



Department
of Health &
Social Care

Education & Training Tariffs

Tariff guidance and prices for the 2020-21 financial year

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This publication has been superseded by the [Healthcare education and training tariff: 2021 to 2022](#) guidance.

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1. Purpose

1.1 This guidance document provides confirmation of the tariff payments for the 2020-21 financial year, and also includes:

- An overview of the introduction of the tariff payment mechanism for secondary care placements.
- Powers and requirements with regards to the application of the secondary care placement tariffs in 2020-21.
- Confirmation of the changes being introduced to the secondary care placement tariffs from 1st April 2020
- Further information relating to the scope of the secondary care placement tariffs in 20-21.
- An explanation of the calculations underpinning the secondary care placement tariffs for 2020-21.
- Health Education England's (HEE) position on tariffs for primary care medical undergraduate placements and response to Covid-19 impact on education and training activities as they relate to the National Tariff.
- Further information on the local implementation of the secondary care placement tariffs, including where to direct any queries.
- Early planning for 2021-22.

2. Guidance

Background

2.1 The Department of Health and Social Care (DHSC), previously known as the Department of Health (DH), introduced transitional tariffs for non-medical placements and undergraduate medical placements in secondary care from 1 April 2013. A similar tariff for postgraduate medical trainees came into effect on 1 April 2014. Prior to the introduction of the placement tariffs, payments for training placements were subject to local arrangements, creating inequities in funding. The placements tariffs aim to ensure that providers are reimbursed consistently for the training placements they provide, that placements are high quality and ensure that learners develop the required skills and knowledge to meet their respective professional competencies.

Powers and requirements

2.2 Powers and requirements with regards to tariffs for Education and Training (E&T) placements were set out in legislation, in the Care Act 2014 (<http://www.legislation.gov.uk/ukpga/2014/23/part/3/chapter/1/crossheading/tariffs/enacted>). These powers came into force in April 2015 and are as follows:

- The Secretary of State may specify a tariff setting out approved prices, which may be different for different types of E&T.
- A tariff specified in this way must be published.
- The Secretary of State may specify a tariff setting out approved prices, which may be revised or revoked by the Secretary of State.
- A published tariff or variation procedure may be revised or revoked by the Secretary of State.
- Payments made by HEE or one of its local offices must be made with reference to the approved price, or price as varied under the approved procedure.

2.3 The Secretary of State is publishing the approved prices and the procedure for their variation by publishing this tariff guidance.

2.4 In line with the agreed procedure, HEE will be responsible for publishing details of any price variation.

Changes for 2020-21

2.5 There are a limited number of changes to the tariffs in 2020-21, as follows:

- NHS Improvement in 2018-19 communicated information relating to proposed changes to the Market Forces Factor (MFF) payment indices (at <https://improvement.nhs.uk/resources/national-tariff-1920-consultation/>), to be phased in over a five-year period. The E&T tariffs will continue to use the same payment indices as the service tariffs, which means some changes for 2020-21. Further details are available at paragraph 2.26.
- Introduction of a national minimum tariff for undergraduate placements in general practice, at paragraph 2.23
- New 2021-22 national tariff rates, at paragraph 2.29

2.6 The decision to restrict the number of changes in 2020-21 is in response to the provider level impacts of MFF and to ensure that the implications of the People Plan, the Long-Term Plan and the detailed Workforce Implementation Plan are fully understood.

2.7 Last year we set up a national tariff advisory group and several working groups to develop proposals for future changes to the tariff architecture. The work of these groups was suspended as a result of the Covid-19 pandemic but will restart in 2020-21.

Scope of the 2020-21 tariffs

2.8 In 2020-21, the placement tariffs will support the allocation of the funding made available to HEE, but also additional funding agreed as part of the Autumn 2019 Spending Review to support expansion in clinical and medical undergraduate clinical placements.

2.9 All payments to placement providers should be reflective of actual number of placements delivered (not student acceptance of offered places or any other historical data). This will require processes to be in place to ensure that placement data flows from NHS placement providers to local HEE teams to support payments and this is triangulated with student numbers from Higher Education Institutions (HEIs). For 2020-21, an exception has been made in response to service changes arising from planning for Covid-19 activity. All undergraduate clinical placements were paused and not paying placement providers for planned activity could have had a significant adverse effect on placement provider financial stability. HEE agreed with DHSC to pay 33% of

2019-20 activity for the period April - July to assist with maintaining financial stability.

