



Cynllun Addysg a Hyfforddiant (ETP) 2024-25

Atodiadau

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Atodiad A Dadansoddiad Gweithlu

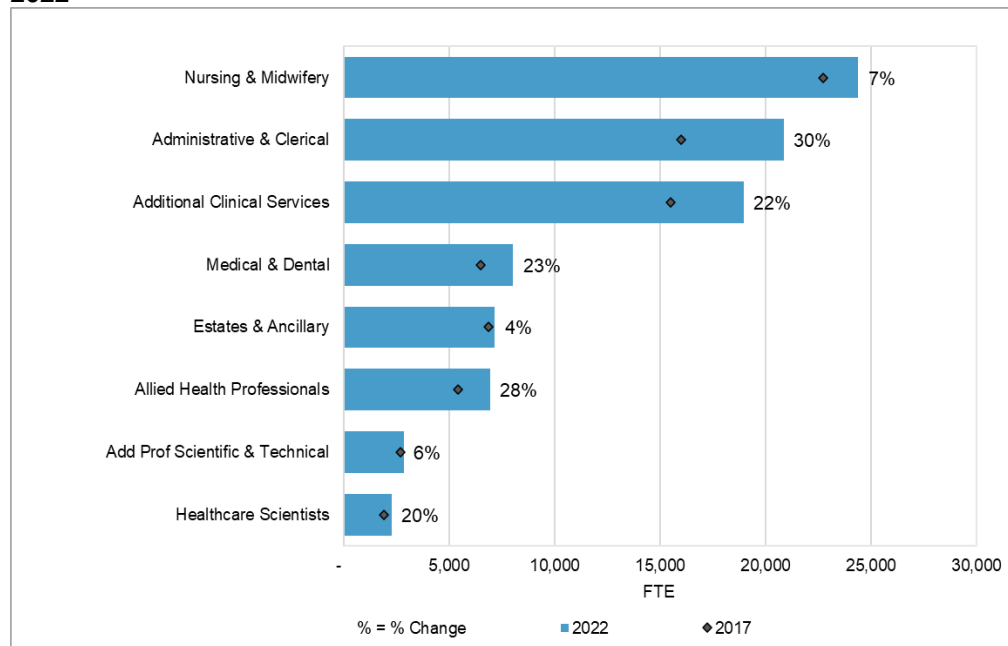
1. NHS Wales workforce context

The NHS Wales workforce is currently 91,492 Full Time Equivalent (FTE) and has risen year on year, with an increase of 17.8% since 2017. The single biggest increase in the workforce was seen between 2020 and 2021. More information on the shape of the workforce is contained within [NHS Wales Workforce Trends \(2022\)](#).

We regularly analyse key workforce trends, and the main trends to note are:

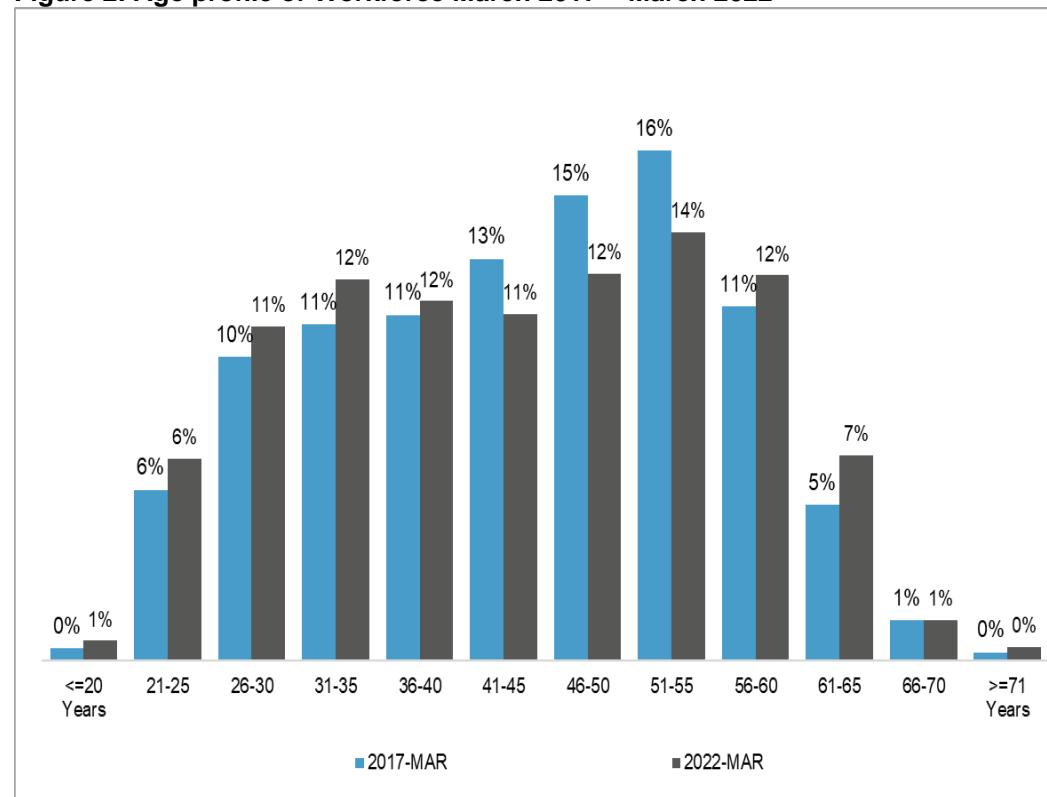
- Staffing numbers continue to increase across all staff groups. Nursing and Midwifery has seen an increase of 7%, and the Medical and Dental workforce has increased by 23%. (see figure 1)

