



Department
of Health &
Social Care



Education and Training Tariffs

Tariff guidance and prices for the 2023 to 2024 financial year

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Education and training tariff guidance 2023 to 2024

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1. Purpose of the guidance

- 1.1 This guidance document is intended to provide further information in support of the education and training (ET) tariff payment process for the 2023 to 2024 financial year, including:
- details about the introduction of the ET tariff payment mechanism
 - confirmation of NHSE's continued responsibilities for ET tariff development
 - powers and requirements with regards to the application of the ET tariffs in 2023 to 2024
 - confirmation of the changes to the ET tariffs that are being introduced from 1 April 2023
 - further information relating to the ET tariffs for 2023 to 2024, including prices and scope
 - links to further guidance which support and supplement the information contained in this tariff guidance document
- 1.2 It should also be noted that as of 1 April 2023, HEE will be merging with NHS England to create the new NHS England. As this guidance applies to the 2023/24 financial year, references are made to NHS England (NHSE) rather than HEE. Email addresses with the domain hee.nhs.uk will remain active until they are replaced by equivalent NHSE addresses.
- 1.3 All email addresses and website links will still apply. Any changes to contact information of websites will be confirmed in the next version of this guidance.

2. Overview and background

- 2.1 The Department of Health and Social Care (DHSC) introduced tariffs for clinical placements and undergraduate medical placements in secondary care from 1 April 2013. A similar placement tariff for postgraduate medical trainees came into effect on 1 April 2014 and for undergraduate dental trainees on 1 September 2022.
- 2.2 Prior to the introduction of the placement tariffs, payments for training placements were subject to local arrangements, creating inequities in funding. The placements tariffs aim to ensure that providers are reimbursed consistently for the training placements they provide, that placements are high quality (please also refer to the [NHSE Quality Framework](#) and the [Quality and Improvement Outcomes Framework for NHS funded Knowledge and Library Services](#)) and ensure that learners develop the required skills and knowledge to meet their respective professional competencies/capabilities.
- 2.3 NHS England (NHSE) is responsible for administering the tariff payments to placement providers in line with this tariff guidance document which has been published annually by DHSC on the government website. Alongside NHSE's existing role in administering tariff payments to placement providers, from April 2021 NHSE assumed responsibility for tariff development, including production and publication of this tariff guidance document.
- 2.4 As part of these responsibilities, NHSE continue to be required to present tariff proposals annually to DHSC for sign-off and ministerial approval. This approach to developing the placement tariffs does not impact on the existing powers and requirements for the tariffs set out in legislation (see paragraph 2.6 for further information) but does mean this guidance document will now also be published on the [funding section of the NHSE website](#).
- 2.5 Powers and requirements with regards to tariffs for education and training (ET) placements were set out in legislation, in the Care Act 2014. These powers came into force in April 2015 and are as follows:
- the Secretary of State may specify a tariff setting out approved prices, which may be different for different types of ET
 - a tariff specified in this way must be published
 - the Secretary of State may specify a tariff setting out approved prices, which may be revised or revoked by the Secretary of State

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- a published tariff or variation procedure may be revised or revoked by the Secretary of State
- payments made by NHSE or one of its local offices must be made with reference to the approved price, or price as varied under the approved procedure

2.6 The Secretary of State is publishing the approved prices and the procedure for their variation by publishing the tariff guidance. In line with the agreed procedure, NHSE will be responsible for publishing details of any price variation.

2.7 All previous roles and responsibilities of NHSE are transferring to the new NHS England following the legal merger of the organisations as of the 1 April 2023.

Summary of changes for 2023 to 2024

2.8 On the 1 September 2022, significant changes were made to the DHSC Education and Training tariff payments.

2.9 The significant changes introduced from 1 September 2022 are summarised as:

- harmonised medical undergraduate tariff with a single national price of £30,750, plus market forces factor (MFF) for all activity irrespective of setting from 1 September 2022
- harmonised dental undergraduate tariff with a consistent national price across all regions, with MFF paid for the first time
- increase to the clinical tariff plus MFF from 1 September 2022
- addition of pharmacy to the list of professions eligible for the clinical tariff

2.10 To ensure that these changes have sufficient time to bed in, no significant changes to tariff prices are being made in financial year 2023 to 2024. Please see section 3 of this document for confirmation of tariff prices for 2023 to 2024.

2.11 Minor changes have been made to the content of the document where clarity has been requested by stakeholders, or where paragraphs no longer apply.

2.12 Any changes for 2023 to 2024 can be found in the published summary of changes document, which supports this guidance document.

2.13 In line with the service tariff, and to ensure consistency, we may propose in-year changes to the tariff prices (through an adjustment to the inflation estimate) to

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reflect the outcome of future pay awards. Further details about this will be communicated in due course.

Eligibility for tariff funding

- 2.14 Each placement tariff (clinical, undergraduate medical, undergraduate dental or postgraduate medical) is applicable to placement activity in England that is explicitly listed in this guidance. Please refer to each relevant section of this guidance for confirmation.
- 2.15 A placement at any type of provider organisation in England that attracts a tariff payment must meet each of the following criteria:
- be a recognised part of the education and training curriculum for the course and approved by the higher education institute (HEI) and the relevant regulatory body, as appropriate
 - for postgraduate medicine, the placement is recognised as having the appropriate clinical exposure, supervision, education, training opportunities and quality to meet the requirements of the appropriate postgraduate medical curriculum to the standards set by the regulator
 - meet the quality standards of the regulator, the commissioner and NHSE
 - be direct clinical training (including time for clinical exams and study leave) with an agreed programme, being a minimum of one week
 - have the appropriate clinical and mentoring support as defined by the relevant regulatory body
 - is not workplace shadowing or a post-graduation assistantship (for undergraduate medical students, pre-graduation assistantships/activity would be covered by the UGM tariff as they are an integral part of the UGM course)
 - have signed the NHS education contract (please see section 8 of this guidance for more detail about the NHS education contract)
- 2.16 Any time spent by students and trainees at a provider organisation which does not meet the criteria, are not covered by the tariff payment mechanism. Any funding from NHSE for this activity should be determined locally by the placement provider and NHSE commissioner.
- 2.17 The ET placement tariffs cover funding for direct costs involved in delivering ET by the placement provider, for example:

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- direct staff teaching time within a clinical placement
- teaching and student facilities, including access to library services
- administration costs
- infrastructure costs
- educational supervisors and assessors
- pastoral and supervisory support
- trainee study leave and time for clinical exams
- health and well-being (excluding any occupational health assessments that are carried out by the university and funded separately)
- course fees and expenses (as required to achieve professional registration)
- student/trainee accommodation costs (medical undergraduate tariff only)
- in-course feedback and assessment
- formal examining
- staff training and development relating to their educational role

2.18 The tariffs do not cover:

- tuition costs
- items funded under education support such as:
 - foundation programme directors
 - foundation programme administration support staff
 - heads of schools
 - programme directors
- relocation costs and exceptional travel costs

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- 2.19 Training placements that take place outside England but are commissioned by NHSE should be paid for at a locally agreed rate; although it may be appropriate to use the published national tariff as a starting point.
- 2.20 Where a category of trainee is not covered by a tariff, any placement funding should be agreed locally between the NHSE commissioner and the placement provider. Further detail regarding this can be sourced from the relevant NHSE regional team or the [NHS Education Funding Guide](#).
- 2.21 Placements commissioned by private universities and self-funded students attending private universities should not be subsidised by the tariff funding available from NHSE.
- 2.22 For medical undergraduate and dental undergraduate clinical placements, tariff funding only applies to clinical placements for students who are part of the Office for Students (OfS) annual intake numbers.

Knowledge and Library Services

- 2.23 All learners, along with NHS organisations and staff, should be able to access the expertise and resources offered by NHS knowledge and library services so that they can use the right knowledge and evidence to achieve excellent healthcare and health improvement ([NHS Library and Knowledge Services Policy in England, 2016](#)).
- 2.24 As specified in the NHS education contract, the Education and Training tariff contributes to the costs of delivery of proactive, high-quality knowledge and library services for all learners and the workforce, including access to evidence resources through suitable technology and appropriate learning space. To inform this, NHSE has published indicative guidance and a policy on learning space within NHS Knowledge and Library Services.
- 2.25 To improve provision to clinical students on placement and postgraduate doctors in training, and to achieve better value for money, there is the opportunity for placement providers within a local area to pool funding into central, regional or coordinated procurement of digital knowledge resources.

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3. Tariff payments for 2023 to 2024

3.1 The 2023 to 2024 tariff prices are included in table 1 below.

Table 1: ET Tariff prices for 2023 to 2024

Type of Placement	Tariff for placement activity in 2023 to 2024
Clinical	£5,193 plus MFF per full time equivalent (FTE)
Medical undergraduate	£31,937 plus MFF
Medical postgraduate	£12,398 plus MFF Plus a contribution to basic salary costs. See Annex A. See paragraph 7.9 for further information on separate funding arrangements for study leave.
Dental undergraduate	£33,504 plus MFF

3.2 In line with previous years, the tariffs are adjusted by the Market Forces Factor (MFF) to compensate for the unavoidable cost differences of providing training placements in different parts of the country. For simplicity, the MFFs that are used for payment remain the same as those applicable to the service tariffs. Further information on the MFF, including current rates and changes for 2023 to 2024, is published by NHS England. The MFF rates can be found in [2023/25 NHS Payment Scheme consultation](#)

3.3 For providers where no MFF payment index exists, the MFF that will be used for payment will be the NHSE regional MFF associated with the placement provider. Further information relating to the regional MFFs is available from NHSE regional teams.

3.4 Please note that the salary contribution from NHSE for postgraduate medicine is based on the salary for the post rather than the salary of the individual filling the post and is not multiplied by MFF.

Local prices

3.5 Appropriate local prices for any placements that fall outside the scope of the national tariff should be agreed between placement providers and commissioners.

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It may be appropriate to agree to use the published national tariff for some of this activity. Placement providers and commissioners should engage constructively to agree transparent local prices which are in the best interests of students/trainees.

