



Department
of Health

Education & training tariffs

Tariff guidance for 2014-15

Publication withdrawn

This publication has been superseded by the [Healthcare education and training tariff: 2015 to 2016](#) guidance.

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Contents

Contents.....	4
Section 1 Overview	5
Section 2 Introduction to education and training tariffs.....	6
Section 3 Overview of non-medical, and secondary care undergraduate medical and postgraduate medical tariffs	7
Section 4 Non-medical tariffs.....	10
Section 5 Undergraduate medical tariffs (including graduate entry)	11
Section 6 Postgraduate medical tariffs	12
Section 7 Transition arrangements for non-medical, undergraduate medical and postgraduate medical tariffs	13
Section 8 Medical placements in GP practices.....	13
Section 9 Dental tariffs	14
Section 10 Operational matters	14
Section 11 Flexibilities	15
Section 12 Further information	16

Section 1 Overview

1. This guidance sets out the tariffs for education and training placements for 2014-15 and information on their implementation. The national tariffs in place for 2014-15 cover non-medical placements, and medical undergraduate and postgraduate placements in secondary care. The tariffs are applicable to placements which take place in England.
2. Where placements are not subject to the national tariff (eg placements outside England, or for specific course types as set out below), funding should be subject to local agreement.
3. You may also wish to refer to the following:
 - **Market Forces Factor:** Information on the Market Forces Factor (MFF) and its rate for each provider as published by Monitor in “A guide to the Market Forces Factor”¹.
 - **Benchmark Price:** Once finalised for 2014-15, Health Education England (HEE) will publish information on the Benchmark Price on the HEE website².
 - **Costing:** Information on costing education and training as published by HEE³.
4. For queries on the tariffs or their implementation, please contact your Local Education and Training Board (LETB) in the first instance, and then HEE if necessary on HEE.Tariffs@nhs.net.

¹ <http://www.monitor.gov.uk/nt> under “Supporting Documents”

² <http://hee.nhs.uk/work-programmes/resources/>

³ <http://hee.nhs.uk/work-programmes/resources/costing-education-and-training/>

Section 2 Introduction to education and training tariffs

5. The tariff-based approach was set out in *Liberating the NHS: Developing the Healthcare Workforce – From Design to Delivery*⁴, which stated:

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

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

In order to have a robust mechanism for setting future education and training tariffs, and to reduce the amount of cross subsidisation, we plan to set the education and training tariffs alongside the service tariffs in future. Although this is an important part of the new funding arrangements, it will take time to develop and embed the changes. We will therefore work with stakeholders to revise the reference costing methodology to identify the costs of delivering education and training alongside service costing. Until the tariffs can be based on the revised costings, we will seek to minimise the impact of the changes to education and training income to allow providers to plan accordingly.’

6. This guidance sets out the tariffs for 2014-15 for the following areas:

- Non-medical education and training
- Undergraduate clinical placements for medical students
- Postgraduate medical training programmes

⁴ <https://www.gov.uk/government/publications/developing-the-healthcare-workforce-from-design-to-delivery>

7. This guidance does not cover:
 - The Benchmark Price (BMP) for non-medical undergraduate tuition
 - Other exceptions set out in each relevant section
8. The tariffs for non-medical placements, and undergraduate medical placements in secondary care were introduced in 2013-14. In 2014-15 these tariffs remain unchanged. More information on these tariffs is set out in sections 4 and 5.
9. The tariff for postgraduate medical training is being introduced from April 2014 for the first time. More information on this tariff is set out in section 6.
10. The non-medical, undergraduate medical and postgraduate medical tariffs are subject to transition arrangements. More information on the transition arrangements is set out in section 7.

Section 3 Overview of non-medical, and secondary care undergraduate medical and postgraduate medical tariffs

11. Tariffs for non-medical and undergraduate medical placements were introduced in 2013-14. Tariffs for postgraduate medical placements are being introduced from April 2014. In order to manage the impact of the change in funding on providers, these tariffs are subject to transition arrangements. These arrangements are set out in section 7.
12. There are two component parts to the tariff – a placement fee and salary support. Tariffs for non-medical placements and undergraduate medical placements provide for only the placement fee. The tariff for postgraduate medical placements also includes salary support. In 2014-15, this will be 50% of basic salary costs. The salary contribution therefore increases in line with junior doctor salary rates. These rates are usually effective from 1 April each year, although they may not be published until after this date. Salary support for the professions covered by the non-medical placement fee is at HEE's local discretion.

13. A placement that attracts national tariff must meet the following criteria:

- be 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;
- meet the quality standards of the regulator and the commissioner;
- be quality assured in line with the commissioner's agreed processes;
- be direct clinical training (including any clinical exams) 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
- not workplace shadowing.

