The Government has introduced an amendment to the Health and Social Care Bill to place a duty on the Secretary of State to exercise his functions so as to secure an effective system for education and training, for people who are employed or who will be employed in the health service and public health system in the future. The Secretary of State already has broad powers for education and training. The purpose of this duty is not to grant new powers to intervene. Our aim is to ensure the new education and training system is set up to deliver a greater level of local accountability and responsibility for decision-making: a system that aspires to excellence and supports the values of the NHS.

7. Local Education and Training Boards (LETBs) will be set up so that local partnerships, with healthcare and public health providers at their centre, can take on the functions of Strategic Health Authorities (SHAs), including the postgraduate deaneries. Health Education England (HEE) will be established as a Special Health Authority (SpHA) to provide national leadership and oversight. This is a central feature of these reforms: that greater responsibility and accountability for decision making will be delegated to employers – who are best placed to understand the communities they serve and the needs of their own workforce. Clinical Commissioning Groups will have an important role to play in providing clear and timely commissioning intentions which support the development of education and training plans.

8. While the new NHS and public health system is taking shape and maturing the LETBs will be hosted by HEE from April 2013. HEE will have a clear scheme of delegation to the LETBs in accordance with the aim of the education & training system being led by providers of NHS and public health services, working in partnership with the professions, education and research institutions.

9. The role of the Department of Health is to maximise the health and wellbeing gain for the population through its stewardship of the NHS, adult social care and public health systems. It does this by setting strategic outcomes for the whole system, securing resources, setting the regulatory, policy and legal framework and by providing oversight and leadership across all three systems. The Department will set the education and training outcomes for the system as a whole. It will secure the resources necessary for an effective education and training system and continue to set the regulatory, policy and legal framework. It will set the strategic objectives for HEE and hold the HEE Board to account for their delivery.

10. Applying innovative approaches to delivering healthcare and public health must be integral to the way the NHS and public health system does business. The shape and skills of the future health workforce need to evolve constantly if we are to sustain high quality, health services and continue to improve health in the face of demographic and technological change. There are big challenges: to tackle obesity; improve maternity care; release savings; empower people with long-term conditions to manage their own care and provide people in later life with better support through more integrated, community based services.

The way we educate and develop the workforce needs to support innovation and research while helping accelerate the adoption and diffusion of new patterns of care, treatments and drugs.

11. The new education and training system described here puts employers and professionals in the driving seat. In partnership with the education sector, they will have the national support they need to identify and anticipate the key workforce challenges, and be much more flexible and responsive in planning their workforce and developing the skills needed. We believe these employer-led arrangements offer the best assurance for future-proofing the way we develop the health and public health workforce so we can meet the aspirations set out in the NHS Constitution - bringing the highest levels of human knowledge and skill to save lives and improve health.

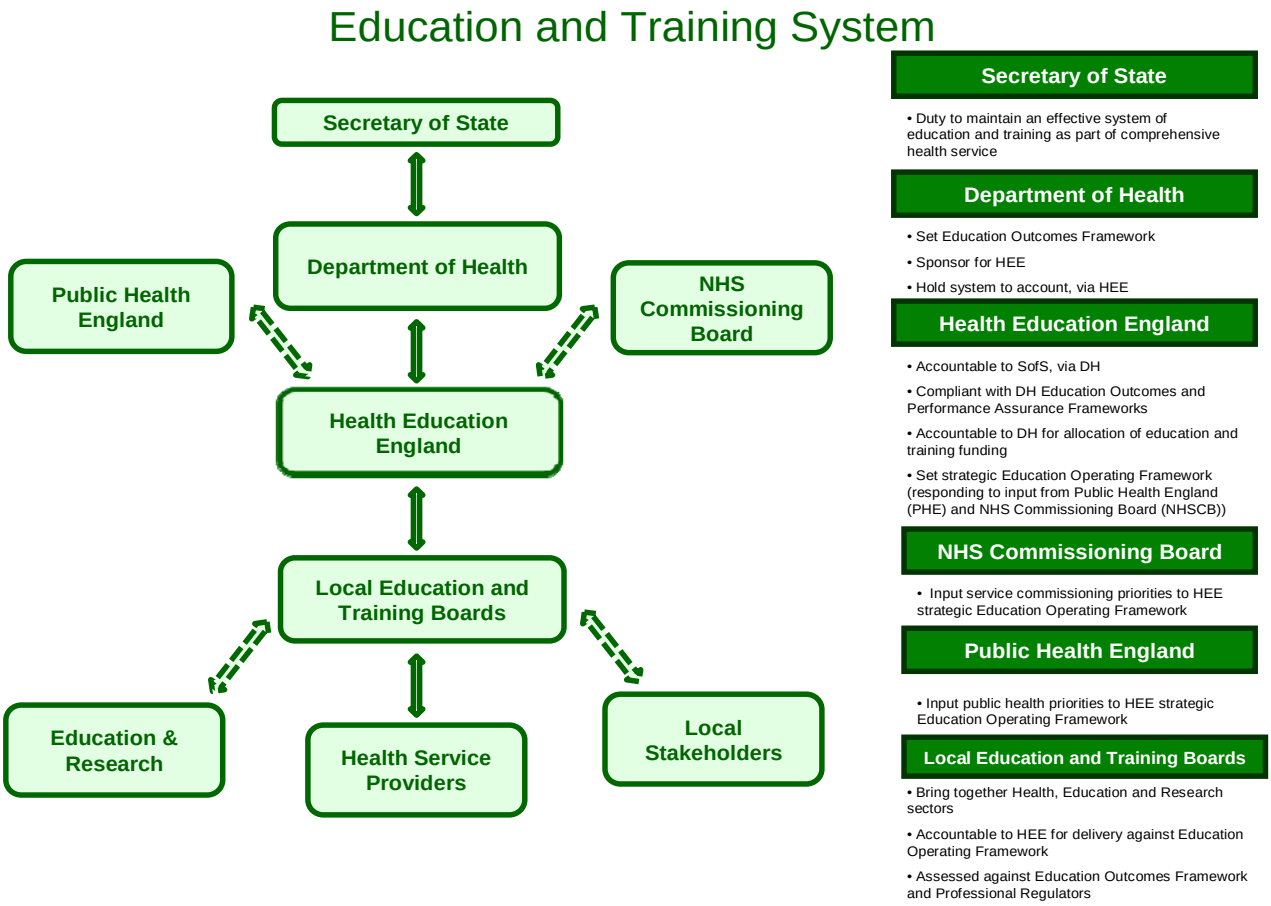


Figure 1: Education and Training System

Education Outcomes Framework – key domains

12. Building on the objectives set out in the consultation document that were strongly supported, an education and training outcomes framework is being developed. Setting clear outcomes for the education and training system will enable the allocation of education and training resources to be linked to quantifiable, quality outcomes. These in turn will support delivery of the outcomes set for the NHS Commissioning Board and Public Health England.

13. High level outcomes are set out in figure 2 page 12. There will be further work to develop and provide a detailed framework and the metrics to support its use nationally and locally.

The Education Outcomes Framework will set expectations across the whole education and training system so that investment in developing the health and public health workforce supports the delivery of excellent healthcare and health improvement. LETBs and HEE will use the Education Outcomes Framework as the basis for developing the operating model and working arrangements with partners.

14. The NHS Future Forum welcomed the development of an Education Outcomes Framework to provide a comprehensive system of quality governance and explicit educational outcomes, which support the delivery of improved patient care and public health outcomes, and advised developing the detail as soon as possible. Working with employers, clinicians and education providers, the Department, LETBs and HEE will develop a suite of metrics so that the system can demonstrate at all levels education quality outcomes as they impact on patient experience, care and safety. This includes testing new questions for the independent staff survey on the availability, effectiveness and relevance of education as part of assessing the priority employers give to education and training and education outcomes achieved at all levels of the system.

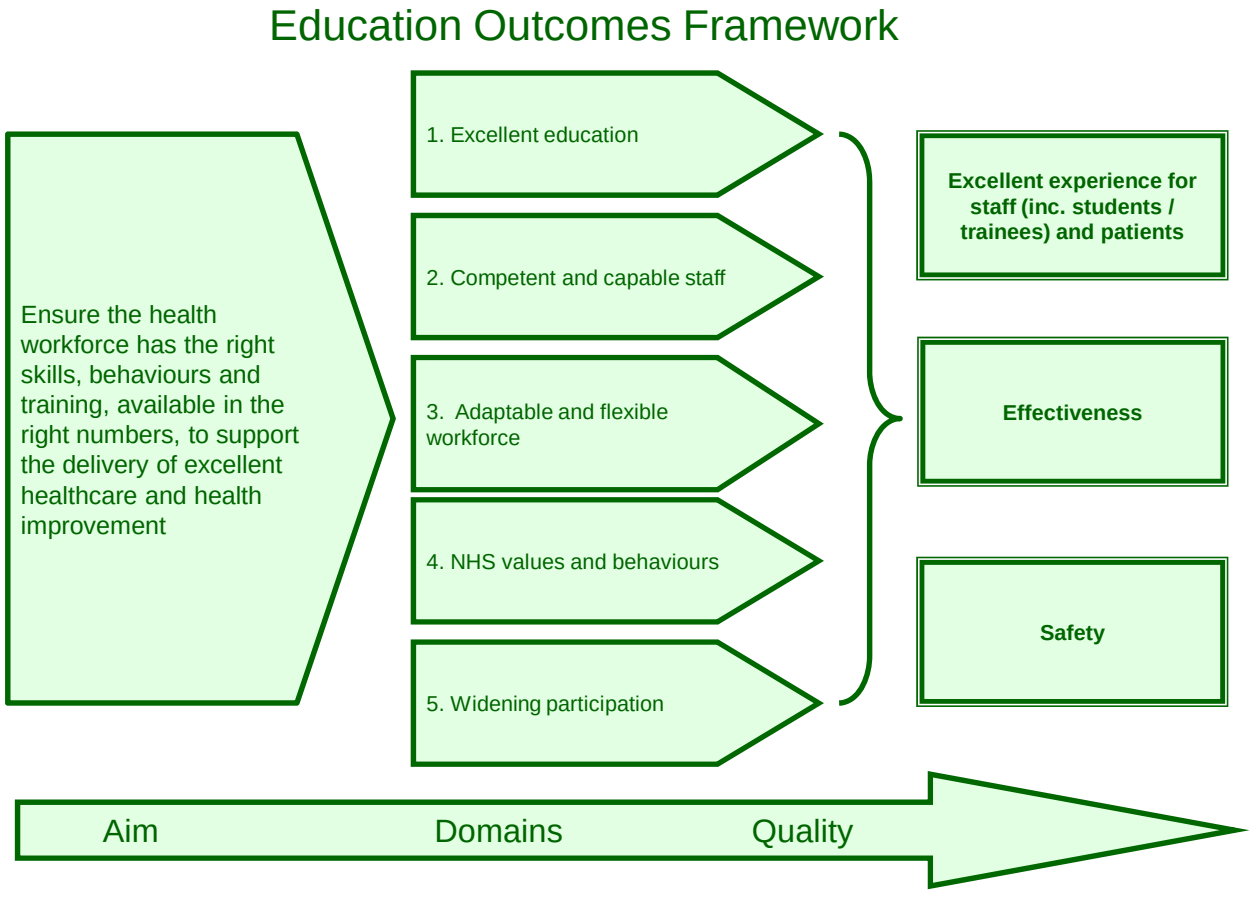


Figure 2: Education Outcomes Framework

1. **Excellent education** – Education and training is commissioned and provided to the highest standards, ensuring learners have an excellent experience and that all elements of education and training are delivered in a safe environment for patients, staff and learners.

2. **Competent and capable staff** – There are sufficient health staff educated and trained, aligned to service and changing care needs, to ensure that people are cared for by staff who are properly inducted, trained and qualified, who have the required knowledge and skills to do the jobs the service needs, whilst working effectively in a team.