Flexibilities

3.6 Placement providers and NHSE can agree to adjust tariff prices and/or currencies in exceptional circumstances. This may be appropriate, for example:

- where placement commissioners and providers agree on an innovative way of delivering placements, with the approval from regulatory bodies
- where provision of training is necessary in a given location or type of placement provider

3.7 To determine whether the provision of training is not economically viable, the provider must be able to demonstrate that:

- their average cost of the training placement is higher than the national tariff
- the placement provider's average costs are higher than the national tariff price because of structural issues that are:
 - specific to that placement provider, that is, not nationally applicable
 - identifiable, that is, the provider must be able to identify how the structural issues it faces affect the cost of the services
 - non-controllable, that is, beyond the direct control of the provider, either currently or in the past (this means that higher costs because of previous investment decisions or antiquated estate are unlikely to be grounds for justifying that the provision of training is uneconomic at the national price)
 - not reasonably reflected elsewhere in the calculation of national tariffs, rules, or flexibilities
- the placement provider is reasonably efficient when measured against an appropriately defined group of comparable placement providers, given the structural issues that it faces (if a provider is not reasonably efficient when measured against an appropriately defined group of comparable placement providers, it would have to demonstrate that its costs would still be higher than the national price, even if it were reasonably efficient)

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- the placement provider has tried to engage constructively with its commissioners to consider alternative training delivery models, and it is not feasible to deliver the training required at the national tariff level

- 3.8 To request adjustments to the national tariff price and/or currencies in exceptional circumstances, please contact frp@hee.nhs.uk in the first instance.
- 3.9 Any tariffs that are varied from the national tariffs according to the flexibilities set out above will be published by NHSE for transparency.
- 3.10 Where a small amount of placement activity is commissioned from a placement provider and the burden of administering the payment system to the placement provider would be disproportionately high compared to the appropriate tariff payment, then the commissioner and placement provider may agree to local support arrangements. This could see the continuation of existing local support arrangements, possibly on a payment in kind basis, equivalent to tariff value and this will be published for transparency.

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4. Clinical tariff

Changes for 2023 to 2024

4.1 The main changes to the clinical tariff for 2023 to 2024 are as follows:

- the placement tariff has been uplifted for 2023 to 2024 from 1 April 2023 to reflect inflation within the outcomes of the spending review. The updated amounts are reflected in section 3.1 of this document.
- from the 1 September 2022 the clinical tariff rate was increased to £5,000 plus MFF per full time equivalent (FTE). No further significant changes have been made in 2023 to 2024 to allow the impacts of these changes to be understood.

Tariff payment and scope

4.2 The clinical tariff payment is intended to provide an annual contribution to the funding of placement coordination and practice-based learning for all eligible clinical professions. The tariff funding should be used to support all professions for which it has been allocated. The list below provides confirmation of the professions eligible for tariff funding.

- clinical psychologist
- healthcare scientist practitioner training programme (PTP)
- adult nurse
- children's nurse
- dental hygienist
- dental therapist
- diagnostic radiographer
- dietician
- dual qualification nursing courses
- learning disabilities nurse
- mental health nurse

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- midwifery
- shortened midwifery courses
- occupational therapist
- operating department practitioner
- orthoptist
- orthotist/prosthetist
- paramedic
- pharmacist - undergraduate
- physiotherapist
- podiatrist
- speech and language therapist
- therapeutic radiographer
- sonographer (pre-registration)

4.3 If a profession is not included in the list in paragraph 4.2, it is not eligible for clinical tariff funding. Local funding arrangements may be in place for other professions and further detail regarding this can be sourced from the relevant NHSE regional team or the [NHS Education Funding Guide](#).

4.4 The clinical tariff price is applicable for international students undertaking placements on courses covered by the list of eligible profession in paragraph 4.2. The exception to this would be where a student is already providing funding through course fees towards the costs of placements. Under no circumstances should funding available from NHSE be used as a replacement for fees already paid by students to cover placement activity, or as a top-up to those payments.

Addition of pharmacy to eligible professions

4.5 From 1 September 2022, DHSC and NHSE agreed that pharmacy would be added to the professions eligible for clinical tariff.

4.6 Those eligible to receive clinical tariff are those students completing clinical placements during their General Pharmaceutical Council (GPhC) accredited

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Master of Pharmacy (MPharm) degree programme. Clinical placements in years 1 to 4 (or equivalent stages in non-standard delivery models) are eligible.

4.7 Placements in the following settings are eligible for the clinical tariff placement fee:

- NHS managed sector (for example, secondary care, mental health trusts etc.)
- general practice/primary care networks
- community pharmacies
- other healthcare providers delivering NHS contracted services

4.8 At present, placements within the pharmaceutical industry sector are not eligible for tariff.

Clarity on what constitutes a full-time equivalent (FTE) equivalent

4.9 The clinical tariff payment is reflective of an FTE, rather than an individual student.

4.10 To ensure a consistent approach to calculating the appropriate payments for this activity and to ensure all providers receive equivalent payments for the placement activity they deliver, NHSE regions moved to payments based on the following calculations from 1 April 2021:

- full tariff will be paid for each 40.8 weeks of placement activity.
- a week of placement activity should be reflective of 37.5 hours of placement activity.
 - please note that placements can be less than one week in duration to attract tariff payments, but one week is noted here to the purpose of explaining tariff payment calculations.
- there should be no exceptions to this approach to calculating the funding available to providers for eligible placement activity

Simulation-based learning

4.11 The funding arrangements for simulation-based learning will continue for 2023 to 2024 and activity will be funded by NHSE at the clinical tariff rate for activity that constitutes placement learning hours and meets each of the following circumstances:

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- the number of hours is compliant with the regulatory or professional body expectations around the number of hours of placement per student that can be delivered via simulation
- NHSE will not pay the clinical tariff rate for simulation activity delivered as part of the education providers teaching requirements.

4.12 Information on the amount of activity delivered and the level of funding being requested should be returned to NHSE as part of the Student Data Collection.

4.13 All queries on the eligibility of simulation activity for tariff funding should be directed to the NHSE regional team for your area.

NHSE funded placements not covered by tariff

4.14 Alongside the placement funding provided to eligible professions under the tariff arrangements, NHSE also provides placement funding for a small number of other clinical professions at an agreed annual rate. Further information relating to the current funding arrangements for these professions can be found in the [NHS Education Funding Guide](#).

4.15 NHSE will continue to review the professions being funded for placement activity at a rate which varies from the national tariff, to determine the reason for the variance in price and establish whether it would be appropriate to extend the tariff arrangements to include these professions in future financial years.

4.16 Where a clinical profession is not listed in section 4.2 above or in the NHSE Funding Guide, please direct all queries on funding to the NHSE Education Funding Reforms team via frp@hee.nhs.uk.

4.17 NHSE, with its continued responsibilities for the ET tariff guidance and its administration, are working with the DHSC to introduce a standardised process for assessing professions for their eligibility for tariff funding for future financial years.

Reconciliation of funding

4.18 All payments to placement providers should be adjusted to ensure funding is reflective of the actual number of placements delivered. This will require processes to be in place to ensure that placement data flows from NHS placement providers to local NHSE teams to support payments and this is triangulated with student numbers from HEIs.

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Salary support

- 4.19 Information on the levels of salary support from NHSE and eligible professions for 2023 to 2024 is set out in the [NHS Education Funding Guide](#).

Apprenticeships

- 4.20 Placements for apprenticeships are not currently eligible for the DHSC placement tariff funding.
- 4.21 The relevant NHS employer funds NHS apprenticeships, with funding for this provided through the apprenticeship levy.
- 4.22 Further details regarding the [funding available for apprenticeships](#) can be found on the GOV.UK website.

5. Undergraduate medical tariff

Changes for 2023 to 2024

5.1 The changes to the undergraduate medical tariff in 2023 to 2024 are as follows:

- the placement tariff has been uplifted for 2023 to 2024 from 1 April 2022 to reflect inflation within the outcomes of the spending review; the updated amounts are reflected in section 3.1 of this guidance document
- a consistent national price was introduced for all undergraduate medical placements from the 1 September 2022. No further significant changes to the tariff price have been recommended for 2023 to 2024 to allow these changes to bed in.
- a further annex (Annex D) has been added to this guidance to reflect the tariff arrangements for undergraduate medical placements within private, independent and voluntary organisation (PIVO) settings

Tariff payment and scope

5.2 Details of the scope of the undergraduate medical tariff for clinical placements is available in Annexes B, C and D. The undergraduate medical tariff will be the sole source of funding provided by NHSE to support undergraduate medicine. Where flexibilities exist within Annex B for locally negotiated agreements, these will be about the distribution of that funding or agreement of funding from other organisations.

5.3 From the 1 April 2023, the undergraduate medical tariff of £31,937 plus MFF is applicable to all undergraduate medical students who are included within the Office for Students (OfS) approved annual intake control target of medical school places.

5.4 DHSC and NHSE have agreed and confirmed this single tariff payment irrespective of placement setting (secondary care, primary care or PIVO).

5.5 More specific information is available within this guidance document relating to the scope of the undergraduate medical tariff to provide clarification regarding how the tariff funding should be used to facilitate clinical placements. It is the department's expectation that the information in Annexes B, C and D are used to provide clarification on responsibilities for funding.

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- 5.6 NHSE will play an important role to ensure any flexibilities allowing locally negotiated proposals support innovation and new delivery models and that discussions are timely, collegiate, and transparent and identified within the change control mechanism identified in the undergraduate medical tripartite agreement (UGME) which has been introduced between NHSE, education, and clinical placement providers. Furthermore, to receive tariff funding in 2023 to 2024 the UGME tripartite agreement is expected to be in place. Education and clinical placement providers must ensure that all aspects of clinical placement provision that have funding implication are discussed and agreed with NHSE through the change control process to ensure that clinical training is deliverable within the resources available. NHSE will need to consider and agree any proposed changes to local funding arrangements to ensure consistency and equity in the access to funding across NHSE regions.

Undergraduate medical education tri-partite agreement

- 5.7 NHSE has introduced an undergraduate medical education (UGME) tri-partite agreement (TPA) to provide a consistent nationwide framework for governing the financial arrangements between education providers (medical schools), placement providers (all placement settings) and NHSE, for the purposes of providing undergraduate medical education. The TPA was introduced from April 2021 and continues to be a schedule of the NHS education contract.
- 5.8 The UGME TPA will:
- incorporate the principles set out in 'Annex B – Scope of UGM Tariff' in the DHSC's healthcare education and training tariff guidance
 - set out the roles and responsibilities of the 3 parties: education providers (medical schools), all placement provider settings and NHSE
 - provide a consistent approach to the planned funding that flows between medical schools, NHS providers and NHSE
 - provide transparency on UGME funding that is provided, with clear expectations for the return on that investment
- 5.9 The UGME TPA aligns to the medical school liaison committee governance structures that NHSE has introduced and will help ensure that the way funding flows between providers is not a barrier to improving how undergraduate medical education is provided.
- 5.10 The UGME TPA framework is being enacted as part of wider regional implementation plans for the NHS education contract.