Figure 1: Staff Group by FTE and Percentage change, March 2017 to March 2022



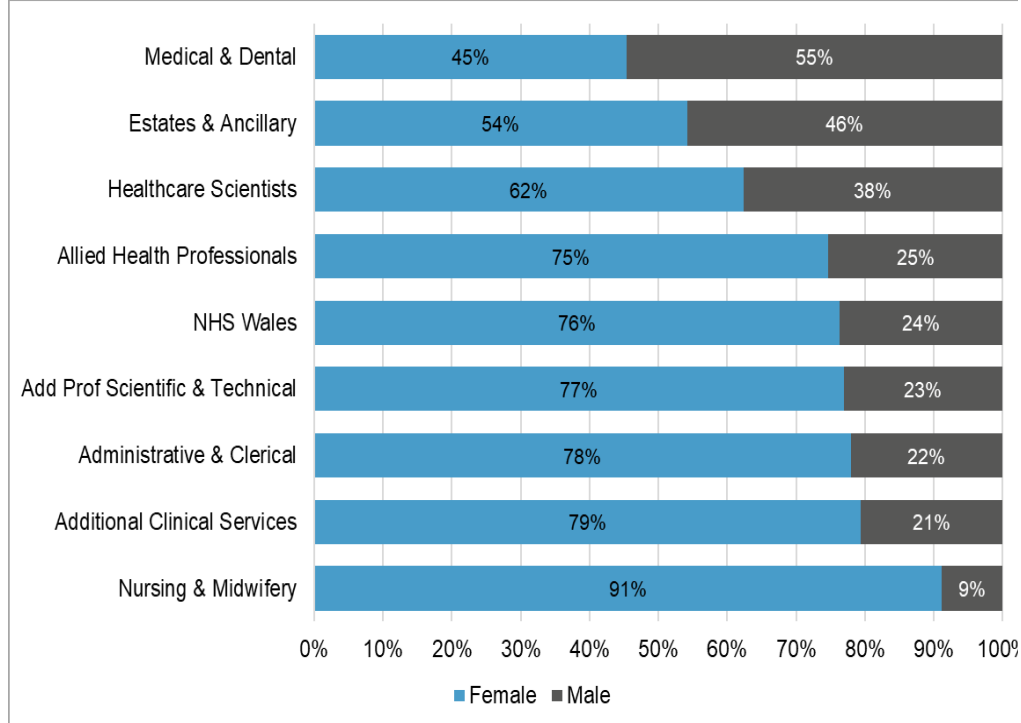
- The age profile of the workforce is changing, the proportion of staff in the 41 to 55 age band has decreased, but there has been an increase in the 56-65 age band, with a 4.3% increase in the Nursing and Midwifery staff group. There has also been an increase in the below 41 age band, which now accounts for 42% of the workforce. (see figure 2)

Figure 2: Age profile of Workforce March 2017 – March 2022



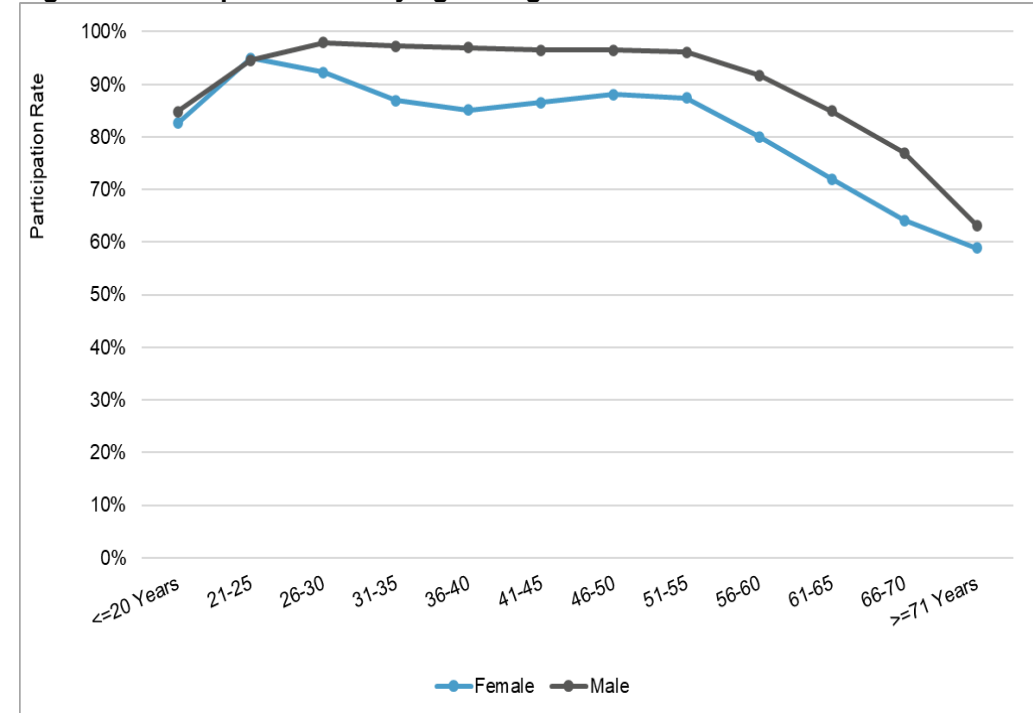
- The NHS Wales workforce is predominantly female, accounting for 76% of the total workforce across all staff groups. Nursing and Midwifery has the largest percentage of females, where females account for 91% of the workforce. (see figure 3)

Figure 3: Gender profile of staff group – March 2022



- Participation rate is a percentage of part time working. Rates for the female workforce are generally lower than for the male workforce, between the ages of 21-25 the participation rates for both female and male is 95%, and from the ages of 51 the participation rate steadily decreases for both genders. (see figure 4)