3. **Adaptable and flexible workforce** – The workforce is educated to be responsive to changing service models and responsive to innovation and new technologies with knowledge about best practice, research and innovation, that promotes adoption and dissemination of better quality service delivery to reduces variability and poor practice.

4. **NHS values and behaviours –** Healthcare staff have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience through education, training and regular Continuing Personal and Professional Development (CPPD), that instils respect for patients.

5. **Widening participation** – Talent and leadership flourishes free from discrimination with fair opportunities to progress & everyone can participate to fulfil their potential, recognising individual as well as group differences, treating people as individuals, and placing positive value on diversity in the workforce and there are opportunities to progress across the five leadership framework domains.

Figure 3: Education Outcomes Framework - Domains

Improving the Quality of Education and Training

15. There are many changes to education and training that LETBs and HEE will inherit and need to take forward. Pharmacy education and training is being reviewed. New education and training programmes which have quality and patient outcomes at their core have been introduced across some 45 healthcare science specialisms. The National Allied Health Professional Advisory Board is using lay representatives to drive changes in the training for these professions. There are also a number of specific challenges that the NHS Future Forum raised where action is needed.

16. The NHS Future Forum report identified widespread concerns about the quality of education and training programmes and the individuals who are trained. Better leadership and a greater focus on outcomes and flexibility will help services to be more responsive. We agree with the NHS Future Forum that learning to understand what people want from their health professionals and care teams in terms of empathy, compassion and dignity should be at the core of all education and training. We are aware of our duty in relation to the Public Sector Equality Duty to pay due regard to the needs of populations with protected characteristics. We will take proportionate action to systematically build in and embed equality assurance into the new education and training system. The Education Outcomes Framework and the expectations across the new system to involve patients and the public in planning education and training will reinforce this approach. Addressing these issues, alongside building positive relationships with the professional regulators, will be early objectives for LETBs and HEE.

The Shape of the Medical Workforce

17. The balance to be struck between training and service is a continuing question in the training of doctors. Sir John Temple's *Time for Training* called for a better use of the expanded consultant workforce, not only to improve training for doctors but also in terms of

better efficiency and enhanced safety and quality of care for patients. Professor John Collins' *Foundation for Excellence* evaluated the Foundation Programme for newly qualified doctors and his findings also highlighted concerns that in some cases very junior doctors were being asked to practice beyond their level of competence and without adequate supervision. The most recent trainee survey from the General Medical Council (GMC) confirms these findings.

18. Medical Education England (MEE) is leading the *Better Training Better Care* programme to take forward the recommendations from the Collins and Temple reports. Primary responsibility for implementing the recommendations rests with employers and the *Better Training Better Care* programme will support this at a national level by providing evidenced based examples of good practices, by refining the quality metrics HEE will use and taking action at a national level. In due course, HEE will take on this task from MEE and evidence of improvement in this area will be a critical part of HEE and LETB quality assessments. HEE will also be well placed to lead discussion about the more general question the NHS Future Forum raises about whether all institutions should train doctors and develop their healthcare workforce. This is an important issue when considering the training of small specialist professions within the healthcare workforce and the future requirements of the public health system. LETBs will be able to ensure that funding in the new system follows the student/trainee on the basis of quality education and training outcomes.

19. The NHS Future Forum have also cast doubt on whether the structure of postgraduate medical training achieves the best outcomes. The current model based on more than sixty specialties and forty sub-specialties, drives a degree of specialisation that does not fit with the needs of a population that is living longer with more long-term disease and co-morbidities. A more flexible model, beginning with patient and service needs, that encompasses Higher Education Institutions (HEIs), that has trainees working in the community as well as in acute settings and provides better supervision, particularly at nights and weekends, would address the NHS Future Forum's concerns. MEE is working with the GMC, Wales, Scotland and Northern Ireland to establish an independent review of the shape of medical education and training to ensure we continue to produce doctors of the highest calibre who are able to respond to the rapidly changing health needs of the population. HEE will take forward this work in collaboration with the GMC, professional bodies, employers and the relevant UK bodies to consider the best strategic fit to give greatest flexibility with other professions. It will take this opportunity to put in place a model that builds on the principles of the Tooke report, is sustainable for the future and which takes into account developments in other professions.

Training for General Practitioners

20. The Royal College of General Practitioners (RCGP) proposes an extension to the length of training for General Practitioners (GPs) and the NHS Future Forum has been persuaded by their arguments. It is in all our interests to ensure that the next generation of GPs receive the comprehensive and high quality training that they need and the current training schedule is tight. It is important that any changes to their training programme are affordable and sustainable financially, as well as the right thing to do educationally and in the interests of patients. Any changes to the training programme will also need to be discussed with commissioners and providers to understand the impact on services. The Department is working with the RCGP to develop its case for extending training. This will

be considered by the Medical Programme Board, to make recommendations to MEE in the Spring of 2012.

Training the dental workforce

21. The nature of the dental services required by the population is changing as a result of significant and sustained improvements in oral health. Accordingly the role of the dental team is evolving from the treatment of disease to a greater emphasis on supporting patients maintain their oral health. The workforce planning and education implications of this change offer scope for increased skill mix/team working and a greater need for continuing professional development to enable dentists and dental care professionals (DCPs) to extend the scope of their practice. These training needs have to be viewed in the context of the organisation of NHS dentistry with over 90% of all NHS dentists working as independent contractors in primary care.

22. HEE will need to build on the work of the Dental Programme Board of Medical Education England to address these issues. The Dental Programme Board has recently completed a review of skill mix in dentistry and is collaborating with the Centre for Workforce Intelligence on a review of the dental workforce whereby the supply of dentists and DCPs will be compared to forecast demand to inform a review of undergraduate numbers in dentistry.

Training for Nurses and Midwives

23. Nurses are the largest single profession within the health service and critical to providing care of the highest standard – there is hardly an intervention, treatment or healthcare programme where they do not play a significant part. So it is important that we align education to the service vision and educate nurses, midwives and health visitors to use their professional judgment about what is right for patients and families. We need to give them the skills and confidence to work effectively in an increasingly complex working environment and take on specialist roles. New education standards, including degree-level registration will ensure future nurses, midwives and health visitors continue to be equipped to work in a modern healthcare and public health system.

24. The NHS Future Forum found excellent examples of high quality education and training for these groups but raised concerns about the variation in quality and wanted to reinforce the importance of preceptorships and continuing access to training. The new system for education and training will tackle these variations in quality standards and assure greater consistency in access to employer-led continuing professional development and new professional, educational initiatives. We expect LETBs to address inconsistencies in their locality, using all the levers at their disposal including resources, and for HEE to hold LETBs to account for doing so through the Education Outcomes Framework. HEE will also support the Nursing and Midwifery Council (NMC) in taking forward the NHS Future Forum's recommendation to develop properly structured, post-qualification career pathways.

Training for pharmacy

25. Pharmacist education and training has been reviewed by the Modernising Pharmacy Careers (MPC) Board. The affordability of proposals for reform of the current four year degree programme and one-year pre-registration training is being considered to determine whether a funding mechanism that is both sustainable and cost neutral across government can be delivered. HEE will play a significant role in the implementation of any agreed reforms to pharmacist pre-registration education and training.

26. The MPC Programme Board is completing its initial review to develop flexible career pathways in pharmacy. This covers both pharmacists and pharmacy technicians and takes into consideration the wider pharmacy workforce, including assistants working at Agenda for Change bands 1- 4 in the NHS and equivalent staff in community pharmacy e.g. medicines counter assistants and dispensing assistants. HEE will have the opportunity to take forward their recommendations in a multi-disciplinary context, considering the interaction with nursing, public health and medical career pathways.

Modernising Scientific Careers

27. As recognised in the UK strategy for the Life Sciences published in December 2011, the Modernising Scientific Careers (MSC) programme is ensuring that the NHS attracts, develops and retains some of the best and brightest science graduates and young people in the UK with an interest in Science, Technology, Engineering and Mathematics (STEM) subjects. This programme is ensuring that the NHS and public health services have a specialist scientific workforce that can use its skills more broadly through a clear focus on innovation, research and development. This collaborative approach to development - with professionals, patients, employers, education, industry and other representatives - will continue in the new system with the introduction of comprehensive academic science in health-based programmes from vocational awards to doctoral level qualifications, combined with co-ordinated workplace training.

28. The establishment of a lead commissioner has been important in gaining economies of scale which the LETBs and HEE will be able to maintain to sustain the supply of small specialist professions for the health and social care system.

Developing the Wider Healthcare Team

29. A frequent response to the consultation which was picked up by the NHS Future Forum is the need to invest in the whole healthcare or public health team. We have recognised this wider approach in setting the remit for HEE and in our approach to funding and in drafting the EOF. The NHS Future Forum also welcomed the recent announcement that Skills for Health and Skills for Care would take forward the development of a code of conduct and establish minimum standards for training the wider healthcare team working in support roles. LETBs will provide the forum in which employers can review their investment in this part of the workforce and how this is best supported by central funding.

The Public Health Workforce

30. The Department of Health will be consulting on a public health workforce strategy. Whilst there will be a focus on public health consultants, the consultation will acknowledge that public health is everyone's business and will include proposals for building capacity and embedding public health skills amongst practitioners, the wider workforces, such as housing officers, and within local communities. It will set out how the public health workforce can access high quality education and training to deliver positive outcomes across the three domains of public health – health protection, health improvement and healthcare public health – and at all levels of the new public health system.

31. Workforce planning, education and training for those professional and clinical workforces that will move from the NHS and form part of the new public health system will remain integrated within this new system, informed by the new employers and the public health professional workforce. This will ensure that, regardless of sector or employer, all public health workforces that are currently the responsibility of the NHS education and training system will have continuing oversight through HEE and delivery via LETBs.

32. The Department agrees that it is essential that all public health specialists are suitable for the role for which they are appointed. We are exploring options, including the option of compulsory statutory regulation, for assuring the quality of those appointed as public health specialists. Ministers recently asked for further evidence that might support a case for compulsory statutory regulation. We are currently considering this evidence and we will bring forward proposals very shortly.

Integrated Planning

33. Developments in the role and training of any one staff group or profession can have an impact on the whole healthcare team. Healthcare providers and the LETBs will be well-placed to understand the interactions and take a holistic view across planning for the whole health workforce. Taking a multi-disciplinary approach to workforce planning will be supported by the Centre for Workforce Intelligence (CfWI) and is an integral part of the remit for LETBs and HEE.

Allied Health Professional Education and Training

34. The 12 allied health professions make a significant contribution to delivering high quality services for patients and the public, from assessment and diagnosis through to rehabilitation and reablement. HEE will look to build on the work of the National Allied Health Professional Advisory Board and Patients' Forum to continue to demonstrate the contribution the AHP workforce makes to leading and transforming patient-led health care services through delivering better health outcomes and improvements in productivity.

35. The Future Forum has recognised the need to continue to support newly qualified allied health professionals to make the transition from student to practitioner through preceptorship programmes. They have also recognised the role of continued professional development in identifying the leaders of the future and in delivering the clinical research capacity necessary to ensure a robust academic workforce. With this in mind, the National Allied Health Professional Advisory Board will work with the professional bodies

representing allied health towards a shared framework for post-qualification learning to meet the needs of patients, employers and professionals alike.

2. Health Education England

36. The NHS Future Forum confirmed that the creation of HEE to provide leadership and oversight to the new education and training system is widely welcomed. There is also general support for HEE's early establishment as an effective organisation, so that it can lead the development of the new arrangements for shaping the health and public health workforce, and form strong partnerships with all the relevant parties. HEE will be established as a Special Health Authority (SpHA) in June 2012, taking on some functions in October 2012 and ready to take on full operational functions from April 2013.

37. In due course, we plan to consolidate HEE by establishing it in primary legislation as a Non Departmental Public Body (NDPB). This will enable HEE to operate on a permanent statutory basis at arms-length from the Department of Health, whilst remaining accountable to the Secretary of State. We intend to publish draft clauses for pre-legislative scrutiny in the second Parliamentary session. We then intend to legislate to establish the NDPB as soon as Parliamentary time allows.