- 2.10 The placement tariffs are applicable to all placement activity that takes place in England at any type of provider organisation (whether NHS funded or not), unless explicitly listed as excluded in this document.
- 2.11 A placement in England that attracts a tariff payment must meet each of the following criteria:
- Be a recognised part of the education and training curriculum for the course and approved by the HEI and the relevant regulatory body, as appropriate;
 - Meet the quality standards of the regulator, the commissioner and HEE;
 - Be direct clinical training (including time for clinical exams and study leave) with an agreed programme, being a minimum of one week;
 - Have the appropriate clinical and mentoring support as defined by the relevant regulatory body; and
 - Is not workplace shadowing.
- 2.12 Any time spent by students and trainees at a provider organisation which does not meet this definition are not covered by the tariff payment mechanism. The funding for this activity should be determined locally by the placement provider and commissioner.
- 2.13 The E&T placement tariffs cover funding for all direct costs involved in delivering E&T by the placement provider, for example:
- Direct staff teaching time within a clinical placement
 - Teaching and student facilities, including access to library services
 - Administration costs
 - Infrastructure costs
 - Education supervisors
 - Pastoral and supervisory support
 - Trainee study leave and time for clinical exams pending introduction of the changes outlined at paragraphs 2.25 to 2.28 of this document

- Health and well-being (excluding any occupational health assessments that are carried out by the university and funded separately)
- Course fees and expenses (as required to achieve professional registration)
- Student/trainee accommodation costs
- In-course feedback and assessment
- Formal examining
- Staff training and development relating to their educational role

2.14 The tariffs do not cover:

- Tuition costs
- Items funded under Education Support
- Foundation Programme Directors
- Foundation Programme administration support staff
- Heads of Schools
- Programme Directors
- Core Leads
- Relocation costs and exceptional travel costs

2.15 Training placements that take place outside England but are commissioned by HEE and its local offices should be paid for at a locally agreed rate; although it may be appropriate to use the published national tariff as a starting point.

Scope of medical undergraduate tariff

2.16 Last year we published more specific guidance on the scope of the medical undergraduate tariff to clarify how the tariff funding should be used to facilitate clinical placements. It is the Department's expectation that the information at Annex B, together with Tables 1 to 4 reproduced here from last year, is used to guide local conversations on agreeing responsibilities for funding.

2.17 HEE will play an important facilitative role to ensure locally negotiated proposals support innovation and new delivery models and that discussions are timely,

collegiate and transparent and identified within the Tripartite Agreement which is being introduced between HEE, HEIs and clinical placement providers. HEIs and clinical placement providers must ensure that all aspects of clinical placement provision are discussed and agreed with HEE to ensure that clinical training is deliverable within the resources available. HEE will ultimately need to review and agree any proposed alternative local funding arrangements to ensure consistency and equity in the access to additional funding across HEE regions.

Exclusions

2.18 The Department and HEE annually review the list of professions eligible for tariff and consider the evidence for including new professions against the criteria listed at paragraph 2.12 and available DHSC/HEE E&T budget. For the avoidance of doubt, placements for the following categories of trainee are not covered by the tariff (although this is not an exhaustive list), and a local arrangement must be agreed. It may be appropriate to use the published national tariff for some of these areas, detailed in the subsections below:

Non-medical placement exclusions

2.19 The national non-medical tariff is not applicable to:

- Community nursing (health visitor, district nurse, school nurse, occupational health nurse, practice nurse, community psychiatric nurse, community mental health nurse, specialist community health nurse)
- Dental nurses
- HCS Higher Specialist Scientific Training (HSST)
- HCS Scientist Training Programme (STP)
- Paramedic
- Pharmacy degree
- Pharmacist pre-registration year
- Pharmacy Technician
- Physician's Assistant
- Dental Technicians

- Improving Access to Psychological Therapies (IAPT) - Psychological Wellbeing Practitioner (Low intensity)
- IAPT - high intensity practitioner
- Child Psychotherapy

Medical undergraduate placement exclusions

2.20 The national medical undergraduate tariff is not applicable to:

- Dental students
- Dental students on a medical placement ("medical for dental")
- Medical placements in GP practices which remain subject to local arrangements (see below for more details)
- Placements in hospices and Private, Independent and Voluntary Organisations

Clinical placements in general practice

2.21 From 2020-21 HEE are putting in place a new national minimum rate for undergraduate medical placements in general practice.

