Bundle Y Pwyllgor Addysg, Comisiynu Ac Ansawdd (Agored) 2 July 2020

AGENDA

ECQC Agenda 2 July 2020 (Open) cyf meh 20 V2.docx

1 RHAN 1 - MATERION RHAGARWEINIOL

1.1 Croeso a Chyflwyniadau

1.2 Ymddiheuriadau am Absenoldeb

1.3 Datganiadau o Fuddiant

1.4 Derbyn a Chadarnhau Cofnodion y Pwyllgor a gynhaliwyd ar 9 Ebrill 2020

1.4 - Cym - Unconfirmed ECQC Minutes_2020-04-09 (Open) V4 approved by RH.docx

1.5 Log Gweithredu

1.5 - Cym - ECQC Action Log _2020-04-09 (Open) V1 - Copy.docx

1.6 Materion yn codi

1.6.1 • Adborth o'r Ymweliad â'r Alban

1.6.1 - Cym - Paper on Visit to Scotland for ECQC.docx

2 RHAN 2 - MATERION STRATEGOL

2.1 Y diweddaraf ar COVID 19:

2.1 - Cym - June 2020 - New normal presentation.pptx

2.1.1 • Gwersi a ddysgwyd

2.1.2 • Symud addysg a hyfforddiant i'r arfer newydd

2.1.3 • Cynlluniau Datblygol CTCI Gweithluoedd y GIG a'r effaith ar raglenni hyfforddi

2.1.4 • Cymorth Lles a Seicolegol

2.2 Adolygiad Strategol Addysg Gofal Iechyd yng Nghymru Cam Dau

2.2 - Cym - The Strategic Review of Healthcare Education in Wales Phase two.docx

2.3 Cynllun Addysg a Hyfforddiant Blynyddol

2.3a - Cym - ET Plan cover paper ECQ Committee July 20.docx

2.3b - Education Training Plan for 2021.22 v9 FINAL branded (002).docx

3 RHAN 3 - PERFFORMIAD ADDYSG AG ANSAWDD

3.1 Gwerthuso'r Darpariaeth Addysg ôl-gofrestru

3.2 Adolygiad Sicrhau Ansawdd o Addysg Feddygol Ôl-raddedig (PGME) yn ystod Pandemig COVID 19

3.2 - Cym - ECQC Paper on Ongoing governance of medical training June 2020 Final.docx

4 RHAN 4 - MATERION LLYWODRAETHU

4.1 Rhestr Wirio Hunanasesu Drafft y Pwyllgor

4.1a - Cym - ECQC Self Assessment Cover Report V1.docx

4.1b - ECQC EFFECTIVENESS REVIEW 2019-2020 V2.docx

4.2 Adroddiad Blynyddol Drafft y Pwyllgor

4.2a - Cym - ECQC Annual Report_2019-2020 Cover Report V1.docx

4.2b - Draft Education_Commissioning_Quality_Committee Annual Report 2019-2020 V3.docx

5 RHAN 5 - ER GWYBODAETH/ I NODI

5.1 Dysgu Seiliedig ar Waith a Phrentisiaethau

5.1 - Cym - Update on Work Based Learning and Apprenticeship Frameworks in Wales.docx

5.2 Adroddiad Blynyddol y Brifysgol Agored ar Addysg Nyrsys

5.2a - Cym - OU report board cover paper.docx

5.2b - Cym - The Open University annual report for 2018-2019 - Cymraeg.docx

6 RHAN 6 - DIWEDDGLO

6.1 Unrhyw Fusnes arall

6.2 Myfyrdod ar Gyfarfod Heddiw

6.3 Dyddiad y Cyfarfod Nesaf: Dydd Iau, 8 Hydref 2020 am 10.00am yn yr Ystafell Gynadledda, T Dysgu, Nantgarw

PWYLLGOR ADDYSG, COMISIYNU AG ANSAWDD (Agored)

Dydd Iau, 2 Gorffennaf 2020
10.00am – 12.30pm

Drwy Skype/Telegynhadledd

AGENDA

RHAN 1	**MATERION RHAGARWEINIOL**	**10:00-10:10**
1.1	Croeso a Chyflwyniadau	Cadeirydd/ Ar lafar
1.2	Ymddiheuriadau am Absenoldeb	Cadeirydd/ Ar lafar
1.3	Datganiadau o Fuddiant	Cadeirydd/ Ar lafar
1.4	Derbyn a Chadarnhau Cofnodion y Pwyllgor a gynhaliwyd ar 9 Ebrill 2020	Cadeirydd/ Atodiad
1.5	Log Gweithredu	Cadeirydd/ Atodiad
1.6	Materion yn codi: • Adborth o'r Ymweliad â'r Alban	Cadeirydd/ Ar lafar
RHAN 2	**MATERION STRATEGOL**	**10:10-11:10**
2.1	Y diweddaraf ar COVID 19: • Gwersi a ddysgwyd • Symud addysg a hyfforddiant i'r arfer newydd • Cynlluniau Datblygol CTCI Gweithluoedd y GIG a'r effaith ar raglenni hyfforddi • Cymorth Lles a Seicolegol	Cyfarwyddwr Meddygol/ Cyfarwyddwr Nyrsio Dros Dro/ Cyflwyniad
2.2	Adolygiad Strategol Addysg Gofal Iechyd yng Nghymru Cam Dau	Cyfarwyddwr Nyrsio Dros Dro/ Atodiad
2.3	Cynllun Addysg a Hyfforddiant Blynyddol	Cyfarwyddwr Nyrsio Dros Dro/ Atodiad
RHAN 3	**PERFFORMIAD ADDYSG AG ANSAWDD**	**11:10-11:40**
3.1	Gwerthuso'r Darpariaeth Addysg ôl-gofrestru	Cyfarwyddwr Nyrsio Dros Dro/ Cyfarwyddwr Meddygol/ Sgwrs
3.2	Adolygiad Sicrhau Ansawdd o Addysg Feddygol Ôl-raddedig (PGME) yn ystod Pandemig COVID 19	Cyfarwyddwr Meddygol/ Atodiad