38. This section sets out:

- a description of HEE's main functions
- the approach to governance and the advisory structure,
- its operating model and key relationships
- the authorisation and accountability framework for HEE's work with the LETBs.

Purpose and Functions

39. The purpose of HEE is:

To ensure that the health workforce has the right skills, behaviours and training, and is available in the right numbers, to support the delivery of excellent healthcare and health improvement.

40. The key national functions for HEE are summarised as follows:

- providing national leadership on planning and developing the healthcare and public health workforce;
- authorising and supporting the development of LETBs;
- promoting high quality education and training responsive to the changing needs of patients and local communities. This includes responsibility for ensuring the effective delivery of important national functions such as medical trainee recruitment;
- allocating and accounting for NHS education and training resources and the outcomes achieved;
- ensuring the security of supply of the professionally qualified clinical workforce.

41. In describing the functions of HEE, it is important to state that it is being established in the context of a new system in which local freedom and real provider leadership are crucial. There needs to be a proper balance of national and local leadership and decision making. As part of its formal agreement with the Department, HEE will be required to support and enable greater local responsibility and accountability for decision making, in order to build a system that is responsive to the needs of employers, the public and the service at local level. Local autonomy will need to reflect HEE's role to ensure value for money, the quality of education and training, and the longer-term sustainability, both nationally and locally, of the supply of healthcare and public health professionals.

42. In its national leadership role, HEE will lead on workforce planning nationally and managing funding flows. HEE's task will be to bring together the interests of healthcare providers, patients, commissioners, the education sector, the professions and staff to oversee and shape the development of the public health and healthcare workforce. Its primary focus will be on professionally qualified healthcare and public health staff whose education and training is funded through the £4.9b Multi-professional Education and Training (MPET) budget. HEE will be accountable for securing the best outcomes from this investment to improve the quality and responsiveness of the professional workforce.

43. The scope of HEE, in terms of the range of staff covered, includes the key clinical professions who support and provide services in health and public health. The Department will retain responsibility for oversight of the development of the adult social care workforce. The Department and HEE will work together to ensure that workforce development across health, public health and social care is integrated and that social care services have access to the clinical skills they need, sourced from the health workforce. HEE will include representatives from public health and social care in its advisory structure and ensure that LETBs secure similar advice so that workforce development across the three systems is integrated and complementary.

44. It is essential that the development and shaping of the professional workforce takes place within the overall context of the whole workforce. The NHS Future Forum reiterated messages from the consultation on the new system of the importance of developing the whole health workforce, through integrated planning and investment in lifelong learning and development, in order to support effective team working. This message was also stressed by stakeholders during the consultation. HEE will therefore take a wider leadership role in relation to the development of the whole health workforce engaged in the delivery of healthcare and public health.

45. As the NHS Constitution states, employers have responsibility for investment in the skills and development of the people they employ. HEE's role will be to provide leadership and ensure greater transparency in the investment employers make in their workforce. HEE will also have scope to allocate a limited amount of central funding for LETBs to invest in Continuing Professional Development (CPD) to support innovation and in developing the wider healthcare team, particularly those employed at Agenda for Change bands 1-4 in the NHS and equivalent staff employed as of part of primary care teams in general practice, community pharmacy and other community based employers.

46. HEE will also be responsible for certain national education and support functions. These will include oversight of recruitment to some education programmes, including medical recruitment. It will also have responsibility for the development of UK wide commissioning and recruitment arrangements; for example for healthcare scientists as well as for some

other small professions; NHS Careers; and access to national content for e-learning and national commissioning and quality monitoring arrangements for small specialist groups in the workforce. These are all areas that require national oversight and direction and where there is significant support from the professions, employers, staff and students for a national approach. Once the new education and training system is fully established, HEE will be able to consider to what extent they can be devolved.

Governance and Advisory Structure

47. HEE will operate as a SpHA in the first instance, fully operational from April 2013, and accountable to the Secretary of State. HEE will need strong financial systems and governance in place to oversee and account for the investment and allocation of the MPET budget.

48. Central to HEE's success will be a strong partnership with employers, through the LETBs. The expertise, leadership and input of the health and public health professions will also be crucial. Equally, commissioners, patients and service users must all have an effective voice in the development of professional education and training and workforce planning. HEE's governance is being developed to reflect this and enable it to carry the confidence of all its stakeholders.

49. The HEE Board will be relatively small and constituted in line with usual arrangements for a SpHA with a significant budget. HEE will have a chief executive and a Board chair with at least 5 non-executive members. Their key purpose will be to ensure effective governance, consistent with Nolan Principles; to hold HEE executives to account; and to contribute to the success of HEE's key external relationships. The chair and non-executive members of the HEE Board will be independently appointed on the basis of their expertise and skills and will not be there to represent particular organisations or professions.

50. As part of its working relationship with the LETBs, HEE will work with them to jointly create a partnership group at national level that brings LETB representatives together. This will provide a forum for collaborative work to develop joint action and responses to national issues so that there is complete alignment between local focus on workforce development and needs of providers on the one hand and the national overview and activities on the other.

51. Building on the progress made by MEE and its Programme Boards, and by the Professional Advisory Boards (PABs), HEE will also set up a similar advisory structure to provide professional input and bring together all the stakeholder groups, including significant membership by providers of NHS and public health funded services. This comprehensive advisory structure will involve representation from the service and education sector, alongside lay and staff representatives, the professional bodies, regulators, educators and service commissioners.

52. The experience of working with MEE and the PABs has demonstrated the value that is added by the input of lay representatives and their perspectives on the education and training of the workforce. Alongside the professional advisory structure, it is therefore proposed that a lay/patients forum is created to advise HEE, whose members will provide input to the range of its new advisory structures.

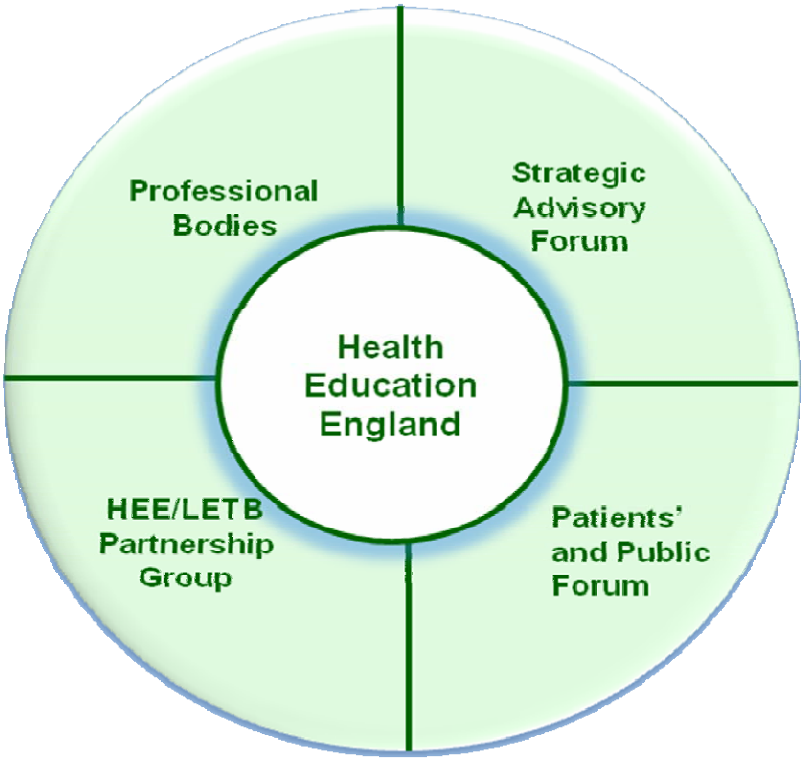


Figure 4: HEE Advisory Structure

53. A new Strategic Advisory Forum will be created to bring all these perspectives together with those of employers and the LETBs, to advise the main board on its strategic operating framework and to develop strategic and multi professional approaches to shaping the workforce to meet service needs. The balance of perspectives reflected through this advisory structure will ensure that the HEE Board has coherent and balanced advice on national workforce development policy, on its work to improve the quality of education and training and delivery within the context of the Education Outcomes Framework, and on all issues that need national leadership and resolution.

Operating Model and Key Relationships

54. In its national leadership role for education, training and workforce, HEE will work closely with a range of key partners. It will form close partnerships with the NHS Commissioning Board (NHS CB) and Public Health England (PHE) and the National Institute for Health Research (NIHR) to ensure that the education and training system is responsive to their strategic commissioning ambitions. In ensuring strong strategic workforce planning for the medium and longer-term security of supply of the health and public health workforce, it will be supported by the CfWI. It will engage with the public, healthcare service providers, public health providers, the professions, Skills for Health, Skills for Care, and education providers to test the fitness for purpose of the outcomes from education programmes commissioned. Equally it will work closely with the professions, with Local Government and with employers in health, public health and social services to develop integrated, multi-disciplinary approaches to workforce development that meet future service needs and to support new care and public health pathways.

Strategic Education Operating Framework

55. A strategic education operating framework will be developed, in consultation with the NHSCB and PHE, and updated annually. This will set out the medium and long-term context for the development of the health and public health workforce, and will provide the framework within which the LETBs will develop their plans. Recognising the need for effective workforce development plans to be locally driven, it will stipulate a limited number of national measurable outcomes for LETBs to deliver in terms of their workforce planning, as well as quality outcomes for education and training. This strategic framework will underpin the relationship and resource allocation arrangements between HEE and individual LETBs and provide system leadership on the wider workforce.

56. HEE will provide leadership for quality assurance, including equality assurance, across the system, ensuring that health professionals are educated to be adaptive and capable of ensuring that the NHS is at the cutting edge of healthcare provision. It will work with the professional regulators and other professional bodies on the content and standards of education and training programmes. It will hold the LETBs to account for delivering education and training in line with the Education Outcomes Framework and the quality requirements of regulators and professional bodies.

National Relationships

57. HEE and the LETBs are an integral part of a wider health system. The development of the new framework for education and training is being aligned to wider system reform and the establishment of other organisations. As well as the national and local partnerships discussed above, its success and effectiveness will be dependent on the quality of its working relationships with other key bodies and stakeholders. Key relationships include those with:

- NHS Commissioning Board (NHSCB)
- Public Health England (PHE)
- National patient groups
- Care Quality Commission (CQC)
- Monitor
- National Institute for Health Research (NIHR)
- Professional regulators
- The Royal Colleges and other professional bodies
- The Centre for Workforce Intelligence (CfWI)
- Local Government and social care providers
- Equivalent organisations in Wales, Scotland and Northern Ireland (such as NHS Education Scotland)
- The education and research sectors

58. Healthcare professional regulators set standards of professional practice and standards of education and training for professionals. Their purpose is to protect patients and public by ensuring the healthcare professionals are properly trained and observe appropriate standards of professional competence, conduct and ethics. They have an important and independent role in the system and HEE will need to engage with them to develop and align professions standards and standards of education and training to meet the changing needs of services, patients and local communities.

59. The relationships with the NHSCB, and PHE and NIHR will be particularly important as HEE will need to ensure that education and training outcomes meet the strategic commissioning intentions of the NHSCB, the public health accountabilities of PHE and future research, innovation and academic needs of NIHR. HEE will work with PHE to understand and support national requirements for public health skills when it sets education and training priorities for the system as a whole and with public health employers and providers at local level through LETBs. HEE will also assure that the new system describes at national and local level the professional public health expert and specialist workforces the new systems need as a whole, and that this is reflected in education commissioning plans. HEE will therefore work with PHE to ensure that relevant public health skills training is included in education programmes and in the development of the wider healthcare workforce.

60. It is essential that the investment in education and training supports service re-design, moving more services into community settings and the broader innovation agenda including research. At national level HEE will work with the NHSCB to understand and support national commissioning intentions when it sets education and training priorities for the system. At a local level, it will support LETBs to work closely with their Clinical Commissioning Groups and the Clinical networks and senates.