2.22 The national minimum rate will be at £28,000. This will mean that although general practice placements will continue to be under locally agreed arrangements, no price will be lower than £28,000.

2.23 This new rate will take effect when general practice placement activity resumes in 2020-21.

Medical postgraduate placement exclusions

2.24 The national medical postgraduate tariff is not applicable to:

- Dental trainees
- Placements in GP practices (although hospital placements for GP specialist registrars are covered by the tariff)
- Placements in hospices

- Placements in Public Health
- National Institute of Health Research (NIHR) trainees
- Less than Full Time (LTFT) trainees
- Trust funded posts
- Nationally introduced one-cycle posts (for example any remaining Hewitt and Johnson posts), which remain out of tariff until the end of the individual's training cycle
- Out of Programme Experiences, where individuals temporarily step off the standard training programme
- Doctors in Difficulty
- Ministry of Defence training posts

2.25 Where a category of trainee is not covered by a tariff, placement funding must be agreed locally between the commissioner and placement provider. It may be appropriate to use the published national tariff as a starting point for these discussions.

2.26 Placements commissioned by private universities and self-funded Non-European Union students should not be subsidised by HEE placement funding budget.

2020-21 placement tariffs

2.27 The 2020-21 tariff prices are included in table 1 below. In line with previous years, the tariffs are adjusted by the Market Forces Factor (MFF) to compensate for the cost differences of providing training placements in different parts of the country.

2.28 For simplicity, the MFFs that are used for payment remain the same as those applicable to the service tariffs. Further information on the MFF, including current rates, is published by NHS Improvement at:[https://improvement.nhs.uk/resources/national-tariff-2021-consultation/under “A guidance to the market forces factor - 2019-20”](https://improvement.nhs.uk/resources/national-tariff-2021-consultation/under%20guidance%20to%20the%20market%20forces%20factor%20-%202019-20).

2.29 Please note that the salary contribution is based on the salary for the post rather than the salary of the individual filling the post and is not multiplied by MFF.

2.30 The 2020-21 tariff prices are set out below.

Table 1: 2020/21 tariff prices

Type of placement	Tariff for placement activity in 2020-21
Non-medical	£3,728 + MFF
Medical undergraduate	£33,286 + MFF
Medical postgraduate	£11,703 + MFF plus a contribution to basic salary costs as per Annex A

2.31 Specific information relating to local payment of the placement tariffs is set out in the sub sections below.

Non-medical placements

2.32 All payments to placement providers should be reflective of actual activity. This will require processes to be in place to ensure that placement data flows from NHS providers to local HEE teams to support payments and this is validated by relevant HEIs.

2.33 Payment of salary support to employers for pre-registration trainees covered by the non-medical placement tariff is at HEE's discretion. Payment rates will be reviewed annually to consider whether such professions should be included in the E&T Tariff. Salary support funding will be linked to priorities set out in the NHS Long-Term Plan.

Medical undergraduate placements

2.34 The placement tariff is only applicable to students who are included within the Office for Students (OfS) approved annual intake control target of medical school places. Placements for students who are not within the OfS intake controls are subject to locally agreed funding arrangements.

2.35 The Ministerial commitment to increase medical undergraduate training by creating an additional 1,500 domestic undergraduate medical school places by 2020-21 -- with 630 new medical undergraduate training places in September 2018 and 690 places in September 2019 with a further 180 places in September 2020 -- will have major financial impacts from 2020-21, with funding made

available to NHS Trusts for these additional placements via HEE in line with existing tariff arrangements for actual undergraduate placement activity delivered.