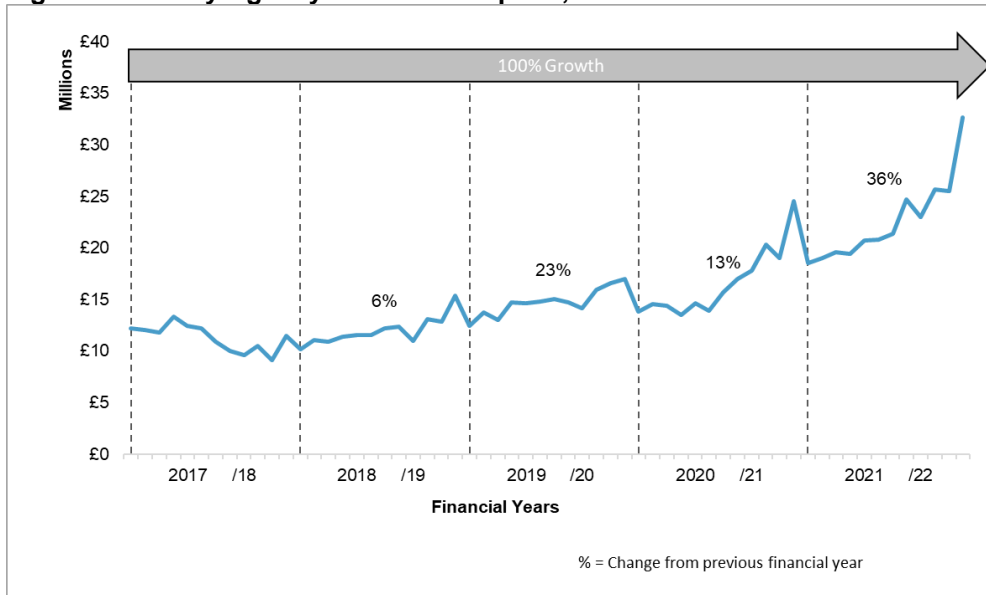
Figure 4: Participation rates by age and gender – March 2022



- The cost of the total NHS Wales workforce (including agency and locum) for 2021-22 was £5.1 billion¹. For the past 5 years the total pay bill has increased year on year, with a 29% increase in 2021-22 compared to 2017-18.
- Since March 2017-18 the overall growth in agency and locum spend is 100%, increasing from £136 million to just over £271 million. Nursing and Midwifery accounts for the biggest locum and agency spend and has seen a significant increase from £51 million in 2017/18 to £133 million in 2021-22. (see figure 5)

¹ NHS Wales Financial Monitoring reports – Pay Bill

Figure 5 Monthly Agency and Locum Spend, 2017-18 – 2021-22*



*Data Source: NHS Wales Financial Monitoring Returns

- The NHS Wales rolling sickness rate has increased from 5.2% in 2017/18 to 6.7% in 2021-22, and historic analysis of sickness shows that the rate for 2021-22, during the second wave of COVID, is the highest NHS Wales has seen since the inception of ESR over 16 years ago. The overall sickness rate has increased for every staff group.

Horizon scanning has identified eight core themes likely to impact on our future workforce and the development of the ETP:

1. Global Trends (e.g. aging workforce, increasing no of part-time/flexible working request)
2. Critical Workforce Points & Shortage Professions
3. Population changes and Labour Market Intelligence (from 2021 Census)
4. The impact of Covid
5. The cost-of-living crisis
6. The impact of Brexit
7. Climate change and the climate crisis
8. Technology and the digital agenda.

Further information on the Wales population estimates, labour market intelligence, changes to working behaviours and the analysis of the IMTPs are included in [Appendix A]

NHS Wales will need to address the backlog of people waiting for planned care and increased waiting lists across several specialties. It is recognised that workforce availability both in terms of numbers and skills will be a challenge over the forthcoming years. Training and developing the skills and competence of our existing workforce alongside training the next generation of NHS Wales workers will be key and are supported by the ETP. The contribution of education and training to national programmes Care has been outlined in Chapter 4.

1.1. Foundational Economy

We recognise our responsibilities to address the individual needs of each NHS Organisation whilst, where appropriate, supporting a once for Wales Approach regarding education and training and to ensure we are a major contributor to the foundational economy in Wales, both through direct funding into the education and training sector and by promoting access to high-quality employment and supporting the 'grow your own' workforce.

Pivotal to support the foundational economy is increased local education. From 2022 we have commissioned two more Adult Nursing programmes in Wales that will help to attract people who previously may not have been able to access this training. There is a full-time programme to service HDUHB North delivered by Aberystwyth University and a dispersed training programme in HDUHB and PTHB. The dispersed model will require HEIs to deliver training locally to people based in these Health Boards.

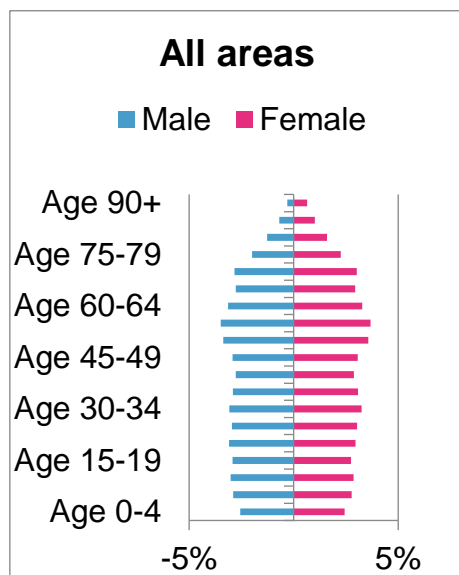
We continue to work in partnership to recruit higher numbers of local students who understand the local population and community needs. This coupled with an increase in more flexible educational pathways through dispersed learning will ensure there will be more opportunities for NHS Wales to fill vacancies from Welsh University graduates.