61. Education and training for many professions has a UK wide dimension. The independent regulators are legally responsible for the educational standards for the regulated professions. Changes to professional education and training need to be planned within a UK-wide, and sometimes a European or international context. HEE will work with the professional regulators and the authorities in other parts of the UK to ensure a UK wide approach to education and workforce strategy.

Relationships with LETBs

62. The quality of relationships between LETBs and HEE will be the cornerstone of the new system. HEE will provide the statutory basis for LETBs. HEE will need to develop working relationships with the LETBs that encourage and promote local leadership, build confidence and are based on clear accountability and transparent, evidence-based decision-making.

63. HEE will hold the LETBs to account for their investment in education and training and delivery against the Education Outcomes Framework and the national priorities set out in the strategic Education Operating Framework. The workforce education and training commissioning plans and quality objectives set by individual LETBs will be developed locally to reflect local education and training requirements and also agreed with HEE to respond to the key national priorities set out in the strategic education operating framework. With the support of the CfWI, HEE will scrutinize the local skills and development plans of LETBs, to ensure local and national alignment.

64. HEE will take a transparent and rules-based approach to the working arrangements with LETBs to promote autonomy and allow providers freedom to innovate, whilst enabling national intervention where there is clear evidence of poor performance and outcomes. HEE will work in partnership with the LETBs collectively to ensure effective action and response to national issues.

65. Different stakeholders inevitably have their own views on the precise balance of the relationship between HEE and the partnerships, and hence the balance between local autonomy and national coherence and consistency. It is essential that the LETBs have the autonomy to take ownership for developing a more flexible and responsive workforce. Alongside this, HEE's operating model will provide for sufficient alignment to ensure funding is wisely invested in a way that supports national strategic commissioning intentions, is balanced across the whole workforce, and supports security of supply. For example, LETBs will need to agree plans to address local skills gaps whilst HEE will need to take a national overview to ensure that workforce planning for the smaller professions and sub-specialties meets the likely medium and longer term needs of the service.

66. As the new system establishes itself, and as LETBs develop their local role and their responsiveness to both local and national workforce issues, the expectation is that HEE will need to intervene directly only where,

- there is evidence that public money is not being used effectively
- there are concerns about the quality of education and training which are not being adequately addressed by the LETB
- there is evidence that local plans and delivery look likely to lead to a shortfall in an important part of the professional workforce, or
- where there are concerns about patient safety.

Health Education England's relationships with other bodies

NHS Commissioning Board	HEE will work with the NHS CB to ensure that its strategic framework for education, training and workforce planning reflects service commissioning priorities, and that workforce development implications of innovation and changes in the pattern and nature of services are identified and addressed in a timely and effective manner.
Public Health England	HEE will work with PHE to ensure the strategic framework for education, training and workforce planning reflects public health system priorities. This will ensure appropriate investment in education and training in relevant public health skills and the continued supply of the public health experts and professional specialists the system needs as a whole.
	HEE will work with NIHR to ensure that education and training plans are informed by future research, innovation and academic workforce needs and will support LETBs to ensure that local training programmes are positioned to deliver a rapid uptake of effective and evidence based innovation.
Monitor	HEE will be involved in the development and setting of education and training tariffs. This will include working with Monitor and the Department to ensure that processes reflect the wider roles and responsibilities for the development and setting of service tariffs.
Care Quality Commission	HEE will be responsible for the quality assurance framework around education and training commissioning and will work with CQC to ensure that education and training outcomes support the delivery of service quality outcomes. CQC will ensure standards are being met and share specific intelligence with HEE on staffing standards and competencies.
Centre for Workforce Intelligence	The Centre for Workforce Intelligence will provide authoritative and objective advice on workforce planning to the education and training system and support HEE in providing national oversight and leadership on workforce planning and commissioning education and training. They will also support and advise local provider-led partnerships in the delivery of their workforce plans and provide information to DH/HEE to inform resource allocation.
NHS Information Centre	The NHS Information Centre will support HEE in providing national oversight and leadership on workforce planning and commissioning education and training through the collection, analysis and provision of workforce data.
Professional Regulators	HEE will develop strong working relationships with the professions and the independent professional regulators in order to promote quality in education and training and responsiveness to innovation and changing service models.
Professional Bodies	HEE will develop strong working relationships with the bodies representing the professions and engaged in the development of education and training in order to promote quality in education and training and responsiveness to innovation and changing service models.
Local Education and Training Boards	HEE will develop constructive working partnerships with LETBs. It will allocate MPET funding and hold LETBs to account for their investment in education and training against the Education Outcomes Framework and national priorities set out in the strategic Education Operating framework.
Higher Education Funding Council for England	HEE and HEFCE are responsible for planning and funding all higher education for the health sector and the key health professions. The relationship between these two bodies will develop as HEE takes on its full national leadership role and as HEFCE adapts in response to higher education reform. HEE, HEFCE, higher education institutions and LETBs will need to share information and deliver a joined-up approach to managing the risk associated with the investment in health education.
Sector Skills Councils	HEE will work with Sector Skills Councils, particularly Skills for Health and Skills for Care who are working closely to develop competencies across the health and social care workforce and to support the development of the wider healthcare and public health teams.

Authorisation and Accountability Framework

67. The NHS Future Forum found strong support for common terms of reference for LETBs to ensure consistency across the country. HEE will be responsible for developing a unified authorisation and accountability framework and managing a robust and consistent process to set up LETBs meeting the authorisation criteria, so that they are able to act with autonomy and take decisions locally. The authorisation process will provide assurance to the range of stakeholders across the education and training system that the key building blocks for an effective approach to workforce planning, education and training will be in place.

68. In order to be fully established, LETBs will need to provide evidence to demonstrate the following:

- Collaborative leadership for education and training;
- Meaningful partnerships and engagement, particularly with the education sector and local government;
- Proper constitutional and governance arrangements to manage competing interests, and allow secure exchange of commercially sensitive workforce information;
- Fair representation of local healthcare and public health employers, across sectors and including community and primary care employers, and private, voluntary and independent sector employers;
- Mechanisms for working with clinical networks, clinical senates and Academic Health Science Networks, local Health and Wellbeing Boards and to involve patients and local communities;
- Financial control, capacity and capability;
- Effective education and training commissioning;
- Capability and capacity for workforce strategy and planning;
- Clinical and professional focus on safety, public protection and quality;
- Controls within running cost to ensure value for money;
- Multi-professional approach to workforce planning, quality improvement, education and training; and
- Effective communication throughout the local workforce/constituency.

69. The relationship between HEE and LETBs will be developmental, at a pace dictated by local provider leadership. Local freedoms will be linked to evidence that demonstrates commitment, capability and capacity. HEE will support those who wish to progress quickly. The authorisation process for LETBs will be robust to ensure capability and provider commitment, with transitional arrangements for those areas that are not ready.

70. Determining the detailed authorisation criteria, the accountability framework for allocating MPET funding and establishing the authorisation process will be critical actions for HEE in its first year.

3. Local Education and Training Boards

Introduction

71. The wider system reforms will liberate providers and clinicians to secure the quality and innovation needed to improve health outcomes. We have listened to those who responded to the consultation and to the advice of the NHS Future Forum in developing provider-led education and training arrangements. Local Education and Training Boards will be established so that healthcare and public health providers can shape the education and development of the people they employ, working together with those who provide education and invest in research.

72. This section sets out:

- Purpose and core functions of LETBs;
- The governance and advisory structure;
- The duties on LETBs and employers to cooperate in workforce planning;
- The accountability for quality and post graduate deanery functions; and
- Partnership working and key relationships.

Purpose and core functions of Local Education and Training Boards

73. The purpose of LETBs is to:

- Identify and agree local priorities for education and training to ensure security of supply of the skills and people providing health and public health services;
- Plan and commission education and training on behalf of the local health community in the interests of sustainable, high quality service provision and health improvement;
- Be a forum for developing the whole health and public health workforce.

74. The core functions of a LETB are to:

- Bring together all healthcare and public health employers providing NHS funded services with education providers, the professions, local government and the research sector, to develop a skills and development strategy for the local health workforce that meets employer requirements and responds to the plans of commissioners;
- Consult with patients, local communities, and staff to ensure the local skills and development strategy is responsive to their views;
- Aggregate workforce data and plans for the local health economy and share with the CfWI to improve local workforce planning;
- Account for education and training funding allocated by HEE;
- Commission education and training to deliver the local skills and development strategy and national priorities set out in the Education Operating Framework;

- Ensure value for money throughout the commissioning of education and training and for running costs;
- Secure the quality of education and training programmes in accordance with the requirements of professional regulators and the Education Outcomes Framework;
- Take a multi-professional approach in planning and developing the healthcare and public health workforce and in commissioning education and training;
- Support access to continuing professional development and employer-led systems for the whole health and public health workforce;
- Work in partnership with universities, clinical academics, other education providers and those investing in research and innovation;
- Work with local authorities and health and well-being boards in taking a joined-up approach across the local health, public health and social care workforce;
- Work with HEE to develop national strategy and priorities.

75. Through the LETB, healthcare and public health providers will be able to give a clear articulation of the impact of future service needs on the workforce: what new skills need to be developed and how the shape of the workforce should change. This in turn will drive the education and training they commission for both the current and future workforce. Through the LETB, providers can ensure service planning; financial planning and workforce planning will be better integrated. Starting with a clear understanding of the service models best able to improve health outcomes, healthcare providers will be able to identify the specific competencies and skills needed at each stage of the patient journey and develop people they employ to provide these.

76. The LETBs will be the vehicle for providers, educators and clinicians to work with HEE to improve the quality of education and training outcomes across the system. Through HEE, healthcare and public health providers will have a strong and immediate input into the development of national strategies and priorities so that education and training is more responsive and can adapt more quickly to new ways of working and new models of service. Equally HEE will be in a position to support local initiatives undertaken by LETBs.

77. The new arrangements give healthcare and public health providers the opportunity to work together to undertake a range of workforce development activities that may be more cost effective than being undertaken by each provider independently.

78. The core functions of LETBs can be extended to meet local workforce priorities and offer employers flexibility to shape their workforce and respond quickly to translate research and innovation into service improvements. LETBs will need to work with HEE to provide nationally co-ordinated leadership for planning and commissioning for small specialist professions. Healthcare and public health employers may decide that they wish the LETB to undertake other functions. This will include how they build alliances with Health Innovation and Education Clusters (HIECs), Academic Health Science Centres (AHSC) and Academic Health Science Networks (AHSNs) to promote research and innovation, benchmarking and co-ordinating approaches to improve workforce productivity. The development of additional functions will be for local determination based on local need.

Governance and Advisory Structure

79. The governance arrangements for LETBs need to be practical, aligned with the wider reforms and secure support from the range of stakeholders, staff and students affected. The NHS Future Forum recommends the governance should reinforce collaborative, provider-led arrangements that operate in true partnership with local government and with the education and research sectors, taking into account the development of AHSNs. The arrangements should provide fair representation across the range of healthcare and public health employers, including acute, mental health and community services, primary care and local government. The NHS Future Forum also recommended that LETBs should remain part of the NHS underpinned by NHS values.

80. The financial accountabilities must be robust for handling significant education and training funds and the competing interests that LETBs will need to manage. The LETBs need to operate on sufficient scale to offer a safe transition for the enduring workforce functions of SHAs, including the deaneries, to provide value for money and to ensure no monopoly interests dominate. This is a matter for local decision, but we suggest a scale of enterprise not too dissimilar to the range of current deaneries, taking account of the need to operate efficiently and within the cap set for running costs.

81. The NHS Future Forum found clear support for common terms of reference for LETBs to ensure consistency across the country, balanced with sufficient flexibility to ensure local decision-making. The NHS Future Forum said earlier that the immediate priority is to ensure a safe and phased transition. In their most recent report they concluded that a simple, hosting arrangement through HEE would provide stability whilst the evolving, local healthcare and public health system matures. Such an arrangement would give LETBs a secure NHS base, integrated where needed with HEIs, with freedom to make decisions for developing the local healthcare and public health workforce and the time to build their capacity and capability. We agree that this approach provides the safe and phased transition that the consultation and the NHS Future Forum strongly recommended, whilst allowing providers time to build local leadership ready to take on full responsibilities at a sensible pace.

