



Department
of Health

Integrated cost collection exercise guidance 2015-16

Integration of education and
training costs within reference
costs

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Prepared by

Reference cost collection team, Department of Health

Education and training cost collection team, Department of Health

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Chapter 1: Introduction

Purpose of the integrated collection

1. The Department of Health, Monitor, Trust Development Authority (TDA)¹, Health Education England (HEE) and NHS England have committed to the integration of the education and training cost collection and the annual reference costs collection.
2. The main aims of an integrated exercise are to;
 - ensure providers get a better understanding of their service and education and training costs;
 - improve the quality of the data submitted in the collection;
 - ensure that providers are reimbursed fairly for the service and education and training that they deliver;
 - reduce the burden on NHS providers of multiple data collection exercises.
3. The data from the last two education and training cost collections suggests there is cross subsidisation between education and training, and clinical services costs. An integrated collection will help improve our understanding of the level of cross subsidisation between education and training and service provision to inform decisions about future funding. The integration will support the implementation of Monitor's costing transformation programme.
4. NHS Improvement's Cost Transformation Programme will improve the way that patient treatment is costed across all NHS providers over the next 5 years through the introduction of Patient Level Costing. Part of this change will involve creating a new national cost collection, which it is intended will in due course allow all existing cost collections to be rationalised into a single cost collection, reducing the burden on providers. As a first step in that change, in the coming year the collection of cost data about education and training will be integrated into the reference cost collection.
5. In order to understand the effects on data quality of an integrated collection, and to mitigate against any adverse impact on the data being used to underpin tariff calculation, the 2015-16 integrated cost collection exercise will be in addition to the existing reference costs collection exercise. This additional collection exercise replaces the annual education and training cost collection exercise. This will consist of;
 - existing reference costs collection (net of education and training income)
 - the integrated costs (reference costs net of education and training costs). This additional collection exercise replaces the annual education and training cost collection exercise.
6. The two collections will allow us to understand the impact of the change from netting education and training income to netting of costs. We will use the data from the integrated collection to inform the progression to a single collection in future years.
7. There will be no change to the 2015-16 reference costs collection, the collection will continue to require trusts to net off the income received for education and training in the reconciliation statement. Section 16 of the [2015-16 Reference Cost Guidance](#) explains this process.
8. This guidance should be read in association with the [2015-16 Reference Cost Guidance](#)

¹ Trust Development Authority and Monitor now merged to form NHS improvement

which details the process for the collection of reference costs.

9. The integrated collection, covered by this guidance will include the collection of education and training costs (which will be netted of the reference costs instead of the income), creating a revised quantum for service provision.
10. The success of the integration of education and training within reference cost collection is dependent on the production of cost calculations which are underpinned by robust activity information. This can only be achieved through the involvement of finance, education and informatics teams. We advise providers who have not already established these links internally to do so at the earliest opportunity. Further details can be found in [Chapter 4](#) of this document.

Background

11. To ensure that providers are reimbursed fairly for the training that they deliver and are empowered to get a better understanding of their spending in this area, the Department of Health introduced transitional tariffs for non-medical placements and undergraduate medical placements in secondary care from 1 April 2013. A similar transitional tariff for postgraduate/medical trainees came into effect on 1 April 2014.
12. The annual education and training cost collection exercise, introduced in 2013-14, was established to improve the understanding of the costs of placements at provider level to support the replacement of the current transitional tariffs with a more transparent set of tariffs that reflect the actual costs of the placements.
13. In 2013-14 and 2014-15 the Department required all NHS providers to complete two mandatory cost collections;
 - i. The reference costs collection, which covers the costs of delivering services within the NHS. These costs are collected net of education and training income, and other income streams, and are used to inform the national service tariff.
 - ii. The education and training costs collection, which covers the costs of delivering education and training within the NHS, and is used to support ongoing work to replace the current transitional tariff applied to education and training tariffs.
14. Our aim shared with the other national bodies and as set out in paragraph 2 above, is to collect costs that accurately reflect the cost of delivering service and education and training, to better inform setting national tariffs.
15. The Department of Health, and the other national bodies, acknowledges that the integration of the two collections will have to be tested before full integration takes place. This has led to the plan for the integrated cost collection exercise in 2015-16 to understand the effects of integration and mitigate against any adverse impacts
16. To understand the feasibility of the integrated collection in 2015-16, the Department of Health tested through a two stage voluntary pilot collection exercise, the first stage was completed in March 2015, with the outcomes used to inform the second stage, in October 2015.
17. These pilots allowed an assessment of the feasibility of running the integrated collection, looking at the burden on providers and testing the technical issues around submitting the return. Evidence and feedback from the pilots indicated providers are able to net off education and training costs at a currency level indicating that the integrated collection is possible in 2015-16.
18. Following the two pilot exercises the results were shared with the various ALBs (NHS

Improvement, HEE and NHS England) as well as consultation with the sector. We also received a significant amount of feedback from the sector following the release of the draft integrated guidance; additionally we attended numerous costing and working groups. Following the various consultations we amended the guidance and timescales where appropriate. We presented our findings to the Joint Pricing Group on 25th January and they gave approval to run the integrated collection as per the timescales set out later in this guidance document.

How the data will be used

19. We will analyse the data collected in the exercise to understand the effects of netting off education and training costs rather than income on;
 - Supporting the development of new tariffs for education and training to replace existing transitional tariffs;
 - overall reference costs quantum, i.e. top level differences between income/cost;
 - service level impact i.e. which services lose and gain;
 - currency level impact i.e. change in unit costs;
 - reference costs index i.e. does the distribution change, and on the
 - quality of education and training costs.
20. The initial integrated cost collection exercise will also allow us to build on the lessons learned from the pilot exercises and identify how the technicalities of the collection can be improved, including the supporting guidance and the workbooks.
21. The outcomes of this analysis, collected through this first integrated collection will be used to inform the approach to collection in 2016/17.

Chapter 2: Summary of changes

Main changes for 15-16

22. As indicated in paragraph 5, the integrated collection exercise replaces the previous education and training cost collection exercise, therefore it is not possible to provide a direct comparison and changes from last year. Instead we have looked to include details of changes to the education and training element of the cost collection exercise to reflect integration and also lessons learned from the equivalent exercise in 2014-15, many of which were communicated within the 'In-year process for education and training' guidance issued in November 2015. The reference cost guidance released in February 2016 details the main changes associated with the collection of reference costs for 2015-16.
23. Since the release of the 'In-year process for education and training' guidance document, we have continued to work to understand the impact of integration, address some of the longer term areas identified in the feedback and also consider feedback from regional costing groups, HEE led workshops and our own governance groups.
24. In the lead up to the cost collection exercise the Department will continue to work on areas of the guidance to provide further information where required.

Chapter 1: Introduction

25. In moving to an integrated collection the Department and its stakeholders have ensured that the correct governance procedures have taken place and consultation and agreement sought before committing to the integration. Within [Chapter 1](#), we have looked to provide clarity around the purpose of the collection, background around how the decision was taken including the impact of the pilot collection and how the DH and its stakeholders will look to use the information going forward.

Chapter 3: Timetable

26. The submission window associated with the 2015-16 integrated cost collection exercise will run from Monday 20th June until 16th September. The structure of the collection window for the integrated collection has been set in line with feedback from trusts following the pilot collection in 2015 and draft integrated cost collection guidance (released in December 2015).
27. The timeline for 2015/16 will see NHS providers able to upload their integrated collection return at any point from Monday 20th June up 16th September. The extension of the window into September provides greater flexibility for NHS providers and reflects other cost collection timelines and peak leave period over the summer.
28. A further change for 2015-16 will see the removal of the optional resubmission window. This will mean that the deadline for submissions of 16th September will be the final opportunity to submit your data. To support this change and to ensure this does not impact on data quality, the department will once again be sharing non-mandatory validations throughout the collection window and will also include details in the collection

template to allow real-time checks.

29. DH may approach any trusts following the collection where there are material issues with the data to identify potential requirement for revisions.

Chapter 4: Governance

30. Within this guidance and the published 'In-year process for education and training' guidance we have looked to encourage active engagement within trusts from an early stage in the financial year to emphasise that this collection is not focussed solely on Finance Departments and a process only to be undertaken at year-end. We have looked to include a checklist for use within trusts to establish internal links with education and clinical colleagues; this is in response to feedback received following the 2014-15 collection and during HEE led workshops.
31. We have included an overview of the proposed methodology provided by University Hospital Southampton, for the submission of trusts integrated data within this section, detailing the requirement to net off education and training costs from their 2015-16 reference costs

Chapter 5: Data quality and validation

32. This chapter provides trusts with an overview of the data validation process for 2015-16.
33. This includes the validation process for 2015-16, an overview of changes made to a number of validations, the proposed inclusion of non-mandatory validations within the templates and a change in the name and the level of required user input to the Action Taken Form (now NMV Review Form), used to highlight any outstanding validations within a Provider submission. All trusts will be required to submit a NMV Review Form for 2015-16 to inform DH analysis and future work around overhead apportionment.
34. A summary of the changes to validations is as follows;
- removal of national validations;
 - Percentage of total activity for a particular course – validation will remain but will be benchmarked against 2014-15 data not real-time submitted national data
 - Market share of cost and activity validation will remain but will be benchmarked against 2014-15 data not real-time submitted national data
 - National average unit costs;
 - headcount for number of students within non-salaried, trusts must now submit a whole number;
 - change in output for unit cost, activity and placement week non-mandatory validations;
 - re-categorisation of duplicate cost validation;
 - Validation now reflective of the guidance issued from the central team which states that where a trust is unable to identify activity at a granular level then they can apportion equally. This validation is now re-categorised as data for future consideration.

Chapter 6: Collection system and processes

35. This chapter confirms the process for submitting data in 2015-16 using the UNIFY 2 data collection tool. An overview of the structure of the [integrated workbook](#) and the release dates of the draft and final template is also provided which includes the anticipated index page which will be used to switch between the 3 templates, REFC, E&T and RECON.

Chapter 7: Queries, contacts and communications

36. The reference cost team will have overall ownership of the integrated cost collection exercise. This is the main reason behind the Department using one mailbox to bring together queries regarding the integrated collection which have previously been handled by two separate teams.² This mailbox is the first port of call for queries on the integrated collection. On receipt of queries into the mailbox these will be assigned to the appropriate team for response.
37. [Chapter 12](#) provides further information on the role of HEE local teams and the information that can be shared with trusts.
38. Due to the positive feedback received in respect of DH Exchange within 2014-15, the education and training team will continue to use this portal to provide the support package of documents in relation to the integrated collection specific to education and training.
39. Regular communications will be issued via all existing avenues i.e. UNIFY 2, DH Exchange with key messages shared via email. Documents in support of the collection will be posted in the lead up to the collection.
40. The education and training team will update the queries log in the lead up and during the collection to ensure key frequently asked questions specifically related to education and training are being communicated, this will be available within DH Exchange.

Chapter 8: Guidance for integration of education and training within reference costs

41. This section confirms the scope of the exercise and the organisations required to submit data as part of the integrated collection.
42. The list of training programmes has been updated for 2015-16. DH has worked with HEE to understand any changes which need to be made from 2014-15, the final list has been agreed with HEE and also reflects feedback from last year's collection, the main changes being;
- Dental Nurses – following feedback from dental professionals we have included dental nurses within the salaried templates for 2015-16 where salary applies whilst also still collecting non-salaried activity
 - Dual Field Nursing – we have added this programme for 2015-16 following feedback from HEE

² referencecosts@dh.gsi.gov.uk

- Practitioner Psychologists – the template will now allow a zero to be inputted against salary for this programme
- Radiology – feedback received has indicated that training takes place up to ST6 not ST5, template has been updated to reflect this
- Molecular pathology – we will look to collect activity against this programme for 2015-16.
- Physicians Associates – we will look to collect activity for this programme in the salaried template – Number of week's non-mandatory validation will be adjusted to reflect intensity of 2 year course.

43. [Annex A](#) provides examples of some of the training programmes and trainee types where organisations have sought clarification as to what is included and excluded from the scope of the collection. This table has been updated since the 2014-15 exercise and will continue to be updated on a regular basis (to reflect requests for clarification) and included on DH exchange for trusts to review.

44. The number of salaried programmes we will look to collect against has increased to 131 (from 128) and 15 (previously 12) training categories, the additions to these are;

Training Categories

- Ophthalmology
- Paediatrics
- Radiology

Training Programmes

- Molecular Pathology
- Physicians Associates
- Dental Nurses

45. The number of training *categories* for non-salaried has not increased for 2015-16, however the training *programmes* have increased to 48 from 47 with the inclusion of Dual Field Nursing.

46. Following feedback we have looked to provide further clarification on how we would suggest trusts capture data with respect to 2 year courses delivered on a part-time basis over 3 years. The proposal being that the time allocated is split into 18 month periods with any cost recorded in the relevant financial year.

47. Within [Chapter 8](#) we have looked to clarify the approach to lead employer activity for the 2015-16 cost collection. Examples are provided to illustrate the approach we have proposed for the collection of this activity and cost. This relates to costs and activity where no recharge mechanism exists between lead employer and host trust. Where a recharge mechanism is in place, then the costs and activity can continue to be reported by the host trust in line with the 2014-15 collection.

Chapter 9: Proposed methodology – netting of education and training costs from reference costs

48. [Chapter 9](#) provides a suggested methodology for netting off education and training costs from reference costs for the purposes of the integrated collection. This

methodology has been developed in conjunction with the education and training working group and University Hospital Southampton and is provided as a guide, trusts may however adopt their own methodology to the process. Where trusts have queries on the proposed methodology, these should be directed to the dedicated mailbox.³

Chapter 10: Education and training cost – Understanding the resources used and identifying the costs

49. Feedback following the 2013-14 collection DH developed a stepped process to help trusts to reconcile to a control total. This high level reconciliation process has been updated for 2015-16 where appropriate however the principles remain the same as for the 2014-15 collection.
50. We have looked to update '[Step 4 – Calculating and assigning costs to the resources identified](#)' to flag the use of the overheads guidance produced by NHS colleagues for use in this collection. Whilst we cannot mandate the use of this guide we would suggest again that in the interests of this collection that trusts consider using this guide.

Chapter 11: Completing the costing templates

51. Whilst the look and feel of the templates is broadly consistent, we have made a change to the information being requested for Lead Employer arrangements. Further information on this is available within [Chapter 8](#).
52. This chapter also provides information on the changes made within the education and training costing templates for 2015-16, this includes;
- improved functionality for trusts when completing their returns
 - inclusion of non-mandatory validations within template to lessen burden on trusts during submission process
 - inclusion of additional programmes
 - amendments to programmes
 - changes to non-mandatory validations to improve quality of data being submitted
 - confirmation that 'confidence ratings' will continue to be collected for 2015-16 in the same format as 2014-15. This is in response to feedback from trusts who have indicated these were useful for internal reporting processes and review.

Chapter 12: Role of Health Education England (HEE)

53. For 2015-16, DH has worked closely with HEE to look to standardise the level of support HEE can offer at a national level and also highlight the sources of information that are available through LETBs. Work is ongoing in a number of areas to improve consistency and address local variability particularly control data and Learning Development Agreements.
54. In an effort to improve the quality of the data submitted and provide trusts with an expected level for cost component 12 – Percentage of time in training, often referred to as Service/Training split, HEE have worked with a number of professional leads to update the expected splits. This updated information is included within [Annex G](#). Whilst every effort has been made to improve the information provided, this is still an area of

³ referencecosts@dh.gsi.gov.uk

high subjectivity and work will continue to provide clarity where available.

Chapter 13: Outcomes of the 2014-15 education and training cost collection

55. The summary level outcomes of the 2014-15 education and training cost collection have been included within this chapter. This provides an overview of the improvements in quality of the data submitted as part of the collection and reminds trusts of the importance of using this information in 2015-16 to inform discussions with internal colleagues and benchmark data against 2014-15.

Annex A: Clarification of scope

56. [Annex A](#) has been updated to reflect feedback following the 2014-15 cost collection and increased intelligence around the scope of the collection. This document will be updated during the 2015-16 cost collection and will be available on DH Exchange through the course of the process.

Annex B: Checklist of what to include in each component of the education and training template

57. Chapter 10 and Annex B from the 2014-15 guidance have been combined to enable trusts to easily review what is required for each cost component required for the collection broken down by resource, cost and activity.

Annex C: Validations for education and training cost collection

58. [Annex C](#) has been updated to reflect the changes to validations within the collection for 2015-16, at a high-level these are;

- Inclusion of trust specific non-mandatory validations on the templates
- Non-mandatory validations added/amended to;
 - Activity - flag change in activity greater than 50% compared against the activity submitted for 14/15 total activity for courses/cohort
 - Unit costs - flag change in submitted data against 14/15 national averages and flags any that are twice the average
 - Student Weeks (non-salaried) - change to number of student weeks on placement (non-salaried) reduced from 37 weeks to 32
 - Duplicate Costs - validation re-categorised, this will flag to trusts where future consideration/review may be required for future collections and not request adjustment.
- Additional mandatory validation to ensure the 'number of students' (non-salaried) entered is a whole number.

Annex E: Best practice examples from trusts visits

59. Following the 2014-15 collection DH visited a number of trusts to understand the processes in place at those trusts for the; collection, collating and submitting of education and training data. These visits have provided DH with a number of best practice examples which we have looked to categorise and share within [Annex E](#). DH would like to thank those trusts who gave up their time as part of this exercise and for

the information which has contributed to the examples included within this guidance.

Annex F: Library and Knowledge Services

60. DH have confirmed with HEE colleagues and external stakeholders that the proposed percentage splits shared as part of the 2014-15 are still relevant as a starting point for discussions when identifying activity.

Annex G: Service Training Splits

61. During the year HEE has undertaken work in order to provide support to trusts around cost component 12 - Percentage of time in training. Updates to the 2014-15 information have been provided where available within this Annex.
62. Whilst every effort has been made to improve the information provided, this is still an area of high subjectivity and work will continue to provide clarity where available.

Annex H: List of Programmes for collection in 2015-16 and years of study

63. Ahead of the release of the draft collection template in April the list of salaried and non-salaried courses and their years of study the Department request to be collected against has been updated to reflect any changes in 2015-16 and is included within [Annex H](#).

Chapter 3: Timetable

64. The submission window associated with the 2015-16 integrated cost collection exercise will run from Monday 20th June until 16th September.
65. The timing of the collection window reflects feedback from stakeholders around the need for additional time post the collection of reference costs.
66. Therefore we have extended the submission window for the integrated collection until mid-September in an attempt to lessen the burden on trusts. There are no restrictions on when trusts will be able to upload their integrated cost collection submission; the collection period will be open from 20th June until 16th September.
67. A further change for 2015-16 will see the removal of the optional resubmission window that has previously been in place. This will mean that the deadline for submissions of 16th September will be the final opportunity to submit your data.
68. To support providers to meet this deadline and to ensure this does not impact on data quality, the department will once again be sharing non-mandatory validations throughout the collection window and will also include details in the collection template to allow real-time checks. Details of the non-mandatory validations are available in [Annex C](#).
69. Table 1 shows the summary collection window for the integrated collection for 2015-16.

Table 1: Timetable for integrated collection

Week	Date	Collection	Milestone
1	20 June 2016	All collections	Collection window opens
1-13	20 June 2016	Integrated collection – education and training	Mandatory validation verification reports will be run on a daily basis throughout the course of the collection - These reports will include any data submitted prior to 10a.m on the day of release
12	16 September 2016	Integrated collection	Deadline for all returns to be signed off
13	19 September 2016	Integrated collection	DH analysis to inform potential resubmissions There will be no opportunity to resubmit in this week unless contacted by DH

Chapter 4: Governance

Approvals

70. All acute, mental health and community⁴ service providers in existence between 1 April 2015 and 31 March 2016 are mandated to submit their 2015-16 reference costs net of 2015-16 education and training costs. For further information on the treatment of in-year Mergers, Acquisitions and Service transfers please see paragraphs 71-73.
71. In line with Treasury's *Financial Reporting Manual*, combining two or more public bodies or transferring functions from one part of the public sector is accounted for using absorption rather than merger accounting. Thus:
- a. where trust A is dissolved in-year, e.g. on 30 June 2015, and is acquired in-year by trust B, e.g. on 1 July 2015, it is the responsibility of trust B to ensure a single 2015-16 integrated collection return combining the costs and activity of both trust A and B is submitted by the mandatory deadline. When completing the reconciliation statement, trust B will need to reconcile to the sum of two sets of accounts: one covering trust A from 1 April 2015 to 30 June 2015, and one covering trust B from 1 April 2015 to 30 June 2015 and trust A and B combined from 1 July 2015 to 31 March 2016
 - b. where trust C is dissolved on 31 March 2015 and is acquired by trust D on 1 April 2015, a separate reference costs return will be required for trust C, which will be completed by trust D in addition to trust D's own return
 - c. where there is a transfer of function from trust E to trust F and neither trust dissolves, each trust will account for the transferred function for the period they provided the service. Reference costs will follow the financial accounts and no adjustment will be required. A complication with absorption accounting is that any assets transferred between the bodies could result in a gain or loss in the Statement of Comprehensive Income. Any such gain or loss should not be included when calculating reference costs and is not included in the reconciliation statement.
72. It may be necessary to speak to financial accounts colleagues about any such transfers within the organisation.
73. Successful applicants to NHS foundation trust status during the financial year must submit one full year's reference costs for the sum of the NHS trust and the NHS foundation trust.