RHAN 4	**MATERION LLYWODRAETHU**	**11:40-12:20**
4.1	Rhestr Wirio Hunanasesu Drafft y Pwyllgor	Ysgrifennydd y Bwrdd/ Atodiad
4.2	Adroddiad Blynyddol Drafft y Pwyllgor	Ysgrifennydd y Bwrdd/ Atodiad
RHAN 5	**ER GWYBODAETH/ I NODI**	**12:20-12:25**
5.1	Dysgu Seiliedig ar Waith a Phrentisiaethau	Cyfarwyddwr Nyrsio Dros Dro/ Atodiad
5.2	Adroddiad Blynyddol y Brifysgol Agored ar Addysg Nyrsys	Cyfarwyddwr Nyrsio Dros Dro/ Atodiad
RHAN 6	**DIWEDDGLO**	**12:25-12:30**
6.1	Unrhyw Fusnes Arall	Cadeirydd/ Ar lafar
6.2	Myfyrdod ar Gyfarfod Heddiw	Cadeirydd/ Ar lafar
6.3	Dyddiad y Cyfarfod Nesaf: Dydd Iau, 8 Hydref 2020 am 10.00am yn yr Ystafell Gynadledda, Tŷ Dysgu, Nantgarw	Cadeirydd/ Ar lafar

Yn unol â'r ddarpariaeth yn Adran 1 (2) o Ddeddf Cyrff Cyhoeddus (Derbyniadau i Gyfarfodydd) 1960, rhaid penderfynu y dylid eithrio cynrychiolwyr y wasg ac aelodau eraill o'r cyhoedd o ran olaf y cyfarfod ar y sail y byddai'n niweidiol i fudd y cyhoedd oherwydd natur gyfrinachol y busnes a drawyd. Mae'r adran hon o'r cyfarfod i'w chynnal mewn sesiwn breifat.

HEB GAEL EU CADARNHAU

Cofnodion DRAFFT y Pwyllgor Addysg, Comisiynu ac Ansawdd (PACA)
a gynhaliwyd ar 9 Ebrill 2020
Drwy Skype/Telegynhadledd

Yn bresennol:

Dr Ruth Hall	Cadeirydd ac Aelod Annibynnol
Tina Donnelly	Aelod Annibynnol

Hefyd yn bresennol:

Dafydd Bebb	Ysgrifennydd y Bwrdd
Stephen Griffiths	Cyfarwyddwr Nyrsio
Martin Riley	Pennaeth Addysg, Comisiynu ac Ansawdd
Yr Athro Pushpinder Mangat	Cyfarwyddwr Meddygol
Dr Tom Lawson	Deon Meddygol Ôl-raddedig
Eifion Williams	Cyfarwyddwr Cyllid
Dr Chris Jones	Cadeirydd AaGIC
Dr Heidi Phillips	Aelod Annibynnol (Sylwedydd)
Kay Barrow	Rheolwr Llywodraethu Corfforaethol (Ysgrifenyddiaeth)

RHAN 1	MATERION RHAGARWEINIOL	Cam Gweithredu
PACA: 09/04/1.1	**CROESO A CHYFLWYNIADAU**	
	Croesawodd y Cadeirydd bawb i'r cyfarfod ac, yn benodol, Dr Tom Lawson (Deon Meddygol Ôl-raddedig) a oedd yn mynychu ei gyfarfod cyntaf o'r Pwyllgor; Dr Chris Jones (Cadeirydd AaGIC) a Dr Heidi Phillips (Aelod Annibynnol) a oedd yn Sylwedydd. Cadarnhawyd bod cworwm yn bresennol.	
PACA: 09/04/1.2	**Ymddiheuriadau am Absenoldeb**	
	Doedd dim ymddiheuriadau am absenoldeb.	
PACA: 09/04/1.3	**Datgan Buddiannau**	
	Cyhoeddodd Dr Chris Jones, Cadeirydd AaGIC fuddiant yn eitem 2.3 ar yr agenda fel meddyg teulu wedi ymddeol yn dychwelyd i'r feddygfa.	
PACA: 09/04/1.4	**Derbyn a Chadarnhau Cofnodion y Cyfarfod Bwrdd a gynhaliwyd ar Ddydd Iau, 16 Ionawr 2020**	

	Cadarnhawyd bod cofnodion y cyfarfod a gynhaliwyd ar 16 Ionawr 2020 yn gofnod cywir.	
PACA: 09/04/1.5	**Cofnod Gweithredu**	
	Derbyniodd ac **ystyriodd** y Pwyllgor y Daflen Weithredu o'r cyfarfod a gynhaliwyd ar 16 Ionawr 2020. Derbyniwyd y diweddariadau llafar canlynol: • **PACA 21/10/2.2 Adolygiad KPMG o Addysg Gweithwyr Iechyd Proffesiynol:** Cadarnhawyd bod cyflwyno cyrsiau trwy gyfrwng y Gymraeg yn cael ei archwilio fel rhan o'r fanyleb contract a'r broses dendro gyda chyfraniad Huw Owen, Rheolwr Gwasanaethau Iaith Cymru.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi'r** diweddariad; • **gofyn** am gysylltu â Phrifysgol Bangor i sicrhau bod eu geiriadur clinigol Cymreig ar gael i brifysgolion eraill yng Nghymru; • **gofyn** am gyswllt â Chadeirydd y Pwyllgor Archwilio a Sicrwydd i drafod a oedd angen cyd-gyfarfod o'r Pwyllgorau Caffael a Chyfreithiol a Risg.	**SG** **SG**
	• **PACA 21/10/2.3 Adolygiad o Ymweliadau Deoniaeth Feddygol - Gwersi a Ddysgwyd o Wledydd eraill:** Cadarnhawyd bod y dulliau a fabwysiadwyd gan Ddeoniaeth yr Alban a Gogledd Iwerddon ar gyfer eu hymweliadau Deoniaeth Feddygol yn sylweddol debyg i ddull AaGIC. Byddai AaGIC yn rhannu ei ddull.	
Penderfynwyd	**Nododd** y Pwyllgor y diweddariad.	
	• **PACA 21/10/3.1 Arolwg Hyfforddeion Cenedlaethol y Gwasanaeth Meddygol Cyffredinol (GMS) - Trin Cwynion:** Diweddariad ysgrifenedig i'w ddarparu yn y cyfarfod nesaf.	
Penderfynwyd	**Cytunodd** y Pwyllgor y dylid cyflwyno'r cwynion sy'n delio ag adborth o'r ymweliad â'r Alban i'r Pwyllgor ym mis Gorffennaf 2020.	**PM**
	• **PACA 16/01/2.2 Cyllido Addysg Gweithwyr Iechyd Proffesiynol yn y Dyfodol:** Cadarnhawyd bod Strategaeth Gyfathrebu yn dilyn yr Adolygiad strategol wedi'i rhoi ar waith fel rhan o'r broses gontractio ac ymgysylltu. Amlygwyd bod digwyddiadau ymgysylltu a chyfarfodydd yr Is-grwpiau wedi'u gohirio oherwydd effaith Pandemig COVID 19 ac y byddent yn cael eu hadfer pan fyddai'n ddiogel gwneud hynny.	
Penderfynwyd	**Nododd** y Pwyllgor y diweddariad.	
	• **PACA 16/01/2.4 Rhwydwaith Trawma Mawr - Anghenion Hyfforddi:** Cadarnhawyd bod yr eitem hon wedi'i hamserlennu ar gyfer Sesiwn Datblygu'r Bwrdd ym mis	