Emphasis has also been given to recruit students from disadvantaged areas of Wales and from hard-to-reach communities, whereby a financial incentive is incorporated to enable greater support to those students from the lowest Welsh Index of Multiple Deprivation communities in Wales.

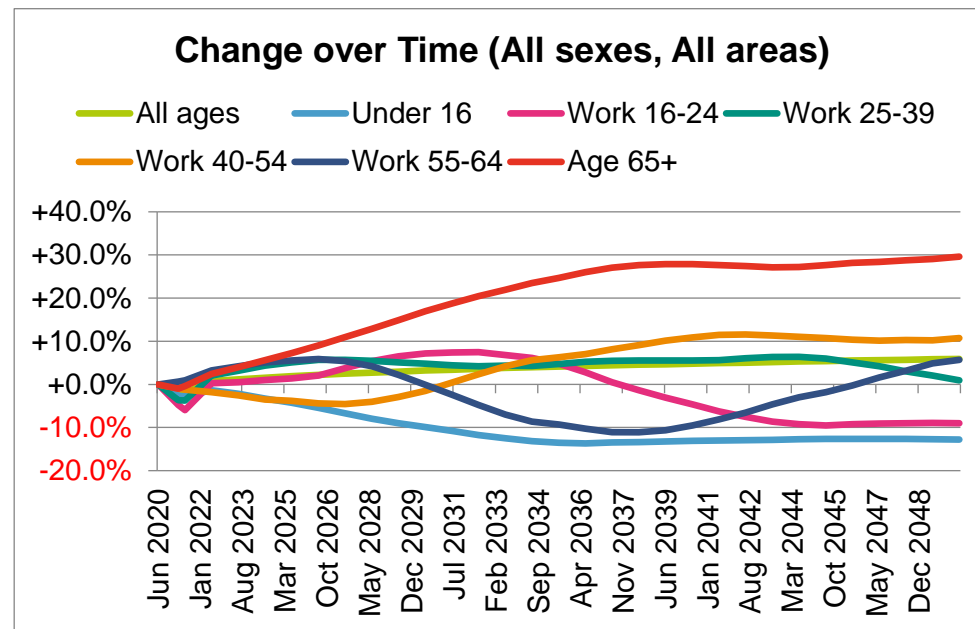
2. Wales Population Estimates

Analysis of the 2021 Census highlights the following trends:

- The population of Wales is 3,107,489, with a growth of 44,033 or 1.4% since the 2011 census (compared to 6.6% in England).
- The population in Wales is ageing, with those aged 65+ increasing by 17.7%, those aged 16-24 down by 12.0%, and those aged under 16 down by 1.5%.
- The median age of the population has increased from 41 in 2011 to 42 in 2021 (compared to 40 in England).
- Based on the population aged up to 18 at the 2021 census, the number of 18-year-olds in subsequent years shows an increase of 7.1% (+2,465) by 2029, followed by a sharp fall of 18.1% (-6,250) by 2050.
- Since 1991, the population of Wales has grown by 8.1% (+234,089), with significant decreases in the under 30 population (including -12.5% in age 0-9 and -9.8% in age 20-29) and significant increases in the age 50+ population (including +41.7% in age 50-59, +37.9% in age 70-79, +45.8% in age 80-89 and +132.1% in age 90+).
- The dependency ratio (which compares the economically dependent population, ages 0-14 and 65+, to the economically productive population of ages 15-64) has increased from 54.6% in 2011 to 60.9% in 2021 (compared to 55.8% in England).
- The population is 48.9% male and 51.1% female, with the gap widening by 0.3% since 2011 - females tend to live longer than males and the age profile (shown on the left) shows a clear population bulge in the older ages.



The latest official population projections up to 2050 (and based on the 2020 population estimates), show that the actual population in 2021 was lower than predicted and the 2020 population estimate, and that subsequent population projections are being revised. Ahead of this, the projected population changes from 2020 are illustrated below, with the 2021 census included.



There is a significant increase in the population aged 65+ until 2038 when the population bulge from the baby-boom years begins to decline, as this generation passes away. There is an apparent reduction in the younger population (under 16 and 16-24) and continued growth in the older population. This could lead to an increase in demand for healthcare as the population ages combined with a decline in the younger generation which may impact supply of workforce to meet the demand.

3. Labour Market Intelligence

The labour market has suffered significant disruption in recent years, due to the pandemic and the ending of freedom of movement for EU citizens. There have been noticeable increases in economic inactivity including due to long-term sickness, as well as increased competition for workers to fill job vacancies.

In March 2023, there were 486,810 economically inactive people in Wales. The average long-term trend in economic inactivity has been largely flat for males and downward for females but has risen sharply (+19.5%) since the start of 2022 (compared to a 0.9% rise across the UK). Since the start of the pandemic, economic inactivity for females in Wales has increased significantly across all working ages (18-64) and has risen significantly for males aged 25-34. The pattern across the UK is different to Wales, where the rates are up for males and slightly down for females.

Since 2010, economic inactivity due to long-term sickness has decreased slightly for males but increased by 25.2% for females. Of all those who are economically inactive, nearly 20% (1,746,100 people across the UK, which equates to over 95,000 people in Wales) want a job.

4. Changes to working behaviours

Before the COVID-19 pandemic, there was evidence that advances in technology had set a trend of greater flexibility in working practices, including in part-time working. The experiences of employers and employees during the pandemic has accelerated this shift to greater flexibility and in attitudes to work and working².