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- 5.11 For further information about the UGME TPA, please email ugmdefunding@hee.nhs.uk.

Exclusions

Students outside the Office for Students (OfS) intake controls

- 5.12 Placements for students who are not within the OfS intake controls are subject to locally agreed funding arrangements.

Clinical research funding

- 5.13 The funding for all clinical and academic research projects should be agreed locally between HEIs and clinical placement providers. NHSE will not provide funding to support these projects in 2023 to 2024.

6. Undergraduate dental tariff

Changes for 2023 to 2024

- 6.1 The placement tariff for undergraduate dental has been uplifted for 2023 to 2024 from the 1 April 2023 to reflect inflation within the outcomes of the spending review; the updated amounts are reflected in section 3.1 of this guidance document.
- 6.2 The undergraduate dental tariff was introduced for all undergraduate dental placements from the 1 September 2022. No further significant changes have been recommended for 2023 to 2024 to allow these changes to bed in.

Tariff payment and scope

- 6.3 The undergraduate dental tariff of £33,504 plus MFF is applicable to all undergraduate dental students who are included within the Office for Students (OfS) approved annual intake target of dental places.
- 6.4 This approved annual intake target includes both home and overseas students. NHSE will only pay tariff for the placements of students within the approved annual intake target numbers and will not pay tariff for placements for students outside of the OfS intake target.
- 6.5 For more specific information on the initial scope of the undergraduate dental tariff, including how the tariff funding should be used to facilitate clinical placements please refer to the information in Annex E.

Dental education tri-partite agreement

- 6.6 Following the introduction of the undergraduate dental tariff, NHSE will be introducing an undergraduate dental education (UGDE) tri-partite agreement (TPA) to provide a consistent nationwide framework for governing the financial arrangements between education providers (dental schools), placement providers and NHSE for the purposes of providing undergraduate dental education. The UGDE TPA will be introduced in financial year 2023 to 2024 and will be a schedule of the NHS education contract.
- 6.7 The UGDE TPA will:
- incorporate the principles governing the undergraduate dental tariff

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- set out the roles and responsibilities of the three parties: education provider (dental schools), clinical placement providers and NHSE
- provide a consistent approach to the planned funding that flows between dental schools, NHS providers and NHSE
- provide transparency on undergraduate dental tariff that is provided, with clear expectations for the return on that investment

6.8 The UGDE TPA will align to the regional and local dental school liaison committee governance structures that NHSE has introduced and will help ensure that the way funding flows between providers is not a barrier to improving how undergraduate dental education is provided.

6.9 For further information about the UGDE TPA, please email ugmdefunding@hee.nhs.uk.

7. Postgraduate medical tariff

Changes for 2023 to 2024

7.1 The changes to the postgraduate medical tariffs for 2023 to 2024 are as follows:

- the placement tariff has been uplifted for 2023 to 2024 from 1 April 2023 to reflect inflation within the outcomes of the spending review; the updated amounts are reflected in section 3.1 of this guidance document
- the amounts payable from NHSE for postgraduate salaries have been uplifted for 2023 to 2024 to reflect the outcomes of the spending review and inflation these vary to reflect national and London pay scales and are set out in detail in Annex A

Tariff payment and scope

7.2 The funding available from NHSE for eligible postgraduate doctors in training from 1 April 2023 is in 2 parts:

- a placement fee of £12,398 plus MFF
- a contribution to the basic salary costs of all postgraduate doctors in training (please refer to Annex A); this element of funding does not attract MFF

7.3 For postgraduate medical placements, tariff funding is based on training posts. Investment specific to individuals will usually be excluded from the tariff. The NHSE local office may agree to maintain the salary element to support a locum appointment; Prior to any changes to existing tariff payments, this should be discussed and agreed between the NHSE local office and placement provider.

7.4 The national postgraduate medical tariff is not applicable to:

- postgraduate dentists in training
- placements in GP practices and other primary care settings (although hospital placements for GP specialty doctors in training are covered by the tariff)
- placements in hospices and other PIVO settings
- placements in public health
- National Institute of Health Research (NIHR) postgraduate doctors in training

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- less than full time (LTFT) postgraduate doctors in training
- trust funded posts
- Out of programme career breaks, where individuals temporarily step off the standard training programme
- Out of programme experiences, where individuals temporarily step off the standard training programme
- Out of programme pause, where individuals temporarily step off the standard training programme
- Out of programme – research, where individuals temporarily step off the standard training programme
- postgraduate doctors in training requiring additional support
- Ministry of Defence training posts

Lead employer models

7.5 Lead employers provide an outsourced human resources and payroll system for a number of postgraduate trainees. Providers hosting the post will receive the tariff payment and should refund the salary costs to the lead employer.

7.6 Where there is agreement between lead employer and host, arrangements can be put in place through NHSE for appropriate salary payments to be made direct to the lead employer.

Host providers/pooled support

7.7 Where a provider hosts services, such as knowledge and library services, NHSE may agree the basis for any recharges that the host provider wishes to make. If all the organisations within a local area agree to a pooled support system, they may agree that NHSE, or another named organisation manage a proportion of the placement fee on their behalf.

Doctors in training in the independent sector

7.8 NHSE has issued guidance relating to postgraduate doctors in training undertaking placements in the independent sector. This includes confirmation of the associated tariff funding arrangements for these placements. A copy of the guidance is available on the [NHSE website](#).

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Study leave funding

- 7.9 In 2018 to 2019 the postgraduate placement tariff was reduced by the study leave funding component to create study leave payment budgets managed by NHSE's local teams. This will continue into 2023 to 2024 and is cost neutral for NHS trusts, with both the funding and costs removed from the tariff funding.
- 7.10 A high-level overview of [study leave processes and financial management of these budgets across NHSE](#) is available at hee.nhs.uk.
- 7.11 Any specific questions on study leave funding should be directed to the relevant local NHSE office.

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8. Further information and guidance

8.1 The following section is intended to provide further information and links to the ongoing work within NHSE that impacts on the NHSE budget and/or tariff funding.

ICB education funding statements

8.2 At the start of the 2021 to 2022 financial year NHSE began sharing statements that show the financial support it provides for education and training, and the corresponding activity delivered by providers, within each of the 42 ICB geographical footprints. This will continue for the 2023 to 2024 financial year.

8.3 The aim of this activity is to:

- increase transparency in educational funding flows, enabling ICB-level strategic discussions on NHSE's investment including its alignment to ICB clinical strategy delivery and long-term service sustainability
- inform the development of an education and training plan for each ICB
- enable, through the production of an ICB education and training plan, engagement with NHSE on the future investment of educational funds to support the right educational capacity and thus prioritise delivery
- highlight any inequity of activity which will be underpinned by NHSE's funding strategy and policy
- alongside the production of the [NHS Education Funding Guide](#), standardising and providing clarity of payment rates

8.4 This will remain as an annual publication process. The statements will initially focus on 2 funding pots: future workforce and workforce development funding.

8.5 Each ICB will receive its own statement. The statement will include both education and training funding and activity information, for retrospective NHS financial years from 2019 to 2020 and as a 'forward looking process' which also incorporates planned funding and activity for the next financial year.

NHS education funding guide for 2023 to 2024

8.6 To support consistent and transparent healthcare education funding across England, NHSE will publish an updated [NHS Education Funding Guide](#) on an

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annual basis that outlines the sources of funding that contribute to the education and training of healthcare professional roles.

- 8.7 This document brings together information on the sources of funding - NHSE's and other's - into one document and will be a point of call for anyone wanting to know more about how healthcare education and training is financially supported.

Purpose of the education funding guide

- 8.8 The education funding guide is primarily a resource for those who receive NHSE funding and is intended to:

- help wider understanding of NHSE's role in the funding of education and training
- improve the profile and transparency of NHSE's funding offers
- support systems, employers, education and placement providers to plan and build upon the existing investment

- 8.9 The intention is for this guide to be published annually and prior to the new financial year. It will help indicate any changes to funding offers because of NHSE's business processes or wider NHS funding decisions.

- 8.10 If you are an education or health service provider and would like to discuss any of the content of this guide, please email frp@hee.nhs.uk

NHS education contract

- 8.11 In 2020 NHS England introduced the NHS education contract to replace the varying contractual arrangements previously in place (including the learning and development agreement with NHS service providers). The NHS education contract came into operational use from April 2021.

- 8.12 The NHS education contract is a key tool for improving quality, impact and value of education and training, driving change, and providing funding.

- 8.13 The [NHS education contract](#) is a standardised contract across England to enable, fund and assure the core non-competitive activity of NHS England with education and placement providers. Schedules are specific for each signatory of the contract and will be determined through the implementation of individual contracts.

- 8.14 NHSE has different arrangements for managing placement activity for private, independent and voluntary organisations (PIVOs). This includes NHSE making

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placement funding available to the Education Providers who can then sub-contract on to PIVOs directly for placement activity, assuming that this provider is only supporting a relatively small number of placements or where the provider is not a holder of the NHS education contract. If you require specific advice regarding a placement provider, please contact your NHSE regional team in the first instance.

- 8.15 If you have questions about the implementation of the new contract, or the wider project, please email educationcontract@hee.nhs.uk.

Queries and feedback

- 8.16 Please direct all queries, feedback, and requests for further information in relation to the tariff guidance and development process to frp@hee.nhs.uk. Feedback is vital to NHSE in supporting the ongoing development work and ensuring that we are aware of local issues that the funding may create.

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Annex A

Below are the uplifted salary contributions that NHSE will pay for each postgraduate placement in 2023 to 2024. The grade structure has been revised to reflect the pay structure from the junior doctor contract reforms in 2016 to 2017.

The salary contributions are split between London and National.

Hospital and Community Health Services (HCHS) salaries

Table 2: ET Tariff salary contributions for 2023 to 2024

Grade	Spine point (old contract)	2023 to 2024 NHSE salary contribution National (£)	2023 to 2024 NHSE salary contribution London (£)
F1	Minimum point of the Foundation House Officer 1 scale	£15,603	£17,093
F2	Minimum point of the Foundation House Officer 2 scale	£19,353	£20,844
ST1/CT1	Minimum point of the Speciality Registrar (StR) scale	£20,681	£22,171
ST2/CT2	Point 1 of StR scale	£21,945	£23,437
ST3/CT3	Point 2 of StR scale	£23,713	£25,204
GPST1 Hospital	Point 1 of StR scale	£21,945	£23,437
GPST2 Hospital	Point 2 of StR scale	£23,713	£25,204
GPST3 Hospital	Point 3 of StR scale	£24,781	£26,272
GPST Hospital placement (point not specified)	Average of point 1 and 2 of StR scale	£23,713	£25,204
ST4+ Higher Training	Weighted average across higher training grades	£27,940	£29,513

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Annex B

Scope of undergraduate medical tariff for secondary care clinical placements

1. The guidance material includes a principles section, followed by four tables identifying the source of funding for clinical placement components.