82. We will establish the legal form for LETBs when we set up HEE. HEE will have clearly specified local duties and a requirement to delegate those duties to LETBs; the relationship between HEE and the LETBs will be clearly defined to give LETBs considerable local autonomy, subject to following the national strategic direction of HEE. We will provide for LETBs to set up a formal, decision-making Board accountable to HEE that derives its membership from the full range of healthcare and public health providers so that all types of healthcare provider are fairly and proportionately represented. The Board will include representation from local education providers and will agree with Local Government and AHSNs the role for LETBs in developing the local public health workforce and research workforce. The Board will have an independent chair and will set up local advisory arrangements to reflect the breadth of local interests and ensure that its decisions are informed by clinicians and clinical networks. The Board will work with and be advised by academic health science systems so that local decisions are informed by the latest research and thinking about innovation and entrepreneurship.

83. There will be a simple approach to employment so that HEE will host LETB staff. The LETB Board will determine the executive structure it needs to carry out the functions described above and how these functions are best provided to meet the authorisation criteria. The LETB Board will determine the scope and scale of operational teams that they

want to be directly employed by HEE on their behalf to provide services, and those services they wish to commission and be delivered externally. The Board will be accountable to its members for delivery against the Education Outcomes Framework and the national priorities set out in the strategic Education Operating Framework. HEE will hold the Board to account for their investment in education and training, assessed against the Education Outcomes Framework and delivery against national priorities. The executive structure and operational arrangements will ensure enduring deanery functions and should take account of the developing AHSNs to ensure the synergies in embedding research and innovation can be realised. We will consider what further guidance would be useful to enable this approach.

Duties on Providers

84. In the consultation we set out proposals for three duties on all providers of NHS funded services;

- To consult on workforce plans
- To provide data about the current workforce and future workforce needs, and
- To cooperate in planning the healthcare workforce and in the planning and provision of professional education and training

85. There was strong support for such duties and they will be provided for in the new education and training system. LETBs will be expected to consult on their skills and development strategies so that patients, local communities, staff and service commissioners and education providers will be able to input their views about how LETBs plan to develop the local healthcare and public health workforce. The provisions set out in the current Health and Social Care Bill for the provision of relevant data and information will include a requirement on providers to make available workforce and workforce planning data so that LETBs, the Information Centre and the Centre for Workforce Intelligence have access to the data and information needed for effective workforce planning. These requirements are subject to the enactment of the Bill.

86. The LETBs provide the vehicle through which all healthcare and public health providers of NHS and public health funded services will be able to discharge their duty to cooperate in the planning and provision of education and training. This duty builds on the existing duties on NHS healthcare providers and the pledges in the NHS Constitution to provide all staff working in NHS funded services with personal development and access to training for their jobs. It is a requirement in the national standard contract for the provision of NHS services. We intend to consolidate these provisions in future legislation.

Ensuring a Stable and Phased Transition

87. SHA clusters have been jointly working with local providers to plan for a stable and phased transition of SHA enduring functions and teams to the LETBs. SHA clusters are accountable for the planning and commissioning of education and training until they cease to exist in March 2013. SHAs will establish by April 2012 Local Education and Training sub-committees with the characteristics of LETBs described, so that provider-led arrangements can be put in place ready to operate in the new education and training system from April 2013.

88. The Local Education and Training SHA cluster sub-committees will be set up as precursor LETBs from April 2013. Their scope and level of independence will depend on their progress in building commitment, capacity and capability to meet the authorisation criteria which HEE publish. As described above the relationship between LETBs and HEE will be a developmental one and LETBs will be able to determine the pace at which they wish to progress, taking account of wider system reforms and local priorities. We will keep under review the extent to which the arrangements do enable greater employer accountability for decision-making, and thereby the development of a workforce which is more flexible and responsive to public, patient and service needs.

89. The principles of the Human Resources Transition Framework agreed to underpin the wider system reforms will apply to those staff in SHA clusters who are engaged in education and training functions that will be taken on by LETBs. Working through their Education and Training sub-committees, SHA clusters will put in place transparent processes to ensure staff are treated consistently and fairly, and in accordance with the Public Sector Equality Duty. This will support LETBs to retain the skills of staff currently working on workforce planning and education and training in the SHAs, including the deaneries.

90. During transition SHA workforce staff, including the deans and deaneries and those undertaking a national education and commissioning role, will continue to provide operational management for education and training and continuity for the work they do. This will include responsibility for recruitment to medical, and some other education programmes, contract and quality management, and planning for education commissioning in 2013/14. LETBs will need to put in place robust financial governance and develop arrangements for management of financial and operational risk. They will need strong contract management processes to take on management of the SHA contracts with higher education institutions as well as those with healthcare and other providers contracted for provision of education and training. Standard model contracts will be provided for LETBs to use.

91. LETBs will be distinct, inclusive bodies with employees drawn from a wide variety of professions, experiences and sections of society. LETBs will need to demonstrate how they value and actively promote diversity and equality both in widening access to education and training programmes and in the way they conduct their business.

Management costs for LETBs

92. LETBs and HEE will be subject to the same finance and business rules as other NHS organisations. At present, the running costs of those parts of the SHAs, including the postgraduate deaneries that are involved in delivering the education and training system, are funded from the central education and training budget. These costs can be broadly broken down into two areas – the quality assurance of educational programmes and trainee support, and the commissioning and funding of the programmes and placements, including some of the recruitment processes.

93. The quality assurance of programmes is directly linked to the delivery of the programmes and the costs associated with this cannot be reduced without having a significant impact on the quality and output of training. The commissioning and funding functions are part of the overall NHS management costs and, as such, are subject to the same efficiency requirements as the rest of the system. The ***Operating Framework for the NHS in England 2012/13*** set an expectation that running costs in 2014/15 will be, on average, one

third lower than running costs in 2010/11. The Department will work with SHAs to agree an appropriate level at which to cap the management costs of LETBs. LETBs will have the flexibility to re-invest any savings on management costs in education and training.

Accountability for Quality

94. To ensure patients and the public are served by a workforce that has the skills and knowledge to provide safe and effective services, care and treatment at all times, we are committed to ensuring high quality education and training. The independent professional regulators are responsible for setting the standards required for education and training and for confirming those standards are met through a quality assurance framework. The Education Outcomes Framework sets the expected quality outcomes and HEE has a specific remit to promote high quality education and training. It is the LETBs that hold the means to ensure quality is delivered.

95. Local education providers, universities, colleges and employers, will remain directly responsible for the provision and quality control of education at local level. This framework will be maintained in the new system, with the LETBs assuming responsibility for the quality management role. Issues may arise of actual, or perceived, competing interests. It is expected that these will mostly be resolved by the LETB itself, but the system will need to include checks and balances that should prevent any one interest dominating. Clearly the authorisation criteria, the scale of the enterprise, the locally agreed governance arrangements and access to evidence based metrics will all act as safeguards, and in difficult circumstances the LETB will need to take advice from the relevant regulator and from HEE.

96. LETBs will need robust quality management systems and must be able to hold local education providers to account for the quality of education provided at individual provider level. To assess the quality of education provided LETBs will need to ensure that they obtain the relevant quality metrics to be able to demonstrate that the quality assurance processes and desired educational outcomes are being met. Every LETB will need to appoint a Director of Education and Quality, or equivalent position, to be accountable to the Board for the effective quality management of education and training programmes commissioned or provided by the LETB. The Director of Education and Quality may also be the Postgraduate Medical Dean. Whether or not the post is held by a doctor, appropriate arrangements will be put in place within the LETB for the full range of health professions to ensure appropriate professional accountability to the relevant professional regulator.

97. The requirements to meet quality standards will be set out in the authorisation process between HEE and LETBs and in the contracts with education and training providers. The LETBs, in partnership with HEIs will need to account to the relevant regulators and other professional bodies for the quality management of the education and training they fund and they will be accountable to HEE for the delivery of the quality outcomes set out in the Education Outcomes Framework.

98. For postgraduate medical education programmes, the function of Postgraduate Medical Dean is key in ensuring the graduate medical workforce gains the necessary knowledge, skills, behaviours and expertise to provide safe and effective patient care or public health. This function is essential to the delivery of training programmes and, because of the interdependence of training with service, to the continuity of safe care for patients. It is important to ensure that trainees have a good learning experience within the training environment. There must be a Senior Responsible Officer (SRO) role for junior doctors.

99. The Director of Education and Quality (and SRO for junior doctors if two separate roles), will be accountable to HEE for professional education leadership. LETBs will be expected to ensure robust and effective arrangements for professional leadership for all health professions including nursing and midwifery, pharmacy, healthcare science, the allied health professions and, with PHE and the local public health services, for public health clinicians and scientists. Structures will need to be sufficiently flexible to adapt to emerging findings from the ongoing reviews of education and training and to support greater flexibilities and development of the whole healthcare team and across multi-disciplinary career pathways.

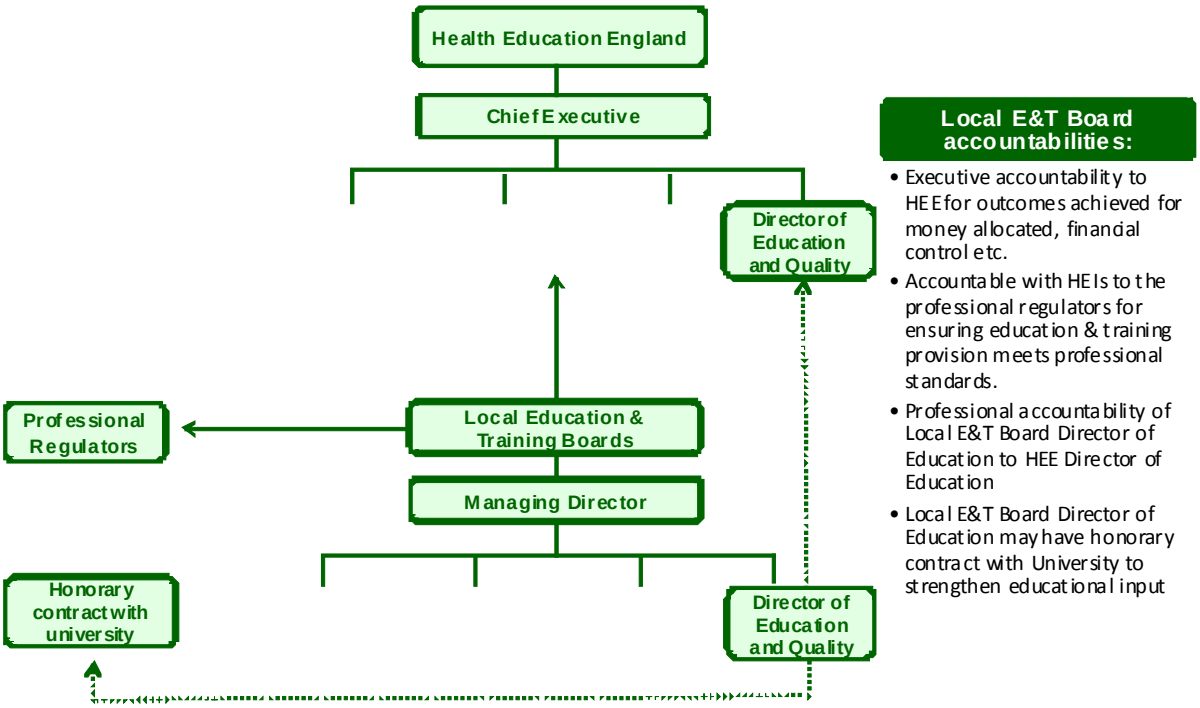


Figure 5: Local Education and Training Board – Accountability for Quality

Partnership working and key relationships

100. Each LETB should develop a multi-professional approach, which will provide the appropriate professional leadership and focus on the quality of education and training being commissioned. Providers will be the primary leaders within the LETBs but they will also need to work closely with HEIs and other education providers to have wide access to educational expertise from the education sector, clinical academics, medical schools and deans. Providers will need to develop strong partnership working across the local community of healthcare, public health and social care providers so that there is a workforce to deliver integrated care pathways, and enable the sharing of innovation and examples of good educational practice.