Regulatory requirements and standards

74. This guidance will constitute Monitor's 'Approved reporting currencies' and 'Approved guidance' – the guidance that NHS foundation trusts and NHS trusts must apply to the recording and allocation of costs, pursuant to the provider licence (for foundation trusts) and TDA's Accountability Framework (for NHS trusts).
75. All providers are to submit the integrated collection according to the six costing

⁴ Calderstones community trusts is excluded from the integrated collection, they will still be returning the normal E&T element of this collection

Ambulance trusts are excluded from the integrated collection; they will still be returning reference costs as normal.

principles;

- i. Stakeholder engagement
- ii. Consistency
- iii. Data accuracy
- iv. Materiality
- v. Causality and objectivity
- vi. Transparency

Integrated Collection - Collating and submitting data

76. The responsibility for completing the integrated collection should not fall solely on finance teams; the pilot exercises found that the most successful submissions came from those trusts where there was strong working between finance, training, informatics and clinical teams, collating and submitting the data as part of this collection is a local decision. Historically information associated with the collection has been directed to finance teams, however we would ask that where this is not appropriate for your trust (and if you haven't already done so) that you contact the mailbox⁵ to make them aware.
77. Providers will not be required to submit sub-contracted activity or spells data for the integrated collection.
78. The integrated cost collection in 2015-16 will require providers to net off 2015-16 education and training costs from 2015-16 reference costs. The last two years of education and training costs collection would suggest there is cross subsidisation between education and training and clinical services costs based on these findings we would potentially see a decrease in the costs reported against clinical service currencies in the integrated collection. The Department will compare the costs from the integrated collection to the costs collected in the 2015-16 reference costs collection to evaluate the cost differences at currency level to understand if there is cross subsidisation between education and training costs and clinical services cost.
79. We require providers to net of the education and training costs as accurately as possible and not a straight line apportionment, We appreciate different providers will be at different stages within their costing journey, but require providers to net off the education and training costs from reference costs at the lowest level possible, understanding this may mean working outside the costing system.
80. Below is the summary of the proposed methodology, detailed explanation of the methodology can be found in [Chapter 9](#).
- The education and training costs should be identified as per the 2015-16 education and training guidance and then remove from the cost 2015-16 reference costs quantum before the upload to the costing system.
 - Where costs are direct costs or easily identified to a particular cost centre/ account code, the costs should be removed from that code.
 - Where costs cannot easily be identified to a specific cost centre, the costs should be apportioned across the relevant costs centres using the most appropriate method.

⁵ referencecosts@dh.gsi.gov.uk

- Once education and training costs have been removed, the quantum is uploaded to the costing system and a reference costs calculation performed using activity as identified in the 2015-16 reference costs guidance
 - The integrated worksheets should then populate with the new figures and submitted through UNIFY 2.
 - The reconciliation statement should be adjusted to take out the adjustments on lines 5a and 5b (education and training income)
81. The success of the integrated collection exercise is dependent on the production of cost calculations which are underpinned by robust activity information. This can only be achieved through the involvement of both finance and education teams within the process and we would encourage trusts who have not already established these links internally, to do this at their earliest opportunity.
82. Where established internal links are not already in place we would encourage trusts to develop these. To support those having difficulty securing engagement and buy-in we have developed a check list to be used in discussions with education and clinical leads. This check-list is based on discussions with those who have developed local systems to interact with clinical and education leads. We would encourage Trusts where appropriate to use the checklist below as a start point in discussions with leads;
- Set a timetable for the cost collection exercise
 - Identify who the key contacts will be as early as possible
 - Use information provided by DH to inform discussions and review previous submissions– i.e. Dashboard, publication data
 - Share guidance as early as possible, making them aware of any changes that may impact them
 - Arrange meetings to understand how or why the costs reflect / or do not reflect their experience of the number of placements offered in year
 - Look at the previous year's return, this will provide opportunity for questions
 - Set up systems for the collection of information during the year i.e. tracking the no. of student and student weeks
 - Engage with HEIs for detailed student data
 - Involve librarians where possible to provide library activity by student group to feed into costing
83. Those with lead responsibility for coordinating the collection of responses from clinical managers should look to make these contacts **well in advance** of the actual cost collection exercise.
84. Included at [Annex E](#) are examples of best practice, these have been developed using feedback gained from visits by DH to trusts following the 14-15 cost collection exercise and build on existing areas which we have included in previous guidance. These examples are not intended to be prescriptive and are included as a guide for trusts in collating their costs and activity.

Assurance - Board approval and Finance Director sign-off

85. The Director of Finance is responsible for the accurate completion of the integrated collection return. The submission should be subjected to the same scrutiny and diligence as any other financial returns submitted by the Trust.
86. As a representative of the board the Director of Finance is required to confirm the following in relation to the integrated collection (or provide details of non-compliance):
- i. they have approved the costing process ahead of the collection;
 - ii. they have approved the final return prior to submission;
 - iii. the return has been prepared in accordance with *Monitor's Approved Costing Guidance*, which includes the reference cost guidance and education and training guidance
 - iv. information, data and systems underpinning the return are reliable and accurate;
 - v. there are proper internal controls over the collection and reporting of the information included in the costs, and these controls are subject to review to confirm that they are working effectively in practice; and
 - vi. costing teams are appropriately resourced to complete the integrated collection, accurately and within the timescales set out in this guidance.

External assurance and Enforcement

87. Reference costs submissions are subject to external audit as part of Monitor's Reference Costs Assurance Programme and Monitor expects all acute NHS trusts and foundation trusts to be selected for audit at a frequency of at least once every two years. The purpose of the audit programme is to provide assurance that reference costs have been prepared in accordance with Monitor's Approved Costing Guidance. The Integrated Collection may be subject to audit as part of the 2016-17 audit programme.

Chapter 5: Data quality and validation

88. Accurate cost and activity data is important to help inform the next steps on integrating the two costs collection and to inform education and training tariffs.
89. This section provides an overview on the validations that will be performed on the cost data during the collection window to help improve quality.

Education and training Template

90. In response to stakeholder feedback and analysis of the 2013-14 cost collection exercise, the 2014-15 education and training cost collection introduced a number of new mandatory and non-mandatory validations. The aim of these validations was to reduce ambiguities and improve the quality of the data submissions whilst also flagging mandatory errors.
91. A non-mandatory validation is not in itself an indication that the data are incorrect, and there are many valid reasons why data may not pass a non-mandatory validation. These are 'flags' for trusts that their data has fallen outside certain boundaries, or is out-lying in a certain category. The validations are non-mandatory because there may be valid reasons why the information falls outside the boundaries however as part of the submission process the Department asks that trusts consider the accuracy of the data being submitted.
92. The 2014-15 collection saw some significant improvements in the quality of the data reported and a reduction in outstanding non-mandatory errors, due in part to the validation process which takes place. This has led to the removal of the resubmission window, please see [Chapter 3](#) for further details.
93. For 2015-16 the validation process will once again see the release of the non-mandatory report on a regular basis, with DH contacting individual trusts as appropriate to flag up and discuss the validations identified.
94. To enhance the existing validation process, the DH will also include details of the trusts specific non-mandatory validations within the salaried and non-salaried templates alongside the mandatory validations. DH has introduced this enhanced functionality within the templates in an effort to lessen the burden on trusts during the submission period and will enable trusts to see real-time validation against their data.
95. We are also making the following specific changes to the validations;
- removal of national validations;
 - percentage of total activity for a particular course – validation will remain but will be benchmarked against 2014-15 data not real-time submitted national data;
 - market share of cost and activity validation will remain but will be benchmarked against 2014-15 data not real-time submitted national data;
 - national average unit costs;
 - headcount for number of students within non-salaried, trusts must now submit a whole number;

- change in output for unit cost, activity and placement week non-mandatory validations;
- re-categorisation of duplicate cost validation;
 - Validation now reflective of the guidance issued from the central team which states that where a trust is unable to identify activity at a granular level then they can apportion equally. This validation is now re-categorised as data for future consideration.

96. Further information on validations which will be used in the submission of activity and data can be found within [Annex C](#) of this guidance. Any changes to functionality or additions to these will be communicated in advance of the collection.

97. For 2015-16 the Department will require all trusts to report where they have been unable to submit data without clearing non-mandatory validations. For 2014-15 this information was provided within the 'Action Taken Form (ATF)' and submitted on a 'free-text' basis.

98. For 2015-16 this form will be renamed the 'NMV Review Form' to better describe the purpose and requirements of the form. DH will introduce a 'drop-down' menu where trusts can identify specific categories where they have encountered issues with their data. These categories will allow DH to perform more informative analysis of which validations are working well and which trusts are reviewing their non-mandatory validations.

99. The principle of the form will remain the same and when completing we would ask trusts to consider the following;

- non-mandatory validations are designed to improve the quality and accuracy of the data
- a non-mandatory validation is not in itself an indication that the data are incorrect, and there are many valid reasons why data may not pass a non-mandatory validation
- whether to resubmit as a result of the validations will be for individual organisations to decide, however we would ask that all non-mandatory validations are considered and reasons are specified where they are left unchanged this is particularly important with the removal of the formal resubmission window.

100. The requirement for all trusts to submit a 'NMV Review Form' is due to additional information being requested by the Department with respect to the methodology they have used in the apportionment of overheads within the integrated collection. This information will then be used during analysis of 2015-16 submissions and inform future work on overheads methodology. The form will be made available to trusts within DH Exchange prior to the start of the cost collection exercise.

101. In asking trusts to submit this form, DH is looking to satisfy ourselves that all non-mandatory validations have been reviewed. Without such a process it is impossible for the Department to distinguish between those trusts who have reviewed and opted not to resubmit and those who have been unable to review. We will look to structure the form to include detailed categories in order for it to be meaningful when used in conjunction when analysing the data.

Reference costs and reconciliation worksheet

102. As part of the integration of education and training within the reference cost collection you will need to comply with the rules around mandatory and non-mandatory validations in the reference costs collection, these can be found in chapter 4 of the [reference costs guidance](#).
103. Additionally to the standard validations, the educations and training costs you are reporting in the integrated collection should match the education and training costs reported on lines 5a and 5b of the reconciliation statement you are submitting as part of the 2015-16 reference costs collection further information on the proposed methodology for the integrated collection is available within [Chapter 9](#).

Chapter 6: Collection system and processes


Submission process

Unify2 Accounts

104. Data for the integrated collection will be submitted via UNIFY 2. Please ensure that people in your organisation with responsibility for submitting or signing off the integrated collection have appropriate access to UNIFY 2 prior to the collection window opening.
105. If you require a new account or need a password reminder for an existing account please direct requests to the mailbox⁶.
106. The only restriction DH has around the responsibility for the submission of the data is that the person submitting must have a UNIFY2 account. Accounts should not be shared within trusts, new users can be set up for any member of staff within a trust and are not restricted to just those working within finance teams.
107. The submission of the integrated collection will be via csv's as per the existing process for the individual collections.
108. There will be a new workbook which will have an index page with links to the REFC, RECON and E&T workbooks; we have provided examples of how the workbook will be structure in images 1-4 below.
109. The draft workbook and supporting user guidance will be released alongside the standard reference costs workbooks in early April with final versions also being made available alongside reference costs workbooks in May.

⁶ referencecosts@dh.gsi.gov.uk

Image 1: Integration of E&T within RC workbook index page



Department of Health

2015-16 integrated reference costs collection

Draft workbook version 0.1
Release date 14/12/2015

1. This is the index page for the integrated workbook.

2. Users select Org code on front sheet and it feeds through to the individual workbooks.

Organisation Code (Please Select)

Organisation name

3. These buttons will take you to the individual collection workbooks.

REFC Workbook

RECON Workbook

E&T Workbook

Mandatory validation status: Pass/Fail REFC/Recon Quantum ✔ 100% Non-mandatory validation count: 0	Mandatory validation status: Pass/Fail REFC/Recon Quantum ✔ 100% RECON costs to E&T costs ✔ 100%	Mandatory validation status: Pass/Fail Validation errors - confidence 0 Validation errors - data input 0
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4. The various validation/quantum checks for each workbook will be summarised on the index. Detailed information will remain on the individual sheets.

Image 2: Integration of E&T within RC workbook REFC page

[Back to Home](#)

This will show 2015-16 REFC workbook control panel and all associated tabs (in this template it only shows the control panel).

As with the standard collection workbook you will use this page to run the validations and

2015-16 reference costs

Reference costs workbook final version X.X
Release date 2016

Organisation code (please select):

Organisation name

Mandatory validation status: **Pass**

REFC/Recon Quantum ✔ **100%**

Non-mandatory validation count: **0**

This will be automatically populated from the index page

Summary totals:

Tab Name	Worksheet Name	2013-14 total cost	2013-14 total activity	2014-15 total cost	2014-15 total activity	% change in cost	% change in activity	Select worksheets to output:
DC	Day cases, ordinary non-elective short stay and regular	£0	0					
IP	Ordinary electives and ordinary non-electives long stay	£0	0					
OPATT	Outpatient attendances	£0	0					
OPPROC	Procedures in outpatients	£0	0					
CMDI	Cancer multi-disciplinary teams	£0	0					
EM	Emergency medicine	£0	0					
CB	Chemotherapy and radiotherapy	£0	0					
CC	Critical care	£0	0					
IMAG	Diagnostic imaging	£0	0					
NM	Nuclear Medicine	£0	0					
HCD	High cost drugs	£0	0					
REHAB	Rehabilitation	£0	0					
SPC	Specialist palliative care	£0	0					
RENAL	Renal	£0	0					
DAD	Direct access diagnostic services	£0	0					
DAP	Direct access pathology	£0	0					
MHCC	Mental health care clusters	£0	0					
MH	Other mental health	£0	0					
CHS	Community health services	£0	0					
CF	Cystic fibrosis provided solely by a specialist centre	£0	0					
CFNET	Cystic fibrosis provided under shared care arrangement	£0	0					
AMB	Ambulance services	£0	0					
	Total own data	£0	0					
	Total sub-contracted out data			£0	0			
	Total quantum			£0	0			

Image 3: Integration of E&T within RC workbook RECON page

Back to Home

This will show 2015-16 RECON workbook control panel and all associated tabs (in this template it only shows the control panel).

As with the standard collection workbook you will use this page to run the validations and

2015-16 reference costs
Reference costs workbook final version X.X
Release date 2016

Organisation code (please select):

Organisation name:

Mandatory validation status:

REFC/Recon Quantum:

Image 4: Integration of E&T within RC workbook E&T page

Education & Training Cost Collection - Full Year 2015/16 - Collection Template Workbook

Back to Home

This will show 2015-16 E&T workbook control panel and all associated tabs (in this template it only shows the control panel).

As with the standard collection workbook you will use this page to run the validations and create the csv.

Please select your provider from drop down below:

Code [Select]	Provider Name
	This will be populated automatically from the index page

Contents

Sheet	Description
01a Summary - Salaried	Summary of data entered on relevant 'input' sheet, including total activity and cost figures as well as validation summaries
02a Input - Salaried	Data entry sheet for SALARIED training programmes, including mandatory validations
01b Summary - Non-Salaried	Summary of data entered on relevant 'input' sheet, including total activity and cost figures as well as validation summaries
02b Input - Non-Salaried	Data entry sheet for NON-SALARIED training programmes, including mandatory validations

Provider Level Data Summary

Type	Data		Validation Errors	
	Activity (Hours)	Costs (£m)	Confidence Score	Data input
Salaried	0	0.00	0	0
Non-Salaried	0	0.00	0	0
Total	0	0.00	0	0

Generate CSV for submission to UNIFY

Output CSV

Chapter 7: Queries, contacts and communications

Queries

110. The reference cost team will have overall ownership of the integrated cost collection exercise. If you have any queries relating to the content of this guidance or the wider integrated collection exercise, then where these cannot be answered by the dedicated queries log (available on DH Exchange), these should be directed to the reference costs mailbox⁷. To avoid duplication and ensure queries are answered in a structured way, please avoid sending to queries to the education and training mailbox.
111. The mailbox is managed by the Department of Health, who are responsible for the collection of data. Where support or input is required from HEE in answering queries, we will make contact centrally to request input to resolving these.
112. The Department will issue an FAQ document for integrated collection queries to reflect the volume of queries at various stages during the collection; this will address any common issues that are identified as the collection progresses.
113. The education and training team will update the 'queries log' specific to education and training on a weekly basis prior to the collection exercise and more frequently during the submission window to reflect the expected volumes of queries. The success of this approach is dependent on providers reviewing the log of queries available on DH exchange before sending queries into the mailbox.
114. Where a query specific to education and training could have been answered via the log and the person raising the query has access to DH exchange, we may choose to reference the specific log number in the response rather than provide a full response. This will help to improve the visibility of the log and ensure that trusts review the log prior to submitting a query to the central team.

Communications

115. All communication will be issued both on UNIFY 2 and DH Exchange; the key messages will also be issued via e-mail to relevant contacts. DH Exchange will be the 'home' of the 2015-16 support package relating to education and training. Where there are any changes to these documents all members will automatically receive an email confirming the change.

DH Exchange

116. DH Exchange was introduced to support the 2014-15 education and training collection. Due to the positive feedback received in respect of DH Exchange within 2014-15, the education and training team will continue to use this portal to provide the support package of documents specific to education and training, during the integrated collection.

⁷ referencecosts@dh.gsi.gov.uk

117. It is the responsibility of the trust to notify DH via the dedicated mailbox⁸ of any changes to lead contacts and/or additions to the distribution list. To ensure that you (and others in your trust) continue to receive communications associated with the exercise, please could we ask you to review the contact information spreadsheet contained on DH exchange.

⁸ referencecosts@dh.gsi.gov.uk

Chapter 8: Guidance for integration of education and training within reference cost

Scope for collection of education and training

118. The education and training cost collection aims to capture the actual costs to an NHS provider organisation of students and trainees on a clinical placement at their organisation as part of a training programme, where this:
- is a recognised part of the education/training curriculum for the course and approved by the higher education institute and the relevant regulatory body, as appropriate;
 - has the appropriate clinical and mentoring support as defined by the relevant regulatory body;
 - is undertaken during the 2015-16 financial year. Please note that the data is requested by financial year and not the academic year to reflect how these placements are funded.
119. The following organisation types are excluded from the scope of the 2015-16 collection exercise;
- NHS ambulance trusts
 - Independent sector providers
 - Social enterprises
 - GP practices
120. Further consideration will be given to those organisations that are currently out of scope (reference costs or education and training) and we will look to involve these organisations where appropriate in future.
121. Please note that the scope of the exercise has intentionally been set wider than the existing coverage of the education and training tariffs. Working with HEE and key stakeholders we have identified the list of additional training programmes or changes to existing programmes which will be added/amended for 2015-16 These are as follows;
- Dental Nurses
 - included within salaried programmes to record where salary applies – category still remains in non-salaried
 - Dual Field Nursing⁹
 - Physicians Associates
 - Doctorate Psychology (Practitioner Psychologists)

⁹ The Nursing with Registration (Dual Registration) degree is a four year course allowing you to combine any two nursing fields of practice. Upon graduation you will be eligible to register with the Nursing and Midwifery Council (NMC) in both fields of practice; aiding employment in a wide variety of clinical areas both in the UK and across the world.

- To clarify - these can be both salaried and non-salaried, therefore the salaried template validations will allow zero to be input against Practitioner Psychologists for salary.
 - Radiology
 - The sub-specialty Interventional Radiology extends the CCT training by one year. Template to reflect - Radiology will be ST1 – ST6 and not ST1 – ST5.
 - Molecular pathology
122. To ensure that we can understand the true costs to a NHS provider of all clinical placements undertaken at their organisation and within scope of the exercise, the collection requires the return of the actual cost, irrespective of the existing funding route or income received.
123. The exception to this approach would be where a salaried member of staff is seconded onto a training course that does not attract a salary, e.g. a healthcare assistant onto a nursing course. These should be recorded on the non-salaried sheet, excluding the salary costs. This is to reflect that the exercise is only capturing the cost of the clinical placements they undertake whilst training as a nurse.

Areas for clarification

124. Detailed at [Annex A](#) for information are examples of some of the training programmes and trainee types where organisations have sought clarification as to what is included and excluded from the scope of the collection.
125. The information within this annex has been updated for 2015-16 in line with feedback received since the publication of the 2014-15 guidance. We will continue to update the list in this annex to reflect any other areas of clarification. The updated annex will be included on DH exchange alongside the query log.
126. Please note that these lists are not exhaustive. If you still have a query regarding the scope of the collection, then please direct these to the mailbox¹⁰

Identifying what to include as a clinical placement

127. When capturing the costs associated with the clinical placement it is important to distinguish between the activities which are seen to be part of the clinical placement, from those which are non-placement related. The hours spent on activities not related to the clinical placement should be excluded.
128. The location of where the activities are delivered will help in determining what is part of the placement, however this will not be applicable in all cases as education providers can deliver their responsibilities from within NHS facilities.

¹⁰ referencecosts@dh.gsi.gov.uk

129. There will also be instances where students come to an organisation on clinical placement for a set number of weeks, but within those weeks they may have time allocated to their non- clinical placement activities. If this is the case then please ensure that this is reflected in the recording of the average number of hours for the placement.