In March 2022 the Welsh Government published *Smarter Working: a remote working strategy for Wales*³. The Strategy notes that the Coronavirus (COVID-19) pandemic accelerated the move to remote

² [cranfield-the-future-of-flexible-working.pdf \(cbi.org.uk\)](#)

³ [Smarter working: a remote working strategy for Wales How we will encourage remote working across Wales](#) March 22

⁴ [Characteristics of homeworkers, Great Britain - Office for National Statistics \(ons.gov.uk\)](#)

working. The strategy outlines the Welsh Government approach to achieving 30% of the Welsh workforce working at or near to home in this Senedd term. The impact that this strategy will have on the NHS Wales Workforce is unclear at this stage, however, recent data from the ONS indicates that throughout 2022 the percentage of working adults reporting having worked from home varied between 25% and 40% across the UK, without a clear upward or downward trend and indicating that homeworking is resilient to pressures such as the end of restrictions and increases in the cost of living⁴. For Wales, in the period September 2022 – February 2023 42% of respondents in the Opinions and Lifestyle Survey reported as home or hybrid working⁴.

The CIPD has identified that whilst there was an increase in requests for homeworking, there had not been a similar rise in other forms of flexible working. In fact, the number of workers in a job-share, working flexitime, compressed hours, part-time hours, term-time working, annualised hours and zero-hour contracts has decreased or remained stagnant⁵. An ONS analysis of the average hours worked across the UK over the past decade shows changes in the average hours worked in full time jobs, decreasing from 37 in 2010 to 36.6 in March 2022 with little change at 36.4 in March 2023. At the same time, the average part time hours have gradually increased from 15.6 in 2010 to 16.8 in March 2022, and with little change to 16.7 in March 2023⁶.

Pension changes over recent years, including the McCloud judgement (2018) and changes to the ages at which people can retire and draw their full pension entitlement, may lead to changes in retirement behaviours. The average age of retirement currently within NHS Wales is 63 for males and 64 for female, however, future changes to pensions and state pensionable age may change the average age of retirement. This will need to continue to be monitored to explore whether the recent changes to

⁵CIPS Trends in Flexible Working, <https://www.cipd.co.uk/knowledge/fundamentals/relations/flexible-working/trends>

⁶ [HOUR01 SA: Actual weekly hours worked \(seasonally adjusted\) - Office for National Statistics \(ons.gov.uk\)](#)

pensions and pension flexibilities have any impacts on retirement behaviours, especially given the numbers still due to reach 60+ within our workforce and whether this impacts on the participation rates of older workers.

5. Analysis of Integrated Medium-Term Plans and Workforce Planning Questions

This year, organisations were required to submit three-year IMTPs and HEIW requested organisations to respond to 6 high-level workforce planning questions that would support their education commissioning requests and provide additional, focussed workforce information regarding retirement, recruitment, part time working, workforce transformation, development of the multidisciplinary team and small speciality areas. The organisations have identified a number of common trends, concerns and challenges and a number of workforce challenges, including:

- Workforce shortages across 5 staff groups, both current and future.
- High level of retirements over the next 5 years in roles where there are high levels of vacancies, including nursing, pharmacy, pathology services, ODPs and smaller specialisms such as dietetics, neurophysiology, respiratory physiology, and cardiac physiology.
- Development of new roles within existing multi-disciplinary teams e.g., CAAPS and Psychological Well-Being Practitioner roles in Mental Health services, first contact roles such as Physiotherapy, Dietetics and Audiology within primary care.
- Development of advanced and consultant practice including ANPs, ENPs, Consultant Practitioner roles across nursing, pharmacy and therapies professions.
- Increasing skills sets of the existing support worker workforce including the development of the skills of Healthcare Support Workers and Assistant Practitioners across acute, primary care and district nursing. There are increasing numbers of support workers in Dietetics and Radiology.
- Providing routes for Assistant Practitioners to develop into roles such as Nursing, Biomedical Scientists and Pharmacy Technicians.

- Smaller speciality areas reporting workforce challenges include psychology, speech and language therapy, radiology, cardiac physiology and theatres staff.
- Increased numbers of leavers with organisations citing reasons for leaving include work-life balance.
- Staff retention is fundamental alongside the need to understand why people leave.
- Increased requests for part time and flexible working.
- The continued impact of Covid-19 pandemic on the workforce across NHS Wales, including wellbeing of staff.
- Patient demand and workload increase with organisations reporting widespread pressure on diagnostics, cancer and mental health services as backlogs are tackled.

There is consensus across IMTPs of the need to develop a better long-term workforce strategy, enabled by access to better quality and reliable data and improved management skills to identify, plan and prepare the future workforce. The emphasis within the IMTPs is less about the numbers, and more about the shape of the future workforce.

Recruitment across organisations continues to be challenging, with significant national shortages and longstanding gaps in specialist professional roles which are impacting on the delivery of key programmes of work including diagnostics, cancer, urgent and emergency care and mental health. Whilst many of the organisations are developing attraction plans for targeted services, building international pipelines and considering innovative recruitment methods, all are recognising the need to retain and develop the existing workforce (including recognising the contribution of the support worker workforce), the need to reduce turnover and emphasis on “growing your own” via apprenticeship routes and widening access. There is recognition of the significant impact on staff wellbeing and satisfaction in the current circumstances and the importance of supporting the physical, mental, and emotional well-being of staff.

Quality and patient safety is a focus across organisations with the Duty of Quality aim of improving quality and purpose for patients. All organisations state their ambition to work differently, transforming traditional roles, promoting development, advanced practice and top of license working. The development of new roles features across the IMTPs, including Physician Associates, Clinical Associate in Applied Psychology (CAAP), Anaesthetics Associates and Assistant Practitioners plus extended roles, including Pharmacy Technicians and developing support worker roles.