14. Time spent by students and trainees at organisations which does not meet this definition are not covered by the tariff.

15. The currency for the tariffs is a year's worth of placement, ie the tariffs fund a year's worth of placement at a provider. For example, if a provider took two students for half a year each, they would receive the full tariff, whereas if they took only one student for half a year, they would receive 50% of the tariff. Where LETBs make payments on the basis of "student weeks", the rate is likely to vary to reflect local placement practice.

16. The length of the placement will be determined by the time the student/trainee spends receiving the direct clinical training as defined within the outcome standards of the regulatory body.

17. The tariff applies to placements provided by any type of organisation (whether NHS funded or not), unless explicitly listed as excluded in this document.

18. The tariff applies to placements that take place in England. Placements that take place outside England but commissioned by HEE and the LETBs should be paid for at a locally agreed rate, although it may be appropriate to use the published national tariff.

19. The tariffs cover funding for all direct costs involved in delivering education and training by the provider, for example:

- Direct staff teaching time
- Teaching and student facilities, including access to library services
- Administration costs
- Infrastructure costs
- Education supervisors
- Pastoral and supervisory support
- Trainee study leave
- Health and well-being (excluding any occupational health assessments that are carried out by the university and funded separately)
- Course fees and expenses (where required as part of the training)
- Student/trainee accommodation costs

20. The tariffs do not cover:

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

21. This guidance sets out the categories of trainee who are and are not covered by the tariffs. Where a category of trainee is not covered by a tariff, the price paid to a provider for placements must be agreed between the commissioner and provider. It may be appropriate to use the published national tariff for some of these areas.

22. Although providers must be paid in line with the published tariffs, there are certain circumstances in which it may be appropriate to agree a variation in the tariff. Section 11 sets out more on agreeing a local variation to a tariff.

23. Responsibility for the payment of tariff and agreement for funding arrangements, will reside with the LETB that commissions the placement activity from the provider.

Section 4 Non-medical tariffs

24. The tariff for non-medical placements was introduced in 2013-14. For 2014-15 this tariff remains unchanged at £3,175 multiplied by the MFF.

25. Placements for the following trainees are covered by the tariff:

Nursing and midwifery

- Pre-registration nursing (adult, children's, learning disabilities, and mental health)
- Midwifery

Allied Health Professionals

- Chiropodist/podiatrist
- Clinical Psychologist
- Dietician
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Orthotists/Prosthetists
- Physiotherapist
- Radiographer/Radiotherapist
- Speech and Language Therapist

Healthcare science (HCS)

- HCS Practitioner Training Programme (PTP)
- Hearing aid dispenser/audiologist (ie remaining students on pre-Modernising Scientific Career programmes)

Other

- Dental Hygienists
- Dental Therapists

26. HEE may wish to provide salary support to providers to help them fund back-fill for employees who are seconded to training programmes that attract the non-medical tariff. This could include, for example, a healthcare assistant undertaking a nursing degree.

27. 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.

- Community nursing (health visitor, district nurse, school nurse, occupational health nurse, practice nurse, community psychiatric nurse, community mental health nurse, specialist community public 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

28. Where the tariff covers a particular type of non-medical trainee, this applies regardless of the setting of the placement. For example, nurse training placements in GP practices or in independent sector providers are covered by the tariff.

Section 5 Undergraduate medical tariffs (including graduate entry)

29. The tariff for undergraduate medical placements was introduced in 2013-14. For 2014-15 this tariff remains unchanged at £34,623 multiplied by the MFF.

30. The tariff is applicable only to students who are included within the Higher Education Funding Council for England (HEFCE) intake target of medical school places. Placements for students who are not within this target are subject to locally agreed funding arrangements. It may be appropriate to use the published national tariff for some of these areas.

31. The tariff is not applicable to:

- dental students (see Section 9)
- placements in GP practices (see Section 8)
- placements in hospices
- dental students on a medical placement (“medical for dental”) (see Section 9)

Section 6 Postgraduate medical tariffs

32. The tariff for postgraduate medical placements is being introduced from April 2014. The tariff is 50% of the basic salary costs (ie including on-costs) attributable to the post plus London weighting where applicable, plus a placement fee of £12,400 multiplied by the MFF. Please note that the 50% salary contribution is based on the salary for the post rather than the salary of the individual filling the post.