Cost of providing additional education activities outside of clinical placements

130. The costs incurred (if any) by your organisation delivering activities related to education which are outside of that required for clinical placements are outside the scope of the cost collection exercise. These are often covered as part of a knock-for-knock agreement with the local HEI.
131. These activities could include, but are not limited to:
- direct teaching in the forms of lectures, seminars, tutorials etc. on behalf of the HEI or other education partners
 - formal positions within a HEI, e.g. assistant/sub dean
 - hosting academic examinations on behalf of the HEI or other education partners

PLEASE NOTE: This would include the costs of all cost components – staff costs, facilities, administration etc.

132. Although these costs are not those incurred as part of a clinical placement, it may be beneficial to your organisation if you are able to identify these costs so that you can build up a picture of the total resources within your organisation which are involved with the delivery of education and training and ensure that appropriate agreements are in place for their delivery.
133. Included at [Chapter 10](#) is further information relating to a suggested reconciliation process for the collection exercise. The reconciliation compares the income received against the costs and looks to identify potential reasons for any variances. The costs of providing additional education activities outside of clinical placements would be one of the potential reconciliation items to include in this list.

Training programmes

134. The education and training cost collection does not cover all types of training programmes that take place within NHS trusts. In broad terms, the training programmes that are included are those that are a recognised part of the education/training curriculum for the course and approved by the higher education institute and the relevant regulatory body.
135. We are aware that the labelling of some training programmes locally may differ from the nationally recognised courses. Where this is the case we would ask that the locally defined training programmes are mapped to the national programmes. If you are unsure

where a particular programme should map to then please direct queries to the mailbox¹¹ to ensure consistent interpretation.

136. For the purposes of costing clinical placements, training programmes have been categorised as non-salaried and salaried training. Further information relating to these categorisations is included below.

Non-salaried

137. The non-salaried training programmes include those programmes where it is assumed that the students spend 100% of their time learning whilst on clinical placement, and no time delivering service. These students are not paid a salary by the trust, with the costs of the placement being met by HEE (via LETBs), or by the Trust directly.
138. There are occasions where an organisation may act as the host and pay staff on behalf of HEE, with HEE reimbursing the trust for the salaries (student midwives might be an example in some organisations). In these instances the individuals should still be classed as non-salaried students and their salary costs should not be included in the exercise.
139. Where a salaried member of staff is seconded onto a training course that does not attract a salary, e.g. a healthcare assistant onto a nursing course, these should be recorded on the non-salaried sheet, excluding the salary costs. This is to reflect that the exercise is only capturing the cost of the clinical placements they undertake whilst training as a nurse.
140. The structure of the templates intentionally does not capture the costs of salary support, which is outside the scope of this exercise. We are however aware that some providers may have reflected these costs within other cost components due to concerns around future funding. We would ask that this is not repeated in 2015-16 to ensure consistency and to also support the central team in undertaking comparisons.
141. The quantum of costs associated with locally funded posts should be captured as part of your high level reconciliation ([5 Steps](#)), which allows a comparison of the current income against the costs being reported.
142. There are currently 48 non-salaried programmes listed in the non-salaried collection template, which is an increase of 1 programme to include Dual Field Nursing. These are split across 8 training categories as follows:
- Medical
 - Dental (Professions Complimentary to Dentistry (PCD))
 - Undergraduate Dentistry

¹¹ referencecosts@dh.gsi.gov.uk

- Allied health professionals
- Nursing and midwifery – Adding training programme Dual Field Nursing
- Pharmacy
- Practitioner Training Programmes (HCS)
- Operating Department Practitioners

Salaried

143. The salaried training programmes are for those individuals paid a salary by the trust, and referred to as “trainees” rather than “students”. The trainees split their time at the trust between education and training, and delivering services to patients.
144. The exact nature of this split will vary depending on the organisation involved, as well as the profession. The proportion of time spent on education and training is also likely to change as a trainee progresses through a training programme.
145. HEE (via LETBs) pays for the cost of training these individuals, and also makes a contribution towards their salary, depending on the amount of time spent on education and training.
146. A total of 131 salaried programmes are split across the following 15 training categories:
- Acute Care
 - Dentistry (salaried to include Dental Nurse)
 - Healthcare Scientists
 - General Practice VTS
 - Improving Access to Psychological Therapies (IAPT)
 - Medical (salaried)
 - Obstetrics & Gynaecology
 - Ophthalmology
 - Pathology
 - Paediatrics
 - Pharmacy
 - Psychiatry
 - Psychology
 - Radiology
 - Surgery
147. The number of salaried programmes we will look to collect against has increased to 131 (from 128) and 15 (previously 12) training categories, the additions to these are;

Training Categories

- Ophthalmology
- Paediatrics

- Radiology

Training Programmes

- Molecular Pathology
- Physicians Associates
- Dental Nurses

Part time working

148. The cohort years associated with the training programmes are designed to reflect full-time courses. We would ask that when trusts are capturing part-time activity that falls into the 2015-16 financial year, this is recorded based on the current stage and content of the course, rather than the current year of the student.
149. This approach to capturing the costs will enable meaningful comparison with full time courses and support the calculation of the true costs of delivering training programmes for each of the cohort years.
150. Following feedback we have looked to clarify how we would suggest trusts capture data with respect to 2 year courses delivered on a part-time basis over 3 years, with the proposal that the time allocated is split into 18 month periods.
151. Below is an example of how we would request that you capture the data for part time courses where the costs fall into the 2015-16 financial year and these are delivered over longer timeframes than the standard course.

Standard Course Length if Full-time	Part-time course length	Full time		
		Template Year 1	Template Year 2	Template Year 3
1 year course	delivered part-time over 2 years	RECORD all (p/t years 1 or 2) where costs and activity fall into 2015-16 financial year	n/a	n/a
1 year course	delivered part-time over 3 years	RECORD all (p/t years 1,2 or 3) where costs and activity fall into 2015-16 financial year	n/a	n/a
2 year course	delivered part-time over 3 years i.e. Year 1 over 18 months Year 2 over 18 months	RECORD (18 month period) where costs and activity fall into 2015-16 financial year	RECORD (18 month period) where costs and activity fall into 2015-16 financial year	n/a
3 year course	delivered part-time over 5 years	RECORD (p/t year 1) where costs and activity fall into 2015-16 financial year	RECORD (p/t year 2 or 3) where costs and activity fall into 2015-16 financial year	RECORD (p/t year 4 or 5) where costs and activity fall into 2015-16 financial year

152. We are aware of examples where trusts cannot identify the relevant year of the course from the information available and therefore cannot apply the approach set out above. Where this is the case we would ask that those responsible for completing the exercise record this information in the final year of the course.
153. If having read the guidance above, you are still unable to identify where to record your costs within the template, please direct queries to the mailbox¹², including as much detail as possible relating to your query.

Lead employer arrangements

Host trust

154. Where a lead employer chargeback arrangement exists between NHS providers, we would ask that all the costs and activity incurred by the host trust are included within the submission. This approach is consistent with last year and requires the inclusion of all costs in cost components 1-10.
155. In a change for 2015-16, where chargeback arrangements do not exist, we are asking that all NHS providers include only the activity costs incurred. This will enable NHS providers to reconcile activity costs and also provides the DH and HEE with details of local lead employer arrangements.
156. As a result of this approach the salary costs included by the host trust will either be zero (where all salaries are paid by the lead employer and as per example A below) or the salary costs will only reflect those paid for by the trust (see example B).
157. The exclusion of salary costs by the host trust will mean that the unit costs with salary (column L) will most likely look a little low in comparison to last year's submission / other trusts returns.
158. To ensure that these are not flagged up in the non-mandatory validation reports (unit costs and salary costs validations) we ask that where the salary costs have been excluded that the number of FTEs covered by lead employer arrangements are included in column L. This will enable the DH to understand the reasons for the variance.

Lead employer

159. Following the decision to exclude the salary costs associated with lead employer arrangements from host trusts, we will now require the lead employer to include details of the salary costs within their own return. This is necessary to ensure that we capture the total quantum of costs and that these are reported by the trust in line with operating expenditure.
160. Where the lead employer has no other activity and cost at the Trust for that programme then this can simply be included in columns L-M to reflect the numbers and the total salary (see example C)
161. Where there is activity at the trust for that particular programme then this should be included as normal in terms of cost components 1-12 and then only the number of FTEs and the salary costs of those hosted elsewhere include in columns L-M (see example D)

¹² referencecosts@dh.gsi.gov.uk

Example A – Host with no activity

You are a host trust with all your FTEs coming from a Lead employer organisation(s).

Activity	Activity	Activity	Activity	Costs	Costs	Percentage	Total	Calculation	Calculation	Calculation	Activity
A	B	C	D	E	F	G	H	I	J	K	L
				001 - 010	011	012					Host Trust
Total service & training hours (all trainees)	Training hours (all trainees)	Total Number of FTE trainees (service & training)	FTE hours per week	Cost Components	Total trainee staff cost (service & training)	Proportion of trainee time in training, not service delivery	Total costs	Cost per hour	Cost per hour excluding salary costs	Cost per FTE excluding salary costs	How many of the FTEs reported are hosted only? i.e. another employer pays their salary
20,800.0	10,400.0	10.0	40.0	50,000.00	0.00	50.00%	£50,000	£4.81	£4.81	£5,000	10.0

This activity includes all FTEs entered in column C, therefore this includes the 10 FTE activity from the Lead employer(s)

This is your 10 FTEs received from the Lead employer(s)

Salary costs will be zero as all 10 FTEs have come from the Lead employer(s) who also has not issued you with a chargeback invoice

Please enter number of FTEs received from Lead employer(s), this number is also added to column C

Example B – Host with activity

You are a host trust with FTEs coming from your own organisation and from a Lead employer organisation(s)

Activity	Activity	Activity	Activity	Costs	Costs	Percentage	Total	Calculation	Calculation	Calculation	Activity
A	B	C	D	E	F	G	H	I	J	K	L
				001 - 010	011	012					Host Trust
Total service & training hours (all trainees)	Training hours (all trainees)	Total Number of FTE trainees (service & training)	FTE hours per week	Cost Components	Total trainee staff cost (service & training)	Proportion of trainee time in training, not service delivery	Total costs	Cost per hour	Cost per hour excluding salary costs	Cost per FTE excluding salary costs	How many of the FTEs reported are hosted only? i.e. another employer pays their salary
208,000.0	104,000.0	100.0	40.0	550,000.00	3,150,000.00	50.00%	£2,125,000	£20.43	£5.29	£5,500	10.0

This activity includes all FTEs entered in column C, therefore this includes the 10 FTE activity from the Lead employer(s)

This is your trust's 90 FTEs plus the 10 FTEs received from the Lead employer(s)

Salary costs will be for 90 FTEs as the 10 FTEs received from the Lead employer(s), entered in column L do not have a salary

Please enter number of FTEs received from Lead employer(s), this number is also added to column C

Example C – Lead employer with no activity

You are a Lead employer trust with all your FTEs posted to a host trust(s) and have no FTEs of your own.

												Total Host FTEs	Total salary training split 50%
												10	£175,000
Activity	Activity	Activity	Activity	Costs	Costs	Percentage	Total	Calculation	Calculation	Calculation	Activity	Costs	
A	B	C	D	E	F	G	H	I	J	K	L	M	
				001-010	011	012					Lead Trust	Lead Trust	
Total service & training hours (all trainees)	Training hours (all trainees)	Total Number of FTE trainees (service & training)	FTE hours per week	Cost components	Total trainee staff cost (service & training)	Proportion of trainee time in training, not service delivery	Total costs	Cost per hour	Cost per hour excluding salary costs	Cost per FTE excluding salary costs	How many of the FTEs reported are hosted only? i.e. your trust pays their salary	Lead employer salary costs (salaries incurred for trainees hosted elsewhere that are not recharged)	
0.0	0.0	0.0		0.00	350,000.00	50.00%	£175,000	£0.00	£0.00	£0	10.0	£350,000	

There is no FTE activity at your trust, the 10 FTEs have been posted to Host trust(s), entered in Column L

There are no FTEs in your trust. The 10 FTEs are posted to another trust, entered in column L

Even though there is no activity, the 10 host FTEs salary costs are still incurred by your trust because there is no chargeback invoice to the host trust

Please enter number of FTEs posted to Host trust(s), this number is also taken away from column C

These are the totals for column L and M. Column M is calculated assuming a proportion of trainee time in training of 50%. The column M salary cost will be included in your reconciliation statement.

Example D – Lead employer with activity

You are a lead employer trust with FTEs within your own organisation and FTEs posted to a host trust(s)

											Total Host FTEs	Total salary training split 50%
				Costs	Costs	Percentage	Total	Calculation	Calculation	Calculation	10	£175,000
Activity	Activity	Activity	Activity								Activity	Costs
A	B	C	D	E	F	G	H	I	J	K	L	M
				001 - 010	011	012					Lead Trust	Lead Trust
Total service & training hours (all trainees)	Training hours (all trainees)	Total Number of FTE trainees (service & training)	FTE hours per week	Cost components	Total trainee staff cost (service & training)	Proportion of trainee time in training, not service delivery	Total costs	Cost per hour	Cost per hour excluding salary costs	Cost per FTE excluding salary costs	How many of the FTEs reported are hosted only? i.e. your trust pays their salary	Lead employer salary costs (salaries incurred for trainees hosted elsewhere that are not recharged)
166,400.0	83,200.0	80.0	40.0	400,000.00	3,150,000.00	50.00%	£1,975,000	£23.74	£4.81	£5,000	10.0	£350,000

These are the totals for column L and M. Column M is calculated assuming a proportion of trainee time in training of 50%. The column M salary cost will be included in your reconciliation statement.

This activity includes all FTEs entered in column C, therefore does not include the 10 hosted FTEs detailed in Column L

This is your trust's 90 FTEs less the 10 FTEs hosted to another trust as detailed in column L

Salary costs will be for 90 FTEs as your trust pays the salaries of the 10 hosted FTEs detailed in column L because you have not issued a chargeback invoice to the host trust

Please enter number of FTEs posted to Host trust(s), this number is also taken away from column C

Chapter 9: Proposed methodology - netting of education and training costs from reference costs

164. In the integrated collection providers should net off education and training costs at the lowest level possible their costing process allow.
165. A methodology for calculating reference costs net of education and training cost has been developed in conjunction with the education and training working group and University Hospital Southampton NHS Foundation Trust, this methodology is only a guide/ starting point on how the education and training costs can be netted off from reference costs, we welcome other methods to be used.
166. In considering the methodology, the project team considered both the burden of collection and the ongoing need to still collect the reference costs on the old basis of netting off education and training income.
167. The two methodologies considered were as follows:
- 1) Adjust the reference costing model to allocate costs to E&T cost centres to populate the education and training return and provide reference costs excluding education and training costs.
168. This methodology would involve significant amounts of work to reapportion all cost centres which have an element of education and training costs included within them. Ultimately this is what most providers will wish to do when education and training costs are fully integrated as part of the reference costs collection, but whilst reference costs are still required net of education and training income, this would need providers to set up and maintain two reference costs models within their systems.
- 2) Remove the identified education and training costs from the cost quantum before it is uploaded into the reference costs model.
169. This methodology still requires the separate calculation of education and training costs (outside of the costing system), but has the benefit of not affecting the reference costs model for future collections net of income.
170. Methodology 2 was identified as the preferred option for the pilot collections by most providers taking part but all participants can choose the methodology they employ.
171. The education and training working group and University Hospital Southampton NHS Foundation Trust has developed the guidance below to support the dual run. This guidance should be applicable to both trusts using PLICs systems and those without.

Outline of proposed methodology

172. The identified costs of the education and training submission are removed from the cost quantum before the upload to the system.

173. Where costs are direct costs or easily identified to a particular cost centre/ account code, the costs should be removed from that code.
174. Where costs cannot easily be identified to a specific cost centre, the costs should be apportioned across the relevant costs centres using the most appropriate method (please see guidance below for examples).
175. Costs should be taken out at the lowest possible level to ensure that the true effect on reference cost currencies is identified.
176. Once education and training costs have been removed, the quantum is uploaded to the costing system and a reference costs calculation performed using activity as identified in the 2015-16 reference costs collection.
177. The reference costs collection sheets should then be re populated with the new figures and sent electronically to the reference costs team.
178. The reconciliation statement should be adjusted to take out the adjustments on lines 5a and 5b (Education and training costs).

Guidance to support calculation of reference costs net of education and training

179. The guidance below was developed by University Hospital Southampton NHS Foundation Trust (UHS) and Department of Health. Where trusts have specific queries on this guidance these should be directed to the dedicated mailbox.¹³

The Costing System Used at UHS

180. UHS have used the IMSHealth Patient Level Costing system (PLICS) since 2007. This system is currently used by only a small handful of Trusts, although a very significant number are now using some form of patient level costing system. The system apportions costs recorded on the general ledger right down to patient level so we can identify how much each patient has cost to treat.

¹³ referencecosts@dh.gsi.gov.uk

Method of separation of the education and training Costs

181. We considered three different methods of allocating costs to education and training within the system. Two of these methods focus on adapting current apportionment tables and the third uses newly created journals to remove the costs of education and training. The method we chose to implement requires the use of journals and is explained further on in this report. The other methods require the use of new or amended allocation tables.

Creating initial tables to split costs between education and training and Non-education and training

182. When considering how to allocate costs to we explored the possibility of directing all the costs on a cost centre that has education and training costs within it to an 'initial-split' table. This table would split the costs between education and training and non-education and training. The non-education and training proportion would be directed to the original table being used to split all the costs on that cost centre. The education and training proportion would be directed to an education and training table.

183. We also considered adding lines to existing allocation tables. So if we knew a cost centre and expense code combination contained an element of education and training costs we would add a line to the allocation table which that combination was directed to. The amended table would still assign costs to the existing services that had always been on the table, but there would also be a proportion of costs assigned to education and training.

The advantages and disadvantages

184. The **advantages** of these methods are:

- i. The process of splitting costs to education and training is better integrated into the allocation and apportionment process, and
- ii. There is no need to input any journals on a monthly basis.

185. The **disadvantages** are:

- i. It would take significantly longer to create all the initial split tables;
- ii. These weightings would still need to be updated on an annual basis to reflect changes in education and training costs, and
- iii. It would lead to the creation of a significant number of new allocation tables. This would be harder to manage going forward.

186. We felt that the disadvantages of these methods as outlined above were too significant and so chose to adopt the journal method. This method also ensures that education and service costs are still kept together for regular reports to the Trust Executive Committee. The journal method is outlined below.

Extracting Education and Training costs using PLICS Journals

Selecting the codes to remove E&T costs from

187. A journal will be used to transfer the Education and training costs from their original ledger codes to dummy cost centre and expense codes within the system. These dummy codes will then be directed to education and training allocation tables. There are two ways in which code combinations are chosen:

i. Journal from specified account code combinations (SACCs)

188. For indirect and overhead costs we know specifically which cost centre and subjective code combinations to remove the costs from and how much to remove from each code.

ii. Journal from a range of account code combinations (RACCs)

189. For the remaining cost types we have to journal the pre-determined costs from a range of cost centre and subjective code combinations based on the description of the subjective code. The total journaled from each combination will be in proportion to the existing amount on the subjective code. For example, we know the total education and training costs of midwifery. This cost will be removed from all the midwifery subjective codes in the Trust in proportion to the existing amount on each midwifery subjective code. The major cost groups where a journal will be calculated in this way are:

- Medical staff;
- Adult Nursing;
- Child Nursing;
- Midwifery; and
- Divisional admin.

Inputting the journals to establish education and training costs at service level

190. In order to enable analysis for each of the three education and training income streams, it was agreed that 3 separate journals would be created in order to remove costs from cost centre and subjective code combinations on the general ledger; one for undergraduate, one for postgraduate, and one for non-medical. The process of reporting undergraduate, postgraduate and non-medical costs broken down by service line is detailed below:

- We will run one set of service line reports **WITHOUT ANY** undergraduate, postgraduate, or non-medical journals in place. These figures would be calculated based on the same figures used for the education and training submission. Our system will allocate costs to services using all our different apportionment tables and we'll end up with a split of costs across services (as we normally would for our regular service line reporting).
- After we have retrieved this output we will then run the process again, only this time removing the undergraduate costs from the relevant cost centre and

expense code combinations using a journal. The remaining costs will flow through to the same apportionment tables as before and we will end up with a split of costs across services excluding undergraduate costs.