	Mawrth ond, oherwydd Pandemig COVID 19, gohiriwyd lansiad y Ganolfan Trawma Mawr. Byddai'r eitem hon yn cael ei hamserlennu ym Mlaenraglen Waith y Bwrdd pan fyddai hynny'n bosibl.	
Penderfynwyd	**Nododd** y Pwyllgor y diweddariad.	
	• **PACA 16/01/3.1 Adroddiad Perfformiad Cytundebau Addysg:** Nodwyd y bydd yr ystyriaeth ar gyfer cynnal digwyddiadau dathlu gyda darparwyr gwasanaeth yn cael ei harchwilio unwaith y bydd yr argyfwng presennol wedi mynd heibio.	
Penderfynwyd	**Nododd** y Pwyllgor y diweddariad.	
	• **PACA 16/01/3.2 Adolygiad Sicrwydd Ansawdd Addysg Feddygol Ôl-raddedig (PGME):** Eglurwyd nad oedd pob un o'r Tîm Ansawdd wedi'i ailddyrannu i gefnogi Gofal Rhestredig. Er bod y Tîm Ansawdd wedi atal pob ymweliad ansawdd, fe wnaethant barhau i ymgymryd â'r gweithgareddau craidd sylfaenol yn rhithwir, a oedd yn cynnwys y prosesau rheoli ansawdd. Roedd yr ardaloedd hynny o fewn y Bwrdd Iechyd a oedd yn cael eu monitro'n well a/neu lle'r oedd ymweliadau wedi'u targedu yn cael eu hatgoffa eu bod yn dal i gael eu harsylwi.	
Penderfynwyd	**Gofynnodd** y Pwyllgor am ychwanegu adroddiad cryno byr at y cofnodion i roi sicrwydd mewn perthynas â maint swyddogaeth ansawdd AaGIC yn ystod Pandemig COVID 19.	**TL**
PACA: 09/04/1.6	**Materion yn Codi**	
	Doedd dim materion yn codi.	
RHAN 2	**MATERION STRATEGOL**	
PACA: 09/04/2.1	**Diweddariad ar COVID 19 a'i Effaith ar Dendr sydd ar ddod o'r Cytundebau Addysg Gweithwyr Iechyd Proffesiynol**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, eglurodd Martin Riley fod y gweithgaredd ymgysylltu a chaffael yn hanfodol i'r broses dendro ar gyfer y contractau newydd. Fodd bynnag, oherwydd effaith Pandemig COVID 19, roedd y digwyddiadau rhanbarthol ar gyfer partïon â diddordeb a drefnwyd ar gyfer pythefnos olaf mis Mawrth wedi'u canslo. Roedd gan hyn oblygiadau mawr i amserlenni'r cynllun caffael a ddyluniwyd i fodloni dyddiad cychwyn myfyrwyr ym Medi 2022. Ailedrychwyd ar yr amserlenni caffael a thendro yng ngoleuni cyngor y llywodraeth ynghylch COVID 19 ac ansicrwydd hyd yr argyfwng presennol. Oherwydd arwyddocâd yr ymarfer caffael, teimlwyd y dylid rhoi cymaint o amser â phosibl i brifysgolion yn ystod y cyfnod hwn i roi ystyriaeth ddyledus i'r broses dendro heb gyfaddawdu ar ansawdd y cynigion a gyflwynir.	

	Trafodwyd yr amserlenni diwygiedig yn y Tîm Gweithredol. Teimlwyd y byddai gohirio'r camau allweddol yn y broses dendro tan fis Hydref 2020 yn darparu gofod mawr ei angen ar gyfer rhanddeiliaid allweddol yn y cyflwyniadau tendro a chynigion. Ni fyddai'r amserlen ddiwygiedig hon yn peryglu'r dyddiad cychwyn ym Medi 2022 ar gyfer myfyrwyr. Ystyriodd y Pwyllgor yr amserlenni diwygiedig. Er ei fod yn siomedig bod angen diwygio'r cynllun caffael, roedd yn cydnabod nad oedd y penderfyniad wedi'i wneud yn ysgafn a bod ystyriaeth ddyledus wedi'i rhoi yng ngoleuni'r sefyllfa bresennol. Mewn ymateb i'r ymholiad a godwyd ynghylch a ellid gohirio dyddiad cau Hydref 2020 ymhellach, pe bai'r angen yn codi, pwysleisiwyd y gallai unrhyw oedi pellach danseilio'r dyddiad cychwyn myfyrwyr ym Medi 2022. Codwyd pryderon ynghylch a ellid trosglwyddo cytundebau cyfredol am flwyddyn arall, o gofio bod y cytundebau eisoes wedi'u hymestyn un flwyddyn. Cydnabuwyd bod y rhain yn amgylchiadau digynsail ac y gallai fod opsiwn i fynd ag achos anghyffredin trwy'r Gwasanaethau Caffael i gyflwyno'r cytundebau am gyfnod arall o flwyddyn. Amlygodd y Pwyllgor y gallai'r gwersi cyfredol sy'n cael eu dysgu, er enghraifft o ffyrdd diwygiedig o ddysgu o bell, ddylanwadu ar yr agenda cyflwyno digidol o bosibl a chael eu hadlewyrchu yn y fanyleb cytundeb ar gyfer rhaglenni hyfforddi ac addysg. Roedd y Pwyllgor yn gefnogol i'r dull pragmatig o ddiwygio'r amserlen gynllun caffael a fyddai'n cynorthwyo i weithio tuag at gyrraedd dyddiad cychwyn myfyrwyr ym Medi 2022.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **cefnogi'r** amserlen ddiwygiedig yn ddarostyngedig i'r cafeatau o amgylch effaith hirfaith y pandemig COVID 19; • **gofyn** i'r mater gael ei ddwyn i sylw'r Bwrdd.	**RH**
PACA: 09/04/2.2	**Effaith COVID 19 ar Ddarpariaeth Addysg Nyrsio a Bydwreigiaeth a Rôl Myfyrwyr wrth Helpu yn ystod yr Argyfwng**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, diweddarodd Martin Riley y Pwyllgor mewn perthynas ag effaith Pandemig COVID 19 ar addysg nyrsio a bydwreigiaeth. Rhoddodd drosolwg o'r arweiniad a'r opsiynau i fyfyrwyr gynorthwyo'r system iechyd a gofal	