In terms of key pressures and specialisms requiring the most urgent attention, the IMTPs made repeated references to the same clinical areas:

- Improving diagnostic capabilities to meet referral demands through the development of Regional Diagnostic Centres.
- Primary and Community Care sustainability is one of the critical areas for recovery and improvement.
- Improving single cancer pathway and reducing waiting times.
- Improving clinical outcomes in circulatory diseases including stroke and heart disease.
- Reviewing and streamlining of mental health services to ensure services can match increasing levels of demand, with a community focus.
- Improving community/at-home care through increasing SDEC, ambulatory and palliative care to shift resources from acute to community based-care.
- Extensive delays for orthopaedic referrals & treatment – focus on addressing backlog and unmet demand.
- Focus on increasing use of technology (including AI) to reshape professions and the shape of the workforce.

Through our Education & Training Plan and IMTP, we will support organisations to address these pressures.

⁷ [Health and wellbeing at work | CIPD](#)

⁸ [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](#)

6. The Impact of Covid and post-Covid workforce

As outlined in the last HEIW Education and Training Plan, the Covid pandemic continues to impact on the workforce and longer-term changes are yet to become clear, particularly around workforce trends and behaviours such as seen with the increase in remote and flexible working as noted earlier.

As more data emerges other changes are being identified including the longer-term impact on employee health and wellbeing⁷ such as long covid. Data from the ONS suggests that an estimated 2.1 million people, or 3.3% of the population, had self-reported long symptoms of Covid-19, as of 1st October 2022. As a proportion of the UK population, the prevalence of self-reported long COVID was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those aged 16 years or over who were not working and not looking for work, and those with another activity-limiting health condition or disability⁸ which will be contributing towards the increased inactivity numbers in the labour market. Ongoing monitoring will be needed to identify if this trend continues in the longer-term.

a. Impact of Covid on Education, Training and Development

Extended working from home has offered considerable challenges for maintaining consistent standards of experiential training, which has had an impact on learners and potentially may also have longer-term consequences both for learners and continued professional development. The Institute for Employment Studies reports in their *Work After Lockdown Study*⁹ that employers will need to focus more on training, learning and skills development to ensure their workforce is agile and ready to learn new skills as working practices change, including increasing investment in content and innovative modes of delivery to suit new working patterns.

One indicator of the impact of the challenges experienced by learners during the pandemic may be the increased attrition rate of students e.g.,

⁹ [Work After Lockdown: No Going Back — Work After Lockdown](#)

the 2021-22 nurse attrition rate in Wales was 16.9%. Whilst this figure is lower than England's average nurse attrition rate of 24%, the rates are higher than pre-pandemic levels, and HEIW continues to work collaboratively with universities to reduce attrition rates.

The impact of social isolation during the pandemic continues to affect workforce behaviours with 51% of Gen Z¹⁰ who are just coming into the workforce indicating that their education has not prepared them to enter the workforce, missing out on soft skills such as negotiating, networking, speaking confidently and developing social stamina and attentiveness to work for long periods of time.

7. Other findings and trends identified from horizon scanning and research

In addition to the core findings and trends identified as part of the horizon scanning process for the Education & Training Plan, a further three themes have been continually seen in the research undertaken, as follows: -

a. The Cost-of-Living Crisis

The impact of the cost-of-living crisis is being felt by an NHS workforce already coping with Covid fatigue, with serious concerns that the workforce is less likely to be resilient to cope with the stress associated with increasing financial strain. It is expected that the cost-of-living crisis will impact upon the mental, physical and financial wellbeing of NHS staff, with increasing levels of sickness absence, including absences attributed to staff struggling to afford to come into work¹¹. Increasingly, NHS staff are opting out of their NHS pension due to the cost of contributions when household budgets are already being squeezed, and with serious longer-term implications regarding the affordability to retire and the need to work for longer.

In addition, ongoing pay disputes are likely to affect attraction numbers into the workforce and may be impacting upon retention rates. NHS staff received below-inflation pay awards for 2022-23 - the real terms impact of

¹⁰ [Gartners Future Trends for 2023](#)

¹¹ Rising living costs: The impact on NHS, staff and patients (September 2022) by NHS Providers

which is compounded by high levels of inflation which have worsened morale and are making it harder than ever to recruit and retain staff. The cost-of-living crisis is also impacting upon those looking to enter the NHS workforce in the near future, as increasing numbers of students are considering leaving university due to higher food and accommodation costs.

b. Climate Change and the Climate Crisis

Climate change has been identified as the most important health issue of the century. Over the next few decades, it will increasingly threaten the health and wellbeing of people and communities across the globe, as well as placing health services under growing pressure on multiple fronts. The effects of extreme weather, such as heatwaves, flooding, wildfire, storms and drought on physical and mental health are all likely to increase in frequency and severity in coming years. In addition, there are serious concerns regarding the changing patterns of disease (including malaria and dengue fever) brought about as a direct result of climate change, plus the impact of reduced pollination and crop failure leading to food shortages and rising prices of food.

c. Technology and the Digital Agenda

The move towards the increasing digitalisation and use of artificial intelligence has featured prominently in our horizon scanning, with potential benefits to the healthcare workforce expected to be realised in the reduction of the administrative workload for clinical staff, as well as diagnostic applications that can improve outcomes for patients. Taking a conservative estimate, it is thought that around 15% of current work hours in healthcare could be automated¹² by 2030 across the United Kingdom. (29% of the time of pharmacy, medical and clinical laboratory technicians; 26% for dental assistants; 23% for pharmacists and medical records technicians; 21% for radiation therapists and medical and clinical laboratory technologists; 19% for dieticians and nutritionists; 17% of audiologists).