Medical postgraduate placements

- 2.36 For medical postgraduate placements, tariff funding is on the basis of training posts. Investment specific to individuals will usually be excluded from the tariff, as set out above. The local office of HEE may agree to maintain the salary element to support a locum appointment; however, the placement tariff payment could be withheld for long term vacant posts. Prior to any changes to existing tariff payments, this should be discussed and agreed between the HEE local office and placement provider.
- 2.37 HEE will continue to make a contribution to the basic salary costs of all postgraduate medical students. The amounts payable from HEE for postgraduate salaries have been uplifted for 2020-21 and vary to reflect national, fringe and London pay scales - these are set out at Annex A.
- 2.38 Rates paid up to ST3 have been inflated at 2% to reflect the increase in basic pay. Rates for higher specialist training have been amalgamated to reflect the way that HEE contracts these posts and uplifted by 3.1%. This additional increase is to recognise the additional financial impact of the introduction of an additional nodal point for ST6 and above from October 2020.

Implementation of the tariffs

- 2.39 DHSC expects HEIs, NHS placement providers and HEE work together to enable data sharing and activity assurance takes place to ensure correct payment of any tariff or other funding.

Lead employer models

- 2.40 Lead employers provide an outsourced Human Resources and payroll system for a number of postgraduate trainees. Providers hosting the post will receive the tariff payment and should refund the salary costs to the lead employer. Where there is agreement between lead employer and host, arrangements can be put in place via HEE for appropriate salary payments to be made direct to the lead employer.

Host providers/pooled support

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

Local prices

- 2.42 Appropriate local prices for any placements that fall outside the scope of the national tariff should be agreed between placement providers and commissioners. It may be appropriate to agree to use the published national tariff for some of this activity. Placement providers and commissioners should engage constructively to agree transparent local prices which are in the best interests of students/trainees.

Flexibilities

- 2.43 Placement providers and HEE can agree to adjust tariff prices and/or currencies in exceptional circumstances. This may be appropriate, for example;
- Where commissioners and providers agree on an innovative way of delivering placements; or
 - Where provision of training is necessary in a given location or type of placement provider.
- 2.44 In order to determine whether the provision of training is not economically viable, the provider must be able to demonstrate that:
- Their average cost of the training placement is higher than the national tariff;
 - The placement provider's average costs are higher than the national tariff price as a result of structural issues that are:
 - Specific to that placement provider, i.e. not nationally applicable;
 - Identifiable, i.e. the provider must be able to identify how the structural issues it faces affect the cost of the services;
 - Non-controllable, i.e. beyond the direct control of the provider, either currently or in the past (this means that higher costs as a result of previous investment decisions or antiquated estate are unlikely to be grounds for

justifying that the provision of training is uneconomic at the national price);
and

- Not reasonably reflected elsewhere in the calculation of national tariffs, rules or flexibilities.
- The placement provider is reasonably efficient when measured against an appropriately defined group of comparable placement providers, given the structural issues that it faces (if a provider is not reasonably efficient when measured against an appropriately defined group of comparable placement providers, it would have to demonstrate that its costs would still be higher than the national price, even if it were reasonably efficient); and
- The placement provider has tried to engage constructively with its commissioners to consider alternative training delivery models, and it is not feasible to deliver the training required at the national tariff.

2.45 Any tariffs that are varied from the national tariffs according to the flexibilities set out above will be published by HEE for transparency. Prices that are not equal to the national prices due to the provider's transition plan do not need to be published by HEE as tariff variations.

2.46 Where a small amount of placement activity is commissioned from a placement provider and the burden of administering the payment system to the placement provider would be disproportionately high compared to the appropriate tariff payment, then the commissioner and placement provider may agree to local support arrangements. This could see the continuation of existing local support arrangements, possibly on a payment in kind basis, equivalent to tariff value.

Queries

2.47 Any policy queries associated with the current and future development of the placement tariffs should be directed to the team at the DHSC mailbox at educationandtraining@dhsc.gov.uk.

2.48 Queries on the implementation and/or payment of the tariffs should be directed to your HEE local office in the first instance, and escalated to the HEE central team where necessary, using the HEE tariff mailbox at tariffs@HEE.nhs.uk.