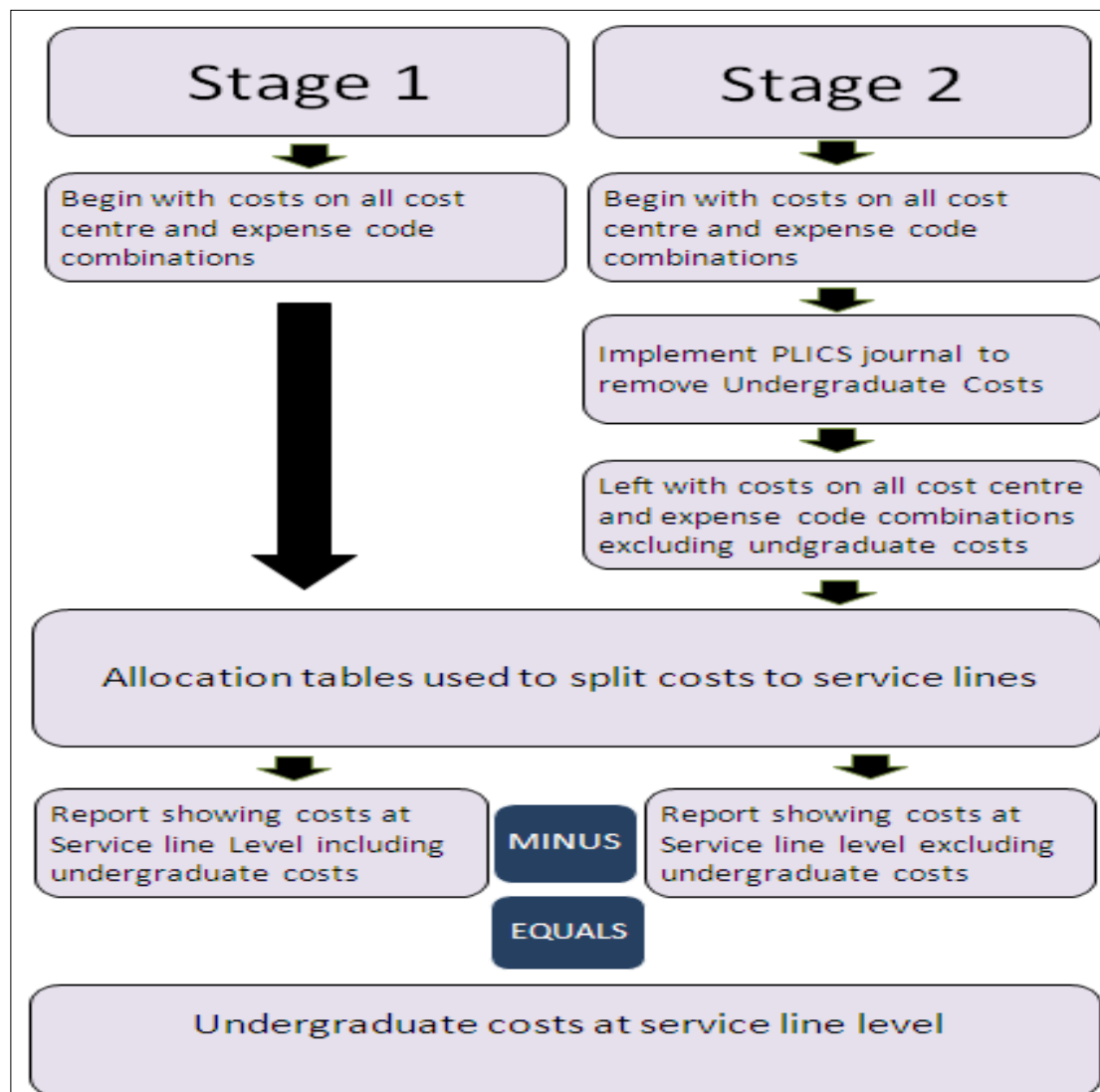
- iii. The output from stage 2 can be subtracted from the output from stage 1 to identify the cost of undergraduate education and training broken down by care group and/or service line. Effectively:

'Costs without undergraduate Journal' – 'Costs with undergraduate journal' = undergraduate costs

- iv. Stages 2 and 3 then just need to be repeated for postgraduate and non-medical.

191. Figure 1 illustrates this process for undergraduate costs.

Figure 1 – Outline of the Journal Method

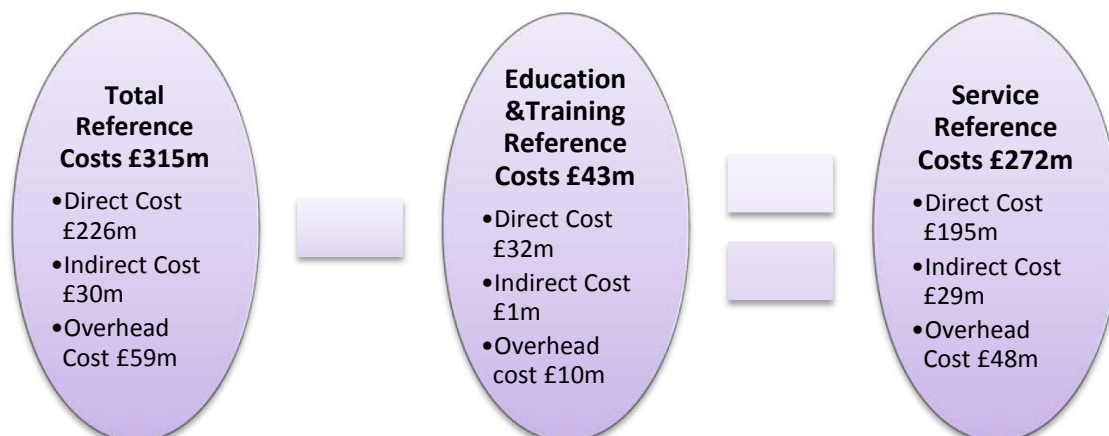


192. Once this process has been completed it is then possible to run an output report from the system to show the non-medical costs split between service and also education and training.

Applying Account Code Combinations to education and training costs

193. The education and training cost collection exercise in 2013/14 identified that £43m is attributable to the education and training of postgraduate medical, undergraduate medical and non-medical staff which constitute 13.67% of the total reference costs submitted in July 2014. A break down by cost categories is shown in Figure 2

Figure 2: Service and E&T Reference Cost Split by Cost categories



194. In order to allocate the education and training to reference costs within the system, account code combinations (cost centre plus subjective code) of the costs were required. Account code combinations of some costs were readily available as they had been reviewed in the process of collecting the education and training costs. They were mainly overhead costs and indirect costs which will be explained further on in this briefing paper.

195. For the remaining costs it was necessary to assign ACCs to them as the costing model that we designed to collect the education and training costs summarised the costs by specialties and did not provide details on the relevant cost centres nor the subjective codes. Table 1 shows the cost allocation methods for direct, indirect and overhead costs. Table 2 shows the methods that were applied to Non-Medical costs.

Table 1: Education Cost Allocation Methods

Cost type		Postgraduate (£'000)	Undergraduate (£'000)	Non-Medical (£'000)	Total (£'000)	Allocation method
Direct Costs		X	X	X	X	
Medical staff	Consultant	X	X		X	SACCs
	Consultant Admin	X			X	SACCs
	Juniors	X	X		X	SACCs
Non-medical staff	Non-medical staff		X	X	X	See the breakdown of the Non-medical costs in Appendix 3
	Admin	X	X		X	See the breakdown of the Non-medical costs in Appendix 3
Other	PACS		X		X	SACCs
	Other Non-pay	X			X	See the breakdown of the Non-medical costs in Appendix 3
Indirect costs		X	X	X	X	SACCs
Overhead cost		X	X	X	X	SACCs
Total E&T Cost		X	X	X	X	

Table 2: Breakdown of the Non-medical costs

Subjective headings	Staff Group	Post - graduate (£'000)	Under - graduate (£'000)	Non- Medica l (£'000)	Allocatio n method
Advance Nursing Practitioner	Nursing	0	X	0	SACCs
HCA Pilot	Nursing	0	X	0	SACCs
PAs & Secs	Admin & Clerical	0	X	0	RACCs
Education centre admin	Admin & Clerical	0	X	0	SACCs
Divisional admin support	Admin & Clerical	0	X	0	RACCs
Occupational Health	Other	0	X	0	SACCs
Admin & Clerical	Admin & Clerical	X	X	0	SACCs
Dietician	Dietician	0	X	0	SACCs
Midwifery	Midwifery	0	X	0	SACCs
Nursing	Nursing	0	X	0	SACCs
Nurse Consultant	Nurse Consultants	0	X	0	SACCs
Optometrist	Optometrists	0	0	0	SACCs
Orthoptists	Orthoptists	0	X	0	SACCs
Pharmacy	Pharmacist	0	X	0	SACCs
ODP	ODP	0	X	0	SACCs
Sonographers	Sonographers	0	X	0	SACCs
Radiographers	Radiographers	0	X	0	SACCs
Other non-medical	Other	0	X	0	SACCs
PACs	Other	0	X	0	SACCs
Jnr Doctors Study Leave	Other	X	0	0	SACCs
Library	Other	X	0	0	SACCs
CRB	Other	8	0	0	SACCs
Adult nursing	Adult Nursing	0	0	X	SACCs
Child Nursing	Child Nursing	0	0	X	SACCs
Learning Disabilities	Adult Nursing	0	0	X	SACCs
Midwifery	Midwifery	0	0	X	RACCs
Midwifery - Neonates	Midwifery	0	0	X	SACCs
Midwifery - Bramshaw	Midwifery	0	0	X	SACCs
Physio - MSc	Physiotherapist	0	0	X	RACCs
Physio - BSc	Physiotherapist	0	0	X	RACCs
OT	OT	0	0	X	RACCs
Radiography - Diagnostic		0	0	X	RACCs
Radiography - therapeutics		0	0	X	RACCs
Orthoptics	Orthoptists	0	0	X	SACCs
N&D	Dietician	0	0	X	RACCs
ODP	ODP	0	0	X	RACCs
Paramedics	Nursing	0	0	X	RACCs
Pharm Undergrad	Pharmacist	0	0	X	RACCs
Pharmacy Techs	Pharmacist	0	0	X	RACCs
Pharmacy Pre reg	Pharmacist	0	0	X	RACCs
NGD - Nuclear Physics	Healthcare Scientists	0	0	X	SACCs
PTP Audiology	Healthcare	0	0	X	SACCs

	Scientists				
PTP Neurophysiology	Healthcare Scientists	0	0	X	SACCs
PTP Oph & Vision Science	Healthcare Scientists	0	0	X	SACCs
PTP Blood Sciences	Healthcare Scientists	0	0	X	SACCs
PTP Cardiac Physiology	Healthcare Scientists	0	0	X	SACCs
PTP Respiratory & Sleep Physiology	Healthcare Scientists	0	0	X	SACCs
STP - Clinical biochemistry	Healthcare Scientists	0	0	X	SACCs
STP - Clinical Immunology	Healthcare Scientists	0	0	X	SACCs
STP - CVR & S	Healthcare Scientists	0	0	X	SACCs
STP - Histopathology	Healthcare Scientists	0	0	X	SACCs
STP - Medical Physics	Healthcare Scientists	0	0	X	SACCs
STP - Neurophysiology (IS)	Healthcare Scientists	0	0	X	SACCs
STP - Reproductive Science	Healthcare Scientists	0	0	X	SACCs
HCS Pre-MSC	Healthcare Scientists	0	0	X	SACCs
Total Cost		X	X	X	

Education and Training Direct costs

196. A mixture of specified account code combinations and a range of account code combinations were applied. SACCs were applied where sufficient evidence could be provided behind the selection of the ACCs. The main areas with the SACCs were medical staff teaching costs, nursing staff costs and healthcare scientist teaching costs - Practitioner Training Programmes (PTPs) and Scientist Training Programmes (STPs).

Medical Staff Costs

197. A web based survey tool available from 'Survey Monkey' was used to gather education and training activities from medical staff. Two surveys were designed one specifically for consultants and the other for junior medical staff. Within the surveys they were asked to provide their payroll numbers and the areas that they specialised in. From that information, we were able to map the UHS cost centres according to the relevant DH specialties.

198. Given that UHS received over 50% returns on the consultant survey, all UHS departments were taken into account with reasonable confidence. Table 3 shows the rates of consultant survey returns by Care group. The cost centres then replaced the

specialties in the costings model and the costs were summarised by ACCs for PLICs.

Table 3: Consultant Survey Return Rates by Care group

Division	Care Group	Total Number of staff	Returned total	Return rates
Division A	Cancer Care	82	44	53.66%
	Critical Care	190	100	52.63%
	Surgery	84	44	52.38%
Division B	Emergency Care	36	28	77.78%
	Medicines for Older People	38	26	68.42%
	Pathology	38	18	47.37%
	Radiology	96	66	68.75%
	Specialist Medicine	148	60	40.54%
Division C	Child Health	154	62	40.26%
	Women & New-born	58	22	37.93%
Division D	Cardiothoracic	66	40	60.61%
	Neurosciences	94	60	63.83%
	Trauma & Orthopaedics	46	28	60.87%
THQ	Human Resources	4	2	50.00%
University of Southampton		156	54	34.62%
Total		1290	654	50.70%

Healthcare scientists' costs

199. As part of the education and training cost collection, PTP programme leads were identified. Each programme lead completed a template named "NMET Rationales" which defined education and training activities, the number of teaching hours and the banding of the teaching staff in the programme.

200. We found that most PTP students were closely monitored and taught by either the programme leads or senior members of staff within the same departments. Therefore the departmental codes of the programme leads were combined with the subjective codes from the banding of the teaching staff within the Rationale sheet to form the ACCs.

201. STP trainees are UHS staff and therefore on our payroll so we were able to extract the cost centres from the payroll data and bandings from the Rationale sheet to determine the ACCs.

Adult/Child Nursing costs

202. The University of Southampton (UoS) send a document named "Placement Allocations" with nursing students when they are sent to UHS for a placement. The UoS document contains student names, the department they are placed in and the time period of the placements. We obtained and recorded this information on a grid and

calculated the actual number of days that each ward had nursing students during the 2013/14 period.

203. The wards were then assigned cost centres as per the UHS general ledger structure. Subjectives were selected based on the information in the Rationales of Adult/Child nursing. The cost centres and the subjectives were combined to form the basis of allocation. Appendix 4 shows the grid that was designed to allocate costs to the correct cost centres.

Costs with RACCs

204. A range of account code combinations were applied where there was no sufficient information to rely upon in allocating the costs, for example, divisional administration costs. RACCs were also used for the programmes where the training was performed by specific staff groups which could be easily isolated in the UHS account codes. Allied Health Professionals (AHPs) and midwives fell into this category.
205. The ACCs were selected based on the description of the subjective code of the trainers which were supplied from the rationales. For example, the midwifery costs would be removed from all band 7 midwifery subjective codes in the Women & New-born care group in proportion to the existing amount on the subjective code.

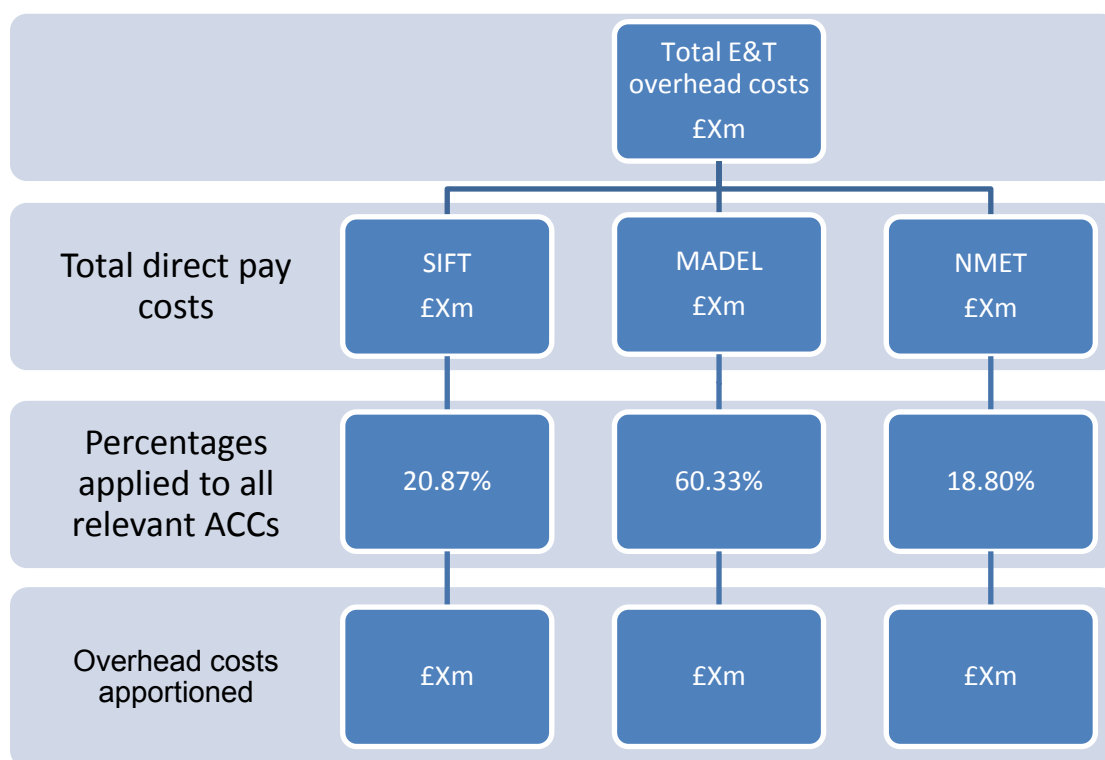
Education and Training Indirect costs

206. SACCs were applied. The indirect costs were allocated on the basis of actual usage of resources. Most indirect costs were retained within the Trust education team cost centres. Therefore it was merely a matching exercise between the costs and ACCs.

Education and Training Overhead costs

207. SACCs were applied. The E&T trust overhead cost was calculated in reference to the "How to guide for overheads". This guide explains how to identify and apportion the Trust overheads associated with the provision of Education and training activity in all secondary care organisations.
208. While considering the E&T trust overheads, the costs of support services in the central cost centres i.e. Human Resources, Finance, Estate, Utilities etc. were reviewed and were reconciled with the costs retained in PLICs. This preliminary work helped in identifying the relevant ACCs in the ledger.
209. Once the total cost was determined, it was broken down into the three education activity streams in proportion to their total direct pay costs. The percentages then were applied to all ACCs. Figure 3 demonstrates the process that was used.

Figure 3: UHS overhead apportionment for three education streams



Reporting the results

210. There are effectively two stages to reporting the results of education and training costs:

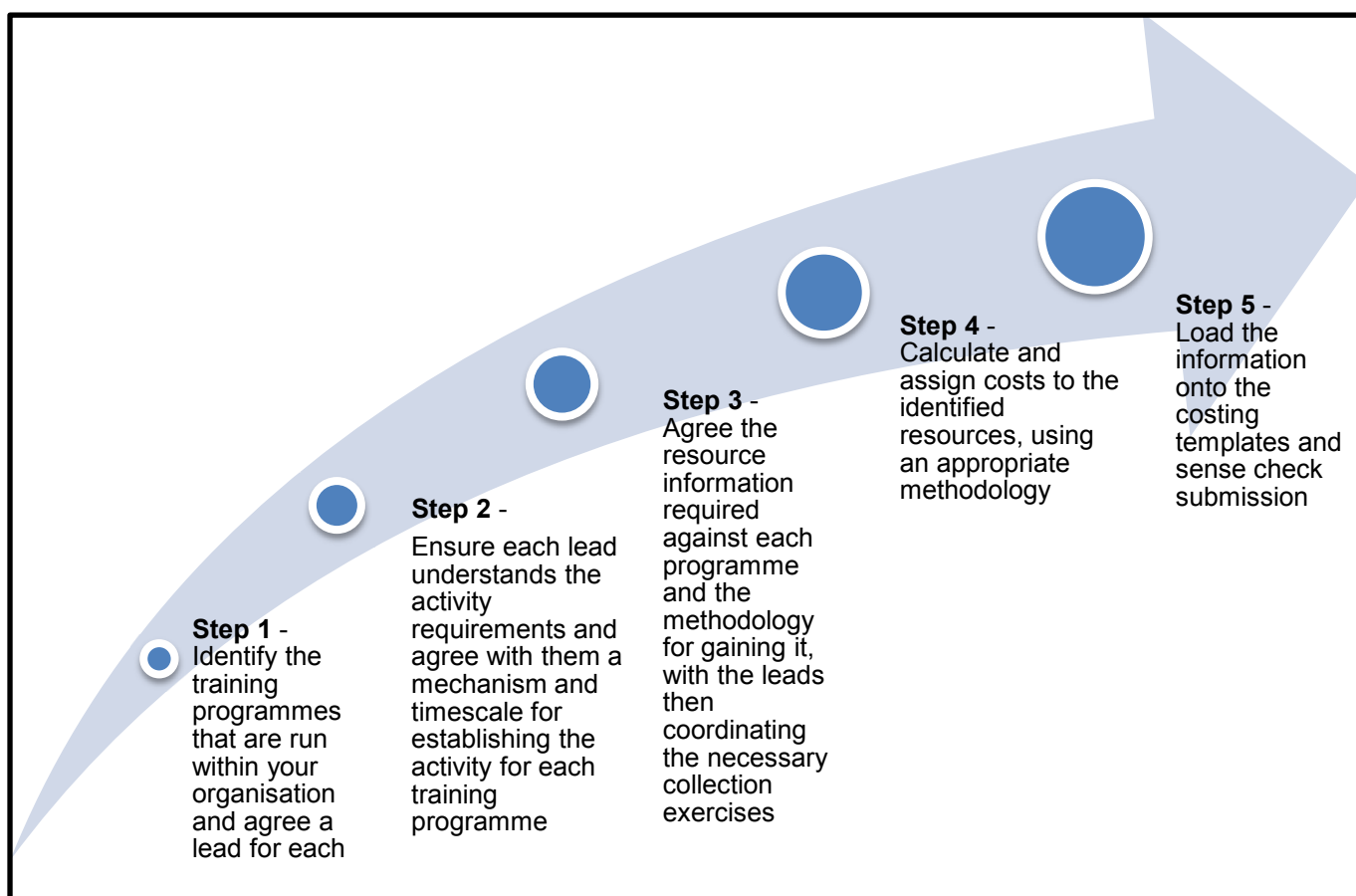
- i. The first is to show the breakdown of undergraduate, postgraduate, and non-medical costs at service line level. We call this allocation.
- ii. The second stage is to apply the reference cost module with all the education and training costs removed. The reference cost module splits the costs from service level right down to patient level. It also applies all the unique rules applicable only to reporting reference costs, such as research and development income and car park income netting down our core costs. This will enable us to submit a reference cost submission that excludes education and training costs and also calculate a revised Reference Cost Index (RCI) for the Trust.