¹² Disconnected? Exploring the Digital Skills Gap (2022) published by World Skills UK

There is also significant employer demand for digital skills, alongside literacy and numeracy. Basic digital skills have become essential skills for the modern world of work with many employers now requiring advanced digital skills. In addition, demand for digital skills goes well beyond the digital sector - while demand for digital skills is particularly high in some sectors (i.e., IT and communications) it is notable that in every sector, there is a near universal demand for basic digital skills, and significant demand for advanced digital skills. Many employers already face significant digital skills gaps, particularly relating to advanced digital skills and this is likely to worsen in the near future.

RECOMMENDATION FORMING PROCESS

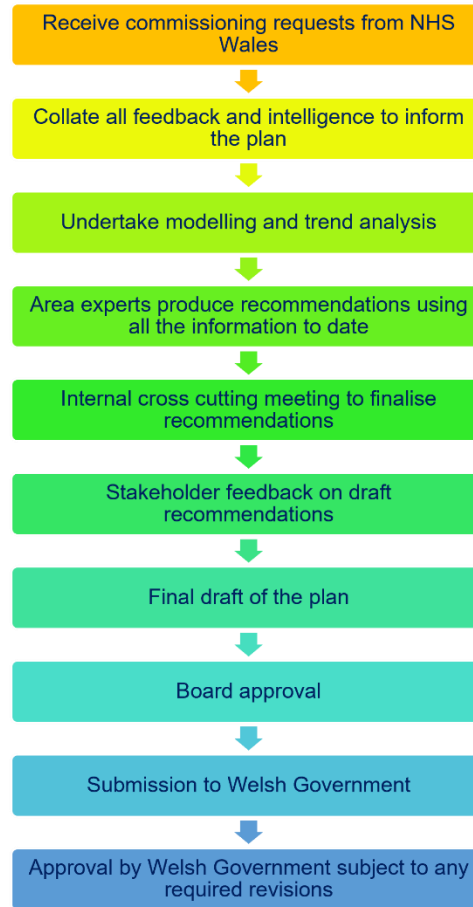
PLANNING APPROACH

- The established process takes a blended bottom-up/top down approach to creating the plan
- It considers strategic and national priorities
- It is developed from workforce plans from NHS Wales organisations

Health boards and trusts provide information about their local requirements then other information is fed into the process including:



PROCESS



RECOMMENDATIONS WILL CONSIDER HOW TO:

- Meet **local need**
- Make healthcare education **more accessible** to a wider range of students
- Provide **more routes** through to Registration
- Build stronger **tripartite arrangements**
- Cross-working with **primary, community & social care**
- **Inter-professional** across Wales
- Improve opportunities re: **technology & digitalisation** in the delivery of education & care
- Build a **sustainable and flexible** health and care workforce for the future
- Shape the workforce to **deliver care closer to home** and to better align service delivery
- Improve **quality and safety** by supporting NHS Wales organisations find long-term more sustainable workforce solutions for priority service delivery challenges
- Demonstrate **value from investment** in the workforce and the organisation
- Enhance the use of the **Welsh language** within health education across Wales
- Development of **new roles**

Atodiad C Tueddiadau Addysg a Hyfforddiant

Staff Group	2024	2023	2022	2021	2020	2019	2018
Pre-Registration Nursing	2400	2701	2202	2202	1,987	1,911	1,911
Midwifery	224	190	185	185	161	134	134
District Nurses	65	80	80	80	80	80	80
District Nurses (Modules)	149	123	123	123	123	123	123
Health Visitors	82	92	92	92	92	92	90
Health Visitors (Modules)	22	30	30	30	30	30	30
Community Psychiatric Nurses	0	30	30	30	30	30	30
Community Psychiatric Nurses (Modules)	20	60	60	60	60	60	60
Community Learning Disability Nurses	0	0	0	0	0	0	0
Community Learning Disability Nurses (Modules)	0	10	10	10	0	10	10
School nurse	30	30	30	30	19	19	19
School nurse (modules)	0	0	0	0	3	3	3
Practice Nurses	10	30	30	30	20	20	20
Practice Nurses (Modules)	30	50	50	50	29	29	29
Children Community Nurse (Part Time)	10	0	0	4	0	0	0
Paediatric nurses	0	0	0	0	7	0	0
Children Community Nurse (Modules)	25	24	24	24	10	24	24
Occupational Therapists	197	197	179	179	163	133	133
Physiotherapists	180	180	174	174	164	147	147
Speech & Language Therapy	55	49	49	49	49	44	44
Dietetics	55	60	40	40	40	30	30
Post grad. Dietetics	20	22	20	20	20	12	12
Podiatry	27	27	27	27	24	24	24
Orthoptics	0	0	0	0	5	5	5
Clinical Photography (new for 24-25)	11	9	0	0	0	0	0
Medical Photography	0	0	0	7	5	5	5
Operating Department Practitioners (ODP's)	69	62	49	49	49	49	49