Early planning for 2021-22

2.49 As part of early planning for 2021-22, we are exploring with stakeholders via the national tariff advisory group structures a number of options, including:

- More granular currencies from 2021-22 to enable the setting of different prices for different courses.
- Potential for price changes within the existing funding quantum.
- Potential expansion of the tariff mechanism into additional areas.

2.50 Further information will be made available in due course.

Annex A

Below are the uplifted salary contributions that HEE will pay for each post graduate placement in 2020-21. The grade structure has been revised to reflect the pay structure from the contract reform in 2016/7.

Hospital & Community Health Services (HCHS) salaries

Grade	Spine point (old contract)	2020-21 HEE Salary Contribution	2020-21 HEE Salary Contribution	2020-21 HEE Salary Contribution
		National £	Fringe* £	London £
F1	Minimum Point of the FHO1 scale	14,703	14,882	16,107
F2	Minimum Point of the FHO2 scale	18,237	18,333	19,641
ST1/CT1	Minimum Point of the StR scale	19,487	19,584	20,892
ST2/CT2	Point 1 of StR scale	20,679	20,776	22,084
ST3/CT3	Point 2 of StR scale	22,345	22,442	23,750
GPST1 Hospital	Point 1 of StR scale	20,679	20,776	22,084
GPST2 Hospital	Point 2 of StR scale	22,345	22,442	23,750
GPST3 Hospital	Point 3 of StR scale	23,352	23,449	24,756
GPST Hospital placement (point not specified)	Point 2 of StR scale	22,345	22,442	23,750
Above ST3 (higher training)	Weighted average across higher training grades	25,446	25,446	26,866

* Fringe is no longer applicable in the new junior doctor contract or used for higher training

Annex B

Scope of Undergraduate Medical Tariff for Secondary Care Clinical Placements

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

Principles

2. Undergraduate medical education in the United Kingdom has a defined set of outcomes set by the General Medical Council (GMC), which can be delivered through a variety of models. Funding arrangements for the clinical training should be based on the following standard set of principles that govern how the source of funding for medical education should be agreed.
3. These principles and accompanying source of funding table are a component of the Education and Training Tariff Guidance 2020-21, setting out what is covered by the tariff funding for secondary care clinical placements in undergraduate medicine.
4. Stakeholders are expected to adhere to these principles. However, where there are demonstrable benefits to education and training outcomes, arrangements should also try to facilitate flexibility, innovation, patient and public involvement and exposure to the full spectrum of clinical interactions and environments, in all years of the programme. It is expected that all local and national arrangements can only exist in the context of delivery of innovative or new models of educational delivery and learning experiences, and must be tripartite, between higher education institutes (HEIs), NHS placement providers and Health Education England (HEE).
5. Selection and assessment of medical students should involve NHS staff and general practitioners, as well as patients and carers, in order to reflect the diversity of the population served by the HEI.
6. Clinical placement funding to support publicly funded students should not be used to subsidise the costs of placement provision for students required to meet the full costs of their clinical placements. All medical students, regardless of how their education is funded, will have equal access high-quality clinical placements providing them with opportunities to progress and succeed in their higher education.
7. A clinical placement is any arrangement in which a student spends a block of time engaged in clinical learning in an environment that provides healthcare or related service to patients or the public.

8. Clinical placements take place primarily in a primary, secondary, or social care setting, but may also take place in charities, hospices and other non-NHS organisations including voluntary and independent sector organisations. Clinical placements often encompass active involvement in patient care, but they can also be classroom based to enable the required clinical placement learning or observing health or social care processes.
9. It is the type of activity, rather than the location of training or who is delivering it, that is relevant in deciding on the most appropriate funding source. For example, a component of clinical placement training would be tariff-funded even if it is delivered by an NHS clinician on university premises – and conversely, an academic component of medical education curriculum would be HEI-funded even if it is delivered by a clinician on NHS trust premises. Establishing and agreeing the source of funding is expected to be part of tripartite discussions and agreement between the HEI, the NHS trust and HEE, and will need to be timely, collegiate and transparent, and identified within the Tripartite Agreement in undergraduate medical education which is being introduced between HEE, HEIs and clinical placement providers.
10. Learning activity based in a clinical environment should generally be funded through tariff at a common rate, with a clear link between funding and the quality of the placements.
11. The facilitation and delivery of teaching and learning will inevitably make greater use of technology in future. Funding models should not prevent militate against such developments which will blur the boundaries between university and clinical environments and prevent duplication of effort, such as centrally provided webinars. HEIs must ensure that such developments that affect clinical placement providers are discussed and agreed with HEE and the placement provider to ensure that it is deliverable within the resources available.
12. The funding sources based on an undergraduate placement can be found in Table 1; these are:
 - academic funding (funded by HEIs through a combination of tuition fee loans and supplementary funding from the Office for Students)
 - Clinical placement tariff funding (funded by clinical placement providers, from tariff funding received via HEE)
 - Out of scope of the tariff (funded by HEE)
 - Dependent on locally negotiated arrangements