Reference costs

211. Please refer to the [2015-16 reference costs guidance](#) when completing the return to calculate the reference costs element of the integration of education and training within reference cost collection.

Chapter 10: Education and training cost - Understanding the resources used and identifying the costs

212. The diagram below sets out the 5 main steps of the recommended approach to the education and training cost collection exercise and is written from the perspective of a trust based on experience of the collection in 2013-14.
213. Whilst the ultimate output of the exercise is the cost of the education and training activities in scope, it should be noted that whilst the costing element of the exercise requires a significant amount of work, it is probably the smallest element and one which can only be completed once a number of earlier steps have been completed.
214. The substance of the exercise is in reality an information collection exercise about the resources consumed in the delivery of the activities in question and one which needs to involve a wide variety of organisational staff as well as Finance teams.



STEP ONE - Identify the training programmes within your trust and identifying a lead for each

215. One of the first tasks in completing the exercise should be to consider the national list of training programmes and identify those that are run within your own trust. The list of programmes within scope the scope of this exercise which we request data on can be found at [Annex H](#).
216. Useful information about the programmes you currently run and for which you receive some form of income, is available in your Learning and Development (LDA) schedule and/or via any other agreements you may have with HEE. You can also use the information contained in the LDA schedule as a sense check at the end of the process, however DH realise that there may be local variation in terms of the content.
217. In identifying programmes, please note that you may find you do not provide clinical placements for all of the years of a programme. Once you have identified the training programmes at the trust, the next action required is to identify who is the best person to act as lead for each programme. It is essential that appropriate leads are established for each programme and that it is clear that all parties involved understand what they are responsible for collecting in terms of information in the following two steps (set out below).
218. In some organisations there may be nominated education leads, however in reality this may not always be the case. Budget holders for the relevant staff group are useful initial contacts if it is not always clear who the lead or education supervisor is for a particular programme.
219. Experience in 2013-14 helped to identify that for some programmes;
- it is likely that there will be a designated individual who has the lead responsibility for the programmes related to a specific profession, for example in Pharmacy Services. In these cases it is often easy to identify and agree an overall lead for the provision of the information.
 - you might need an overall lead, for example the Head of Midwifery for Midwifery, but then have individual leads for the different elements of the training pathway within the programme, such as ante-natal and post-natal in the case of Midwifery.
 - such as that for nursing students who could be significant in number and have placements across the wards in your organisation, you might need to have your Head of Nursing as an overall lead with a group established to include representative leads from the different types of placement e.g. wards, theatres, outpatients critical care units.
 - there may be instances where it is more appropriate to nominate leads for specific aspects of training which could go across programmes.
220. In terms of medical staff, for undergraduate medical students, there is likely to be a coordinator for each year of the programme. For postgraduate medical trainees it is more difficult, as information is likely to be required both at a speciality level and also at an organisational one through central medical education teams.

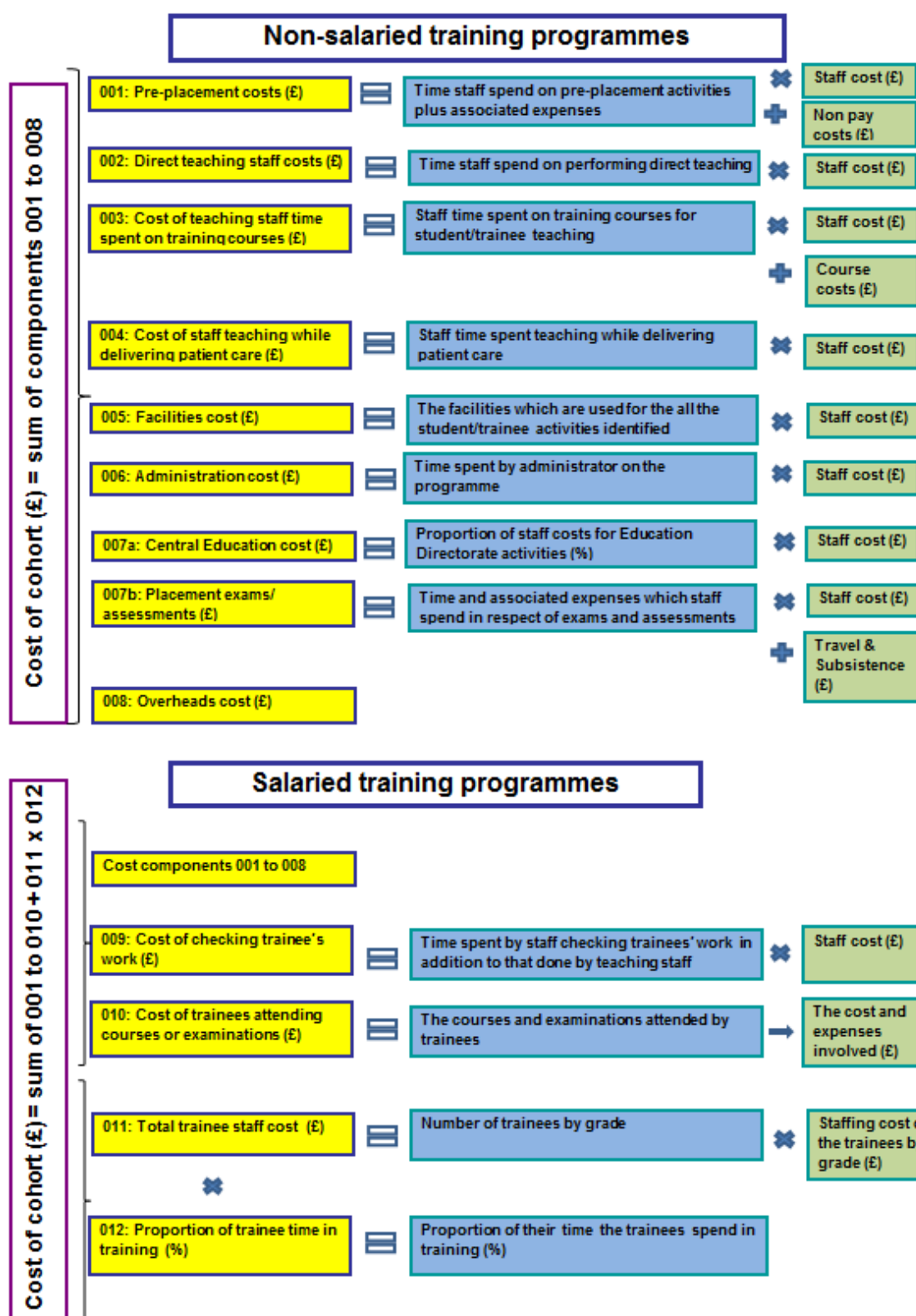
STEP TWO - Establish the amount of activity across the different programmes

221. Once the initial identification of training programmes delivered within the trust has been completed and individual clinical and education leads/coordinators have been identified, the next step is to determine the activity (i.e. the number of trainee and student hours spent on courses or clinical placements) across the trust, against each of the training programmes, during the 2015-16 financial year.
222. It is recognised that the academic year (August/Sept to July/August) does not tie-in with the financial year (April to March). However, courses and placements commence at different points during the year and will run for different lengths of time, whereas organisation costs are reported based strictly on the financial year start/end and all statutory financial returns are based on this period. Activity and related costs should therefore be identified and reported against each training programme based on the financial year.

STEP THREE - Establish and collect the resource information required

223. Once activity information has been identified for the different training programmes in step two, the next step is to establish what information needs to be collected against each programme in order to identify the resources involved in its delivery. This will then ultimately allow the assignment of appropriate costs.
224. There will be different activities which take place within the delivery of education and training. These will include direct teaching activities, associated administration activities and central activities such as facilities and overheads. These different activities will mean that there are a number of different components to the total cost and the exercise requires organisations to submit their costs broken down into these cost components.
225. The table below gives a pictorial summary of the various cost components to be reported (the yellow blocks) and shows both the resource information (blue blocks) and costing data (green blocks) required to calculate the ultimate cost of a programme of activity.

Cost components to be reported



226. Cost components 001 to 008 are relevant to the costing of both non-salaried and salaried placements. Components 009 to 012 only apply to salaried placements and reflect the requirement to capture the element of a trainee's salary which relates to the time they are being trained.

227. [Annex B](#) goes through each of the cost components in more detail and provides a useful checklist designed to provide further clarification as to what does and does not fall within each component.
228. As a starting point the programme leads identified in [step 1](#) and finance staff should review the list of components in respect of each programme, ensure a joint understanding of what is required and agree a methodology for collecting the required information. Some information may be easily obtainable through routinely available finance information and for some components no further data collection may be required.
229. In many cases however information gathering will need to take place and the leads identified should then work to gain the necessary information about the resource information required in the blue blocks. This will then help Finance Colleagues calculate and assign costs, as described in [step 4](#) which follows.
230. There are a number of options for how you might wish to collect information to allow these costs to be calculated. Objective methods to collect this information should be used as far as possible, however it is recognised that a degree of subjective judgement – with the agreement of senior clinical, finance and education colleagues – will be required. The method chosen and the degree of subjective judgment used should be appropriate for your organisation and proportionate to the scale of costs and resource usage.

STEP FOUR - Calculating and assigning costs to the resources identified

231. This chapter sets out the areas you will need to consider when calculating and assigning costs to the resource information collected in the previous step. [Annex B](#) provides more details about the costing of individual components.
232. Please remember that we require the expenditure incurred in 2015-16, so when costing up resource information please apply the 2015-16 costs and use actual salary costs rather than average points on a scale. If you need to apply a standard cost for a group of staff, we would suggest that you calculate an average cost based upon the total actual 2015-16 spend for the group involved.
233. It is likely that many costs will have to be split across cohorts or indeed on occasions across programmes, so a methodology for apportioning a calculated cost maybe required. Time spent is one suggested way of apportioning costs but in some instances apportioning cost using numbers of students/trainees may be more appropriate.
234. The HFMA Clinical Costing Standards¹⁴ (Standards 1 & 3) provide guidance on the classification and allocation of direct, indirect and overhead costs. As far as possible, the same approach needs to be taken for costing education and training activity as is taken for costing service activity.

¹⁴ <http://www.hfma.org.uk/costing/standards/supporting-material/>

235. An exception to this and an area of potential deviation from the Clinical Costing Standards in relation to this exercise is the calculation of overheads. To support organisations looking for further information associated with this calculation, DH published a 'Guide to Calculating Overheads Associated with Education and Training' on DH exchange in 2014-15. This guide has been developed in conjunction with NHS colleagues to be used by NHS providers during the collection and will again be available for the 2015-16 collection.
236. The guide was released in an effort to address issues around consistency and offer an example of how a trust could approach this calculation for education and training. DH appreciates that until a standardised approach to the apportionment of overheads for education and training is agreed and mandated that there will be inconsistencies in the allocation of overheads. Whilst we cannot mandate the use of this, and appreciate that some trusts will use the HFMA approach, we would encourage that in the interests of consistency and future work around analysis and audit that trusts consider using this guide. Outcomes from the 2014-15 collection highlighted that the difference in approach would affect overheads apportionment.
237. Feedback from the 2014-15 collection and subsequent pilot exercise have shown that trusts who used this guide found it helpful in apportioning overheads, however a number of trusts indicated that their lack of understanding prohibited them from using it. DH is aware of these concerns and would encourage trusts to use this guide and where areas of clarification are required they contact the dedicated mailbox¹⁵.
238. Following the collection exercise a survey will be circulated to trusts which will ask trusts to confirm the allocation method which was used when apportioning overheads for the integrated collection.
239. As highlighted in [Chapter 5](#) all trusts will be required to submit a 'NMV Review Form' to provide additional information being requested by the Department with respect to the methodology they have used in the apportionment of overheads within the integrated collection. This information will then be used during analysis of 2015-16 submissions and inform future work on overheads methodology.
240. Trusts are requested to sense check the overhead element they are including as a % of total costs submitted, with their normal overheads assumed. The outcomes of the 2014-15 exercise showed significant variance, however the overall average was shown to be around 18% of the total costs the comparable figure for 2013-14 was 16%.

STEP FIVE - **Populating the template and sense checking the proposed submission**

241. Information needs to be submitted for every training programme that you have students / trainees under, and captured in the relevant part of the collection template. Information relating to the completion of the costing templates can be found in [Chapter 11](#).
242. Feedback from previous collections has flagged up there are concerns about not

¹⁵ referencecosts@dh.gsi.gov.uk

being able to reconcile the submission to a control total and also anxieties about excluding certain items within the collection which are currently funded from HEE income.

243. In order to respond to this feedback it is suggested that organisations complete a high level reconciliation. A template to use in completing the reconciliation is available on DH Exchange/UNIFY 2.
244. By undertaking such reconciliation this will help trusts to identify whether a submission is reasonable and support the consideration of the data as part of the internal sign off process. Outside of the collection this approach will also help to feed any subsequent internal communications and act as a record of issues which fall outside of the scope of the exercise.
245. Some possible reconciliation items for inclusion in the list include:
- Locally funded postgraduate trainees which are in the scope of the exercise
 - Lead employer costs (please refer to [Chapter 8](#) for change of approach)
 - The share of activities which an organisation provide on behalf of a partnership or region
 - Funded activities which support the training but which are not related to the actual clinical placement
 - Income received for backfilling staff who are released to undertake a training activity
 - The difference between the actual salary costs of the postgraduate trainees in post, compared to the standard pay scale on which the postgraduate medical tariff is currently based.
246. When completing the current income column within the reconciliation table you should include all of the relevant income from HEE and income which you should receive through your learning and development agreement (LDA).
247. Where detailed LDAs exist they will provide valuable information as to what the funding assumptions are within the income.
248. It is also worth remembering that the current tariffs are on a transitional pathway. It might therefore be helpful to compare the balance above to the income which you will receive at the end of the transition period.
249. Once all known reconciliation items have been included, the resulting balance will give a clearer understanding of how the submission compares to income and an insight into how this balance falls across the different staff groups

Chapter 11: Completing the costing templates

Updates to the templates

250. The move to an integrated collection will see the existing worksheets associated with the education and training collection incorporated into a combined workbook which will include also include the reference costs collection worksheets (separate guidance available). The education and training worksheets are essentially the same structure as in 2014-15 and will require the same input. Within [Chapter 6](#) we have provided examples of how the integrated workbook will be structured.
251. The education and training costing templates have been updated to reflect stakeholder feedback following the 14-15 year-end exercise and aim to reduce the ambiguities and drive up the quality of the data submissions. The main changes to the templates are:
- Lead employer
 - additional columns to be added within salaried worksheets
 - unit cost and salary non-mandatory validation will be adjusted to reflect approach
 - removal of merged rows on both input sheets and instruction on the functionality of copy and paste to improve the ease of input following feedback
 - an additional mandatory validation to ensure the 'number of students' (non-salaried) entered is a whole number
 - inclusion of trust specific non-mandatory validations on the input sheets
 - salaried template validations will allow zero to be input against Practitioner Psychologists for salary
 - Dental Nurses added to salaried template to capture in addition to non-salaried
 - Dual Field Nursing added to non-salaried template
 - Physicians Associates added to salaried template
 - Year of training added to Radiology, now ST1 – ST6 and not ST1 – ST5.
 - Molecular pathology – added to salaried template
 - Non-mandatory validations added/amended to;
 - Activity - flag change in activity greater than 50% compared against the activity submitted for 14/15 total activity for courses/cohort
 - Unit costs - flag change in submitted data against 14/15 national averages and flags any that are twice the average
 - Student Weeks (non-salaried) - change to number of student weeks on placement (non-salaried) reduced from 37 weeks to 32
 - Duplicate Costs - validation re-categorised, this will flag to trusts where future consideration/review may be required for future collections and not request adjustment.
252. The 2015-16 integrated collection templates will be made available on UNIFY 2 and DH Exchange at the beginning of May 2016 in line with the release of the final reference cost workbooks. Where available, draft workbooks will be shared with trusts prior to this date to test functionality and provide feedback on structure and content.
253. Please note that within the integrated costing template there are a maximum of 5 education and training worksheets for completion by each trust, split into three areas:

1. Integrated Workbook – Front Sheet

254. The examples provided within [Chapter 6](#) (image 1) illustrate the information that will be included within the integrated collection input sheet. From this page you will select the required workbook you wish to populate from the options of REFC, E&T or RECON. This page will also require you to select your organisation code.

2. Front sheet (Education and training)

255. The front sheet is primarily used to display your organisation name/code which will have been auto-populated, flag the outstanding validations and create the CSV file to be saved and uploaded into UNIFY2.

256. Please note that the template will not allow a CSV file to be created to upload the data until all mandatory validations are cleared and the confidence ratings have been input to the summary sheet for each line included in the submission.

257. A summary of the mandatory validation errors and incomplete confidence ratings is available on the front sheet and should be reviewed before attempting to create the CSV file.

2. Input sheets (2 sheets)

258. The template contains separate worksheets for salaried and non-salaried inputs. These sheets are to be used to input the cost and activity data for your trust. The left hand side of both input sheets lists all programmes, courses and years that are within the scope of the exercise and also includes an associated unique E&T code.

259. Each organisation should only populate the training programmes that are relevant to their trust. Training programmes that do not apply should be left blank.

260. Below is specific information relating to what information is required against the relevant training programmes in each of the two sheets.

Salaried input sheet

261. There are two main activity columns that need to be completed within the salaried input sheet:

i. *Total service & training hours (all trainees)*

262. Please include the total trainee hours (covering service delivery and training) for each programme. To calculate the training hours we will then multiply the hours by using the percentage reported by the trust in cost component 12. The training hours generated through this calculation will be shown in the greyed out column to the right.

ii. *Number of FTE trainees*

263. The number of full-time equivalent trainees (covering service delivery and training) should be entered in this column. For example an ST1 working 2080 hours a year, 832 of which are training (40% reported in cost component 012), would be reported as 1 FTE not 0.4 FTE.

264. Please also note that the number of FTE trainees reported will not necessarily equate to the actual number of trainees (headcount); for example if there are 2 part-time trainees who both do half of full-time hours, they would be reported as 1 FTE for the purposes of this collection.

265. The collection works on an assumption that salaried trainees will not exceed 2080 hours per year (52 weeks at 40 hours per week). However, where hours do exceed this assumption then we would ask that two further activity columns are addressed. It is our expectation that this will only be applicable in a small number of cases.

iii. *FTE hours per week*

266. This column calculates FTE hours per week using the two main activity columns (above). If the value exceeds 40, the column will turn orange in which case the column to the right (see below) needs to be addressed. If the value exceeds 50, the column will turn black in which case the two main activity columns need to be readdressed before submission.

iv. *Specify if FTE hours per week >40 is correct*

267. If FTE hours per week is between 40 and 50, the cell will turn orange. If it is clear that greater than 40 hours per week is not correct, the two main activity columns need to be readdressed before submission. If greater than 40 hours is correct, "Correct" needs to be selected from the drop down menu.

268. We recognise that some trainees will work extra hours exceeding their standard contract. However, for the purpose of this collection, we are treating these extra hours as service and therefore they should not be included in the return.

269. There are 12 cost components that need to be completed. Components 011 and 012 are mandatory where activity is entered, except for practitioner psychology programmes that do not always attract a salary. [Annex B](#) provides full details on how to complete each of the cost components.

Non-salaried input sheet

270. There are three main activity columns that need to be completed within the non-salaried input sheet:

i. *Total number of students*

271. The total number of students must be a whole number and should be entered into this column. Note that this is a straightforward headcount figure and will not be used to calculate total hours.

ii. *Total number of placement weeks (all students)*

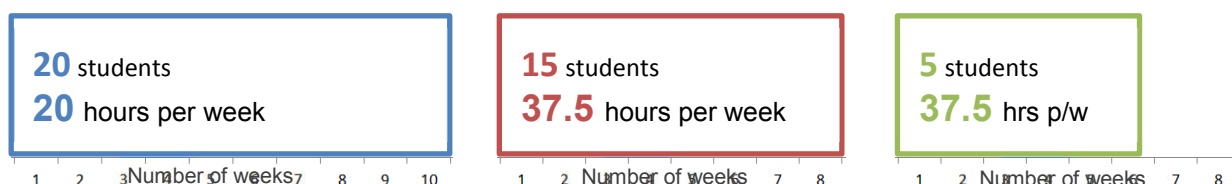
272. The total number of placement weeks (i.e. the sum of the length of all students' placements) should be entered in this column. The value is multiplied by the average number of hours per week (see below) to calculate the total hours. The greyed out column to the right shows the average number of weeks per student.

iii. *Average number of hours per week*

273. The average number of hours in a placement week should be entered here. The value is multiplied by the total number of placement weeks (see above) to calculate the total hours.