	cymdeithasol mewn ymateb i'r argyfwng presennol. Pwysleisiwyd bod hwn yn gynllun gwirfoddol 'optio i mewn' ar gyfer myfyrwyr a oedd yn cwrdd â'r meini prawf penodol. I'r rhai na allent wneud hynny, byddai eu prifysgol yn darparu cefnogaeth i ystyried opsiynau eraill sydd ar gael. Roedd dewis myfyrwyr yn cael ei goladu a'i gofnodi ar gronfa ddata i fonitro lleoliadau. Eglurwyd na fyddai gan fyfyrwyr 'optio i mewn' statws ychwanegol ond y byddent yn aros yn fyfyrwyr yn ystod eu lleoliad clinigol. Codwyd pryderon mewn perthynas â goruchwyliaeth a chefnogaeth briodol i fyfyrwyr yn ystod eu lleoliad clinigol dros dro. Eglurwyd bod myfyrwyr yn gallu codi unrhyw bryderon ynghylch eu lleoliad a lefel y gefnogaeth gyda'u prifysgol. Cyfrifoldeb y brifysgol oedd derbyn sicrwydd mewn perthynas ag ansawdd y lleoliad: roedd ganddi'r awdurdod i symud y myfyriwr os oedd angen. O ran iechyd meddwl a lles myfyrwyr yn ystod ac ar ôl yr argyfwng, awgrymwyd y gallai fod lle i ddysgu gan y fyddin i gynorthwyo i ddelio â materion o'r math hyn. Roedd canolfan recriwtio COVID 19 wedi'i sefydlu i brosesu'r myfyrwyr 'optio i mewn' a'r rhai sy'n dychwelyd i ymarfer. Byddai'r unigolion hyn yn cael yr un hawliau o dan Delerau ac Amodau'r GIG a oedd yn cynnwys yr hawl i Farwolaeth mewn Gwasanaeth. Hysbysodd Martin Riley y Pwyllgor fod disgwyl i ganllawiau cenedlaethol gael eu cyhoeddi ar gyfer Gweithwyr Proffesiynol Perthynol i Iechyd a myfyrwyr Gwyddor Gofal Iechyd ar gyfer cynllun 'optio i mewn' tebyg i'r un a gynigir ar gyfer myfyrwyr nyrsio a bydwreigiaeth ar ôl i'r broses gael ei chwblhau. Roedd y Pwyllgor yn falch o weld sut roedd y myfyrwyr a'r prifysgolion wedi ymateb i'r argyfwng, a hefyd y newidiadau a gofleidiwyd i sicrhau parhad a darpariaeth hyfforddiant ac addysg myfyrwyr.	
Penderfynwyd	**Nododd** y Pwyllgor gynnwys yr adroddiad.	
PACA: 09/04/2.3	**Effaith COVID 19 ar Ddarpariaeth Addysg Feddygol, Deintyddol a Fferylliaeth a Rôl Hyfforddeion wrth Helpu yn ystod yr Argyfwng**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, rhoddodd Pushpinder Mangat drosolwg o'r newidiadau cenedlaethol y cytunwyd arnynt ac sy'n effeithio ar fyfyrwyr prifysgol a hyfforddeion ôl-raddedig mewn	

	Meddygaeth, Deintyddiaeth a Fferylliaeth, mewn ymateb i Bandemig COVID 19. Nododd y Pwyllgor y camau a roddwyd ar waith mewn perthynas â myfyrwyr meddygol, meddygon Blwyddyn Sylfaen 1 (FY1), a hyfforddeion meddygol eraill i'w galluogi i gefnogi gweithlu'r GIG yn ystod yr argyfwng. Trafodwyd goblygiadau ariannol gohirio arholiadau terfynol a hyfforddeion meddygol sy'n cymryd lleoliadau yn gynnar. Er nad oedd cost y mesurau hyn wedi'i meintioli'n llawn, amcangyfrifwyd y byddai'r gost a ragwelir ar gyfer 2.5 mis yn oddeutu £2m ar gyfer y 340 o swyddi FY1 yng Nghymru. Codwyd y mater hwn gyda Llywodraeth Cymru. Roedd y costau yn ymwneud ag effaith COVID 19 yn cael eu tracio a'u dal. Codwyd pryder mewn perthynas â symud o FY1 i swyddi F2 ac effaith peidio â chylchdroi i'r atodiad terfynol. Eglurwyd y byddai pob agwedd graidd ar hyfforddiant yn cael ei chyflawni i ganiatáu'r symud. Gan fod yr holl addysg a hyfforddiant meddygol wedi'u hatal, amlygwyd bod disgwyl am gyfarwyddyd Llywodraeth Cymru mewn perthynas â myfyrwyr meddygol eraill yn cyrchu rolau Agenda ar gyfer Newid sefydledig eraill yn y GIG. O ran Deintyddiaeth, dywedodd Pushpinder Mangat fod yr holl arferion preifat a'r GIG yn cael eu gohirio. Roedd hyn oherwydd bod mwyafrif y ddeintyddiaeth yn cynhyrchu aerosol ac yn risg uchel. Esboniodd fod y Cyngor Deintyddol Cyffredinol wedi cyhoeddi canllawiau ar sut y gellid adleoli deintyddion i weithlu dros dro'r GIG. Roedd y canllaw hwn yn cael ei adolygu ar gyfer pob un oedd wedi cofrestru'n ddeintyddol. Mewn perthynas â Fferylliaeth, amlygwyd bod disgwyl canllaw cenedlaethol ar gyfer adleoli myfyrwyr fferylliaeth a hyfforddeion fel rhan o weithlu dros dro'r GIG.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol: • **nodi** cynnwys yr adroddiad; • **gofyn** i'w gwerthfawrogiad a'u diolch ffurfiol gael eu trosglwyddo i bob tîm am eu cefnogaeth mewn ymateb i Bandemig COVID 19.	**PM**
RHAN 3	**PERFFORMIAD AC ANSAWDD ADDYSG**	
PACA: 09/04/3.1	**Adroddiad Ansawdd Cytundebau Addysg Iechyd**	
	Derbyniodd y Pwyllgor yr adroddiad blynyddol.	