Principles

2. Undergraduate medical education in the United Kingdom has a defined set of outcomes set by the General Medical Council (GMC), which can be delivered through a variety of models. Funding arrangements for the clinical training should be based on the following standard set of principles that govern how the source of funding for medical education should be agreed.
3. These principles and accompanying source of funding tables are a component of the education and training tariff guidance, setting out what is covered by the tariff funding for secondary care clinical placements in undergraduate medicine.
4. Stakeholders are expected to adhere to these principles. However, where there are demonstrable benefits to education and training outcomes, arrangements should also try to facilitate flexibility, innovation, patient and public involvement and exposure to the full spectrum of clinical interactions and environments, in all years of the programme. It is expected that all local and national arrangements can only exist in the context of delivery of innovative or new models of educational delivery and learning experiences, and must be tripartite, between higher education institutes (HEIs), NHS placement providers and NHS England (NHSE).
5. Selection and assessment of medical students should involve NHS staff and general practitioners, as well as patients and carers, to reflect the diversity of the population served by the HEI.
6. Clinical placement funding to support publicly funded students should not be used to subsidise the costs of placement provision for students required to meet the full costs of their clinical placements. All medical students, regardless of how their education is funded, will have equal access high-quality clinical placements providing them with opportunities to progress and succeed in their higher education.
7. A clinical placement is any arrangement in which a student spends a block of time engaged in clinical learning in an environment that provides healthcare or related service to patients or the public.

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8. Clinical placements take place primarily in a primary, secondary, or social care setting, but may also take place in charities, hospices and other non-NHS organisations including voluntary and independent sector organisations. Clinical placements often encompass active involvement in patient care, but they can also be classroom based or completed via remote learning to enable the required clinical placement learning or observing health or social care processes.
9. It is the type of activity, rather than the location of training or who is delivering it, that is relevant in deciding on the most appropriate funding source. For example, a component of clinical placement training would be tariff-funded even if it is delivered by an NHS clinician on university premises – and conversely, an academic component of medical education curriculum would be HEI-funded even if it is delivered by a clinician on NHS trust premises. Establishing and agreeing the source of funding is expected to be part of tripartite discussions and agreement between the HEI, the NHS trust and NHSE, and will need to be timely, collegiate, and transparent, and identified within the tri-partite agreement in undergraduate medical education which is being enacted between NHSE, HEIs and clinical placement providers.
10. Clinical teaching can be delivered remotely as well as face to face and where academic reading is an essential part of knowledge acquisition associated with clinical placements this would be NHS tariff funded.
11. Learning activity based in a clinical environment should be funded through tariff at a common rate, with a clear link between funding and the quality of the placements.
12. The facilitation and delivery of teaching and learning will inevitably make greater use of technology in future. Funding models should not prevent against such developments which will blur the boundaries between university and clinical environments and prevent duplication of effort, such as centrally provided webinars. HEIs must ensure that such developments that affect clinical placement providers are discussed and agreed with NHSE and the placement provider to ensure that it is deliverable within the resources available.
13. The funding sources based on an undergraduate placement can be found in tables 3 - 6; these are:
 - academic funding (funded by HEIs through a combination of tuition fee loans and supplementary funding from the Office for Students)
 - clinical placement tariff funding (funded by clinical placement providers, from tariff funding received via NHSE)
 - dependent on locally negotiated arrangements

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14. The tables give a clear distinction to guide the source of funding between:

- requirements and activities of the academic curriculum
- activities as part of clinical placement
- activities and resource which include all healthcare learners (for example, libraries)
- the ET placement tariffs cover funding for all direct costs involved in delivering ET by the placement provider, including a number of areas which would likely designate as overheads, for example:
 - teaching and student facilities, including access to libraries services
 - administration costs
 - infrastructure costs
- these are explicitly addressed as being in scope and what the UGM tariff can be used for
- there are also certain things that the UGM tariff cannot be used for, for example general top-slicing for overheads to cover areas such as occupational health.

15. NHSE will be responsible for identifying and implementing the most appropriate funding routes for payments to placement providers. Avoiding a 'one-size fits all approach' allows NHSE to implement differing mechanisms for payments where appropriate. For example, activity covered by the NHS education contract and involving a single placement provider will be able to be paid differently to activity where there are potentially multiple smaller placement providers involved. Such flexibility would be expected to deliver innovation in the delivery of the learning environment.

16. All clinical placements should be agreed and signed off by placement providers with consideration of the associated cost in clinical placement provision. Placement providers must demonstrate that such funding for clinical placements is being utilised for the delivery of such learning. It is expected that the funding provided for clinical placements will be managed through the education directorate and accountability reports on the use of such funding will be required by NHSE in line with the reporting requirements within the TPA (UGME) between NHSE, HEIs and placement providers.

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17. HEIs must ensure they involve the NHS placement provider budget holder in discussions on the provision of clinical placements, who must be able to identify, manage and control the costs of the placement. Transparency of usage of placement funding will be monitored by NHSE. It is expected that there will be regular discussion between the placement provider, HEI, and NHSE on the quality of the placement learning environment and the achievement by learners of the required outcomes.
18. The tri-partite agreement in undergraduate medical education between HEIs, placement providers and NHSE is the national framework that ensures:
- any agreed variations in funding arrangements; this may include but not limited to adjustments to reflect additional:
 - costs to trusts where they provide activity on behalf of other trusts across a region
 - services provided for undergraduate education, for example, Objective Structural Clinical Examinations (OSCEs)
 - HEIs have defined student learning outcomes for each placement, and educational providers must be able to facilitate students meeting those objectives
 - any changes to the delivery of curricula or assessment which have an impact on clinical placement capacity and delivery must be discussed and agreed with NHSE and the placement provider to ensure that it is deliverable within the resources available
 - the parties to the tri-partite agreement have access to information on arrangements governed by the agreement, and, on the funding allocated to placement providers.

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Table 3: Source of funding - corporate functions

All funding arrangements need to be part of the tripartite agreement between NHSE, HEIs and clinical placement providers.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within Annex B of this guidance document and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider (HEI) and the placement provider (NHS Trust).

Activity	Explanation of term	Responsibility for funding	Comments
HR/Recruitment	HR/Recruitment: which shall include the preparation of job descriptions, preparing, issuing, and managing job advertisements, job interviews, and the appointment and induction of academic staff and defined academic lead roles. Examples of defined academic lead roles include course directors, curriculum leads, professional service roles, year tutors, assessment leads, personal tutors, HEI placement co-ordinator roles responsible for organising which students go to which placement provider	HEI	
Finance	Finance: as far as this relates to university funding and university finance administration	HEI	
Staff Development - Academic	Essential activity which includes the induction of education provider staff and the training and professional development of clinical teachers employed by the HEI who are responsible for delivery for such activities within the education provider.	HEI	

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Activity	Explanation of term	Responsibility for funding	Comments
Staff Development - Clinical	Clinical teaching CPD, for example, Academy of Medical Educators, training the clinical trainers, the association for the study of medical education.	NHS (Tariff)	
Marketing & PR	Marketing and PR in relation to the undergraduate medical course.	HEI	
Selection of medical students	Self-Explanatory	HEI	
Quality & Standards of education	Internal and External (i.e., GMC/universities/QAA) quality assurance functions. This function relates to quality assurance. Where the education provider identifies any issue relating to the quality of the clinical placement learning environments, the education provider shall promptly notify NHSE in writing of any such concerns in the first instance.	HEI	
Registry Services	Enrolment and documentation of students' progress towards graduation. Clinical elements include investigation of complaints and Fitness to Practice procedures (mostly dealt with by Sub Deans & Associate Deans).	HEI	
Staff DBS checks (previously CRB)	To be undertaken at the point of recruitment in respect of those who are directly employed by the HEI. Mid-course DBS checks are outside of NHS (tariff) funding.	HEI	
Assessment	The collation and review of learner assessment results in the agreed format.	HEI	

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Activity	Explanation of term	Responsibility for funding	Comments
Widening Participation	Process of expanding access to Medicine to suitable candidates who would not otherwise apply due to socio-economic reasons	HEI	
IT Services	University IT systems including email and other infrastructure systems	HEI	
IT infrastructure	Placement providers to provide IT infrastructure including PCs are available to students including wireless access on site including appropriate infrastructure and software to support remote consultations.	NHS (Tariff)	
E-learning	Technology-assisted learning, encompassing current methods such as telematics and virtual learning, as well as emergent related technologies that facilitate learning.	HEI and Locally negotiated arrangements	In cases of significant NHS support in relation to CPs
Library Services - University	Libraries are to be available at each university campus where medical students are based.	HEI	
Knowledge and Library Services - NHS	Library and knowledge management services should be available to all learners and staff. Appropriate knowledge services and learning space within the library should be available at all hospital sites together with facilities to access IT and learning facilitation.	NHS (Tariff)	
Accommodation and Travel	Accommodation and travel relating to academic teaching is a HEI responsibility.	HEI	

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Activity	Explanation of term	Responsibility for funding	Comments
Committee Management	Room bookings, note taking, typing up minutes and following through actions	HEI	

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Table 4: Source of Funding - Student Services

All funding arrangements need tripartite discussion between HEIs, NHS providers and NHSE, and agreement by NHSE.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within Annex B of this guidance document and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider (HEI) and the placement provider (NHS Trust).

ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Accommodation and Travel	Accommodation and travel relating to clinical placements in secondary care.	NHS (Tariff)	Where there is demonstrable evidence of exceptional circumstances or particular challenges associated with excess costs of travel and accommodation over and above the normal journey for UGM students, creating barriers for students to continue accessing clinical placements with remote, rural, and coastal providers for 2023/24, Regions may consider providing additional, non-recurrent funding, where it is affordable, on top of the funding allocated for travel and accommodation from the harmonised UGM tariff.