For example, if:

- You have **2** blocks of placements within the year;
- One placement block is **10** weeks and the other is **8** weeks;
- There are **20** unique students in each block;
- Students in the **10** week block are on placement for **20** hours a week;
- Students in the **8** week block are on placement for **37.5** hours a week

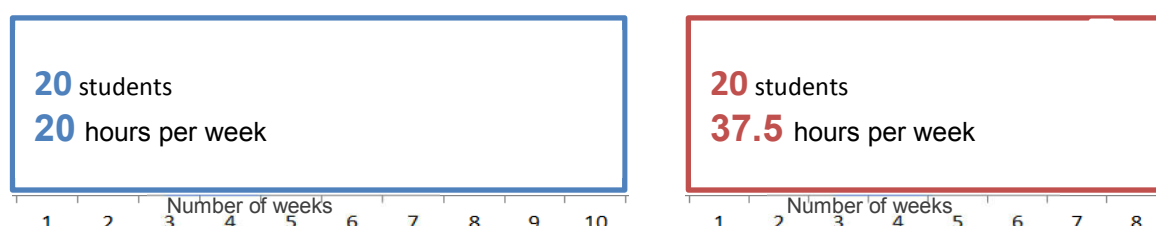


The results would be:

- Total number of students = **20 + 20 = 40**
- Total number of placement weeks = **(20 * 10) + (20 * 8) = 360**
- Average number of hours per placement week =

$$((20 * 20 * 10) + (20 * 37.5 * 8)) / 360 = 27.778 \text{ (3 decimal places)}$$

But if **5** students dropped out of the **8** week block then:



- Total number of students = $20 + 15 + 5 = 40$

- Total number of placement weeks =

$$(20 * 10) + (15 * 8) + (5 * \text{number of weeks actually done}) = X$$

- Average number of hours per week =

$$((20 * 20 * 10) + (15 * 37.5 * 8) + (5 * 37.5 * \text{number of weeks actually done})) / X$$

274. There are 8 cost components that need to be completed. [Annex B](#) provides details on how to complete each of the components.

3. Summary sheets (2 sheets)

275. There are summary sheets for salaried and non-salaried inputs which provide the high level information for all training programmes and will support users in their reconciliation of the data prior to and post submission.

276. The summary sheets also include a column for inputting the confidence ratings, which need to be completed prior to upload ([see section on confidence ratings for further details](#)).

Validations within the workbook

277. There are 11 mandatory validation columns on the salaried input sheet and 8 on the non-salaried input sheet. Their purpose is to flag up any clear input errors pre-submission. Where a mandatory validation error has been generated, a '1' will appear next to the corresponding row against the relevant validation.

278. The template will not allow a CSV file to be created to upload the data if any of the validations are outstanding.

279. The mandatory validations can be found at [Annex C](#).

280. To support providers in analysing and benchmarking their data, 11 *non-mandatory* validations have also been included on the input sheets to allow trusts to view and consider before beginning the Unify2 submission process. Note that the data can still be uploaded to Unify2 with outstanding non-mandatory validations. More information on non-mandatory validations can be found at [Annex C](#).

Confidence ratings

281. Feedback following the 2014-15 collection indicated that trusts supported the inclusion of the confidence rating check within the collection as this was seen as an important lever when engaging with clinical colleagues. All trusts will again be required to rate confidence in their submission (at a programme level) on a scale from 1 (very low confidence) to 5 (very high confidence). The confidence rating will be used to assess overall confidence in the collated results and to help with the consideration of outliers in the analysis to be undertaken by the Department of Health.
282. Trusts should rate the confidence in their processes and the quality of assumptions these generate, not necessarily their confidence in the accuracy of the output. The processes and assumptions will be key to building confidence in the output, but this will also be dependent on other factors, such as further development of the technical elements of the guidance and the separation of Service costs and Education and Training cost in the spectrum of costs. The Department will as part of its analysis of the 2015-16 collection look to compare the confidence ratings submitted against 2014-15 to gauge any improvements which may be a result of improved processes or engagement.
283. This information should be included within the summary sheet of the collection template. Please note that the template cannot be submitted until the confidence ratings have been included. Below is an indication of what each confidence score represents.

1 - Very Low confidence

- Submission based on relatively weak assumptions.
- Very little stakeholder engagement with the costing process, or the information gained is of little benefit to the costing.
- Very limited underlying data available to inform the costing assumptions.
- Resources focused on other areas of the cost collection, so very low confidence for this programme.

2 - Low confidence

- The costing is based on limited involvement from Education Leads and other stakeholders.
- Some underlying data available, such as surveys with very low return levels.
- The assumptions might be based on anecdotal evidence from brief discussions with stakeholders, such as Consultants or Education Leads.
- Might involve broad assumptions and extrapolation of evidence from similar programmes.

3 - Moderate confidence

- Good involvement from Education Leads and stakeholders, with useful information gathered to understand costs.
- This maybe general information from the Education Lead, Deanery, and limited survey results, interviews that help to build assumptions.

- Reasonable level of underlying data collected, allowing for decent costing assumptions.

4 - High confidence

- Strong assumptions based on a high level of stakeholder engagement.
- Assumptions based on high quality underlying input data, such as programme specific information and sound accounting data.
- This maybe a detailed description by the Education Lead of what generally happens for trainees on a particular year, on a particular programme.
- The assumptions could be driven by strong survey results and interview feedback, building solid costing assumptions.
- Well developed and advanced costing techniques.

5 – Very High confidence

- Very strong engagement from the most appropriate stakeholders for the programme.
- This high level of involvement provides highly reliable information as a basis for assumptions.
- Strong survey results and interview feedback from appropriate sized samples, providing consistent results.
- Key assumptions are verified against alternative sources of information, building greater confidence in the outputs.
- Highly developed and advanced costing techniques.

Chapter 12: Role of Health Education England (HEE) Support

Support

284. This chapter of the guidance has been updated for 2015-16 and reflects how HEE staff will be working on supporting the education and training element of this exercise.
285. HEE will support trusts in developing their education and training submissions in the following ways;
- provide a network via local teams to put trusts in touch to share best practice and benchmark the outputs of the exercise, HEE will provide the relevant contacts on request by trusts;
 - support the Department of Health to circulate key messages and help raise the profile of the exercise, focus will be placed on engagement with education leads developing targeted communications to be shared with them;
 - hosted local sessions to help trusts prepare for the upcoming collection exercise. Where possible these were aimed wider than finance, including education and/or clinical leads. These sessions looked to work as a forum to share best practice and to also feedback key issues to the central team. Following feedback around the timing of the sessions for the 2014-15 collection, HEE looked to arrange these earlier in the financial year with all sessions having taken place before the end of February 2016.

Information sources

286. Ultimately the responsibility for identifying the education and training activity for the cost collections resides with the trusts; therefore it is imperative that adequate systems are in place to be able to collect the relevant information. In verifying activity data trusts are encouraged to contact their relevant LETB to access this information, if you are unsure of who to contact within your local LETB please email Rozeen Mahroof (rozeen.mahroof@nhs.net) at HEE who will be able to direct you to the most appropriate person.
287. It should be noted that information regarding posts, placement allocation plans and Learning Development Agreement schedules are mostly planned activity, which will provide a useful starting point, but actual activity may differ from planned.
288. Work is ongoing within HEE to improve consistency and address local variability within HEE local offices:
- Postgraduate – all local offices use the intrepid system to record their postgraduate posts, all trusts also have access to this system. Trusts should be routinely accessing this information, with each trust having designated staff that can access this system. Please contact your local office for any queries on this system.
 - Non-Medical – there is no common system to record this information currently therefore there is a lot of variation in the levels of data held;

- 4 systems used by 7 local offices
- 6 local offices do not currently use a system – instead the information is held in one / several spreadsheets.

289. HEE's local teams may also be able to provide advice through their existing communications routes with staff that are responsible for education and training activity/finance, on other useful sources of information, such as the availability of activity data from the university. Trusts are also reminded of a number of useful sources of information that should be available to them:

- placement allocation plans received annually from HEI's – sent to trusts direct from University.
- Learning and Development Agreement schedules. (work is ongoing to develop a consistent format for LDA schedules and the education costing needs will be considered as part of this) – sent to trust finance departments direct from LETBs.

290. Work is being undertaken by HEE to standardise LDA schedules nationally, focussing on consistency of information included. Further information on this including an example LDA to indicate the level of granularity within will be shared once available.

Service training splits

291. During the year HEE has undertaken work in order to provide support to trusts around cost component 12 - Percentage of time in training. This work has involved working with a number of professional leads, meeting with postgraduate deans and also liaising with different bodies via our Health Education England Advisory Group's (HEEAG's) to develop further information on expected service/training splits.

292. This information aligned with provider feedback and analysis of the 2014-15 data has been used in discussions with DH to update suggested splits for 2015-16. Please see [Annex G](#) for details around these.

293. As with 2014/15, the service training splits produced centrally and based on professional opinion may not be consistent with how training is delivered locally. As a result these splits are being shared as a guide and to supplement the work being undertaken locally to determine the exact splits. We would encourage trusts to submit actual costs where these are available to improve the analysis of the data.

294. Work is ongoing with HEE to provide further information on the service/training splits. This will be shared via DH Exchange as and when this is available. Trusts will be notified of any updates via a direct email from DH Exchange.

Chapter 13: Outcomes of the 2014-15 education and training cost collection

Summary level outcomes

295. The summary level outcomes of the 2014-15 education and training cost collection are available alongside this document on DH Exchange.
296. We would encourage trusts to use the 2014-15 data in discussions with clinical/education colleagues to help benchmark data against what is being collected for 2015-16. The information which has been made available includes:
- cost collection report 2014-15, summary level document providing data analysis and quality information;
 - national schedules, showing the national average unit costs derived from the costs submitted by NHS providers;
 - dashboard, similar to that produced following the 2013-14 exercise. The aim of the dashboard is to help NHS providers to benchmark their own data against other similar providers, in preparation for the equivalent 2015-16 exercise;
 - source data; an excel file containing the raw data submitted by all NHS providers within the scope of the exercise. This has been shared to enable providers to undertake local benchmarking of costs and other more detailed (possibly organisation or group specific) analysis of the data.
297. The outcomes of the 2014-15 collection exercise indicate an improved understanding of the information required, and show some significant improvements in data quality compared to 2013-14, including:
- A reduction in the number of providers submitting 'partial returns' during the submission window.
 - Greater consistency in the trainee placement activity information reported, driven by mandatory and non-mandatory validation checks.
 - A 50% reduction in the number of outstanding non-mandatory validations.
 - Over half (54.3%) of all trusts have an Education Cost Index (ECI) within fifteen points of 100, compared to just 37.9% of trusts in 2013-14. ECIs are a measure of the relative cost difference between NHS trusts. The increase in the number of trusts centred on 100 indicates a significant reduction in the variation of costs submitted.
298. Feedback and further internal analysis suggests that there is still work to do to reduce areas of subjectivity and increase consistency in the interpretation of the guidance. Much of the feedback related to the needs for increased involvement from clinicians, practical examples of how to collect the data and more local control information from HEE local offices and universities.
299. The outcomes of the 2014-15 exercise and the feedback received from stakeholders following the exercise, have been used to inform changes to the 2015-16 exercise and

aim to:

- improve consistency in approach and understanding by providing some practical examples of 'best practice'
- minimise the burden on NHS providers of the collection by working with HEE to provide detail of information sources – ([Chapter 12](#))
- highlight the importance to data quality of the data submission involving both the education (clinical) and finance teams – ([Chapter 4 – Checklist](#))

300. A summary of the changes for 2015-16 can be found in [Chapter 2](#) of this guidance. Please note that whilst every effort is being made to achieve each of the aims set out above and reflect stakeholder feedback, there is currently no plan to change the level of detail being requested as part of the collection, both in terms of cost components and cohort years.

301. The collection of the data at this level of granularity is necessary to enable HEE to establish currencies which are realistic and appropriate for payment. HEE are currently working on the outcomes of the 2014-15 exercise to inform future currency design. The provider sector will have an opportunity to provide feedback on the proposed currencies via a consultation which will take place in 2016.

Annex A: Clarification of scope

Area (alphabetically sorted)	Included	Excluded
Advanced Nurse Practitioner		✓
Anaesthetic Nurse		✓
Apprentices		✓
Armed Forces / Ministry of Defence training posts		✓
Assistant practitioner		✓
BSc European Nursing		✓
Clinical Fellowship		✓
Clinical Pharmacy PG Diploma programmes		✓
Continuing Professional Development (CPD)		✓
Dental Technician		✓
Dental trainees in GP practices		✓
Dip HE Diagnostic Imaging		✓
Dual Field Nursing	✓	
Erasmus students		✓
Foundation Pharmacy		✓
GPs.	GP trainees on a clinical placement within a trust.	Clinical placements that take place in GP practices.
International students who are HEE commissioned (non-medical) or counted in the HEFCE target (for medical & dental) as determined by the Medical and Dental Council	✓	
Locum Doctors.	A locum doctor hired under a Fixed Term Specialty Training Appointment (FTSTA) who holds a National Training Number (NTN) or Visiting Training Number (VTN).	A locum doctor employed under a Locum Appointment for Service (LAS).
Maternity Leave (both Statutory and Occupational)		✓
Medical Laboratory Scientific Officer (MLSO)		✓
Medical Training Initiative		✓
National Institute for Health Research (NIHR)		✓
National recruitment		✓

Area (alphabetically sorted)	Included	Excluded
Neonates	This is a subspecialty under Paediatrics, record activity and cost there.	
Nurses.	E&T costs associated with second registration nurses (excluding salary component).	Return to practice nurses.
Open University students who are undertaking one of the relevant courses and are on placement at the trust.	✓	
Out of Programme Experience(OOPE) / Out of Programme Research (OOPR) / Out of Programme Training (OOPT)		Excluded unless they are deanery approved and part of compulsory learning towards Certificate of Completion of Training (CCT).
PFI costs	✓	
PG Cert Ultrasound		✓
Pharmacy summer placements		✓
Physician Associate	✓	
Post qualified chemists training programmes		✓
Preceptorship		✓
Psychotherapists		✓
Selected Study Component (SSC) in a secondary care setting.	✓	
Selective / Special Study Module (SSM) in a secondary care setting.	✓	
Self-funded students / trainees	✓	
Social Workers		✓
Special Study Unit (SSU) in a secondary care setting.	✓	
Specialty and Associate Specialist (SAS) doctors.		✓
The costs incurred (if any) by your organisation delivering activities related to education that is outside of that required for clinical placements.		✓
Trust-funded posts (i.e. those salaried trainees that are paid for by the trust itself, rather than via the local LETB) with a NTN or VTN.	✓	

Annex B: Checklist of what to include in each component of the education and training template

- 1.1. This annex goes through each of the components and explains what aspect of education and training they are each concerned with.
- 1.2. For each component you will see a table, the first table outlines the resource information required from those involved in the delivery of the education activity, the second and third tables provide some guidance as to how Finance staff should attribute and calculate the associated cost.
- 1.3. Please remember 001 to 008 relate to both salaried and non-salaried programmes, whereas 009 to 012 only relate to salaried.

Cost components 001 to 008 – Resource and Cost information required

001: Pre-placement costs

001 – Pre-placement Costs	
Resource information required for 001:	
<p>The time staff spend on pre-placement activities for the programme This cost component should include any:</p> <ul style="list-style-type: none">• non-pay costs incurred for pre-placement activities• relocation costs• national and local recruitment <p>Please be reminded that the costs to be included should reflect the time in training, therefore any costs being reported should be consistent with the service training split in cost component 12.</p>	
001: Pre-placement costs	Included in this component Yes or no
Induction of students at the beginning of their clinical placements	Yes
Performing DBS checks or occupational health assessments	Yes
Uniforms and PPE (Personal Protection Equipment) which are supplied to students and are required for health and safety reasons	Yes
Non-pay costs incurred for pre-placement activities	Yes
Relocation costs	Yes
The cost of staff participating in centrally organised/national recruitment	No
The costs of administration staff involved in pre-placement activities (this will be captured in cost component 6)	No

The cost of facilities required for pre-placement activities (this will be captured in cost component 005)	No
Costs required for 001:	
Staff cost multiplied by the time in training identified	

002: Direct Teaching Costs

002 – Direct Teaching Costs

Resource information required for 002:	
The time staff spend performing direct teaching (not in conjunction with the delivery of patient care) for students/trainees whilst they are on the clinical placement	
002: Direct Teaching Costs	Included in this component Yes or no
Classroom-based teaching	Yes
Preparation and follow-up time for direct teaching	Yes
Lectures/ Seminars	Yes
One to one or group tutorials	Yes
Teaching of clinical skills in a simulated environment (for example, this could be lab-based, or within a simulated environment that included “patients”). This could also be delivered on a site other than the trust, for example at a HEI.	Yes
Expenses paid to “patients” for participating in teaching exercises	Yes
Any teaching that takes place outside of clinical placements. For example, if your staff deliver lectures or seminars on behalf of the HEI (See Chapter 8)	No
Cost of staff involved in delivering examinations related to clinical placements (this will be captured in cost component 007)	No
The administration costs associated with delivering direct teaching (this will be captured in cost component 006)	No
The facilities or equipment costs associated with delivering direct teaching (this will be captured in cost component 005)	No
Costs required for 002:	
Cost of teaching staff involved multiplied by the time identified (Remember we are looking at training, so do not include elements of pay which are service generated e.g. Clinical Excellence Awards, on call and overtime)	

003: Cost of teaching staff time spent on training courses

003 – Cost of teaching staff time spent on training courses	
Resource information required for 003:	
The time teaching staff spend on training courses which allows them to teach and train the students/trainees on the programme as part of their role in delivering education and training on the programme	
003: Cost of teaching staff time spent on training courses	Included in this component Yes or no
Training required by staff in order to deliver teaching, for example mentoring training for nurses	Yes
Routine “refresher” or “update” training required for staff delivering teaching	Yes
Internal or external training courses	Yes
Salary costs of supervisors when they attend training courses	Yes
Travel and subsistence paid to staff for attending external training courses	Yes
Course fees for external courses and salary costs of trainers if employees deliver the training	Yes
The cost of the training course if the provider does not incur the cost, e.g. if the course is funded by the Local Education and Training Board (LETB)	No
The cost of back-fill for a member of staff attending training courses, unless staff are required to back-fill an education role	No
The administration cost associated with delivering internal training courses or arranging for staff to attend external courses (this will be captured in cost component 006)	No
The facilities cost associated with delivering internal training courses (this will be captured in cost component 005)	No
Costs required for 003:	
Cost of the teaching staff involved multiplied by the time identified plus the cost of the course/training activity, plus any travel and subsistence expenses	

004: Cost of staff teaching while delivering patient care

004 – Cost of staff teaching while delivering patient care

Resource information required for 004:

The time staff spend teaching whilst delivering patient care i.e. the additional time it takes teaching staff to deliver patient care whilst having students/trainees present compared to the time it would have taken without them present.

Example:

1) The resource impact of teaching in outpatient clinics is the difference in the duration of an outpatient clinic appointment with trainees/students, compared to the duration without them

2) If a consultant combines teaching with patient care (i.e. he has students/trainees with him in clinic, on the wards or in theatres) with him for 30% of his total working time and he spends 50% of this time doing direct teaching, then he spends 15% of his total time providing teaching whilst delivering patient care. 15% of his total cost would then be attributed to 004.

Please note that whilst the example above refers to outpatient clinics, theatres, wards and consultants, the approach in the examples needs to be applied to any setting in which teaching is delivered during the delivery of patient care and applied to all staff involved in the delivery, irrespective of profession.

004: Cost of staff teaching while delivering patient care

Included in
this
component
Yes or no

The additional time taken for delivering the care with students and trainees compared to the time taken if they had not be present

Yes

Any benefits (opportunity costs) you might have foregone by having used the time to undertake the training activity rather than using it for something else

No

Any additional costs you might have incurred elsewhere which are necessitated by having trainees, but which are not related to the actual delivery of training (e.g. locum costs if one of your trainees is absent and service has to be covered)

No

Costs required for 004:

Cost of all staff groups involved multiplied by the time identified

(Remember we are looking at training, so do not include elements of pay which are service generated e.g. Clinical Excellence Awards, on call and overtime)

This component should not be seen as and calculated as lost income, we are only capturing the lost productivity in terms of staff time.