101. LETBs will need to be constituted in a way that supports the principles of partnership working, so that all providers are engaged to work together effectively in an open and transparent way. The Board constitution will need to set out the governance for managing competing interests. Greater levels of transparency on quality and cost together with evidenced metrics will help manage any perceived conflicts of interest, as will the appointment of an independent chair.

102. LETBs will need to develop good working relationships with commissioners so that they understand and can respond quickly to the strategic commissioning ambitions of local commissioning groups and Health and Wellbeing Boards through their skills and development plan. From this the LETB will produce their annual commissioning plan. The LETB commissioning plan will form the basis of the agreement between HEE and the LETB. The CfWI will work with LETBs to help them improve workforce planning and provide feedback to ensure that local commissioning plans are comprehensive, well-informed and coherent at a national level. Commissioning plans will be subject to challenge and scrutiny by the CfWI and HEE. LETBs may take on specific leadership roles for particular professional groups, such as the smaller professions and commissioning specialist skills, in agreement with HEE.

Partnering for innovation

103. Innovation in workforce design and technology, in addition to the demographics of the existing workforce, should influence the workforce plans. A balance of service and academically driven, education and training will help ensure a health and care workforce is developed to understand why and how research supports continuously improving outcomes for patients. LETBs will be key partners in promoting and ensuring integration of innovation and leading practice in both training and service delivery in line with the precepts set out in the recent report ***Innovation, Health and Wealth.*** Further work is needed on the best alignment and mechanisms for collaboration with the Academic Health Science Networks as they evolve. Existing structures can facilitate this interface during transition; these include, but are not limited to:

- National Institute for Health Research
- Academic Health Science Centres and Systems
- Clinical Networks, Clinical Senates and Clinical Research Networks
- Health, Innovation and Education Clusters

104. As relationships mature, it is expected LETBs will be well placed to influence the wider enterprise and skills agenda, and, working with the NHS Leadership Academy and local government, to sponsor a universally applied approach to talent management and ensure a robust pipeline of future leaders committed to innovation and health improvement.

Continuing professional development

105. Most of the workforce of tomorrow are already trained and employed in delivering services. Their continuing personal and professional development is their responsibility and also a responsibility of their employers. This is already supported through the NHS Constitution and is underpinned by the CQC standards, performance assessment, appraisal and revalidation. We agree with the NHS Future Forum that the formation of the LETBs is an opportunity to embed the principles set out in the NHS Constitution and maximise opportunities for continuing professional development across disciplines.

106. LETBs provide the forum for securing the development of the whole health workforce and have a role in ensuring employers remain committed to continuing professional development. LETBs will have scope to direct a limited amount of central funding to the development of the wider healthcare team and continuing professional development to support innovation. They will be able to challenge employers who limit their investment in continuing development of their workforce.

107. LETBs will be able to support providers of NHS services meet their obligation under the NHS Constitution to ensure that users of NHS services are provided with a professional standard of care, by appropriately qualified and experienced staff and to meet the CQC standards to ensure there are sufficient, appropriately trained staff and to support their learning and development needs.

4. Health Interface with Education and Research

108. Health and education are closely linked and the continuing success of the healthcare and public health system is dependent on their partnership with higher and further education. Without high quality education the health service could not operate. Conversely, the health sector funds many education programmes where most of the students will use their new skills in the health service or public health system. Added to this many educators, working often in close partnership with the health service, also undertake excellent, cutting-edge research that underpins continuing improvements in health in the UK and across the world.

109. Taken together, the mutual dependence between health and education means a strong working relationship at all levels of the system is essential. It is crucial that education, health and research work well together and interact in ways that drive the quality of the workforce and ultimately, better healthcare outcomes and health improvement. We need stronger partnerships with scientific and academic communities as outlined in ***Innovation, Health and Wealth.***

110. The health and education sectors are both undergoing large-scale reforms to ensure that they can continue to offer high quality services that improve and adapt in a changing world. Throughout this transformation it is important to maintain sustainable working relationships at all levels building on principles for an effective interface:

- Building an effective continuum of education and professional skills development
- No surprises – open engagement and good communications
- Promoting constructive behaviours and partnership working within a robust contracting regime
- Managing in partnership risks associated with future funding decisions to avoid adverse impact on students
- Taking a multi-professional approach to education commissioning and quality
- Embedding widening participation
- Developing research capacity and capability across all professional groups

Key areas of interaction

111. The relationship between health, education and research takes place in many different places and at different levels of the system. All of these relationships are important to the effective delivery of education outcomes to support the healthcare and public health system. The Health and Education National Strategic Exchange (HENSE) brings together the key national bodies to provide national strategic oversight across the health, research and education sectors.

112. HENSE will be re-formed to reflect the changing nature of roles and responsibilities at a national level across all clinical and public health professions. It will continue to provide the forum where the strategic interests of the health, education and research sectors are

brought together to provide strategic oversight and promote partnership working. The HENSE protocol to underpin partnership working will be revised and renewed to take account of changes across the higher education and health sectors and to include all relevant professions whose education is supported with funding from both sectors and where some co-ordination of student numbers and placements is required.

113. HENSE will continue to have oversight of the review of medical and dental undergraduate training places jointly chaired by Sir Bruce Keogh and Sir Graeme Catto. The review is due to report in late 2012 when HEE will be in place to take forward the recommendations in partnership with the Higher Education Funding Council for England (HEFCE).

114. The relationship between HEE and the HEFCE will be key. Between them, they are responsible for national planning and funding all higher education for the health sector and the key health, public health and life science professions. The relationship between these two bodies will develop as HEE takes on its full national leadership role and as HEFCE adapts in response to higher education reform. An important aspect will be joint support for widening access to health education under-graduate programmes. Fair access to the professions remains high on the Government's agenda and there will be real benefits in working together with other stakeholders to improve access to the health professions.

115. HEE, HEFCE, higher education institutions and LETBs will need to share information and deliver a joined-up approach to managing the risk associated with the investment in health education. All these parties have an interest in supporting the review being led by the Higher Education Statistical Authority to streamline information processes, ensure greater consistency and better value for money.

116. At a local level, LETBs will work in partnership with providers of education to jointly plan and deliver education programmes and placements. With a close working relationship, the needs of the healthcare and public health system will be met more effectively and the quality of education outcomes improved. The NHS Future Forum has made a strong case for improving selection against NHS values and creating a culture which make more systematic use of feedback from employers, students and patients and explore inter-professional training opportunities.

117. Ensuring these partnerships are in place in the new system will be a key part of the authorisation process for LETBs and a requirement of the ongoing agreement between HEE and the LETBs.

118. The commissioning of education programmes by LETBs will be underpinned by an updated national contracting infrastructure. We expect to update the national standard contract to keep it relevant to the reformed system. For example, in responding to the recommendations of the NHS Future Forum to develop a system that improves selection and rewards high quality education.

Research and Innovation

119. The NHS report: ***Innovation, Health and Wealth: Accelerating adoption and diffusion in the NHS*** sets a clear aim to improve the spread of innovation through the NHS in order to improve dramatically the quality of care, deliver productivity savings and support the role of the NHS as a major investor and wealth creator in the UK.

120. Education and training is an important factor in translating new developments and technologies into practice. The innovation report identifies two ways in which the education and training system can assist the spread of innovation, through involvement in Academic Health Science Networks (AHSNs) and in the development of curricula and continuing professional development.

121. AHSNs are to be introduced as formal partnerships between health sciences, academic healthcare and other NHS provider organisations, working closely with industry. Their primary purpose will be to exploit the potential for high quality care and innovation through the integration of clinical, research and educational functions across primary, secondary and tertiary care. With the emergence of the new public health system, LETBs and AHSNs will be encouraged to extend their partnerships to include this dimension.

122. The education system clearly has a central part to play in AHSNs and many organisations will be members of both AHSNs and LETBs. As LETBs and AHSNs are formed it will be essential that the relationship between them is close and can evolve to realise the ambition for a NHS defined by its commitment to innovation and the rapid diffusion of transformative ideas and practice.

123. The second key area where the education and training system can encourage the spread of innovation is by hardwiring innovation into the curricula of courses and CPD requirements for NHS and public health staff. Both research and non-research staff need to understand the importance of translating new developments in new frontline care and services. HEE will provide a forum for the discussion of curricula, ensuring the views of AHSNs, regulators, healthcare and public health providers and other bodies in the NHS and local government are included. Relevant competency and CPD frameworks will be adapted to address innovation.

5. Funding Flows

124. There is significant public investment in England in educating and training new healthcare and public health professionals in order to secure the skills needed to provide health and public health services. In 2011-12, the central investment in education and training (the Multi-Professional Education and Training budget – MPET) is £4.9 billion. ***Liberating the NHS: Developing the Healthcare Workforce*****,** proposed funding mechanisms that would provide incentives and allow responsibility for education and training decisions to be in the right place, to be transparent, and to drive quality and value for money.

125. Respondents to the consultation and the NHS Future Forum signalled broad support for the proposals, although there were some areas where alternative approaches were proposed. We have taken on board these views, working with a range of stakeholders, to reach the decisions set out in this section.

126. This section sets out the decisions that have been taken and the next steps in the following areas;

- The scope of the central education and training budget
- The distribution of education and training funding to LETBs
- Moving to a tariff-based system for education and training
- Raising the education and training budget through a levy on providers.

Scope of the central education and training budget

127. ***Liberating the NHS: Developing the Healthcare Workforce*** proposed that, in the future, the MPET budget should be confined to funding education and training for the next generation of clinical and professional staff only, and that providers should be clearly responsible for funding the development of their existing workforce. The predominant view amongst stakeholders was that an inflexible system of central funding, which only covered the training of new staff, would not engage employers and would potentially stifle workforce innovation.

128. In future, MPET funding will be predominantly provided to support the next generation of clinical and professional staff with flexibility for the LETBs to invest in innovative approaches to education and training for the existing workforce. We will develop proposals on the level of flexibility LETBs will have to fund such innovation without compromising the responsibility of employers to develop their own staff.

129. HEE will be responsible for developing a more transparent allocations policy for distributing funding to LETBs. A number of principles have been identified which HEE will refine and use to underpin the allocations policy.

130. Future allocation methodology should;

- Recognise existing patterns of training;
- Not be unnecessarily disruptive;
- Be transparent and clearly based on rules;

- Be equitable in allowing access to a trained workforce in the NHS across England;
- Ensure economies of scale in commissioning where this is appropriate, for example for small specialist groups
- Support high quality education and training;
- Support the education and research interface.

Moving to a tariff-based system for education and training

131. Current funding for clinical education and training is based on local agreements between SHAs and providers. This results in inequities in the funding of similar placements across the country. In particular, the distribution of funding for clinical placements varies widely across clinical placement providers, is not related to volume or quality of training provided, and does not cover all clinical professions.

132. Moving to a tariff-based system would enable a national approach to the funding of all clinical placements (both medical and non-medical) and postgraduate medical programmes to support a level playing field between providers.

133. The consultation response provided support for the introduction of such a system and particularly welcomed the introduction of a clinical placement rate for non-medical trainees to support the delivery of quality placements. The NHS Future Forum welcomed the proposal for transparent funding mechanisms.

134. We already have a benchmark price as a national tariff paid to higher education for the tuition costs of most NHS-funded pre-registration education programmes. This approach has been effective in delivering high quality, value-for-money programmes. In the future, HEE will be responsible for negotiating the national benchmark price with education representatives.

135. We have been working with stakeholders, including some of those who are likely to be most affected by the introduction of tariffs, to develop proposals for tariffs for non-medical education and training and undergraduate clinical placements for medical students in secondary care, and to consider the safest way to implement them without causing unnecessary destabilisation.