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ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Student Support, including DBS	<p>Student support: DBS</p> <p>Student support: dealing with student disabilities</p> <p>Student support: financial hardship</p> <p>Student support: arranging pastoral support of students</p>	<p>HEI</p> <p>HEI has lead responsibility for funding. Where reasonable adjustments are related to clinical placements, trusts can access funding through the DWP Access to Work scheme.</p> <p>HEI</p> <p>HEI and locally negotiated agreements</p>	<p>NHS (Tariff) does not cover reasonable adjustments associated with clinical placements.</p> <p>HEIs have responsibility for the duty of care of their students. In circumstances where additional pastoral support may be offered, this can be subject to locally negotiated arrangements.</p>
Student Counselling	<p>Student counselling services are to be made available through university services. Learners also have access to NHS counselling and chaplaincy services.</p> <p>Therapeutic counselling is to be provided for a limited period (such period to be agreed between the parties) for learners who have been referred to it by occupational health.</p>	<p>HEI</p> <p>Parties may agree in writing locally negotiated arrangements where appropriate</p>	<p>In cases of significant NHS support in relation to CPs</p>

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ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Prizes & Awards	The education provider is to arrange and provide for learner prizes. Prizes and awards do not attract NHS tariff.	HEI and Locally negotiated arrangements	
Student Occupational Health	<p>All clinical staff and students working with service users are to be vaccinated and checked for blood borne viruses e.g., HIV, hepatitis B before they are involved with exposure prone procedures to service users.</p> <p>Provide specialised advice to whether learners with health issues and disabilities require reasonable adjustments and how this can be facilitated.</p>	<p>HEI</p> <p>The parties may agree in writing locally negotiated arrangements where appropriate.</p>	In cases of significant NHS support in relation to CPs
Careers Advice	Provided in close contact with NHSE, this service helps students find the right speciality. A requirement of the GMC, it also helps reduce problems later in their training and working lives.	HEI and Locally negotiated arrangements	In cases of significant NHS support in relation to CPs

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Table 5: Source of Funding - Teaching and Learning

All funding arrangements need tripartite discussion between HEIs, NHS providers and NHSE, and agreement by NHSE.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within Annex B of this guidance document and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider (HEI) and the placement provider (NHS Trust).

ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Academic teaching	<p>The education provider will be responsible for funding the following teaching and learning services:</p> <p>Academic teaching: Provision of academic content and delivery of academic teaching and learning associated with the academic component of the UGM programme as distinct to the clinical component and delivery of clinical teaching.</p>	HEI	N/A
Clinical Training in clinical setting	<p>The placement provider will be responsible for funding the following teaching and learning services:</p> <p>Clinical training in clinical setting: Clinical practice content that needs to be undertaken in the clinical environment including clinical placement block introduction weeks and induction weeks which are provided by clinicians in HEIs.</p> <p>Clinical input can be given to the content of the clinical practice to be undertaken and the clinician providing it would be NHS tariff-</p>	NHS (Tariff) and HEI	N/A

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ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
	funded, but responsibility of putting a programme together, including all non-clinical aspects, is the responsibility of the HEI.		
Equipment	Equipment required to deliver clinical teaching. Equipment required to deliver academic teaching.	NHS (Tariff) HEI	
OSCEs	Clinical examinations including Observed Structured Long Examination Records (OSLERs), Objective Structural Clinical Examinations (OSCEs) or similar: examiners are largely NHS clinicians. All examiners shall require training beforehand to maintain a fair and reasonable quality standard. Exams may take place in education providers, placement providers or neutral territory (e.g., a hired conference facility).	Locally negotiated arrangements	
Student Selected Components (SSCs)	Clinical placements chosen by the students.	NHS (Tariff)	
Electives	In line with the MSC Elective Advisory Guidance (updated 24 May 2022), electives are an integral part of UGM programmes and like SSC delivers core learning. In comparison with other parts of the course, they provide students with some choice in the topic area. For the elective, students are often encouraged to experience healthcare in a different setting, including gaining experience in overseas settings. Elective programmes vary by School and may include opportunity for students to engage in activities that are not patient facing and may be closely linked to the global health learning of the course.	Locally negotiated arrangements	MSC Education Leads to explore alternative options for students to broaden their experience

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Table 6: Source of Funding - Roles and Posts

All funding arrangements need tripartite discussion between HEIs, NHS providers and NHSE, and agreement by NHSE.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within Annex B of this guidance document and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider (HEI) and the placement provider (NHS Trust).

ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Clinical Roles	Clinical roles: directly involved in the delivery of clinical teaching. Examples include Clinical Tutors supporting clinical placement activity based at the placement provider responsible for activities at the placement provider.	NHS (Tariff)	N/A
Clinical Roles – CEA awards	CEA awards for Trusts consultants working for medical schools in 'education provider' roles	National CEA - Funding responsibility: DHSC (centrally funded) Local CEA - Funding responsibility: Local employer.	Under locally negotiated arrangements, the employer may agree with the HEI to pass on any element of the local CEA associated with UGM educator salary recharge
Academic Roles	The education provider will be responsible for funding the following roles and posts: Academic roles: provision of all other roles.	HEI	N/A

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ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
	Examples of academic roles include year tutors, curriculum leads, assessment leads, personal tutors and a range of other HEI based roles supporting the delivery of the academic components of the UGM programme.		

Annex C

Guidance regarding arrangements for funding of undergraduate GP clinical teaching of medical students

1. Guidance

- 1.1 This guidance provides the context and arrangements for funding of undergraduate GP clinical teaching for medical students

2. Definitions and abbreviations

- 2.1 The term Central GP Team (CGPT) refers to the defined team of general practitioners (GPs) and administrators based within each medical school responsible for all aspects of clinical general practice education in the undergraduate medical course.
- 2.2 undergraduate GP Teaching relates to clinically oriented teaching for medical students and the associated coordination/management/administration functions required to support this.
- 2.3 Head of undergraduate GP Teaching (HUGPT) relates to the individual who leads the CGPT. They would normally be a GP and educationalist and a member of the Society for Academic Primary Care (SAPC) National Heads of GP Teaching (HOTS) Committee.
- 2.4 The term GP Services Provider Organisation (GPSPO) denotes GP practices or other providers of GP/primary care clinical services.
- 2.5 Sub contract as covered under the NHS education contract is the method for the HEI to pass on the devolved funding for undergraduate primary care clinical teaching to GPSPOs for delivery of undergraduate clinical placements.

3. Introduction

- 3.1 The nature, organisation and delivery of undergraduate primary care teaching is considerably different from undergraduate secondary care. undergraduate GP teaching has therefore over the years developed processes and arrangements that necessarily reflect this difference.
- 3.2 The nature of UK general practice means that processes are already in place that provide great accountability and granularity in terms of the amount, type, quality, and location of teaching delivered. This, combined with the fact that management of

undergraduate GP funding occurs above the GPSPO level, means that processes and controls have been in place for decades which preclude diversion of teaching funds towards clinical service delivery. Equally the wide range of models of delivering primary care services has necessitated flexibility and variability across the country in terms of how these processes and controls are designed and applied.

- 3.3 The scale, heterogeneity and dispersed nature of UK primary care means that key elements of undergraduate GP placements are, in most Schools being delivered centrally by a medical school GP teaching team. These elements include a major placement management and coordination operation as well as running a complex layer of financial, quality and planning processes. In addition, undergraduate GP placements commonly include clinical teaching delivered by GPs at central university locations.
- 3.4 Each medical school has a central GP team (CGPT) responsible for all aspects of undergraduate GP placement activities: both centralised and dispersed. In some respects, undergraduate GP teaching at any medical school could therefore be considered analogous to a dispersed medium-sized teaching hospital with the central GP team fulfilling the placement delivery functions that occur above the ward (GPSPO) level. Hence, in addition to funding GPSPOs, undergraduate GP teaching funds are used to support the major placement management and coordination operation undertaken by the CGPT as well as centrally delivered primary care clinical teaching.

4. Arrangements for primary care clinical teaching funds

- 4.1 The placement provider / education provider split is not a useful or workable distinction when applied to undergraduate primary care teaching. Consequently, funding for primary care clinical teaching will be managed by the education provider as already provided for under clause 7.1.17 of the tri-partite agreement (UGME) within the NHS education contract, which covers devolved funding for undergraduate primary care placements.
- 4.2 Where a historical NHSE payment model exists in a small number of medical schools, the intention is that these will be moved onto a devolved model during 2023 to 2024 with the medical schools taking on responsibility for all payments, following receipt of the devolved funding envelope for undergraduate primary care. In the interim period, the existing contractual framework arrangements for NHSE to make payments directly to GPSPOs for delivery of undergraduate clinical placements will be retained.

5. General principles

- 5.1 A clinical placement is any arrangement in which a student spends a block of time engaged in clinical learning. It is the type of activity, rather than the location where it is delivered that is relevant in deciding on the most appropriate funding source. For example, a component of clinical placement training would be DHSC/ NHSE funded even if it is delivered by a clinician on university premises – and conversely an academic component of medical education curriculum would be HEI funded even if it is delivered by a clinician on NHS premises.
- 5.2 Clinical placements often encompass active involvement in patient care, but they can also be through simulation, remote learning or classroom based to enable the required clinical placement learning or observing health or social care processes. HEIs must ensure they are able to identify, manage and control the costs of the clinical placements. Further explanation and how these are applied in undergraduate primary care is provided in section 7.
- 5.3 Any major changes planned to the delivery of curricula or assessment which have an impact on clinical placement capacity and delivery and devolved funding need to be discussed and agreed with NHSE to ensure that they are deliverable within the resources available.

6. Assurance on the use of the devolved funding

- 6.1 The education provider (HEI) is responsible for assuring NHSE on the use of all the devolved funding for undergraduate primary care, specifically to ensure that:
- i) in common with the tariff requirements in secondary care of the Director of Medical Education being responsible for the budget of medical undergraduate clinical teaching, it is expected that the university Head of undergraduate GP teaching (HUGPT) will be the budget holder for all undergraduate primary care funding that is devolved by NHSE.
 - o as the internal structure will vary within HEIs, where the budget holder is not the HUGPT, the expectation is that the HUGPT will be seen as the key link to the budget holder to support the full reconciliation of the devolved NHSE funding for undergraduate primary care.
 - ii) if there is a requirement in a HEI for this to be the Head of School and not delegated to the HUGPT, the Head of School will be expected to liaise closely with the HUGPT and both individuals will be required to sign the statement of assurance in the annual accountability report required by NHSE.