005: Facilities cost

005 – Facilities cost	
Resource information required for 005:	
<p>The resources which are incurred in the provision of facilities for the direct provision of education and training activities for students and trainees and/or the cost of other facilities incurred by having the students/trainees on site. (A trust may need to gain total floor space and/or estates information to allow allocation) Each Organisation's Library and Knowledge Services (LKS) Manager will need to supply the following:</p> <ol style="list-style-type: none"> The total cost of running the LKS service during 15-16 The proportion of activity relating to education and training as opposed to service <p>Some indicative education / service splits for library services are provided at Annex F to support trusts to calculate these costs, as the type of organisation impacts on the split. These are in the process of being updated and will be added as an annex in the final guidance.</p>	
005: Facilities costs	Included in this component Yes or no
<p>The direct pay and non-pay costs associated with the running of dedicated education and training facilities including:</p> <ul style="list-style-type: none"> Dedicated education buildings with lecture theatres and training rooms Libraries and education centres Clinical skills centres 	Yes
Equipment specific to education and training activities (please remember we are reconciling to actual costs, so for any items of capital equipment used in the delivery of education and training, then the costs to include would be the associated revenue costs e.g. maintenance contracts and depreciation.)	Yes
Non-pay costs used to run departments with a specific responsibility for students and trainees e.g. the non-pay costs associated with components 006 and 007.	Yes
The proportion of clinic/theatre/ ward space used when teaching whilst delivering patient care	No
The costs of any miscellaneous rooms used for delivering teaching, which are not part of dedicated education and training facilities	No

Costs required for 005:
<p>The direct costs of the facilities used including both pay and non-pay costs. The cost of the facilities may need to be apportioned across the various programmes.</p> <p>The non-pay costs of 006 and 007 should also be included here.</p> <p>The costs being reported should only include the proportion of the facilities used for education and training activities.</p>

006: Administration cost

006 – Administration cost	
Resource information required for 006:	
The time staff spend on the administration of clinical placements before, after or during the clinical placement	
006: Administration cost	Included in this component Yes or no
Administration staff costs concerning the induction of students, including preparation	Yes
Administration staff costs concerning the organisation and delivery of direct teaching	Yes
Administration staff costs concerning the organisation and delivery of teaching while delivering patient care	Yes
Administration staff costs concerning the organisation and delivery of training courses for teaching staff (both internal and external training)	Yes
Administration staff costs concerning central education activities (see 007a)	Yes
Staff costs associated with any other administration activity related to education and training	Yes
Preparation and follow-up activities required by teaching staff when undertaking direct teaching (see cost component 002).	No
Costs required for 006:	
Cost of the staff involved multiplied by the time identified	

007: Central Education costs

007 – Central Education costs	
Resource information required for 007:	
007a: Central education costs incurred as part of providing clinical placements The time staff spend undertaking central education activities that are required to deliver placements to students/trainees	
007b: The cost of delivering exams or assessments required as part of the clinical placements	
007: Central Education costs	Included in this component Yes or no
The cost of staff within the library/education centres	Yes (007a)
The cost of staff required to attend meetings with HEI partners to agree placements	Yes (007a)
The cost of staff required for QA of placements, including HEI, LETB or regulator visits, preparation and follow-up	Yes (007a)
The cost of staff for assessment of trainers to ensure skills are up to date (not including the cost of staff delivering in-house training courses for teaching staff – see cost component 003)	Yes (007a)
The cost of staff for liaison with HEIs	Yes (007a)
The costs of staff of delivering data inputting for placements, e.g. data returns to HEI	Yes (007a)
The cost of staff required for the organisation of rotations within the provider	Yes (007a)
The cost of staff time spent on additional activities for students on clinical placement, e.g. mock interviews, reviews of applications etc.	Yes (007a)
The cost of staff undertaking a pastoral care role for students/trainees	Yes (007a)
The cost of additional staff time spent supporting struggling students	Yes (007a)
Travel and subsistence expenses for students/trainees on placements, e.g. accommodation provided to students/trainees free of charge	Yes (007a)
Travel and subsistence expenses paid to staff for attending external education-related meetings	Yes (007a)

The cost of staff responsible for the organisation and invigilation of exams or assessments that are required as part of the clinical placements	Yes (007b)
The cost of hosting exams or assessments on behalf of other providers that are required as part of the clinical placements	Yes (007b)
The cost of administration of central education activities and/or examinations and assessments (see cost component 006)	No
The cost of rooms and equipment required for central education activities and/or examinations and assessments (see cost component 005)	No
The cost of delivering academic exams or assessments on behalf of the HEI or other education partner (see chapter 8)	No
Costs required for 007:	
007a/b: Cost of the staff involved multiplied by the time identified plus travel and subsistence	

008: Overheads (see separate guide for full details)

008 – Overheads	
Resource information required for 008:	
The resources which are consumed as overheads by education and training.	
008: Overheads	Included in this component Yes or no
Detailed additional guidance which was produced for the 2014-15 cost collection is still available on DH exchange.	Yes
Costs required for 008:	
The cost of the element of the organisation's total overhead which can be attributed to the delivery of the programmes of activity identified.	

Cost components 009 to 012 (only relevant to salaried training programmes)
009: Cost of checking a trainee's work

009 – Cost of checking a trainee's work	
Resource information required for 009:	
The additional time spent on checking trainee's work that is not done by teaching staff or those staff responsible for direct supervision.	
009:Cost of checking a trainee's work	Included in this component Yes or no
The additional time spent on checking trainee's work that is not done by teaching staff or those staff responsible for direct supervision	Yes
If a trainee writes a prescription, the staff cost in the pharmacy department for confirming the prescription with trainees or their supervisor (if required) should be included in this cost component. The same method could be used for the checking of diagnostic test orders, for example.	Yes
Where a trainee is treating a patient and orders a series of blood tests that are not necessarily required, the cost of the tests and the staff cost for the time it would take to process those additional tests.	No
If a trainee is running a clinic with consultant supervision, and the time it takes to see each patient is longer than if the consultant was running the clinic, the cost of that additional time would be included under cost component 004 (teaching while delivering patient care).	No
Costs required for 009:	
Cost of the staff involved multiplied by the time identified.	

010: Course fees and expenses

010 – Course fees and expenses	
Resource information required for 010:	
Information about training courses that the trainees have attended during the year as part of their overall training	
010:Course fees and expenses	Included in this component Yes or no
Course fees	Yes
Travel and subsistence whilst on the course	Yes
Travel and subsistence for sitting examinations or assessments that are not held within the provider, but are required as part of their training	Yes
The staff costs for the trainee whilst on the course. This will be captured in the trainee staff cost component 011	No
The cost of training courses related to Continuing Professional Development, or mandatory training (Health and Safety etc.) – i.e. those course which are not directly related to a trainees' training programme	No
The cost of training courses for the purposes of the direct teaching of students or junior staff (this element is captured in cost component 003 for the cohort of students whom are being taught).	No
Staff costs for the preparation and implementation of in-house assessments or examinations required as part of the training programme, e.g. Annual Review of Competence Progression (ARCP), clinical/educational supervisor's end of placement/year reports, Team Assessment of Behaviour (TAB). These will be captured in cost component 007b (Central Education Costs)	No
Facilities and equipment costs for training course or examinations/assessments provided in-house, this will be captured in cost component 005 (Facilities costs)	No
Administration cost for the organisation of trainees attending external courses or examinations/assessments, or the organisation of courses or examinations/assessments delivered in-house, this will be captured in cost component 006 (administration costs)	No
The cost of Royal College examinations	No

Costs required for 010:
Cost of the courses attended by trainees together with travel and subsistence

011: Total Trainee Staff cost

011 – Total Trainee Staff cost	
Resource information required for 011:	
The number of trainees by grade and their basic salary.	
011: Total Trainee Staff cost	Included in this component Yes or no
The salary cost of a trainee excluding service generated costs such as on call and banding payments. These service generated costs are currently outside of the scope of the education and training tariffs and will continue to be funded via existing routes.	Yes
Costs required for 011:	
<p>The total basic salary cost of the trainees, including the element of the cost which relates to service.</p> <p>Please note that for the purpose of this collection any banding supplements and/or on-call payments should be excluded from the salary costs being reported.</p>	

012: Proportion of trainee time in training

012 – Proportion of trainee time in training	
Resource information required for 012:	
<p>The proportion of time a trainee spends in training versus delivering service. Individual organisations should calculate their own percentage split between training and service for each training programme, rather than using a pre-determined split. We expect there to be a differing service-training split depending on where the trainee is up to with their training, and how specialist the area is. See Annex G for further detail.</p>	
012: Proportion of trainee time in training	Included in this component Yes or no
<ul style="list-style-type: none"> • Amount of study days taken • Amount of classroom teaching undertaken (hours per week for how many weeks) • Time on training courses • In direct teaching e.g. lectures etc. • Time undertaking examinations or assessments • Developing and updating their E-portfolio • In meetings with their supervisors • The amount of time in the working week they are expected to be supervised or observing <p>(See Annex G for some specific examples)</p>	Yes
The amount of time trainees spend training other trainees. This cost	No

would be captured in cost component 002 or 004 for the cohort that is being trained.	
Costs required for 012:	
<p>No cost required, input required is % of time, which will need to be calculated from the resource information collected.</p> <p>The template takes the costs identified in 011 and multiplies them by the % input here, to arrive at the element of the trainee cost which is training.</p> <p>It also multiplies the total hours by the % to calculate the trainees' specific training hours</p>	

Annex C: Validations for education and training cost collection

- 1.4. There are 11 mandatory and 7 non-mandatory validations and 1 validation for future data consideration within the education and training these are detailed below. We have continued to include the validation on duplicate costs following feedback from trusts. This validation was seen as a useful way to identify where there are areas to address for future collections particularly where a duplicate cost has been submitted across courses/years of study. We have looked to re-categorise this validation for 2015-16 and there will no longer be a requirement for these costs to be adjusted as part of the submission. The activity and no cost (and vice versa) mandatory validation will be adjusted in line with the new approach to Lead Employer activity.

Mandatory Validations

- i. You have entered activity but no associated costs
- ii. You have entered costs but no associated activity

Aim	How does it work?	Based on	Sheet in Template
To ensure that activity and cost are both submitted for each input- with the exception of lead employer.	Highlights where costs are submitted without activity or vice-versa.	The exception to this validation - as per the guidance on reporting lead employer arrangements (Chapter 8) - where lead employer entries are made costs and no activity (and vice versa) will not incur a validation	Both

- iii. You have entered negative values
- iv. You have entered non- numeric values

Aim	How does it work?	Based on	Sheet in Template
To prevent the submission of negative and non-numeric values.	Highlights where negative or non-numeric values are submitted.	Negative and non-numeric values may impact on the calculations and non-mandatory validation reports being undertaken within UNIFY2.	Both

- v. You have not entered both trainee hours and FTE count

Aim	How does it work?	Based on	Sheet in Template
To ensure that both hours and FTE count are inputted for each training programme where data is being reported	Highlights where trainee hours are submitted without the number of FTE trainees or vice-versa.	The number of FTE trainees is used to validate the activity (hours) submitted. It is also used to calculate pro rata salary costs to validate the costs entered in <i>cost component 011</i>	Salaried

vi. You have entered lower than expected hours per FTE

Aim	How does it work?	Based on	Sheet in Template
To ensure that the number of <i>FTE hours per week</i> reported is realistic.	Highlights where FTE hours per week (<i>column K</i>) is less than 30. Data greater than this cannot be submitted without approval from DH.	We do not expect that a full-time trainee would do less than 35 hours per week. Standard full-time contracts often range from 37 to 40 hours per week.	Salaried

vii. You have entered higher than expected hours per FTE

Aim	How does it work?	Based on	Sheet in Template
To ensure that the number of <i>FTE hours per week</i> reported is realistic.	Highlights where FTE hours per week (<i>column K</i>) is greater than 40 hours. If the provider is certain that the input greater than 40 hours is correct they have the opportunity to specify in <i>column L</i> . The validation has an upper limit of 50 hours per week and data greater than this cannot be submitted without DH approval.	We do not expect that a standard contract will exceed 2080 hours per year (52 weeks at 40 hours per week), however the validation allows for exceptional circumstances. We recognise that some trainees will work extra hours exceeding their standard contract. However, for the purpose of this collection, we are treating these extra hours as service and therefore they should not be included in the return.	Salaried

viii. You have entered activity so you must enter both cost components [011] and [012]

Aim	How does it work?	Based on	Sheet in Template
To ensure that cost components [011] and [012] are both submitted for each input.	Highlights where trainee hours are submitted without both cost components [011] and [012]. Note that psychology programmes are excluded.	We do not anticipate any scenarios where a trainee will not spend time in training or have zero salary costs; therefore this validation ensures that there is an associated salary cost and proportion of time in training for all training programme inputs.	Salaried

ix. You have entered staff costs [011] more than 30% greater than the highest national salary

Aim	How does it work?	Based on	Sheet in Template
To avoid errors when inputting salary costs; this was one of the most frequent issues in 2013-14.	Highlights where the pro rata salary costs (<i>cost component [011]</i> divided by the <i>number of FTE trainees</i>) reported exceed £61,328.	The maximum boundary is the highest possible basic salary for the programmes included plus 30% to account for on costs, London waiting and/or non-consolidated payments.	Salaried

x. You have entered a proportion of time in training [012] greater than 100%

Aim	How does it work?	Based on	Sheet in Template
To avoid errors when inputting the service-training split [cost component 012].	Highlights where the service-training split (cost component 012) exceeds 100%.	Proportion of time in training cannot exceed 100%.	Salaried

xi. You have not entered both student numbers and placement activity

Aim	How does it work?	Based on	Sheet in Template
To ensure that both placement activity (weeks and hours) and the number of students are inputted for each training programme where data is being reported.	Highlights where student numbers are submitted without placement activity (weeks and hours) or vice-versa.	The number of students is used to validate the activity (weeks and hours) submitted.	Non-salaried

- xii. You have either entered:
 (a) average placement weeks > 52, or
 (b) average hours per week > 40

Aim	How does it work?	Based on	Sheet in Template
To ensure that the average number of weeks and hours per week per student are realistic.	Highlights where: (a) average placement weeks is greater than 52, or (b) average hours per week is greater than 40	We do not expect that a student will exceed 40 hours of clinical placement per week. Data greater than this cannot be submitted without approval from DH.	Non-salaried

- xiii. You have entered a total number of students that is not a whole number

Aim	How does it work?	Based on	Sheet in Template
To ensure that the <i>total number of students</i> is realistic	Highlights where the total number of students is not a whole number (integer)	The number of students is a headcount <u>not</u> <u>WTE count</u> and is used to validate the activity (weeks and hours) submitted.	Non-salaried

Non-mandatory validations

Trust Specific Validations –validations that are specific to the trust and will be reported throughout the process for consideration

1. Unit costs higher than expected

Aim	How is the information used?	What happened in 14-15?	How will it work?	Flagged on the template?
To highlight unit costs which appear unrealistic.	Unit costs are used to inform <ul style="list-style-type: none"> calculation of organisation specific ECI tariff and currency development 	The equivalent validation in 2014-15 flagged up any unit costs over specified maximum boundaries, however feedback suggests that the validation should be more granular i.e. a different limit for different programmes rather than high level categories.	The report will provide details of any line of data submitted by the trust where unit costs (per hour) are greater than 2 x the 14/15 average for each course ¹ .	Yes – salaried and non-salaried

¹Exceptions to the rule include:

1. If the 14/15 course average is less than £5, the maximum boundary will increase to £10.
2. If the 14/15 course average is greater than £40, the maximum boundary will decrease to £80.
3. If there is no 14/15 average for a course, the maximum boundary will be £50.

To note

1. Trusts wishing to compare against 15/16 averages will need to review the verification report during the collection window – these averages are subject to change during the collection dependant on the number of submissions made and organisations who have submitted.

2. Pro rata salary costs higher or lower than expected

Aim	How is the information used?	How will it work?	Based on	Flagged on the template?
To ensure that the salary costs being reported by trusts are in	The salary costs are used to inform <ul style="list-style-type: none"> The total quantum for the trust and 	The report will provide details of any line of data submitted by the trust where <i>cost component 011</i> divided by the <i>number of FTE trainees</i> is	The standard salaries are taken from Pay & Conditions Circular (M&D) 2015 and Pay Circular (AforC) 2015. An additional 30% is allowed at the top end	Yes – salaried

line with expectations and national guidelines.	wider NHS <ul style="list-style-type: none"> unit costs calculation of organisation specific ECI 	greater than or less than the salaries as per NHS pay-rates ²	for on-costs, London waiting and 1% bonuses.
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² Sensible salary cost ranges:

Year / Course		Min	Max +30%	
	FY1	22,636	33,099	
	FY2	28,076	41,272	
	ST1	30,002	44,723	
	ST2	31,838	46,738	
	ST3	34,402	49,169	
	ST4	35,952	51,601	
	ST5	37,822	54,033	
	ST6	39,693	56,464	
	ST7	41,564	58,895	
	ST8	43,434	61,328	
	Psychology & Healthcare Scientist pre-MSC	19,027	28,907	Band 4
	Pharmacy	21,692	36,634	Band 5
	IAPT	26,041	45,339	Band 6
	Healthcare Scientist STP, Graduate Diploma, HSST	19,027	45,339	Bands 4-6

3. Percentage of overheads

Aim	How is the information used?	How will it work?	Based on	Flagged on the template?
To highlight where the overheads being reported appear unrealistic.	Overheads are used to inform <ul style="list-style-type: none"> The total quantum for the trust and wider NHS 	The report will provide details of any line of data submitted by the trust where overheads (by programme) are equal to £0/0% or greater than 30% of the total reported cost.	It is expected that there will always be overhead costs associated with a training programme. The 30% maximum boundary has been developed based on 13-14 data to highlight outliers.	Yes – salaried and non-salaried

4. Placement weeks per student higher than expected

Aim	How is the information used?	How will it work?	Based on	Flagged on the template?
To ensure that the number of placement weeks being reported by each trust are in line with expectations and national guidelines.	To number of placement weeks is used to calculate the total hours, which directly impacts on <ul style="list-style-type: none"> unit costs calculation of organisation specific ECI 	The report will provide details of any line of data submitted by the trust where the <i>total number of placement weeks</i> divided by the <i>total number of students</i> is greater than expected.	Based on the assumption that students are required to do a minimum number of classroom hours i.e. not clinical placement.	Yes – non-salaried

5. Service training splits outside sensible ranges

Aim	How is the information used?	How will it work?	Based on	Flagged on the template?
To highlight any service-training splits which are outside what are deemed to be sensible ranges ³ .	<p>The service-training split percentages (cost component 012) are used to calculate</p> <p>The number of training hours (directly impacts on</p> <ul style="list-style-type: none"> unit costs and organisation specific ECI) the percentage of salary costs included in the total cost 	The report will provide details of any line of data submitted by the trust where percentages reported in <i>cost component 012</i> are higher or lower than what DH deems sensible.	The ranges have been developed based on previous years' data to highlight outliers.	Yes – salaried

³ Percentage of time in training (cost component 012) sensible ranges:

Years	Min	Max
Non-medical (1-3) excluding STP year 1	15%	85%
Foundation (FY1-2)	15%	85%
Specialty training (ST1-8)	10%	80%

6. Change in placement activity for a particular course / cohort

Aim	How is the information used?	How will it work?	Based on	Flagged on the template?
To ensure that trusts' activity corresponds to the appropriate percentage of national activity as submitted in 2014/15 and significant changes in placement activity from 2014/15 are justified.	To reconcile activity data to existing sources	The report will provide details of any lines of data submitted by the trust which correspond to a significant change in the amount of placement activity from 2014/15 for a course.	A significant change in activity is deemed to be a 50% increase or decrease in the number of students/FTEs on a course compared to 2014/15. Courses with less than 4 students/FTEs in both years will not be highlighted.	No

7. Change in market share of activity for a particular course / cohort

Aim	How is the information used?	How will it work?	Based on	Flagged on the template?
To ensure that trusts' activity corresponds to the appropriate percentage of national activity as submitted in 2014/15 and any significant changes from 2014/15 are justified.	To reconcile activity data to existing sources	The report will provide details of any lines of data submitted by the trust which correspond to a significant change in the market share of activity for a course/cohort.	The market share of activity will be calculated as a percentage of 2014/15 total hours. A significant change in the market share is deemed to be a change of 5% / 10%.	No

Validation for future consideration

8. Duplicate cost data

Aim	How is the information used?	How will it work?	Based on	Flagged on the template?
To highlight where costs have been duplicated across different training programmes or across different years of training.	The level of granularity of the collection is necessary to enable HEE to establish currencies which are realistic and appropriate for payment.	The report will provide details of any lines of data submitted by the trust where unit costs are the same within a category for more than 1 course or cohort year.	Whilst it is not expected that costs would be the same across different years of training or across different programmes, it is understood that it is not always possible to report the level or granularity required. For this reason, the validation should be treated as 'less concerning' than others.	No