Staff Group	2024	2023	2022	2021	2020	2019	2018
Surgical Care Practitioners	0	0	0	0	0	0	0
Physicians Associate	52	57	54	61	60	42	32
Clinical Psychologists	44	40	36	32	29	27	27
Pharmacists - Pre-Registration	0	0	0	160	40	50	41
Pharmacists Dip & Techs	0	0	0	77	99	85	75
Dental Hygienists	30	30	33	18	18	18	18
Dental Therapists	24	15	13	13	13	13	13
Ambulance Paramedics	127	120	116	105	115	85	76
Diagnostic Radiographers	125	140	140	166	140	112	112
Therapeutic Radiographers	18	20	26	26	22	20	20
Asst Practitioners Radiography	10	10	12	12	12	12	12
Practitioner Training Programmes							
BMS - Blood/Infection/Cellular/Genetics	28	26	25	25	24	21	21
HE Cert in Audiological Practice	8	10	15	13	15		
Clinical Physiologists - Cardiac Physiology/Audiology/Respiratory and Sleep Science	49	48	44	44	39	45	47
Neurophysiology	4	4	3	3	4	3	3
Medical Radiation Techs - Nuclear Medicine & Radiotherapy Physics	6	6	3	6	3	3	3
Clinical Engineering in Rehab	2	6	4	4	2	3	3
Medical Engineering	2	0	4	4	0	0	0
Scientist Training Programme							
Audiology	7	5	5	5	6	6	3
Neurophysiology	3	2	2	2	0	2	2
Respiratory and sleep science	7	6	2	2	1	3	
Reconstructive Science	1	1	1	0	0	1	
Cardiac Science	7	9	7	7	3	1	3

Staff Group	2024	2023	2022	2021	2020	2019	2018
Haematology and Transfusion Science	0	1	0	0	1		
Biochemistry	1	1	1	0	4	2	0
Cytogeneticists	0	0	0	0	0	0	0
Medical Physics/Radiotherapy Physics/ Imaging with Non-ionising Radiation (INIR)/ Imaging with ionising Radiation (IIR)	9	11	8	11	7	3	3
Genomics	3	1	2	1	1	1	1
Cancer Genomics	2	1	1	1	1	1	1
Genomic Counselling	0	1	0	1	2		
Bioinformatics	3	5	2	1	1	1	2
Tissue Typing/Immunology/Histocompatibility	0	0	1	0	0	0	0
Clinical Engineering/ Device Risk Management and Governance (DRMG)/rehab	4	5	4	3	2	1	2
Cellular Science/Embryology/Andrology	0	2	0	1	1	2	0
Clinical Microbiology	4	0	0	0	2	0	3
Clinical Pharmaceutical Science	1	2	3				
Vascular Science	1						
Histopathology	2						
Higher Specialist Scientific Training Programme							
Life Sciences - Genetics/Genomics	0			0	0	0	0
Microbiology/infection	5	1	1	2	1	0	1
Life Sciences - Molecular Pathology of acquired disease	0			0	0	0	1
Life Sciences - Clinical Biochemistry	0	1	1				
Physical Sciences and Biomedical Engineering - Medical Physics (Radiotherapy/radiation protection)	5	1	1	2	1	1	1
Physical Sciences and Biomedical Engineering - Clinical Biomedical Engineering	1			0	0	1	0
Bioinformatics			1	2	0	1	
Respiratory and sleep	5						
Physiological Science (Audiology/Vascular/Cardiac)	0	1	5	0	1	0	0

Staff Group	2024	2023	2022	2021	2020	2019	2018
Histocompatibility & Immunology	0	1		0	3	1	0
Clinical Biochemistry	0						
Neurophysiology	2						
Virology	0						
Vascular science and imaging	1						
Transfusion Science/Haematology	1	1	1	0	0	0	1

Atodiad D Crynodeb o'r gwaith ymgysylltu a wnaed

Members of the Stakeholder Reference Group whose information was fed into both the original and revised plan

- (BAOT) Occupational Therapy
- Academy for Healthcare Science (AHCS)
- Academy of Royal Medical Colleges
- Association for Respiratory Technology and Physiology (ARTP)
- Association of Clinical and Reproductive Scientists (ARCS)
- BDA (British Dietetic Association)
- Board of Community Health Councils
- British Association for Music Therapy
- British Association of Art Therapists
- British Association of Drama Therapists
- British Association of Prosthetists and Orthotists (BAPO)
- British Dental Association
- British Medical Association (BMA)
- British Psychological Society (BPS)
- British Society for Histocompatibility and Immunogenetics (BSHI)
- Chair - HEIW
- Chief Medical Officer
- Chief Nursing Officer
- Chief Operational Officer
- Chief Scientific Adviser for Health
- Chief Therapies (Allied Health Professions) Adviser
- Coleg Cymraeg Cenedlaethol
- College of Optometrists
- College of Paramedics
- Colleges Wales - Colegau Cymru (Merthyr)
- Directors of Therapies and Healthcare Science
- Diverse Cymru
- DWOD
- Executive Directors of Primary, Community and Mental Health Peer Group
- Health Board Chief Pharmacist
- HEFCW
- Independent Board Members (HEIW)
- Institute of Biomedical Science (IBMS)
- Institute of Physics and Engineering in Medicine (IPEM)
- Medical Deanery Lay Representatives
- Medical Directors
- Medical Schools
- Pharmacy Schools Council
- Pharmacy Trainee
- RCOP (Royal College of Podiatry)
- RCN (Royal College of Nursing)
- RCOT (Royal College of Occupational Therapists)
- RCPCH (Royal College of Paediatrics and Child Health)
- RCSLT (Royal College of Speech and Language Therapists)
- Royal College of General Practitioners
- Royal College of Physicians
- Royal College of Surgeons Edinburgh
- Royal Pharmaceutical Society
- Social Care Wales
- Society of Radiographers

- CSP (Chartered Society of Physiotherapy)
- Dental Trainee
- Deputy CEO/ Director of Workforce & OD
- Directors of Finance
- Directors of Nursing
- Directors of Planning
- The Association for Clinical Biochemistry and Laboratory Medicine (ACB)
- The Council of Deans
- Trust Chief Pharmacist
- Wales Health Student Forum (WHSF)
- Welsh Council for Voluntary Action
- Welsh Health Partnership Forum (WHPF)