- iii) an annual accountability report on the use of the undergraduate primary care funding is provided to NHSE (by the required deadline) that includes:
- the name of the HUGPT and details of the receiving account for which they are the budget holder
 - the total amount of funding devolved by NHSE to the HEI that was received into this account during the relevant financial year
 - how all the funding was used
- iv) financial reconciliations of all undergraduate primary care funding that is devolved by NHSE are provided to NHSE (by all the required deadlines)
- v) a committee chaired by the HUGPT (or their nominated deputy) and attended by the HEI finance lead (or their nominated deputy) convenes regularly to review all funding devolved by NHSE for undergraduate primary care and to review the annual accountability report.

7. Guidance on the appropriate use of primary care clinical teaching funds

This guidance aims to reflect the nature, scope, and delivery of undergraduate primary care clinical teaching as it currently stands and to be sufficiently flexible to encompass the range of models and processes already in place. It also aims to support the following strategic objectives:

- facilitating a wider understanding of how the organisation and delivery of undergraduate clinical teaching differs between primary and secondary care settings
- facilitating educationally valuable medical student exposure to GPs and general practice
- increasing the acceptability of GP careers to UK medical graduates

undergraduate primary care funding that is devolved by NHSE may be used in support of the activities listed below. For each item, examples are provided in italics. However, there are, and will be, other justifiable ways of supporting the bulleted activities. *Examples given in italics are therefore intended to be illustrative rather than prescriptive.*

i. Matching students to GPSPOs

In undergraduate secondary care placements, matching students to specific clinicians and ward settings is an administrative activity supported by the medical undergraduate tariff which is undertaken by a trust education centre manager

and their team. Similarly, in primary care the CGPT matches students to individual GPSPOs. For general practice however, this is an extremely complex task that involves detailed familiarity with local geography, GPSP characteristics, clinician factors and specific constraints/needs regarding specific students.

ii. Calculation, monitoring, processing, and provision of funds to GPs and GPSPOs

Placement spend may be used by CGPTs to support the placement funding and monitoring processes necessitated by the fee for reimbursement for time devoted to undergraduate clinical teaching rather than patient care. For example, teaching fees to GPSPOs are commonly calculated by CGPTs according to time that GPSPO personnel are expected to spend delivering, preparing, or administering teaching activities and the cost of backfill to cover these. Furthermore, invoices from GPSPOs are scrutinised to ensure they match expected activity after which they are logged so that teaching fees can be centrally tracked across each year and monitored to compare against overall budgetary forecasts.

iii. Monitoring, processing, and funding of undergraduate primary care travel and accommodation

Accommodation and/or travel are an essential element of GP placements. The nature, scale and dispersion of this activity is a key difference to secondary care placements. An essential element of this placement activity is the supporting administrative and financial operational processes delivered centrally by CGPTs. This draws on a detailed knowledge of GPSP characteristics, geography, student constraints, relevant policies, and educational imperatives. For example, invoices require scrutinising for relevant proof (for example, tickets/receipts), checking they match scheduled activity, ensuring that travel/accommodation policy has been correctly followed and cross-referencing to ensure that relevant risk assessments and standards have been followed. Complex financial modelling is commonly required for setting budgets against which this spend can be tracked.

Where there is demonstrable evidence of exceptional circumstances or particular challenges associated with excess costs of travel and accommodation over and above the normal journey for UGM students, creating barriers for students to continue accessing clinical placements with remote, rural, and coastal providers for 2023/24, Regions may consider providing additional, non-recurrent funding, where it is affordable, on top of the funding allocated for travel and accommodation from the harmonised UGM tariff.

iv. Centrally delivered primary care clinical teaching

The dispersed nature of primary care means that it can be more efficient to deliver certain aspects of undergraduate primary care clinical teaching centrally rather than at GPSPO locations. Hence, undergraduate GP teaching funds may be used to support these activities as described under Section 5.

v. Monitoring GPSPO/clinical teacher performance

CGPTs monitor metrics for their GP clinical teachers and clinical placement performance and will have systems for monitoring the performance of clinical teachers and the delivery of clinical placements. Where issues are identified, these are escalated to a GP member of the CGPT for further action. Escalations are cross-referenced according to GPSPO, clinical teacher and year so that emerging themes can be identified enabling early proactive remediation by the CGPT.

vi. Addressing concerns raised by students about undergraduate GP teaching

Students commonly raise placement-related problems with the CGPT rather than with the GPSPO. Informal resolution is always the first and preferred approach and the CGPT plays a vital role in this. Issues raised include (but are not limited to) perceived problems with clinical teaching, travel, or accommodation. A GP member of the CGPT will engage with affected parties (referring to the Sub contract and related protocols). Discussions and outcomes at each stage are documented and filed centrally by the CGPT to form part of the performance record for the GPSPO and/or GP.

vii. Representing the needs of undergraduate primary care teaching delivery

CGPTs provide a voice for undergraduate GP placements at a range of committees that support delivery of undergraduate clinical teaching activities where matters such as student feedback, curriculum, examinations, and finance/audit are discussed. This representation ensures that impacts on primary care placement capacity and delivery are considered and that proposals consider what is feasibly deliverable by GPSPOs at that point in time. As some changes to the delivery of curricula or assessment may impact on clinical placement capacity, delivery and resources, any major changes need to be discussed with NHSE as well as the placement provider(s) to ensure that the changes are deliverable within the resources available from NHSE. CGPTs also provide similar representation at local, regional, and national meetings which are valuable for troubleshooting, advising, and sharing best practice regarding GP placement delivery.

viii. Primary care clinical teacher support and development

Secondary care education centre teams and associated clinical placement leadership provide support, guidance, and development for their clinical teachers. Similarly, for undergraduate GP teaching, CGPTs undertake, create, and deliver clinical teaching support, guidance, and development. This occurs on a formal and informal basis involving online/written media and in-person contact.

- ix. Providing clinical training advice, content, and materials in undergraduate GP teaching

CGPTs undertake clinical placement leadership for undergraduate general practice. This often includes (but is not limited to) creating, providing and advising-on clinical training content/delivery as well as providing equipment in support of clinical training.

- x. Instituting and maintaining sub-contracts with GPSPOs

The Sub contract governs the working relationship between each GPSPO and the CGPT for a specified duration. Prior to a Sub contract first being introduced, CGPTs deliver a process for determining whether a GPSPO will be able to meet the terms of the Sub contract, which may involve meetings, provision of evidence and a site inspection. Sub contracts are flagged in advance by the CGPTs before they expire and CGPTs commonly deliver a renewal process involving a review of a GPSPO performance during the preceding period and requesting further evidence if required.

- xi. Placement and clinical training development in undergraduate GP teaching

The nature of primary care is such that development activity, often characterised by innovation and/or evaluation, is inherent in the delivery of undergraduate GP teaching. Primary care is comprised of relatively informal small businesses subcontracted to the NHS. This makes general practice a flexible, innovative, and continually evolving environment that rapidly adapts to technological advances, new challenges, and fresh opportunities, with change often occurring from the bottom up. undergraduate GP teaching must constantly develop and adapt to keep in step with such changes and to ensure the continued availability and validity of training experience. This requires liaison, networking and frequent, agile responses which must be evaluated to ensure their effectiveness. Examples include:

- design, implementation, and evaluation of novel clinical placements
- design, implementation, and evaluation of virtual clinical experiences

- design, implementation, and evaluation of primary care based clinical learning and assessment activities

xii. Promotion of GP careers

CGPTs commonly have a communications strategy and programme of activities aimed specifically at encouraging medical students to consider positively a career in UK general practice following graduation. This is distinct from general student careers advisory services which are a HEI funding responsibility.

xiii. Clinical assessments related to primary care

The fee for reimbursement for time devoted to undergraduate primary care clinical teaching rather than patient care is such that the DHSC/ NHSE funding for primary care is essential to releasing GPs to take part in undergraduate clinical exams. Also, primary care placements commonly involve progression hurdles to help determine whether a placement has been completed satisfactorily. These can include assessed clinical skills stations, workplace-based assessments, assessed clinical presentations, written reflections or portfolios and assessment of audio or video recordings of consultations submitted. In primary care these activities may be delivered and assessed by GPs within individual GPSPOs or delivered centrally by GPs attending the CGPT.

The collation and review of student assessment results is a HEI funding responsibility.

xiv. Management of DHSC/ NHSE funding for undergraduate primary care clinical teaching

DHSC/ NHSE funding for undergraduate primary care clinical teaching requires central operational management by the CGPT. The nature of general practice is such that operational budgeting, tracking spends, and forecasting is necessarily more complex than that for secondary care and requires detailed knowledge of primary care from the HUGPT and other GPs in the CGPT.

Responsibility for funding the corporate finance functions of the University remains a HEI funding responsibility.

Annex D

Guidance regarding undergraduate medical tariff funding for medical student placements within private, independent and voluntary organisations

1. Guidance

1.1 The guidance provides the context and arrangements for undergraduate medical tariff funding for medical student placements with private, independent and voluntary organisations (PIVOs).

2. Introduction

2.1 The nature and organisation of undergraduate medical placements in private, independent and voluntary organisations is different from undergraduate Secondary and primary care.

2.2 The private, independent and voluntary organisational community is heterogeneous and dispersed in nature. It also differs to undergraduate secondary and primary care in terms of legal entity and operational norms.

2.3 Whilst there are some similarities to the central arrangements for managing undergraduate primary care tariff funding, the scale of organisations delivering undergraduate placements for medical students is smaller.

2.4 The organisation and funding arrangements supporting undergraduate medical placements in private, independent and voluntary organisations are, in most medical schools being managed by a central model. These elements include placement management and coordination operation as well as financial, quality and planning processes.

2.5 The management of the UGM tariff for private, independent and voluntary organisations may sit with a placement management team within the Medical School, which is likely to be in most HEIs, the management team responsible for undergraduate secondary care placements.

3. Funding arrangements

3.1 The undergraduate medical tariff funding for medical student placements in private, independent and voluntary organisations is in most of the medical schools managed by the higher education institutions (education provider) as already provided for under clause 7.1.17 of the tripartite agreement (UGME) within the NHS education contract, which covers devolved funding for undergraduate undergraduate placements in the private, independent and voluntary sectors.

3.2 Where a historical NHSE payment model exists in a small number of higher education institutions (education providers), the intention is that these will be moved onto a devolved model during 2023 to 2024 with the medical schools taking on responsibility for all payments, following receipt of the devolved funding envelope for undergraduate placements in private, independent, and voluntary sectors. In the interim period, the existing contractual framework arrangements for NHSE to make payments directly to private, independent and voluntary organisations for delivery of undergraduate placements will be retained.

3.3 The sub contract as covered under the NHS education contract is the method for the higher education institution (education provider) to pass on the devolved funding for undergraduate medical placements with private, independent and voluntary organisations.