	Wrth gyflwyno'r adroddiad blynyddol, dywedodd Martin Riley mai hwn oedd yr adroddiad ansawdd cyntaf yng Nghymru a rhoddodd grynodeb o'r mesurau ansawdd sydd ar waith i sicrhau bod cytundebau gweithwyr iechyd proffesiynol o ansawdd uchel yn cael eu cyflawni yng Nghymru a sicrhau gwerth am arian. Pwysleisiwyd bod yr adroddiad blynyddol wedi'i ddatblygu gan ddefnyddio nifer o feysydd adrodd allweddol. Derbyniodd y Pwyllgor sicrwydd nad oedd unrhyw feysydd pryder yn gyffredinol, ond roedd meysydd y gellid eu gwella arnynt i gyfoethogi profiad myfyrwyr. Cydnabuwyd bod cynnwys a fformat yr adroddiad yn waith ar y gweill. Awgrymwyd y gallai'r adroddiad hefyd elwa o ffocws aml-broffesiynol; tynnu sylw at lwyddiannau allweddol; cyfleoedd o'r gwersi a ddysgwyd; arfer da a'r meysydd ffocws ar gyfer y flwyddyn nesaf. Byddai'r cytundebau gweithwyr iechyd proffesiynol newydd yn cynnwys dangosyddion perfformiad allweddol a byddai'r rhain yn cael eu cynnwys yn yr adroddiadau.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol; • **nodi'r** adroddiad; • **gofyn** i Ruth Hall a Tina Donnelly roi sylwadau pellach ar yr adroddiad drafft i Stephen Griffiths a Martin Riley.	**RH/TD**
PACA: 09/04/3.2	**Adolygiad Sicrhau Ansawdd Addysg Feddygol Ôl-raddedig**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, hysbysodd Pushpinder Mangat y Pwyllgor fod llawer o'r ymweliadau a gynlluniwyd wedi'u gohirio mewn ymateb i Bandemig COVID 19. Esboniodd fod y meysydd monitro gwell yn aros yr un fath â'r rhai yr adroddwyd arnynt ym mis Ionawr 2020 ac eithrio bod Meddygaeth Frys yn Nhreforys bellach yn cael ei fonitro'n well. Esboniodd fod Cynllun Gweithredu ar waith i fynd i'r afael â'r meysydd pryder. Cododd y Pwyllgor bryder ynghylch y goblygiadau risg wrth ohirio ymweliadau, yn enwedig i'r meysydd hynny sy'n cael eu monitro'n well. Eglurwyd nad oedd yr holl brosesau sicrhau ansawdd wedi'u gohirio. Esboniodd Tom Lawson fod llawer o dimau a strwythurau clinigol wedi newid mewn ymateb i'r argyfwng presennol. Roedd Arweinwyr a Thimau'r Gyfadran yn parhau i fonitro meysydd pryder ac adborth a gafwyd. Roedd mapio adleoli a staff yr oedd COVID 19 yn effeithio arnynt yn cael eu gweithredu er mwyn cynnal cydbwysedd a throsolwg goruchwylio.	
Penderfynwyd	Roedd y Pwyllgor wedi **nodi'r** adroddiad.	

PACA: 09/04/3.3	**Crynodeb Sicrwydd Ansawdd Blynyddol y Cyngor Meddygol Cyffredinol (GMC)**	
	Roedd y Pwyllgor wedi **derbyn** yr adroddiad. Wrth gyflwyno'r adroddiad, dywedodd Pushpinder Mangat fod Deoniaeth AaGIC wedi'i ddefnyddio fel un o ddau safle peilot i brofi'r dull GMC newydd o sicrhau ansawdd addysg a hyfforddiant meddygol. Yn dilyn gwerthuso'r peilotiaid rhagwelwyd y byddai'r broses yn cael ei chyflwyno ledled y DU. Nid oedd canfyddiadau cyflwyniad yr holiadur hunanasesu a'r gweithgareddau a gynhaliwyd fel rhan o'r peilot wedi nodi unrhyw feysydd pryder. Amlygwyd tri maes fel rhai sy'n gweithio'n dda a oedd nid yn unig yn cwrdd â safonau'r GMC ond a oedd hefyd wedi'u hymgorffori'n dda yn y sefydliad. Roedd y Pwyllgor yn falch o'r adroddiad a'r canlyniad cadarnhaol iawn.	
Penderfynwyd	Gwnaeth y Pwyllgor y canlynol; • **nodi'r** adroddiad; • **gofyn** am drosglwyddo eu diolch i'r holl staff dan sylw.	**PM**
RHAN 4	**CLOI**	
PACA: 09/04/4.1	**Unrhyw Fater Arall**	
	Doedd dim materion brys eraill ar gyfer sesiwn agored y Pwyllgor.	
PACA: 09/04/4.2	**Myfyrio ar Bwyllgor Heddiw**	
	Bydd myfyrdod o Bwyllgor heddiw yn cael ei drafod yn dilyn y sesiwn ‘Mewn Pwyllgor’.	
PACA: 09/04/4.3	**Dyddiad y Cyfarfod Nesaf**	
	Cadarnhawyd dyddiad y cyfarfod nesaf ar gyfer dydd Iau, 2 Gorffennaf 2020 am 10.00am yn yr Ystafell Gynadledda, Tŷ Dysgu, Nantgarw.	

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Dr Ruth Hall (Cadeirydd) **Dyddiad:**

Y Pwyllgor Addysg, Comisiynu ac Ansawdd (Agored)
9 April 2020
Cofnod Gweithredu

(Mae'r Daflen Weithredu hefyd yn cynnwys camau gweithredu y cytunwyd arnynt yng nghyfarfodydd blaenorol y Pwyllgor Addysg, Comisiynu ac Ansawdd (PACA) ac sydd eto i'w cwblhau neu eu trafod gan y Pwyllgor yn y dyfodol. Mae'r rhain wedi'u hamlygu yn yr adran gyntaf. Pan fydd y Pwyllgor Addysg, Comisiynu ac Ansawdd wedi rhoi sêl bendith i'r camau gweithredu hyn, byddant yn cael eu tynnu oddi ar y daflen weithredu.)

Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Cwblhawyd
PACA: 21/10/2.1	**Adolygu Cylch Gorchwyl y Pwyllgor**			
	• Eitem benodol ar yr agenda ar y Dulliau sy'n Dod i'r Amlwg o Gynllunio'r Gweithlu a'r effaith ar raglenni hyfforddi i'w hychwanegu at Flaenraglen Waith y Pwyllgor.	**Cyfarwyddwr y Gweithlu a datblygu sefydliadol (OD)**	Gorffennaf 2020	Mae'r maes gwaith hwn wedi'i gynnwys yn y cyflwyniad i'r Pwyllgor ym mis Gorffennaf.
PACA: 16/01/1.5	**Cofnod Gweithredu**			
	PACA 21/10/2.2 Adolygiad KPMG o Addysg Gweithwyr Iechyd Proffesiynol:			
	• Dylid cysylltu â Phrifysgol Bangor i sicrhau bod eu geiriadur clinigol Cymreig ar gael i brifysgolion eraill yng Nghymru.	**Cyfarwyddwr Nyrsio**	Yn ddi-oed	Wedi Cwblhau. Cyfeiriwch at yr ymateb i'r weithred hon ar ddiwedd y Log Gweithredu.
	• Trafod â Chadeirydd y Pwyllgor Archwilio a Sicrwydd a oes angen cynnal cyfarfod ar y cyd rhwng y Pwyllgor Caffael a'r Pwyllgor Cyfraith a Risg.	**Cyfarwyddwr Nyrsio**	Yn ddi-oed	Mae Cadeirydd y Pwyllgor Archwilio a Sicrwydd wedi cytuno i gydbwyllgor i drafod y mater, gan fod yna elfennau sy'n effeithio ar gyfrifoldebau'r ddau Bwyllgor ac a fyddai'n helpu i osgoi dyblygu.

*yn ddi-oed – cyn pen 1 wythnos i gyfarfod y Pwyllgor

Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Cwblhawyd
	PACA 21/10/3.1 Arolwg Hyfforddeion Cenedlaethol Gwasanaethau Meddygol Cyffredinol (GMS) - Trin Cwynion			
	• Diweddariad ysgrifenedig ar y dysgu o drin cwynion o ymweliad yr Alban i'w gyflwyno yn y cyfarfod nesaf.	**Y Gyfarwyddiaeth Feddygol**	Gorffennaf 2020	Ychwanegwyd yr eitem at Flaenraglen Waith y Pwyllgor ar gyfer Gorffennaf 2020.
PACA: 16/01/2.4	**Y Rhwydwaith Trawma Mawr: Anghenion Hyfforddi**			
	• Mae angen dod ag adborth yn ôl i gyfarfod Pwyllgor yn y dyfodol gan Arweinwyr Clinigol a Hyfforddiant mewn perthynas â dadansoddi hyfforddiant.	**Y Gyfarwyddiaeth Feddygol**	I'w gadarnhau	Trefnwyd yr eitem hon ar gyfer Sesiwn Datblygu Bwrdd ym mis Mawrth ond, oherwydd Pandemig COVID 19, roedd lansiad y Ganolfan Trawma wedi'i ohirio. Byddai'r eitem hon yn cael ei hamserlennu ym Mlaenraglen Waith Datblygu'r Bwrdd pan fyddai hynny'n bosibl.
PACA: 16/01/2.5	**Diweddariad ar Gylch Gorchwyl Is-Grwpiau**			
	• Adroddiadau o gyfarfodydd yr Is-grwpiau i'w hadrodd i bob Pwyllgor.	**Cyfarwyddwr Nyrsio/ Y Gyfarwyddiaeth Feddygol**	Parhaus	Bydd adroddiadau is-grwpiau yn cael eu cyflwyno i'r Pwyllgor yn dilyn pob cyfarfod. Fodd bynnag, mae cyfarfodydd yr Is-grwpiau wedi'u gohirio am y tro oherwydd y sefyllfa argyfwng bresennol.
PACA: 16/01/3.1	**Adroddiad ar Berfformiad Contractau Addysg**			
	Archwilio'r potensial ar gyfer digwyddiad dathlu naill ai bob blwyddyn neu bob 6 mis gyda darparwyr gwasanaeth.	**Cyfarwyddwr Nyrsio**	I'w gadarnhau	Gohiriwyd. Bydd hyn yn cael ei godi unwaith y bydd yr argyfwng presennol wedi mynd heibio.
PACA: 16/01/3.2	**Adolygiad Sicrhau Ansawdd Addysg Feddygol Ôl-raddedig**			
	Colofn newydd 'Rheswm dros yr Ymweliad' i'w hychwanegu at y Crynodeb Ymweliad.	**Y Gyfarwyddiaeth Feddygol**	Gorffennaf 2020	Caiff hyn ei gynnwys yn yr adroddiadau yn y dyfodol.

*yn ddi-oed – cyn pen 1 wythnos i gyfarfod y Pwyllgor

Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Cwblhawyd
	Y Pwyllgor Archwilio a Sicrwydd i'w ddiweddaru mewn perthynas â meysydd y Bwrdd Iechyd hynny mewn trefniadau monitro gwell ac mewn risg uchel.	**Y Gyfarwyddiaeth Feddygol**	Parhaus	Bydd adroddiadau eithriad i'r Pwyllgor Archwilio a Sicrwydd pan fydd meysydd risg uchel i'w hadrodd arnynt.
PACA: 16/01/3.3	**Trefniadau Newydd ar gyfer Proses Comisiynu Flynyddol Addysg Ôl-raddedig**			
	Adroddiad Cryno i'w gyflwyno i'r Pwyllgor ym mis Hydref 2020.	**Y Gyfarwyddiaeth Feddygol**	Hydref 2020	Ychwanegwyd yr eitem at Flaenraglen Waith y Pwyllgor ar gyfer Hydref 2020.
PACA: 09/04/2.1	**Diweddariad ar COVID 19 a'i Effaith ar Dendr sydd ar ddod o'r Contractau Addysg Gweithwyr Iechyd Proffesiynol**			
	• Tynnu sylw'r Bwrdd at y diwygiadau i amserlen y cynllun caffael.	**Ruth Hall**	Mai 2020	Darparwyd diweddariad fel rhan o Adroddiad Cryno Materion Allweddol Cadeirydd y Pwyllgor i Fwrdd mis Mai.
PACA: 09/04/2.3	**Effaith COVID 19 ar Ddarpariaeth Addysg Feddygol, Ddeintyddol a Fferylliaeth a Rôl Hyfforddeion wrth Helpu yn ystod yr Argyfwng**			
	• Gwerthfawrogiad a diolch ffurfiol y Pwyllgor i'w drosglwyddo i bob tîm am eu cefnogaeth mewn ymateb i Bandemig COVID 19.	**Y Gyfarwyddiaeth Feddygol**	Cyn pen 2 wythnos	Wedi Cwblhau.
PACA: 09/04/3.1	**Adroddiad Ansawdd Contractau Addysg Iechyd**			
	• Mae Ruth Hall a Tina Donnelly yn darparu sylwadau pellach ar yr adroddiad drafft i Stephen Griffiths a Martin Riley.	**Ruth Hall/ Tina Donnelly**	O fewn 1 mis	Wedi Cwblhau.
PACA: 09/04/3.3	**Crynodeb Sicrwydd Ansawdd Blynyddol y Cyngor Meddygol Cyffredinol (GMC)**			

*yn ddi-oed – cyn pen 1 wythnos i gyfarfod y Pwyllgor

Cyfeirnod y Cofnod	Camau a Gytunwyd	Arweinydd	Dyddiad Targed	Cynnydd/ Cwblhawyd
	• Diolch y Pwyllgor i'w drosglwyddo i'r holl staff dan sylw.	**Y Gyfarwyddiaeth Feddygol**	Cyn pen 2 wythnos	Wedi Cwblhau.