136. The Government is committed to the principle of tariffs for education and training as the foundation to a transparent funding regime. We will introduce the tariffs for non-medical education and training and undergraduate clinical placements for medical students in the hospital sector from April 2013, phased over a number of years. The Department will work with SHAs and service providers during 2012-13 to develop transition plans.

137. We are also working with stakeholders to develop proposals for tariffs for postgraduate medical training programmes and primary care medical education and training. We will continue to work with stakeholders to develop tariffs for postgraduate medical training programmes and primary care medical education and training and consider an appropriate pace of transition, taking into account the financial impact of the other tariffs.

138. In order to have a robust mechanism for setting future education and training tariffs, and to reduce the amount of cross subsidisation, we plan to set the education and training tariffs alongside the service tariffs in future. Although this is an important part of the new

funding arrangements, it will take time to develop and embed the changes. We will therefore work with stakeholders to revise the reference costing methodology to identify the costs of delivering education and training alongside service costing. Until the tariffs can be based on the revised costings, we will seek to minimise the impact of the changes to education and training income to allow providers to plan accordingly.

Raising the education and training budget through a levy on providers

139. Current funding arrangements are based on top-slicing the NHS budget to fund training and development. This is a simple and effective method of funding education and training, however, the contribution and benefits for individual providers are not transparent. ***Liberating the NHS: Developing the Healthcare Workforce***, proposed that transparency could be achieved by replacing the current MPET budget with a levy on providers.

140. Respondents to the consultation raised a number of concerns about the practicalities associated with the introduction of a levy. The NHS Future Forum considered the proposed levy on all providers employing NHS trained staff to be a good idea, but one with potential side effects.

141. Given the size of such a change and the range of views received, we will undertake further work and consult widely on how such a levy could be designed, and the possible impact it would have, before we produce firm proposals for formal consultation and possible legislation.

6. Improving Workforce Information and Planning

142. The reform of education and training will require changes to the workforce information landscape to support new organisations in undertaking workforce planning and education and training commissioning.

143. Currently, workforce information is collected to serve a number of purposes at national, regional and local levels. Understanding the size and shape of the current and future workforce is essential to support national policy development and informs discussions about securing resources, affordability, and pressures on the NHS budget.

144. In the new system there will be a range of users of workforce information:

- The Department will require information to support public accountability;
- HEE will use workforce information to plan and allocate investment in education and training;
- LETBs will need information from local organisations providing NHS and public health services and from higher education to enable them to develop a robust education commissioning plan.

145. The Centre for Workforce Intelligence (CfWI) will play a key role in using workforce information to provide expert advice and support on workforce planning at a national and local level. This will include providing support to HEE in providing national oversight and leadership on workforce planning and commissioning education and training. They will also support and advise LETBs in the delivery of their workforce plans and provide information to the Department and HEE to inform resource allocation.

146. To carry out its role effectively, the CfWI will need access to timely and accurate workforce information. The Department will work closely with HEE and the LETBs to ensure that the CfWI's work programme will support them to deliver their objectives.

147. The main source of workforce information is the Electronic Staff Record (ESR) which provides information on directly employed staff groups within hospital and community health services. In addition to the ESR, workforce information is also drawn from a range of other local and national sources including:

- Skills for Health and Skills for Care and other sector skills councils
- Professional regulators
- CQC
- Monitor
- Royal Colleges and professional bodies
- Postgraduate Deaneries
- Universities and medical schools and schools for other professional groups
- Higher Education Statistics Agency

148. As part of the changes to workforce planning and education and training commissioning the Department is reviewing future requirements for workforce information including who will use it and how it should be collected to minimise the burden on those providing and collecting workforce information. This will provide more detailed proposals for the necessary architecture to enable accurate, comprehensive and timely reporting of workforce information.

149. The primary providers of information about the current and future workforce are healthcare and public health system employers. The current Health and Social Care Bill includes provisions which allow the Secretary of State (SofS) to direct the NHS Information Centre for Health and Social Care to collect information that is necessary or expedient to have in the interests of the health service in England. This will cover all providers of NHS funded services and will be sufficient to enable directions to be given to require the provision of workforce data.

150. We intend to continue the use of ESR as the main source of workforce information and work is currently underway to re-procure a system. However, with an increasingly diverse range of healthcare and public health providers there is no guarantee that all providers will use ESR in the future. Therefore we will also need to put in place a system to allow the collection of workforce information from all providers of NHS and public health funded services.

151. ESR would enable automated supply of current workforce information. For healthcare and public health providers that do not use ESR, a minimum data set will be developed to enable the capture of workforce information. This would provide a consistent set of data to underpin workforce planning and education and training commissioning at a local, sub national and national level, by understanding the current workforce and planning for future demand. We will work with key stakeholders to ensure proposals being developed are proportionate and consider how a *de minimis* limit might be applied. Details will be published in due course as proposals are developed.

152. We will work with the public health system, local government and the CfWI to consider how to secure a relevant minimum data set of workforce information about the public health workforce, so that LETBs and HEE are informed about the current and planned workforce across public health services and their needs are taken into account in workforce and education commissioning plans.

153. A high level overview of the workforce planning process and flow of information through the education and training system shows the interaction of key stakeholders.

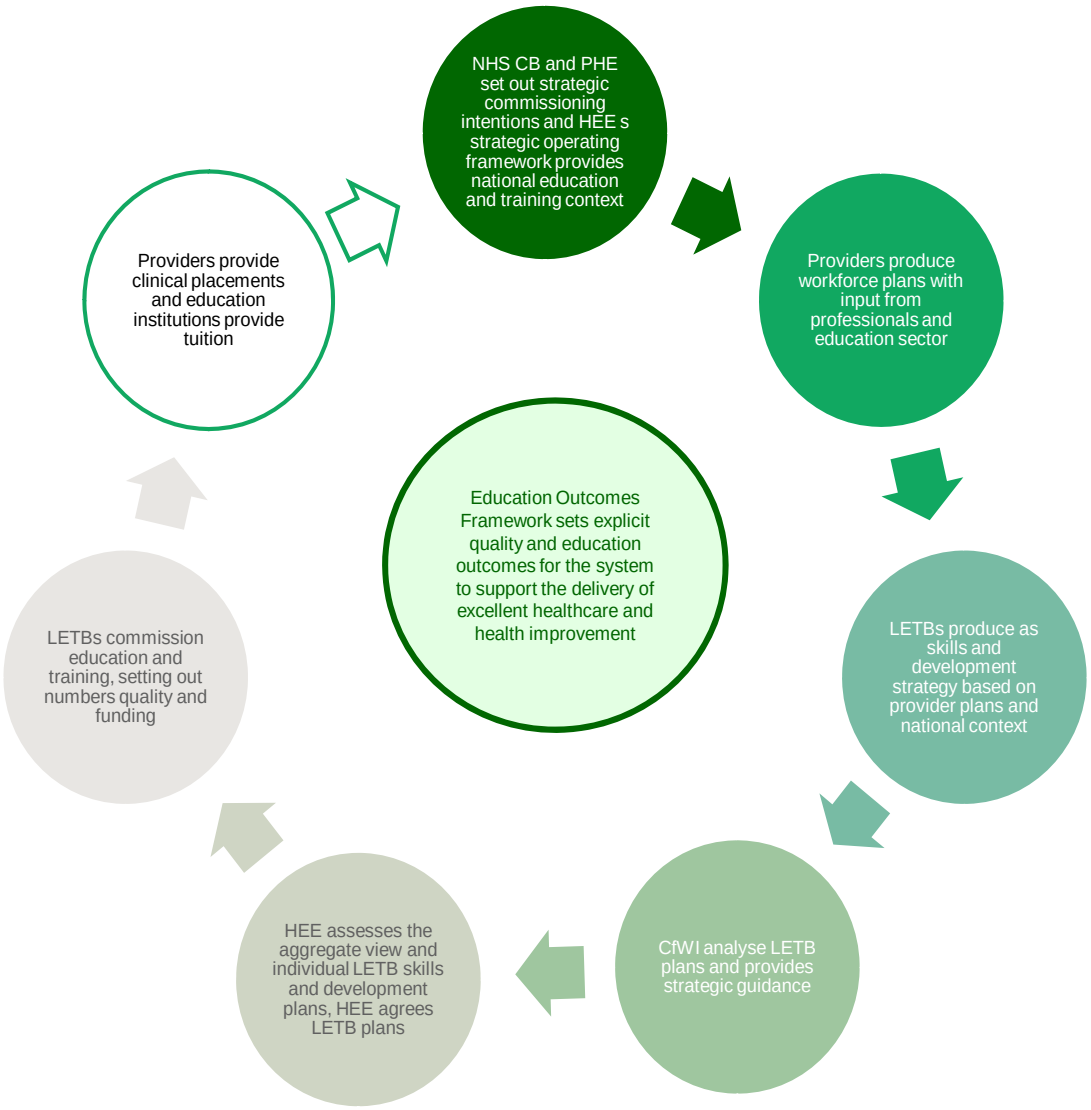


Figure 6: Workforce Planning Process and Information Flow

154. Further work will be undertaken to publish a more detailed view of the planning information flows in the new education and training system, identifying the key roles and relationships and how these will need to be developed to ensure appropriate engagement at all levels. The work will also gain insight into the individual needs of organisations at different levels in the system.

7. Transition Plan

155. Given the importance of education and training and the competing pressures across the wider system, it is vital that we ensure a safe and stable transition and a pace of change that is led by local priorities and capacity. We are taking a deliberate and cautious approach so that we can secure continuity and a safe transfer of essential skills and staff from SHA clusters and protect individuals currently undertaking training.

156. SHA clusters remain accountable for education and training until 31 March 2013 and, with support from HEE, will build local provider-led arrangements ready to take on SHA responsibilities, including the accountability for medical training and recruitment. We will provide for greater delegation at a pace employers are confident to lead. Local Education and Training SHA cluster sub-committees will be established by April 2012.

157. HEE will be established as a SpHA in June 2012, with a view to commencing operations from October 2012, taking on full functionality by April 2013. The early priority will be recruit the senior team, build organisational capacity and work with LETBs and SHAs to develop the authorisation process and accountability framework.