4. General principles

4.1 A clinical placement is any arrangement in which a student spends a block of time engaged in clinical learning. It is the type of activity, rather than the location of training who is delivering it that is relevant in deciding on the most appropriate funding source.

4.2 Clinical placements often encompass active involvement in patient care, but they can also be through simulation, remote learning or classroom based to enable the required clinical placement learning or observing health or social care processes. higher education institutions (education providers) must ensure they are able to identify, manage and control the costs of undergraduate medical placements.

4.3 undergraduate medical placements may be undertaken in a range of settings that include private, independent and voluntary organisations. These include for example, charities, hospices and not for profit organisations.

4.4 Any major changes planned to the delivery of curricula or assessment which have an impact on undergraduate medical placement capacity and delivery and devolved undergraduate medical tariff funding need to be discussed and agreed with NHSE to ensure that they are deliverable within the resources available.

5. Assurance on the use of the devolved funding

5.1 The higher education institution (education provider) is responsible for assuring NHSE on the use of all the devolved funding for undergraduate medical placements in private, independent and voluntary organisations, specifically to ensure that:

- vi) in common with the undergraduate medical tariff requirements in secondary and primary care there is an identified budget holder for all undergraduate medical tariff funding that is devolved by NHSE for placements with private, independent and voluntary organisations. NHSE is not nationally prescribing who the budget holder for the undergraduate medical tariff funding should be to allow for the appropriate budget holder responsibility that fits with the higher education institution structure.
- vii) there is full reconciliation of the devolved NHSE funding for undergraduate medical placements with private, independent and voluntary organisations.
- viii) in common with the undergraduate medical tariff requirements for clinical placements in secondary and primary care, an annual accountability report on the use of the undergraduate medical tariff funding for medical student placements with private, independent and voluntary organisations will need to be provided to NHSE (in the required format and by the required deadline) by the higher education institution that includes:
 - o the name of the higher education institution budget holder and details of the receiving account for which they are the budget holder
 - o the total amount of funding devolved by NHSE to the higher education institution that was received into this account during the relevant financial year
 - o how all the funding was used
- ix) financial reconciliations of all undergraduate medical tariff funding that is devolved by NHSE are provided to NHSE (by all the required deadlines)
- x) a committee chaired by the budget holder and attended by the higher education institution finance lead (or their nominated deputy) convenes regularly to review all funding devolved by NHSE for undergraduate medical placements with private, independent and voluntary organisations and to review the annual accountability report.

6. Guidance on the appropriate use of undergraduate medical funding

6.1 This guidance aims to reflect the nature and scope of undergraduate medical placements with private, independent and voluntary organisations as to be sufficiently flexible to encompass the models and processes already in place.

6.2 Undergraduate medical funding that is devolved by NHSE for placements with private, independent and voluntary organisations may be used in support of the activities listed below. These are not an exhaustive list. For each item, examples are provided for each

item below. However, there are, and will be, other justifiable ways of supporting the bulleted activities. The examples provided below are therefore intended to be illustrative rather than prescriptive.

xv. Matching students to placements

As in undergraduate secondary care placements, matching students to specific clinicians and ward settings is an administrative activity supported by the undergraduate medical tariff which is undertaken by a trust education centre manager and their team. Similarly, for placements with private, independent and voluntary organisations, students need to be matched to placements.

xvi. Calculation, monitoring, processing, and provision of funds to placements with private, independent and voluntary organisations

Ensuring that all undergraduate medical tariff funding is supported by robust monitoring processes for provision of funds to private, independent and voluntary organisations and includes the scrutiny of invoices from these organisations to ensure they match expected activity after which payments should be logged and tracked across each year and monitored to compare against overall budgetary forecasts.

xvii. Monitoring, processing, and funding of travel and accommodation for undergraduate medical placements with private, independent and voluntary organisations

Travel and/or accommodation is an essential element of undergraduate medical placements. The nature and dispersion of this activity is different to those in undergraduate secondary care placements. A key element of this placement activity is the supporting administrative and financial operational processes delivered centrally by the higher education institutions and includes for example, scrutiny of claims/invoices with relevant proof (for example, tickets/receipts), checking they match scheduled activity, ensuring that travel/accommodation policy has been correctly followed and cross-referencing to ensure that relevant risk assessments and standards have been followed. Financial modelling is commonly required for setting budgets against which this spend can be tracked.

xviii. Addressing concerns raised by students about undergraduate placements in private, independent and voluntary organisations

Responding to placement-related concerns raised by students in relation to placements with private, independent and voluntary organisations. Informal resolution is always the first and preferred approach. Issues raised include (but are not limited to) perceived problems with clinical teaching or travel or accommodation.

- xix. Instituting and maintaining sub-contracts with private, independent and voluntary organisations

The subcontract governs the working relationship between each higher education institution (education provider) and the private, independent and voluntary organisation (placement provider) for a specified duration. Prior to a sub-contract first being introduced, the higher education institution will determine whether a placement provider will be able to meet the terms of the subcontract, which may involve meetings, provision of evidence and a site inspection. Sub-contracts should be flagged in advance by the higher education institution before they expire, and the higher education institution commonly delivers a renewal process involving a review of the placement provider performance during the preceding period and requesting further evidence if required.

- 6.3 Responsibility for funding the corporate finance functions of the university remains a HEI funding responsibility

Annex E

Scope of undergraduate dental tariff for all clinical placements

1. The guidance material in this annex includes a principles section followed by tables identifying the source of funding for clinical placement components for dental undergraduate education.

Principles

2. The General Dental Council (GDC) has defined dental undergraduate learning outcomes in the UK in Preparing for Practice. The overall outcomes can be delivered through a variety of clinical placements involving primary and secondary care settings and clinical and academic education. University Dental Schools are responsible for, and deliver, the academic education and clinical outcomes.
3. Most dental schools are linked to acute hospital trusts to deliver the clinical outcomes with a large component of training provided within a dental hospital with primary care outreach clinical placements. Some dental schools' clinical training components are entirely primary care based and they are linked to a main primary care provider.
4. The purpose of the dental undergraduate tariff was previously described in the dental service increment for teaching (SiFT) accountability report published by DHSC in 2000 as:
 - to ensure the NHS support dental undergraduate clinical education
 - to ensure that service providers who contribute significantly to dental undergraduate clinical education are not financially disadvantaged
5. Clinical placements for dental undergraduate students require clinical placement providers to provide clinical facilities including dental surgeries, associated dental equipment and materials, dental care professional support, administrative infrastructure and support along with dental technical laboratory support for patients treated by dental students. Patients treated by dental undergraduate students usually receive free primary dental care treatment; costs for the dental treatment should be covered by the dental undergraduate tariff.
6. The dental undergraduate tariff is also intended to provide support for obtaining the general medical and surgical requirements of the GDC outcomes (previously called funding for medical and Dental), which may require placement with an alternative clinical placement provider.
7. Clinical placement providers and HEIs are expected to adhere to these principles. Where there are demonstratable benefits to academic education and training

outcomes, arrangements should be flexible enough to allow innovation, flexibility and public and patient involvement. It is expected that any proposed changes to dental undergraduate education would be discussed at an annual tri-partite meeting between HEI (dental school), the main clinical placement provider (dental hospital or primary care provider) and NHSE.

8. Selection and assessment of dental undergraduate students should involve NHS staff and general dental practitioners as well as patients and carers where possible, in order to reflect the diversity of the population served.
9. Clinical placement funding to support publicly funded students, with the exception of the currently agreed overseas Office for Student (OfS) approved annual intake numbers, should not be used to subsidise the costs of placement provision for students required to meet the full costs of their clinical placements.
10. All dental undergraduate students, regardless of how their education is funded, will have equal access to high quality clinical placements providing them with opportunities to progress and succeed in their higher education.
11. It is the type of activity, rather than the location of training or who is delivering the training that is relevant in deciding on the most appropriate funding source. For example, attendance of dental undergraduate students at placements where patient attendance receives an NHS treatment tariff (for example, consultant consultation clinic) would not be considered as dental undergraduate clinical activity but may be supported in part by the dental undergraduate tariff if student attendance and teaching during the clinical placement decreases the efficiency of the clinic. Establishing and agreeing the source of funding is expected to be part of the tri-partite discussions between the HEI, the clinical placement provider and NHSE and will need to be timely, collegiate and transparent.
12. The dental undergraduate tariff will be payable to the main clinical placement provider and form part of the NHS education contract (formerly the learning and development agreement). Payment for clinical placements outside of the main provider would need to be identified and agreed at the dental undergraduate tri-partite meeting. HEI activity data collections will identify activity-based payments for all placement providers. It is expected that the dental undergraduate tariff follows the dental undergraduate student.
13. The facilitation and delivery of teaching and learning will inevitably make greater use of emerging technologies. Funding models should not be a barrier to such developments which may blur the boundaries between university and clinical environments. HEI's must ensure that such developments that affect clinical placements providers or have a financial impact are discussed and agreed in advance with NHSE and the placement provider to ensure that it is deliverable within resources available and proposed timescales.

14. The funding sources supporting dental undergraduate placements can be found in the tables and these are:

- HEI educational income, consisting of a combination of student fees and supplementary funding via the OfS grant.
- DHSC dental undergraduate tariff

15. The tables give clear distinction to guide the different funding streams between:

- requirements and activities of the academic curriculum for academic education
- activities as part of clinical placements for clinical education
- activities and resources which include all healthcare learners

16. All clinical placements should be agreed and signed off by placement providers with consideration of the associated cost in clinical placement provision. Placement providers must demonstrate that funding for clinical placements is being utilised and stay within the available funding envelope for the delivery of such learning. HEIs must demonstrate that the funding for academic education is being utilised for the delivery of such learning. HEIs must ensure they involve the NHS placement provider budget holder in discussions on their requirements for clinical placements. The placement provider must be able to identify, manage and control the cost of the placement within the funding envelope set.

17. Transparency of the usage of the dental undergraduate tariff will be monitored by NHSE through an agreed consistent Accountability reporting framework to ensure financial transparency on the use of the funding, and that the funding is assigned to education and training, and not any other services. It is expected that there will be regular discussions between placement providers, the HEI and NHSE on the quality of the clinical placement learning environment and the achievement by learners of the required clinical outcomes.