Annex D: Suggested sources of information

Sources of information to consider		
Source of information	Potential use	Contacts/examples
Information from financial systems	<p>Will:</p> <ul style="list-style-type: none"> • Help to highlight any resources and departments which are directly related to education and training and which will require apportioning across the exercise. • Act a check to ensure appropriate resources are highlighted by programme leads • Overhead calculations 	<ul style="list-style-type: none"> • Ledgers, PLICS, SLR, general costing systems etc.
Contracts with external funding bodies	Will help to highlight and understand the programmes and resources which are funded via HEE funding. Depending upon level of detail in the LDA a significant level of useful information could be gained.	<ul style="list-style-type: none"> • Contracts with LETBs such as the Learning and Development Agreements (LDA) • Medical Education Managers
Face to face discussions/interviews with relevant staff either in a one to one or a more focus group basis	To build up the detailed information required with regards each placement	Consultants, Consultant personal assistants, junior doctors, practice facilitators, placement managers, admin staff, mentors, teaching staff and staff within the areas where teaching takes place during patient care
Discussions with external organisations including educational establishments	May help to establish whether there are any expectations of the placement set out. For example it might be that there is a course handbook for each year of the undergraduate medical student's degree, which includes expectations of a clinical placement.	<ul style="list-style-type: none"> • Educational establishments • Deaneries
Surveys/questionnaires	Some organisations have used this to determine the % service/training split.	<ul style="list-style-type: none"> • Samples of postgraduate medical staff • Members of staff who facilitate the training
Job plans/diaries of	To assess the time spent teaching	<ul style="list-style-type: none"> • HR department

teaching staff	whilst delivering patient care or admin staff spent on central education activities	<ul style="list-style-type: none"> • Medical staffing departments • Department Heads • Individual staff
Workplace-based assessment documents of postgraduate trainees by assessors		CbD, Mini-CEX, and DOPS

Annex E: Best Practice Examples from trust visits

Area	Example of best practice																								
Preparation – review of previous year	Local analysis and use of the DH dashboard to identify unrealistic costs or outliers from previous years collection. These were used as a starting point for discussions with education / clinical colleagues.																								
Clinical engagement	To increase awareness and understanding of the collection, trusts set up ‘masterclasses’ for clinical directors. These were drop-in sessions which explained the history of the funding, the tariff and cost collection and what engagement was required from them.																								
Information sources (relationship with HEIs)	One trust reported that the local universities provide the head of nursing with an allocation report for nursing placements every 6 weeks. The report details the student programme, year group, number of weeks on placement, study days and department / ward area. The trust also keeps a capacity report to share with universities.																								
Information sources	The programme leads map the student information received from HEIs to an internal database. The financial year information can then be extrapolated as required.																								
Information sources (trust ledger)	<p>One trusts finance department has a detailed ledger with specific codes relating to postgraduate, undergraduate and non-medical education. These were used as the starting point for the majority of cost components.</p> <p>The costs were apportioned across different groups of staff e.g. “What proportions of activities are specific to foundation year trainees?”</p> <p>A (fictional) example of the structure of the template:</p> <table><tr><td>Name</td><td>Cost (salary)</td><td>Cc001</td><td>Cc002</td><td>Cc006</td><td>Etc...</td></tr><tr><td>John Smith</td><td>25,000</td><td>50%</td><td>30%</td><td>20%</td><td></td></tr><tr><td>Tina Jones</td><td>30,000</td><td></td><td>100%</td><td></td><td></td></tr><tr><td colspan="2">Applicable year?</td><td>All FY1</td><td>All FY1-2</td><td>40% ST1-8; 60% FY1-2</td><td></td></tr></table>	Name	Cost (salary)	Cc001	Cc002	Cc006	Etc...	John Smith	25,000	50%	30%	20%		Tina Jones	30,000		100%			Applicable year?		All FY1	All FY1-2	40% ST1-8; 60% FY1-2	
Name	Cost (salary)	Cc001	Cc002	Cc006	Etc...																				
John Smith	25,000	50%	30%	20%																					
Tina Jones	30,000		100%																						
Applicable year?		All FY1	All FY1-2	40% ST1-8; 60% FY1-2																					

Collecting 'real-time' data	<p>The programme lead sent out an email to the educators a week before placement started with the stats sheet requesting they fill it out throughout the placement (with specific instructions not to do an end-of-placement estimate).</p> <p>The programme lead suggested that educators ask the student to maintain as many of the stats as they can, as students tend to be want to record what they're told on placement, and are more likely to maintain an accurate record for the same reason. Educators liked this as they then see it as more of a shared responsibility and are more compliant with the task.</p>																																										
Collecting 'real-time data'	<p>One trust maintains a large working folder (shared drive) that all the relevant individuals responsible for the collection have access to.</p> <p>Using the folder to share information: student numbers are completed monthly by the education leads in each division. The numbers are collected for each week by programme and year group e.g. a (fictional) example of the structure of the template for AHPs:</p> <table><tr><th>Course</th><th>Year</th><th>Education lead</th><th colspan="4">Week commencing</th></tr><tr><td></td><td></td><td></td><td>7th Apr</td><td>14th Apr</td><td>21st Apr</td><td>Etc...</td></tr><tr><td>Occupational therapy</td><td>1</td><td>John Smith</td><td>5</td><td>5</td><td></td><td></td></tr><tr><td>Occupational therapy</td><td>3</td><td>John Smith</td><td></td><td>12</td><td>12</td><td></td></tr><tr><td>Dietetics</td><td>1</td><td>Tina Jones</td><td>2</td><td>2</td><td>2</td><td></td></tr><tr><td>Dietetics</td><td>2</td><td>Tina Jones</td><td>1</td><td>1</td><td>1</td><td></td></tr></table>	Course	Year	Education lead	Week commencing							7 th Apr	14 th Apr	21 st Apr	Etc...	Occupational therapy	1	John Smith	5	5			Occupational therapy	3	John Smith		12	12		Dietetics	1	Tina Jones	2	2	2		Dietetics	2	Tina Jones	1	1	1	
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Collecting the information from consultants / trainers	<p>The head of costing and medical education manager set up meetings (interviews) with the lead consultants in each area of medical training and went through cost components 001-012 in detail.</p>																																										
Collecting the information from consultants / trainers	<p>The use of 'Survey Monkey' or other online tool to conduct medical surveys of consultants and junior doctors. The response rates for different specialties were recorded and detailed thoroughly.</p>																																										

Collecting the information from consultants / trainers	<p>The main body of the consultant/trainer survey was designed to provide a percentage of consultant time training while delivering patient care to inform cost component 004. The three questions asked for each area are:</p> <ol style="list-style-type: none"> 1. <i>How many hours do you spend on X activity a year (e.g. in theatre)?</i> 2. <i>What percentage of the time do you have medical students / trainees with you?</i> 3. <i>What percentage of the time when medical students / trainees are with you is dedicated specifically to their education?</i> 														
Service-training split (cost component 012)	<p>For each (postgraduate) programme the service-training split was calculated by taking the total trainee hours, and allocating the activities to service or education; for example:</p> <p>ST1-2</p> <table> <tr> <th>Activity</th><th>Hours per trainee</th></tr> <tr> <td>Direct teaching</td><td>172</td></tr> <tr> <td>Teaching while delivering patient care</td><td>1056</td></tr> <tr> <td>Study leave</td><td>90</td></tr> <tr> <td>Regional training</td><td>108</td></tr> <tr> <td><u>Total</u></td><td><u>1426</u></td></tr> <tr> <td>Then</td><td>$1426 / 2080 = 68.6\%$ training</td></tr> </table>	Activity	Hours per trainee	Direct teaching	172	Teaching while delivering patient care	1056	Study leave	90	Regional training	108	<u>Total</u>	<u>1426</u>	Then	$1426 / 2080 = 68.6\%$ training
Activity	Hours per trainee														
Direct teaching	172														
Teaching while delivering patient care	1056														
Study leave	90														
Regional training	108														
<u>Total</u>	<u>1426</u>														
Then	$1426 / 2080 = 68.6\%$ training														
Salary information	Trainer and trainee salaries were sourced from the trust ledger. Where the name of the trainer/staff was unknown the average consultant or appropriate grade pay was used from the ledger.														

Annex F: Library and Knowledge Services

- 1.5. Detailed below are some summary level education and training splits for Library and Knowledge Services. This information has been produced using information captured in a survey undertaken by the HEE Library and Knowledge Services Leads (LKSL) in 2013-14.
- 1.6. The table details the % usage of library and knowledge services broken down by type of trust.

Type of Trust	Education: Mean (Average) %	Education: Median %	Education: Mode %
Acute - university/teaching trust	61%	68%	70%
Acute - district general hospital	68%	71%	75%
Care trust	61%	75%	75%
Mental health/learning disability	59%	60%	60%

- 1.7. This information is being shared to act as a starting point for discussions and it is worth noting that the % split for education and training varies significantly across organisations.

Annex G: Service Training Splits

- 1.8. Provider feedback and analysis of the 2014-15 data indicate that cost component 012: Percentage of time in training, often referred to as the 'service-training split' remains highly subjective area. HEE have worked with DH to provide additional guidance in this annex.
- 1.9. Please note that the percentages and ranges provided under the following headings should be considered as guidelines only, and trusts should report the actual observed percentage of time in training where possible.

Healthcare Scientists

- 1.10. Advised by professional leads from the National School of Healthcare Science.
- 1.11. These estimates apply to Modernising Scientific Career (MSC) programmes only, all figures as % of time which should be training and the remaining time is assumed to contribute to clinical service. It is essential that the principle of supernumerary STP training is maintained, as set out in the MSC policy document.

All figures shown as % of trainee time spent in training:

Programme	Year 1	Year 2	Year 3	Year 4	Year 5
STP	100	80	60	N/A	N/A
HSST	60	40	40	20	20

The rationale behind these splits is as follows:

STP

- 1.12. These are pre-registration employees, undertaking activities under supervision. First year consists of a rotation through four areas, only one of which is the employer specialism required. In all year's 20% of time is also spent on academic training (MSc course). There is some contribution to service when undertaking activities under supervision. Equally there are inefficiencies in slower performance of procedures as training activities. Training takes place over 3 years compared to 4 previously, hence a greater training commitment.

HSST

- 1.13. These are post-registration employees providing clinical services alongside a personalised training plan. As for STP, approximately 20% of time allocated is to academic activities, either FRCPPath or DClinSci. There is clear contribution to service when undertaking activities, some of which are under supervision. It has been recommended that the splits for the HSST programme are reviewed in 2017 as this would have given the programme sufficient time to embed.

IAPT

- 1.14. Advised by professional leads from the University for IAPT Training.
- High intensity therapists – 40% training
 - Clinical trainees (Psychological wellbeing practitioners) are in training 50% of the time

- 1.15. The rationale behind these splits is as follows:

High Intensity Therapists

- 1.16. High intensity trainees provide individual and group assessment and interventions.

Clinical Trainees (Psychological wellbeing practitioners)

- 1.17. The clinical trainees are providing individual, couple and group assessment and interventions, contributing to team discussion providing teaching to external organisations about a client's / patients wellbeing. Undertaking evaluations of the service and aiding the development of new policies.

Supervision

- 1.18. Both trainee types receive supervision to ensure the quality of their work is meaningful. As all practitioners have to receive supervision on the grounds of clinical governance the percentage given is a legitimate contribution to the service.

Output

- 1.19. The number of clients / patients seen will change over the course of the three years. This contribution will also need to be measured differently depending on the service/client group trainees are involved with. In reality as trainees become more competent they are able to see more clients and engage with a greater variety of work.

Pharmacy

- 1.20. Advised through the HEE Advisory Group (Pharmacy), the Pharmacy LETB leads meeting and the NHS Pharmacy Education & Development Committee (both pre-registration pharmacists and support staff groups).
- Pre-registration training pharmacists – 65% training
 - Pharmacy technicians – 45% training

Additional support

- 1.21. The DH has produced a template (available within DH exchange) which uses the checklist contained within cost component 012 of the 2015-16 guidance ([Annex B](#)) to identify information upon which to calculate the service training split.
- 1.22. These service training splits are calculated at a programme level, with the service-training split percentage automatically generated based on the completion of the questions. Please note that this template has been produced to support those trusts experiencing difficulties in calculating the service training split and is not mandatory for use as part of the collection.
- 1.23. Where the template is used we would ask that trusts consider this alongside information available locally and the 2014-15 ranges set out below. These ranges are reflective of the data returned by those trusts involved in the 2014-15 exercise who reported a confidence of 4 (High confidence) or 5 (Very high confidence)

Table showing the percentage of time in training as reported in the 2014-15 exercise (high confidence).

	Year	Lower quartile	Median (average)	Upper quartile	Number of observations
Medical	FY1	50%	55%	66%	32
	FY2	47%	54%	60%	35
	ST1	40%	50%	58%	350
	ST2	40%	46%	57%	348
	ST3	35%	40%	53%	372
	ST4	34%	35%	52%	315
	ST5	35%	40%	50%	321
	ST6	35%	38%	45%	295
	ST7	35%	35%	50%	129
	ST8	37%	45%	50%	39

Annex H: List of Programmes for collection in 2015-16 and years of study

Salaried training programmes

Acute Care	
Acute internal medicine	Years 1 – 6
Anaesthesia	Years 1 – 7
Emergency medicine	Years 1 – 6
Intensive care medicine	Years 1 – 7
Dentistry	
Foundation programme (Dental)	Years 1 – 2
Dental & maxillofacial radiology	Years 1 – 4
Dental nurse	Years 1 – 2 - included under salaried and non-salaried programmes for 2015-16
Endodontics	Years 1 – 3
Oral & maxillofacial pathology	Years 1 – 5
Oral medicine	Years 1 – 5
Oral microbiology	Years 1 – 5
Oral surgery	Years 1 – 4
Orthodontics	Years 1 – 3
Paediatric dentistry	Years 1 – 4
Periodontics	Years 1 – 3
Prosthodontics	Years 1 – 3
Restorative dentistry	Years 1 – 5
Special care dentistry	Years 1 – 3
General Practice VTS	
GPVTS	Years 1 – 2
Healthcare Scientist HSST	
Higher Specialist Scientific Training (HSST)	Years 1 – 5
Healthcare Scientist Graduate Diploma	
Nuclear medicine	Years 1 – 2
Radiotherapy physics	Years 1 – 2
Radiation physics	Years 1 – 2
Reproductive sciences	Years 1 – 2
Healthcare Scientist Pre-MSc	
Healthcare Scientist Pre-MSc	Year 1
Healthcare Scientist STP (Scientist Training Programme)	
Audiology	Years 1 – 3
Cardiac Science	Years 1 – 3
Clinical Biochemistry	Years 1 – 3
Clinical Immunology	Years 1 – 3
Clinical Measurement & Development	Years 1 – 3
Clinical Perfusion Science	Years 1 – 3
Clinical Pharmaceutical Science	Years 1 – 3
Critical Care Science	Years 1 – 3
Cytopathology	Years 1 – 3
Gastrointestinal Physiology	Years 1 – 3
Genetics	Years 1 – 3
Genomics	Years 1 – 3
Haematology and Transfusion Science	Years 1 – 3
Health Informatics Science	Years 1 – 3
Histocompatibility & Immunogenetics	Years 1 – 3
Histopathology	Years 1 – 3

Imaging (ionising radiation)	Years 1 – 3
Imaging (non-ionising radiation)	Years 1 – 3
Medical Device Risk Management & Governance	Years 1 – 3
Microbiology (including: infection control & epidemiology, virology, bacteriology, mycology, parasitology)	Years 1 – 3
Neurophysiology	Years 1 – 3
Ophthalmic & Vision Sciences	Years 1 – 3
Physical Sciences	Years 1 – 3
Radiation Safety Physics	Years 1 – 3
Radiotherapy Physics	Years 1 – 3
Reconstructive Science (Maxillofacial Prosthetics)	Years 1 – 3
Rehabilitation Engineering	Years 1 – 3
Reproductive Science	Years 1 – 3
Respiratory & Sleep Sciences	Years 1 – 3
Un-defined Clinical Engineering	Years 1 – 3
Un-defined Medical Physics	Years 1 – 3
Urodynamic Science	Years 1 – 3
Vascular Science	Years 1 – 3
IAPT	
High intensity therapist	Year 1
Psychological wellbeing practitioner	Year 1
Medical	
Allergy	Years 1 – 7
Audiovestibular medicine	Years 1 – 7
Cardiovascular medicine	Years 1 – 7
Clinical genetics	Years 1 – 6
Clinical neurophysiology	Years 1 – 6
Clinical pharmacology & therapeutics	Years 1 – 7
Dermatology	Years 1 – 6
Endocrinology & diabetes	Years 1 – 7
Foundation programme (Medical)	Years 1 – 2
Gastroenterology	Years 1 – 7
General (internal) medicine	Years 1 – 5
Genito urinary-medicine	Years 1 – 6
Geriatric medicine	Years 1 – 7
Haematology	Years 1 – 7
Immunology	Years 1 – 7
Infectious diseases	Years 1 – 7
Medical oncology	Years 1 – 7
Medical Ophthalmology	Years 1 – 6
Neurology	Years 1 – 7
Nuclear medicine.	Years 1 – 5
Occupational medicine	Years 1 – 6
Paediatric cardiology	Years 1 – 8
Palliative medicine	Years 1 – 6
Pharmaceutical medicine	Years 1 – 6
Physicians Associates	Years 1 – 2 - included for 2015-16
Rehabilitation medicine	Years 1 – 6
Renal medicine	Years 1 – 7
Respiratory medicine	Years 1 – 7
Rheumatology	Years 1 – 7
Sports & exercise medicine	Years 1 – 6
Tropical	Years 1 – 7

Obstetrics & gynaecology	
Community & reproductive sexual health	Years 1 – 6
Obstetrics & gynaecology	Years 1 – 7
Ophthalmology	
Ophthalmology	Years 1 – 7
Paediatrics	
Paediatrics	Years 1 – 8
Pathology	
Chemical pathology	Years 1 – 5
Diagnostic neuropathology	Years 1 – 5
Forensic histopathology	Years 1 – 5
Histopathology	Years 1 – 6
Medical microbiology & virology	Years 1 – 5
Molecular Pathology	Years 1 – 5 – included for 2015 – 16
Microbiology	Years 1 – 5
Paediatric & perinatal pathology	Years 1 – 5
Virology	Years 1 – 5
Pharmacy	
Pharmacist pre-reg	Year 1
Pharmacy technicians	Years 1 - 2
Psychiatry	
Child & adolescent psychiatry	Years 1 – 6
Forensic psychiatry	Years 1 – 6
General psychiatry	Years 1 – 6
Medical psychotherapy	Years 1 – 6
Old age psychiatry	Years 1 – 6
Psychiatry of learning disabilities	Years 1 – 6
Psychology	
Clinical psychology	Years 1 – 3
Counselling psychology	Years 1 – 3
Educational psychology	Years 1 – 3
Forensic psychology	Years 1 – 3
Health psychology	Years 1 – 3
Occupational psychology	Years 1 – 3
Sports & exercise psychology	Years 1 - 3
Radiology	
Clinical oncology	Years 1 – 7
Clinical radiology	Years 1 – 6 – amended for 15-16
Surgery	
Cardiothoracic surgery	Years 1 – 7
General surgery	Years 1 – 7
Neurosurgery	Years 1 – 7
Oral & maxillofacial surgery	Years 1 – 8
Otolaryngology (ENT)	Years 1 – 7
Paediatric surgery	Years 1 – 7
Plastic surgery	Years 1 – 7
Trauma & orthopaedic surgery	Years 1 – 7
Urology	Years 1 – 8
Vascular surgery	Years 1 – 7

Non-salaried training programmes

Allied Health Professionals	
Arts therapy	Years 1 – 2
Chiropody / Podiatry	Years 1 – 3
Diagnostic radiography	Years 1 – 3
Dietetics	Years 1 – 4
Occupational therapy	Years 1 – 3
Orthoptics	Years 1 – 3
Orthotics / Prosthetics	Years 1 – 3
Paramedics	Years 1 – 3
Physiotherapy	Years 1 – 3
Speech & language therapy	Years 1 – 4
Therapeutic radiography	Years 1 – 3
Dental (Professions Complimentary to Dentistry (PCD))	
Dental hygiene	Years 1 – 3
Dental nurse	Years 1 – 2 - also captured within salaried where salary applies
Dental therapy	Years 1 – 3
Dental hygiene & therapy	Years 1 – 3
Dentistry	
Dental undergraduate	Years 1 – 5
Medical	
Medical undergraduate	Years 1 – 5
Nursing & Midwifery	
Adult nursing	Years 1 – 3
Children's nursing	Years 1 – 3
Dual Field Nursing	Years 1 – 4 - included for 2015-16
Learning disability nursing	Years 1 – 3
Mental health nursing	Years 1 – 3
Midwifery	Years 1 – 3
Occupational health nurse	Years 1 – 2
Specialist - District Nurse	Years 1 – 2
Specialist - Health Visitor	Years 1 – 2
Specialist - Other	Years 1 – 2
Specialist - School Nurse	Years 1 – 2
Operating Department Practitioner	
Operating department practitioner	Years 1 – 3
Pharmacy	

Pharmacy	Years 1 – 4
Healthcare Scientist PTP (Practitioner Training Programme)	
Anatomical pathology	Years 1 – 3
Audiology	Years 1 – 3
Blood sciences	Years 1 – 3
Cardiac physiology	Years 1 – 3
Cellular sciences	Years 1 – 3
Clinical photography	Years 1 – 3
Genetic sciences	Years 1 – 3
Infection sciences	Years 1 – 3
Medical engineering	Years 1 – 3
Neurophysiology	Years 1 – 3
Nuclear medicine	Years 1 – 3
Ophthalmic & vision sciences	Years 1 – 3
Radiation engineering	Years 1 – 3
Radiation physics	Years 1 – 3
Radiotherapy physics	Years 1 – 3
Rehabilitation engineering	Years 1 – 3
Renal technology	Years 1 – 3
Respiratory & sleep physiology	Years 1 – 3