33. The national 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 (such as 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

Section 7 Transition arrangements for non-medical, undergraduate medical and postgraduate medical tariffs

34. The non-medical, undergraduate medical and postgraduate medical tariffs are subject to transition arrangements. This is in order to limit losses to providers on a year by year basis, compared to the funding previously received for education and training.
35. Transition arrangements have been notified to each NHS provider. Any variations to the transition plans have been agreed with and notified to providers. Where a provider has not been notified of a transition plan (for example, an independent sector provider), transition to the national tariffs should be agreed locally.
36. The transition arrangements account for the impact of pricing changes on the levels of activity at the time of transition. Any volume changes since the point of transition should be payable at the full tariff rate.
37. We are collecting reference costs for education and training in the summer of 2014 for the financial year 2013-14. Tariffs will be updated in future years based on the cost collection, although the timing of this will be dependent on the data quality. When the tariffs are updated, the transition arrangements will be revisited. Further information on this will be made available when applicable.

Section 8 Medical placements in GP practices

38. The tariffs described above do not include tariffs for medical placements in GP practices.
39. Work is on-going to develop medical education and training tariffs for placements in GP practices. We are working with a group of experts in general practice education and training to collect information about the costs of providing placements in GP practices, and to develop appropriate tariffs for this activity. We anticipate that these tariffs will distinguish between delivering different types of placements, for example, for medical students, foundation trainees and specialty registrars.
40. At present, the price paid for undergraduate medical placements in GP practices varies across the country, creating inequities. The introduction of a national tariff will address this and create a fair playing field.

41. While this work is underway, providers will continue to be funded using existing arrangements.

Section 9 Dental tariffs

42. The medical tariffs above do not cover placements for dental students and trainees.

43. A national indicative tariff was set for undergraduate dental placements in 2006, and this was reviewed locally in subsequent years resulting in locally agreed prices.

44. Undergraduate dental students on medical placements (“medical for dental”) are paid at locally agreed prices, under a separate funding stream to that for undergraduate medical or dental placements.

45. Postgraduate dental placements are out of the scope of the national tariff, and are paid for at locally agreed rates.

Section 10 Operational matters

46. **Market Forces Factor:** The national tariffs are calculated on the basis of average costs and do not take into account some features of cost that are likely to vary across the country. The tariffs are therefore adjusted by the MFF in order to compensate for the cost differences of providing training placements in different parts of the country. For simplicity, the MFFs are the same as those applicable to the service tariffs. Further information on the MFF, including the current rates, is published by Monitor⁵.

47. **Lead employer models:** Lead employers provide an outsourced HR and payroll system for a number of postgraduate trainees. The organisation hosting the post should receive the tariff payment and refund the salary costs to the lead employer. However, the host organisation may agree with the LETB for appropriate payments to be made direct to the lead employer.

⁵ <http://www.monitor.gov.uk/nt> under “Supporting Documents”

48. **Host providers/pooled support:** Where a provider hosts particular services, such as library services, the LETB may agree the basis for any recharges that the host provider wishes to make. If all the organisations within a LETB patch agree to a pooled support system they may agree that the LETB or other named organisation manage a proportion of the placement fee on their behalf.
49. **Local prices:** Local prices for placements not covered by the national tariff should be agreed between providers and commissioners. It may be appropriate to agree to use the published national tariff for some of this activity. Providers and commissioners should engage constructively to agree transparent local prices which are in the best interests of students/trainees.

Section 11 Flexibilities

50. Providers and HEE can agree to adjust tariffs or currencies in exceptional circumstances. This may be appropriate, for example:
- where commissioners and providers agree on an innovative way of delivering placements
 - where provision of training is necessary in a given location or type of provider, but is not economically viable at the national tariff.
51. 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 is higher than the national tariff;
 - The provider's average costs are higher than the national price as a result of structural issues that are:
 - Specific to that provider (ie not nationally applicable);
 - Identifiable, ie the provider must be able to identify how the structural issues it faces affect the cost of the services;
 - Non-controllable, ie beyond the direct control of the provider, either currently or in the past⁶; and
 - Not reasonably reflected elsewhere in the calculation of national tariffs, rules or flexibilities.

⁶ 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.

- The provider is reasonably efficient when measure against an appropriately defined group of comparable providers, given the structural issues that it faces⁷; and
- The 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.

52. 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.

53. Where a small amount of placement activity is commissioned from a provider, and the burden of administering the payment system to the provider would be disproportionately high compared to the appropriate tariff payment, then the commissioner and 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.

Section 12 Further information

54. For queries on the tariffs or their implementation, please contact your LETB in the first instance, and then HEE if necessary on HEE.Tariffs@nhs.net.

55. Frequently asked questions will be published on HEE's website⁸.

⁷ If a provider is not reasonably efficient when measured against an appropriately defined group of comparable providers, it would have to demonstrate that its costs would still be higher than the national price, even if it were reasonably efficient.

⁸ <http://hee.nhs.uk/work-programmes/resources/>