18. A tri-partite agreement (undergraduate Dental Education) will be introduced in 2023/24 between NHSE, education and placement providers that ensures:

- any variations to funding arrangements are agreed. This may include, but is not limited to, adjustments to reflect additional:
 - i. services provided for dental undergraduate education, such as objective structured clinical examinations (OSCEs)

- ii. costs to the clinical placement providers where they provide activity on behalf of other providers.
- HEIs have defined student clinical learning outcomes for each clinical placement and stipulate that clinical placement providers must be able to facilitate dental undergraduate students meeting those objectives
- any changes to the delivery of curricula or assessment which have an impact on clinical placement capacity and delivery must be discussed and agreed with the placement provider and NHSE to ensure that they are deliverable within the resources available
- All members of the tri-partite agreement have access to information on arrangements governed by the agreement and, in particular, on the NHSE Dental undergraduate tariff allocated to the clinical placement provider and the HEI funding available to support dental undergraduate education

Table 7: Source of funding – Corporate Functions

All funding arrangements need to be part of the TPA (UGDE) between NHSE, education and placement providers.

Each party will be responsible for funding their costs, in the event that joint funding arrangements are not negotiated locally between the parties to reflect models of service provision.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within this guidance and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider and the placement provider.

Activity	HEI educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
1a. HR and Recruitment	HR/Recruitment, academic/support/technical/tutors	Recruitment of NHS funded staff involved in the delivery of clinical placements	
1b. Finance		Financial management of dental undergraduate tariff and undergraduate placement activity	
1c. Staff development	Staff development, university induction, development of clinical teachers (HEI/NHS employed)	Clinical academics/clinical teachers, clinical induction Undergraduate dental student NHS induction that includes NHS statutory and mandatory training, basic life support including medical emergencies for adults and children, safeguarding, infection control and standard placement provider protocols	

Activity	HEI educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
1d. Development opportunities – clinical		Clinical staff (irrespective of holding substantive or honorary contracts) should have equality of access to clinical staff development opportunities, for example Quality improvement and use of new NHS patient record systems	
1e. Marketing	Marketing of dental undergraduate course	N/A	N/A
1f. Admissions	Dental undergraduate admissions	N/A	Contribution to interviews for prospective Bachelor of Dental Surgery (BDS) students
1g. Quality and standards of education	Quality and standards of education internal and external (GDC)	N/A	N/A
1h. Registry services	Registry services, enrolment of dental undergraduate student documentation on progress including fitness to practice	N/A	N/A
1j. Staff DBS checks	HEI staff disclosure and barring service (DBS) checks	NHS employed clinical teachers/tutors DBS checks	Placement provider HR needs to ensure valid DBS and occupational health clearance on awarding an honorary contract for HEI employed clinical staff

Activity	HEI educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
1k. IT services	University IT services including technology assisted learning and electronic student portfolios	Clinical IT services, patient administration systems, electronic record/bespoke dental record system/radiology/radiography. IT access at each dental chair including accessibility to appropriate university systems (for example, portfolio)	N/A
1l. Library - University	University library services	Hospital library services	N/A
1m. Accommodation and Travel	Accommodation and travel for more remote placements currently funded by HEIs		Local arrangements for funding accommodation and travel for clinical placements continue in 2023 to 2024 whilst further work is undertaken by NHSE in 2023
1n. Clinical Quality		Clinical quality structures (audit/patient safety/quality improvement)	N/A
1o. Information governance	University general data protection regulation (GDPR) responsibilities	Information governance structures	N/A

Table 7: Source of funding – Student Services

All funding arrangements need to be part of the TPA (UGDE) between NHSE, education and placement providers.

Each party will be responsible for funding their costs, in the event that joint funding arrangements are not negotiated locally between the parties to reflect models of service provision.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within this guidance and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider and the placement provider.

Activity	HEI Educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
2a. Student support	Student support including DBS and hardship fund	N/A	Personal tutors Only needs to be included in the job plan if over-and-above the typical NHS clinical contract expectation to be involved in education (SPA)
2b. Student counselling	Student counselling, student at risk structures and mental health/well-being support	N/A	N/A
2c. Prizes and awards	Prizes and awards	N/A	N/A

Activity	HEI Educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
2d. Student Occupational Health	Student occupational health	N/A	NHS occupational health services to ensure safety of the dental undergraduate student
2e. Student career advice	Employability and career advice	N/A	N/A
2f. Fitness to practice	Fitness to practice and disciplinary structures	N/A	N/A

Table 7: Source of funding – Teaching and Learning

All funding arrangements need to be part of the TPA (UGDE) between NHSE, education and placement providers.

Each party will be responsible for funding their costs, in the event that joint funding arrangements are not negotiated locally between the parties to reflect models of service provision.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within this guidance and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider and the placement provider.

Activity	HEI educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
3a. Academic teaching	Academic teaching, academic content, curriculum design and delivery Academic teaching activity should be identified in individual job plans	Academic activity of NHS staff, for example provision of lectures and tutorials and contributing to assessment writing	Any teaching activity that is rechargeable between the education provider and placement provider should be transparent, clearly identified in individual job plans and agreed between the education and placement provider
3b. Clinical		Clinical teaching activity should be identified in individual job plans	Any teaching activity that is rechargeable between

Activity	HEI educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
teaching			the education provider and placement provider should be transparent, clearly identified in individual job plans and agreed between the education and placement provider
3c. Laboratory and technical support	Laboratory/project and technical support and materials (non-clinical years/provision)	N/A	N/A
3d. Dental nurse support	N/A	Dental nurse support to facilitate safe dental treatment for patients and for student learning. Dedicated 1 to 1 chairside support when required	N/A
3e. Other Support	Support for extracurricular opportunities such as short-term research fellowships/experience (for example, Aspire)	Provision of clinical placements to cover the human disease curriculum	Actors used for clinical scenarios, for example teaching communications skills and patient assessment
3f. Electives	N/A	N/A	N/A

Table 7: Source of funding – roles and posts

All funding arrangements need to be part of the TPA (UGDE) between NHSE, education and placement providers.

Each party will be responsible for funding their costs, in the event that joint funding arrangements are not negotiated locally between the parties to reflect models of service provision.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within this guidance and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider and the placement provider.

Activity	HEI Educational Income – student fees and Office for Students (OfS) tariff	National Dental undergraduate Tariff	Combination
4a. Clinical assessment and examinations	Organisation, planning and execution of assessment for all 5 years	Space for clinical examinations and assessments that require clinical environments and dental chairs, for example OSCEs, case presentations and structured oral tests Contribution to pool of examiners Actors used for clinical scenarios in examinations and assessments	Clinical dental undergraduate examinations and assessment
4b.	Academic roles/posts	NHS service roles/posts	Joint roles/posts

Activity	HEI Educational Income – student fees and Office for Students (OfS) tariff	National Dental undergraduate Tariff	Combination
Academic and NHS service roles			
4c. Administrative posts	Administrative posts relating to the management of and administrative support for the delivery of the BDS curriculum (that is, timetabling, student support, exams and assessment). Excluding that which crosses over into patient interface	Administrative and clinical records Staff costs to support robust management of student placements including patient appointments	N/A
4d. Curriculum leadership	BDS curriculum leadership roles, such as senior tutor, dean for education, head of school/dean, assessment lead, and all leadership roles associated with leadership and delivery of the curriculum	N/A	N/A

Table 7: Source of funding – Space, facilities and uniforms

All funding arrangements need to be part of the TPA (UGDE) between NHSE, education and placement providers.

Each party will be responsible for funding their costs, in the event that joint funding arrangements are not negotiated locally between the parties to reflect models of service provision.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within this guidance and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider and the placement provider.

Activity	HEI Educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
5a. Facilities and equipment	Lecture theatres, tutorial rooms and study space. Simulated dental learning environments (SDLE) including equipment and materials used in SDLE	Clinical facilities for students to undertake treatment of patients. Equipment, including PPE and instruments and appropriate dental materials necessary to undertake treatment patients	If dental undergraduate tariff is utilised to support equipping and refurbishment of Simulated Dental Learning Environments (SDLE), for example equipment required to deliver education and training such as hand instruments and drills, there should be no charge for NHS/ NHSE use of the facility other than postgraduate clinical provision, including material costs, SDLE maintenance, depreciation of equipment and

Activity	HEI Educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
			support
5b. Common rooms	Student common room	N/A	N/A
5c. Laboratories	Laboratory space and materials for biomedical education, such as anatomy/museum	Laboratory services to support patient care Locally agreed key performance indicators (KPIs) should be in place for the placement provider to monitor the timeliness of turnaround times for laboratory work to ensure that turnaround times do not affect students' progress on the undergraduate dental programmes	N/A
5d. Decontamination facilities	N/A	Decontamination facilities for dental instruments and equipment	N/A
5f. Cleaning and maintenance – academic environment	Cleaning and maintenance of academic spaces		
5g. Student facilities – clinical placement		Facilities for students whilst on placement such as changing rooms, showers, study space, space to take breaks	

Activity	HEI Educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
5h. Community outreach settings		Where undergraduate dental students are treating patients in a range of placement provider settings, including community outreach, the placement activity is funded from the UGD tariff	
5i. Clinical environment		Expectation that dental undergraduate clinical environment is well maintained and there is a rolling programme of refurbishment/replacement of dental equipment for example, dental chairs and radiology equipment to ensure that equipment and materials available to dental undergraduate students keeps pace with innovation and current standards of NHS clinical practice	
5j. Student uniforms	If uniforms are mandated by the education provider, the HEI is responsible for funding these.	<p>Provision of dental undergraduate uniforms is dependent upon the individual placement provider policy</p> <p>If clinical uniforms are mandated by the individual placement provider policy, the placement provider is responsible for funding from the dental undergraduate Tariff</p>	Dependent on education and placement provider local policies

Table 7: Source of funding – Simulation

All funding arrangements need to be part of the TPA (UGDE) between NHSE, education and placement providers.

Each party will be responsible for funding their costs, in the event that joint funding arrangements are not negotiated locally between the parties to reflect models of service provision.

‘Locally negotiated arrangements’ are defined as arrangements that have been negotiated between the parties on a local level and which are related to the local flexibilities allowed for within this guidance and is a defined split locally negotiated between the education and placements providers. The ‘parties’ mean the education provider and the placement provider.

Activity	HEI educational income – student fees and Office for Students (OfS) tariff	National dental undergraduate tariff	Combination
6a. Simulation	Simulation that is part of the academic offering required for development of clinical skills and is typically delivered outside of places where patient care is delivered	Simulation that enhances the clinical learning experience, clinical safety or clinical assessment linked to: a) a specific patient receiving care from a student, b) a specific clinical setting, or c) preparation for management of the acutely unwell person in the dental setting	

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