PACA 21/10/2.2 Adolygiad KPMG o Addysg Gweithwyr Iechyd Proffesiynol:

- Dylid cysylltu â Phrifysgol Bangor i sicrhau bod eu geiriadur clinigol Cymraeg ar gael i brifysgolion eraill yng Nghymru.

  Mae Prifysgol Bangor wedi cadarnhau'r canlynol ynghylch argaeledd geiriadur clinigol Cymru:

  Fersiwn Gymraeg o Baillere's Dictionary for Midwives - gweler https://cy.wikipedia.org/wiki/Geiriadur_Bydwragedd_Bailliere

  Porth Termau Cenedlaethol Cymru http://termau.cymru/ - mae'r porth yn cynnwys geiriadur bach Termau Nyrsio a Bydwreigiaeth ond nid yw wedi'i ddiweddaru ers blynyddoedd.

  Termiadur Addysg yw'r geiriadur ar gyfer ysgolion a cholegau addysg bellach yng Nghymru - gweler http://www.termiaduraddysg.org/ ac mae hyn yn cynnwys nifer cynyddol o dermau ar gyfer iechyd a gofal cymdeithasol.

  Ar gyfer addysg ar lefel prifysgol, y Geiriadur Termau'r Coleg Cymraeg Cenedlaethol yw'r geiriadur diffiniol, ac mae'n cynnwys llawer o derminoleg wyddonol berthnasol (gellir cyrchu'r ddau eiriadur trwy'r porth cenedlaethol) - gweler http://www.colegcymraeg.ac.uk/cy/adnoddau/termau/

  Yr Ap Geiriaduron - sydd hefyd yn cynnwys y ddau brif eiriadur addysgol uchod. I staff rheng flaen y GIG efallai mai hon fyddai'r fersiwn fwyaf defnyddiol i'w chael.

  Os oes angen adnoddau geiriadur electronig all-lein, mae meddalwedd cymorth Cymraeg Cysgliad yn cynnwys compendiwm Cysgeir o eiriaduron electronig (yn fras yr un rhai ag sydd ar gael yn y Porth Termau Cenedlaethol ynghyd â geiriadur annhechnegol cyffredinol) yn ogystal â gwiriwr sillafu a gramadeg Cysill. Gall myfyrwyr a staff prifysgol lawrlwytho copi am ddim o'r feddalwedd hon trwy eu cyfrif e-bost prifysgol os yw eu prifysgol yn trwyddedu'r feddalwedd hon.

Dyddiad y Cyfarfod	**2 Gorffennaf 2020**	**Eitem ar yr Agenda**	**1.6.1**
Teitl yr Adroddiad	**Briff ar drafodaethau 4 Cenedl ar Faterion Ansawdd yn ystod ymweliad ag Addysg GIG yr Alban**		
Awdur yr Adroddiad	Athro Pushpinder Mangat		
Noddwr yr Adroddiad	Athro Pushpinder Mangat		
Cyflwynwyd gan	Athro Pushpinder Mangat		
Rhyddid Gwybodaeth	Agor		
Pwrpas yr Adroddiad	Rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor Comisiynu ac Ansawdd Addysg ar drafodaethau 4 Cenedl a Meincnodi Materion Ansawdd amrywiol.		
Materion allweddol	Nododd arolwg Hyfforddeion y GMC, er bod hyfforddeion yn graddio Cymru fel yr uchaf yn y DU o ran Ansawdd yr hyfforddiant, eu bod yn dangos statws allgynnydd ar reoli cwynion a godwyd gan hyfforddeion. Hefyd, cymharwyd y ffordd yr oedd ymweliadau Sicrwydd Ansawdd yn cael eu gwneud ledled y DU		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
	✓			
Argymhellion	Gofynnir i Aelodau: • **Nodi**			

BRIFF AR DRAFODAETHAU 4 CENEDL AR FATERION ANSAWDD YN YSTOD YMWELIAD AG ADDYSG GIG YR ALBAN

1. RHAGARWEINIAD / CEFNDIR

Cynhaliwyd cyfarfod ar y cyd rhwng y Cyfarwyddwyr Meddygol o'r 4 cenedl yn y cyfarfod hwn yn yr Alban. Yr oedd hyn yn gyfle i drafod materion a oedd yn bwysig i ni yng Nghymru gydag eraill yn y DU

2. Trafodaethau

a. Ymdrin â Chwynion

Defnyddiwyd y system Datix ar gyfer ymdrin â chwynion yng Ngogledd Iwerddon a'r Alban ac roedd wedi bod yn ei lle ers cryn amser. Ceir amrywiaeth o systemau ar gyfer ymdrin â chwynion ar draws ardaloedd Deoniaeth Lloegr.

Roedd Deoniaethau'r Alban wedi ychwanegu at hyn drwy greu systemau amgen o fewn y staff Addysgol mewn Byrddau Iechyd i godi pryderon yr ymdriniwyd â hwy drwy'r Adran Cyfarwyddwyr Meddygol. Mae gennym rywbeth tebyg yng Nghymru eisoes. Er bod hyn yn mynd i'r afael â'r cwynion a wneir gan hyfforddeion meddygol, nid yw'n ymdrin â chwynion a wneir gan weithwyr proffesiynol eraill.