158. The timeline for transition is shown below:

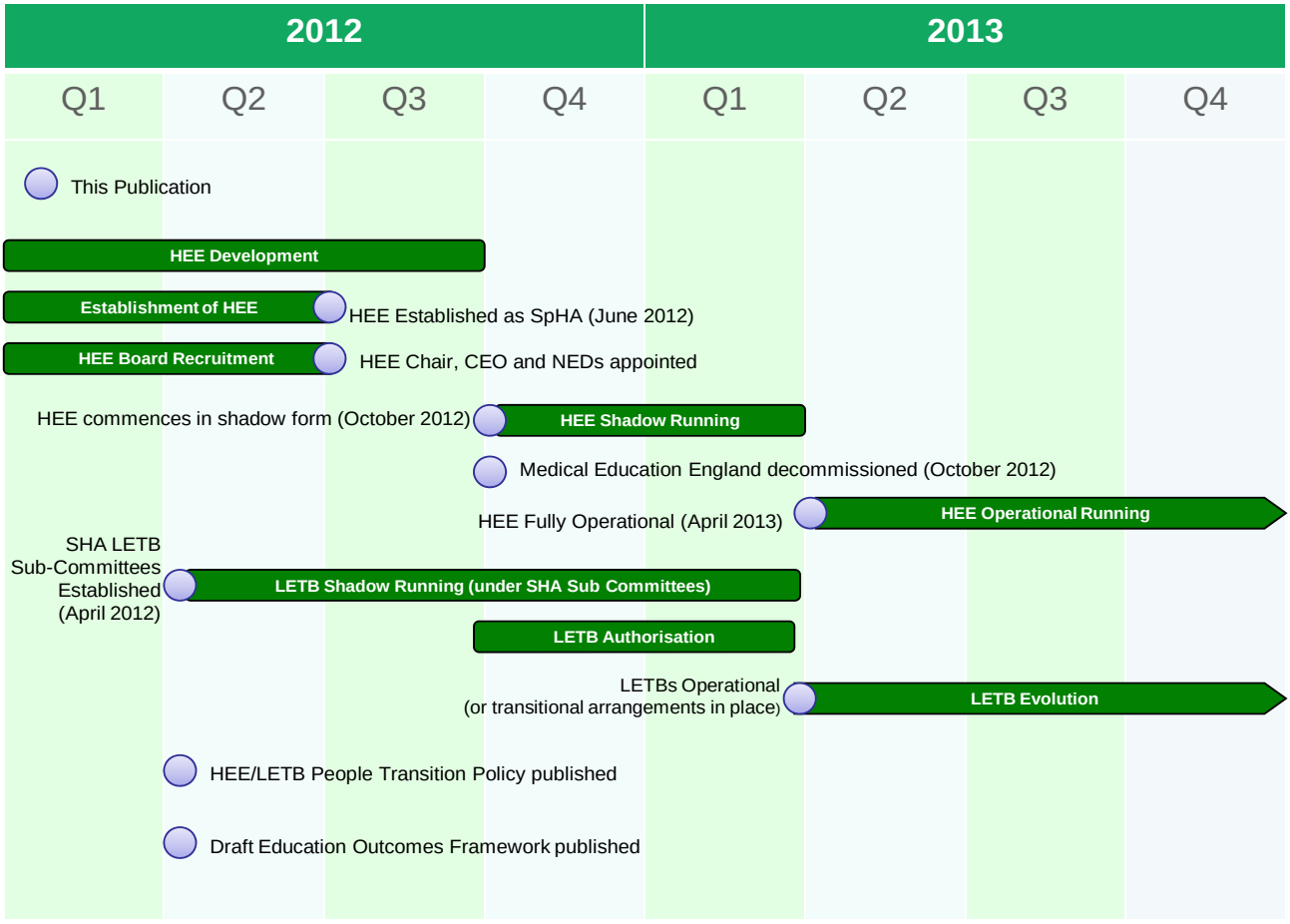


Figure 7: Transition Plan

Annex A: Glossary

Academic Health Science Centres (AHSCs)	Academic Health Science Centres are partnerships whose core mission is to bring together world-class research, teaching and patient care in order to speed up the process of translating developments in research into benefits for patients, both in the NHS and across the world.
Academic Health Science Networks (AHSNs)	The NHS Chief Executive and the Chief Medical Officer will work with the NHS and industry to designate these networks with the first to go live during 2012/13. AHSNs will support Academic Health Science Centres and build on their models of accelerating adoption and diffusion, and will present a unique opportunity to align education, clinical research, informatics, innovation, training and education, and healthcare delivery.
Authorisation and Accountability Framework	HEE will be responsible for developing a unified authorisation and accountability framework and managing a robust and consistent process to set up LETBs meeting the authorisation criteria, so that they are able to act with autonomy and take decisions locally.
Care Quality Commission (CQC)	CQC is the independent regulator of health and adult social care services in England. It also protects people detained under the Mental Health Act. www.cqc.org.uk
Centre for Workforce Intelligence (CfWI)	The CfWI provides objective analysis and evidence for the planning and development of the workforce at both national and local levels. www.cfwi.org.uk
Clinical Commissioning Groups	GP practices will work with other healthcare professionals, in partnership with local communities and local authorities to commission local healthcare services. A map of clinical commissioning groups is available at: http://www.binleysonline.com/clinicalcommissioninggroups
Clinical Networks	Clinical networks are organisations used to deliver locally integrated services that are of consistently high quality. They are made up of clinicians and ensure that there is greater collaboration between services regionally whilst retaining strong local clinical and public engagement.
Clinical Research Network	The Clinical Research Network is part of the National Institute for Health Research - the research arm of the National Health Service in England. The Clinical Research Network provides

	researchers with the practical support they need to make clinical studies happen in the NHS, so that more research takes place across England, and more patients can take part. More information at www.crncc.nihr.ac.uk
Clinical Senates	New clinical senates will be established to provide advice to Clinical Commissioning Groups, which they will be expected to follow.
Council for Healthcare Regulatory Excellence (CHRE)	The Council for Healthcare Regulatory Excellence (CHRE) is an independent organisation that is accountable to Parliament. Its main job is to promote the health, safety and well-being of patients and other members of the public in England, Northern Ireland, Scotland and Wales.
Education Commissioning for Quality (ECQ)	ECQ is an enhanced, comprehensive education commissioning system for non-medical and medical staff to supports world-class education commissioning.
Education Outcomes Framework (EOF)	The EOF is the high level strategic workforce planning, education and training framework, providing a clear line of sight and improvement to patient outcomes (NHS and Public Health Outcomes frameworks), addressing variation in standards and ensuring excellence in innovation. The EOF sets out the key domains that will be used as a basis for DH to hold HEE to account for the outcomes it secures through the LETBs and its oversight of the commissioning of health education and training services
Health and Education National Strategic Exchange (HENSE)	HENSE is where senior leaders in health and education including the Department of Health, Department of Business, Innovation and Skills (BIS), NHS Employers and HEFCE meet together.
Health Education England (HEE)	HEE will provide national leadership and oversight on planning and development of the healthcare workforce. It will act as a forum for the interests of healthcare providers, staff, professionals and patients.
Health Innovation and Education Clusters (HIECs)	Formal partnerships between the NHS and the higher education sector, industry and other private and public sector organisations. They are responsible for speeding up the adoption and diffusion of best practice, research and development and innovation in healthcare through education and training.
Healthcare Professional Regulators	Healthcare Professional Regulators' purpose is to protect the public by keeping a register of health professionals who meet standards for their training, professional skills, behaviour and health:

	General Chiropractic Council (GCC) www.gcc-uk.org General Dental Council (GDC) www.gdc-uk.org General Medical Council (GMC) www.gmc-uk.org General Optical Council (GOC) www.optical.org General Osteopathic Council (GOsC) www.osteopathy.org.uk Health Professions Council (HPC) www.hpc-uk.org Nursing and Midwifery Council (NMC) www.nmc-uk.org General Pharmaceutical Council (GPhC) www.pharmacyregulation.org
Healthcare service providers	They are any organisation that provides healthcare services to the public and patients. The majority, but not all are funded by the NHS. They include NHS providers, private and voluntary third sector providers which are wholly or partly funded by the NHS and independently funded private service providers. They are central to planning and developing the healthcare workforce. They are responsible for ensuring their workforce is equipped with the right skills in the long and short term. These decisions will inform education and training commissioning.
Higher Education Funding Council for England (HEFCE)	Working in partnership, the Higher Education Funding Council for England (HEFCE) promotes and funds high-quality, cost-effective teaching and research, meeting the diverse needs of students, the economy and society. http://www.hefce.ac.uk/
Higher Education Institutions	Higher Education Institutions such as universities, academies, colleges, vocational schools will work with education providers to tailor education and training programmes to ensure students have the appropriate competences required to receive academic awards and meet the requirements of their healthcare roles.
Higher Education Statistics Agency (HESA)	The Higher Education Statistics Agency (HESA) is the official agency for the collection, analysis and dissemination of quantitative information about higher education http://www.hesa.ac.uk/
Human Resources Transition Framework	The HR Transition Framework provides the overarching guiding standards for the Department, NHS and Arm's Length Bodies (ALBs) relating to the movement of employees to the new or changed bodies proposed in the Health and Social Care Bill 2011.
Local Education and Training Boards (LETBs)	They will be accountable for allocating training and funding received from HEE. They will coordinate workforce data and workforce plans for the local health economy in response to CCGs strategic commissioning plans.
Medical Education England	MEE provides independent expert advice on education and training and workforce planning for doctors, dentists, healthcare scientists and pharmacists.

	http://www.mee.nhs.uk/
Medical Royal Colleges	Medical Royal Colleges develop curricula for postgraduate medical training and set assessments and examinations in line with the standards of the regulator to ensure fitness to practise. The Academy of Medical Royal Colleges brings together the medical Royal Colleges.
Modernising Pharmacy Careers (MPC) Board	The MPC Programme Board provides advice to Medical Education England (MEE) and the Department of Health (DH), on pharmacy education, training and national workforce planning.
Monitor	Monitor is the independent economic regulator of healthcare. It will promote effective and efficient providers of healthcare, promote competition, regulate prices and safeguard continuity of services. www.monitor-nhsft.gov.uk
Multi-professional Education & Training (MPET)	MPET is the Multi Professional Education & Training (MPET) budget that is issued annually to SHAs.
National Allied Health Professional Advisory Board (AHP-PAB)	The National Allied Health Professional Advisory Board (AHP-PAB) provides professional oversight and expertise to the Department of Health, informed by patients and external partners, to influence decisions about the planning and development for the allied health professions and secure the workforce necessary to improve the quality of care.
National Quality Board (NQB)	The NQB is a multi-stakeholder board established to strengthen leadership and ensure alignment on quality throughout the NHS. Its key aims are to deliver high quality care for patients through advising on quality improvements and overseeing the development tools and system leavers to support quality improvement. www.dh.gov.uk/en/Healthcare/NationalQualityBoard/index.htm
NHS Commissioning Board	The NHS Commissioning Board Special Health Authority, established on 31 October 2011, plays a key role in the Government's vision to modernise the health service and secure the best possible outcomes for patients. It will lead on the achievement of health outcomes, allocate and account for NHS resources, lead on quality improvement and promoting patient involvement and choice.
NHS Constitution	The NHS Constitution for England is a formal constitution which, lays down the objectives of the National Health Service (NHS), the rights and responsibilities of the various parties involved in health care in England, (patients, staff, trust boards) and the guiding principles which govern the service

NHS Future Forum	The NHS Future Forum was established as an independent advisory panel to drive engagement around the listening exercise for the Health and Social Care Bill. The NHS Future Forum has published key recommendations to Government on the future for NHS modernisation.
NHS Information Centre	The NHS Information Centre is England's central, authoritative source of health and social care information for frontline decision makers. Its aim is to revolutionise the use of information to improve decision making, deliver better care and realise increased productivity.
NHS Leadership Academy	The purpose of the Academy is to develop outstanding leadership in health. The NHS Leadership Academy will be owned by the NHS for the NHS, and will build relationships across and beyond the NHS.
National Institute for Health Research (NIHR)	The goal of the National Institute for Health Research (NIHR) is to create a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
Nursing and Midwifery Professional Advisory Board (PAB)	The Nursing and Midwifery Professional Advisory Board (PAB), is a board of clinical professionals who provide expert advice on nursing and midwifery workforce planning and development to the Department of Health's Chief Nursing Officer.
Postgraduate Deaneries	Training for doctors who have completed their pre-registration year is co-ordinated and delivered through the local postgraduate deanery. Details of these can be obtained from the Conference of Postgraduate Medical Deans (COPMeD) at: Website: www.copmed.org.uk
Public Health England	Public Health England is due to take on its full responsibilities in April 2013 and will be an executive agency of the Department of Health, subject to Parliamentary approval. From its establishment in April 2013, Public Health England will be the authoritative national voice and expert service provider for public health. Public Health England will work with partners across the public health system and in wider society to: • deliver, support and enable improvements in health and wellbeing in the areas set out in the Public Health Outcomes Framework • lead on the design, delivery and maintenance of systems to protect the population against existing and future threats to health.

Strategic Health Authority (SHA)	NHS Strategic Health Authorities (SHA) are part of the structure of the NHS in England. SHAs manage the NHS locally and provide an important link between the Department of Health and the NHS.
Special Health Authority	A special health authority is a type of NHS trust, which provide services on behalf of the NHS in England. They operate nationally rather than serve a specific geographical area.
Social Partnership Forum	The Social Partnership Forum brings together NHS Employers, trades unions and the Department of Health to discuss, debate and involve partners in the development and implementation of the workforce implications of policy. www.socialpartnershipforum.org
Skills for Health	Skills for Health is the Sector Skills Council (SSC) for health care and is responsible for identifying and addressing skills gaps and shortages, developing and managing national workforce competencies and improving workforce skills. www.skillsforhealth.org.uk