13. The table gives a clear distinction to guide the source of funding between:
 - requirements and activities of the academic curriculum
 - activities as part of clinical placements
 - activities and resource which include all healthcare learners (e.g. libraries)
14. HEE will be responsible for identifying and implementing the most appropriate funding routes for payments to placement providers. Avoiding a 'one-size fits all approach' allows HEE to implement differing mechanisms for payments where appropriate. For example, activity covered by Learning & Development Agreements (which will in future be replaced with the new NHS Education Contract) and involving a single placement provider will be able to be paid differently to activity where there are potentially multiple smaller placement providers involved. Such flexibility would be expected to deliver innovation in the delivery of the learning environment.
15. All clinical placements should be agreed and signed off by placement providers with consideration of the associated cost in clinical placement provision. Placement providers must demonstrate that such funding for clinical placements is being utilised for the delivery of such learning. It is expected that the funding provided for clinical placements will be managed through the Education Directorate and accountability reports on the use of such funding will be a requirement within the new Tripartite Agreement in undergraduate medical education between HEE, HEIs and clinical placement providers.
16. HEIs must ensure they involve the NHS placement provider budget holder in discussions on the provision of clinical placements, who must be able to identify, manage and control the costs of the placement. Transparency of usage of placement funding will be monitored by HEE. It is expected that there will be regular discussion between the placement provider, HEI and HEE on the quality of the placement learning environment and the achievement by learners of the required outcomes.
17. The Tripartite Agreement in undergraduate medical education between HEIs, placement providers and HEE, will be the national framework that ensures:
 - any agreed variations in funding arrangements; this may include but not limited to adjustments to reflect additional:
 - costs to trusts where they provide activity on behalf of other trusts across a region
 - services provided for undergraduate education, eg Objective Structural Clinical Examinations (OSCEs);

- HEIs have defined student learning outcomes for each placement, and educational providers must be able to facilitate students meeting those objectives;
- any changes to the delivery of curricula or assessment which have an impact on clinical placement capacity and delivery must be discussed and agreed with HEE and the placement provider to ensure that it is deliverable within the resources available; and
- the parties to the tripartite agreement have access to information on arrangements governed by the agreement, and in particular, on the funding allocated to placement providers.

Table 1: Source of Funding - Corporate Functions

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

ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
HR / Recruitment	Job description, advertisement, interview, appointment & Induction of Academic Staff and Defined Academic Lead Roles	HEI	
Finance	Relates to University funding and administration. Funding and payments to Clinical Teachers outside the Trusts are generated by Locality Teams.	HEI	
Staff Development - Academic	Essential activity which includes induction of staff, training and developing clinical teachers. Although this is mainly a College activity, because of the large number of NHS teachers, there needs to be some provision for this activity, if only to recognise their time. Ideally it should also facilitate some NHS staff who wish to undertake additional training.	HEI	
Staff Development - Clinical	Clinical teaching CPD e.g. Academy of Medical Educators	HEI and NHS (Tariff)	
Marketing & PR	Self-Explanatory	HEI	
Selection of medical students	Self-Explanatory	HEI	
Quality & Standards of education	Internal & External (GMC/Universities/QAA) quality assurance function. Mostly University but for clinical teaching, there is an element of peer review/observation which takes up Clinical Teacher time.	HEI	

ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Registry Services	Enrolment and documentation of students' progress towards graduation. Clinical elements include investigation of complaints and Fitness to Practice procedures (mostly dealt with by Sub Deans & Associate Deans)	HEI	
Staff DBS checks (previously CRB)	Associated with recruitment but removes need for NHS duplication.	HEI	
Assessment	Collation and review of assessment results	HEI	
Widening Participation	Process of expanding access to Medicine to suitable candidates who would not otherwise apply due to socio-economic reasons	HEI	
IT Services	University IT systems including email and other infrastructure systems	HEI	
E-learning	Technology-assisted learning, encompassing current methods such as telematics and virtual learning, as well as emergent related technologies that facilitate learning.	HEI and Locally negotiated arrangements	In cases of significant NHS support in relation to CPs
Library - University	Libraries are maintained at each campus.	HEI	
Library - Hospital	Libraries are maintained at all hospital sites - contributions to cover medical student use.	NHS (Tariff)	
Accommodation and Travel Committee Management	Detailed breakdown of relative contributions available. Room bookings, note taking, typing up minutes and following through actions. For some roles this will impact on Clinical Staff who are actively involved in Curriculum development etc.	NHS (Tariff) HEI	

Table 2: Source of Funding - Student Services

ALL funding arrangements need tripartite discussion between HEIs, NHS providers and HEE, and agreement by HEE.

ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Student Support, including DBS	Dealing with student disabilities, financial hardship etc. Also, pastoral support of students.	HEI and Locally negotiated arrangements	In cases of significant NHS support in relation to CPs
Student Counselling	Mostly available through University services, the students also have access to NHS counselling and Chaplaincy services. Therapeutic Counselling is provided for a limited period for some students and access is restricted to those referred to it by Occupational Health	HEI and Locally negotiated arrangements	In cases of significant NHS support in relation to CPs
Prizes & Awards	Includes prizes but also limited support for students to undertake approved activities	HEI and Locally negotiated arrangements	In cases of significant NHS support in relation to CPs
Student Occupational Health	Complex issue but essentially all clinical staff working with patients need to be vaccinated and checked for Blood Borne Viruses e.g. HIV, Hepatitis B before they are involved with invasive procedures to patients. Also provides specialised advice as to whether students with health problems are a risk to patients or themselves.	HEI and Locally negotiated arrangements	In cases of significant NHS support in relation to CPs
Careers Advice	Provided in close contact with HEE/Deanery, this service helps students find the right speciality. A requirement of the GMC, it also helps reduce problems later in their training and working lives.	HEI and Locally negotiated arrangements	In cases of significant NHS support in relation to CPs

Table 3: Source of Funding - Teaching and Learning

ALL funding arrangements need tripartite discussion between HEIs, NHS providers and HEE, and agreement by HEE.

ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Academic teaching	Academic content to be funded by HEIs	HEI	
Clinical Training in clinical setting	Clinical practice content that needs to be undertaken in clinical environment	NHS (Tariff)	
Equipment	Funding for equipment required to deliver education & training.	Locally negotiated arrangements	
OSCEs	Objective Structural Clinical Examinations. Examiners are largely NHS Clinicians. All examiners require training beforehand to maintain a fair and reasonable quality standard. Exams may take place in HEIs, NHS Trusts or on neutral territory e.g. hired conference facility.	Locally negotiated arrangements	
Electives	The Elective period is another student selected period of training. Some students go abroad (self- funded). Currently a proportion arrange local electives in the NHS but there is currently no payment to providers for this. There is a small number of medical students who go to other medical schools in the UK or abroad. The advisers who ensure that students have an adequate learning plan and risk assessment may be NHS Clinicians.	Locally negotiated arrangements	MSC Education Leads to explore alternative options for students to broaden their experience

Table 4: Source of Funding - Roles and Posts

ALL funding arrangements need tripartite discussion between HEIs, NHS providers and HEE, and agreement by HEE.

ACTIVITY	EXPLANATION OF TERM	RESPONSIBILITY FOR FUNDING	COMMENTS
Clinical Roles	Clinical placement leadership teaching and administrative roles.	NHS (Tariff)	
Academic Roles	All other roles	HEI	

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