Y cyngor gan gymheiriaid yn yr Alban a Gogledd Iwerddon oedd eu bod wedi gweld anawsterau tebyg i'n rhai ni o'r blaen. Gan mai dim ond yn ddiweddar yr uwchraddiwyd ein system i'w fersiwn hwy, dylem gadw'r pwysau ar Ddarparwyr Addysg Leol i ddefnyddio'r systemau hyn yn fwy effeithiol.

b. Ymweliadau gan y Ddeoniaeth Feddygol

Dangosodd trafodaeth fer fod ein hymweliadau Ansawdd fel y'u gwnaed yn draddodiadol gan y Ddeoniaeth yng Nghymru bron yn union yr un peth â'r Alban a Gogledd Iwerddon. Roedd gan y gwledydd eraill ddiddordeb arbennig yn y ffordd yr oedd ein hymweliadau wedi'u haddasu eleni yn gweithio allan.

c. Gwirio Cymhwyster Gwledig

Dosbarthwyd y manylion draft gwirio cymhwyster i'w trafod yn fuan ar ôl y cyfarfod hwn.

d. Sicrhau Ansawdd Peilot y GMC

meeting. Trafodwyd proses peilot y GMC. Rwyf wedi dosbarthu'r canlyniad terfynol i Gyfarwyddwyr Meddygol y Cenedlaethau eraill ers y cyfarfod ECQC diwethaf.

e. Y Cwrs Meddygaeth Dysgu o Bell yng Nghaeredin

Trafodwyd y cwrs hwn. Bu problemau o ran cadw myfyrwyr oherwydd materion yn ymwneud â threuliau.

3. MATERION LLYWODRAETHU A RISG

Dylai Trafodaethau Rheolaidd ar faterion o Ansawdd barhau ar draws y 4 cenedl er mwyn sicrhau ein bod yn cyrraedd y safonau uchaf o Addysg a Hyfforddiant

4. GOBLYGIADAU ARIANNOL

Dim

5. ARGYMHELLIAD

Bod yr ECQC yn nodi'r adroddiad hwn

Llywodraethu a Sicrwydd			
Linc i nodau strategol yr IMTP (rhowch ✓)	**Nod Strategol 1**: Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni 'Cymru Iachach '	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	**Nod Strategol 6:** Cael ei nabod fel partner, dylanwadir ac arweinydd rhagorol

Ansawdd, Diogelwch a Phrofiad y Claf
Dylai Trafodaethau Rheolaidd ar faterion o Ansawdd barhau ar draws y 4 gwlad er mwyn sicrhau ein bod yn cyrraedd y safonau uchaf o Addysg a Hyfforddiant ac felly diogelwch claf
Goblygiadau Ariannol
Dim
Goblygiadau Cyfreithiol (gan gynnwys asesiad o gydraddoldeb ac amrywiaeth)
Dim
Goblygiadau Staffio
Dim
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)

Hanes yr Adroddiad	Canlyniad NTS blaenorol
Atodiadau	

Y ‘Arferol Newydd ' ar gyfer hyfforddiant addysg yng Nghymru
Y Gwersi Positif o COVID-19

Pushpinder Mangat

Cyfarwyddwr Meddygol AaGIC

Ymgynghorydd ITU/Anaesthesia

Athro Anrhydeddus Ysgol Feddygol Abertawe

Cyfle Unigryw
Awydd i Newid

- Storm Gofal Iechyd Perffaith yn dod
- Mae ymdrechion blaenorol i foderneiddio wedi bod yn rhy geled
- Dirwasgiad arfaethedig
- Pandemig Byd-eang
- Argyfwng Byd

Cyfle Unigryw
Y'r Angen

- Paratoi GIG ar gyfer argae o haint COVID 19
- Heb ymyriadau, gallai'r perygl o
  - Gofal Sylfaenol
  - Gwasanaethau Meddygol Cyffredinol/Anadlol
  - Capasiti Gofal Critigol
- Seilwaith - ocsigen
- Offer –Meddygol ac amddiffynnol
- Perygl i staff y GIG-haint

Cyfle Unigryw
Awydd i Newid

- Mae llawer o newidiadau wedi digwydd o anghenraid
- Cyfleoedd ar gyfer Addysg a Hyfforddiant prosesau cysylltiedig
- Drysau wedi agor/rhwystrau wedi'u torri ar gyfer newidiadau parhaol
- Cyhoeddus, y Gweithlu Clinigol a Rheolwyr yn ymgysylltu'n
- Cyfle i ailosod Llwybrau Clinigol
- Newid yn y galw (da a drwg)
- Cydweithio rhwng cyrff y GIG
- **AaGIC/GC strategaeth gweithlu**

Cyfle Unigryw
AaGIC/GC Strategaeth Gweithlu

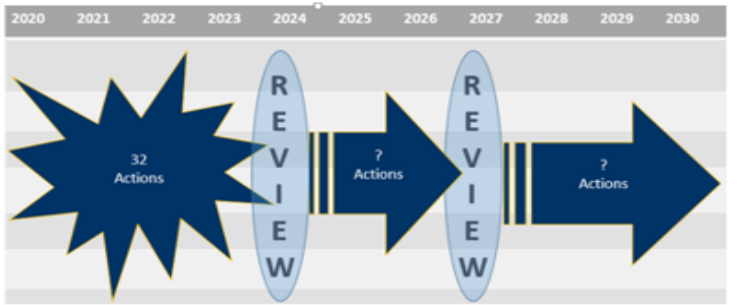
What will be different

- Our workforce feels valued, is treated fairly and their wellbeing is supported
- Workforce language, culture and diversity reflects our population
- Potential shortage areas are known earlier and targeted effectively
- Widespread values based and inclusive recruitment ensures we have the right people
- Common competences are identified and underpin new and different ways of working
- Learning is delivered through flexible and accessible routes
- Widespread digital skills capability underpins care delivery
- National bi-lingual careers service is widening access to careers in health and care for all ages

The Ambition – 2030

To have a motivated, engaged and valued Health and Social Care workforce with the capacity, competence and confidence to meet the needs of the people of Wales

Implementation



What success will look like

- Very high levels of staff engagement, motivation, wellbeing and satisfaction
- Better recruitment and retention of staff through attractive and flexible working arrangements and career opportunities
- Increased levels of Welsh language skills in the health and care workforce
- Flexible education opportunities and career development
- Intelligence led workforce planning enabling us to change our workforce to meet our population need
- A compassionate culture, role modelled by excellent leaders and managers

The Legislative Framework

Engagement & Consultation – what we heard

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Gofal Cymdeithasol Cymru Social Care Wales

Cyfle Unigryw
AaGIC/GC Strategaeth Gweithlu

- Gweithlu sy'n Ymgysylltu, yn llawn Cymhelliant ac yn Iach
- Denu a Recriwtio
- Modelau Gweithlu Di-dor
- Adeiladu Gweithlu sy'n Barod yn Ddigidol
- Addysg a Dysgu Rhagorol
- Arweinyddiaeth ac Olyniaeth
- Cyflenwi a Siapio'r Gweithlu
- Lles, Iaith Cymraeg, Cynhwysiant

Cyfle Unigryw
Beth wnaethom ni?

- Dull Cydlynus o Ymateb i'r System
  - Peirianwaith Llywodraeth – y DU a Chymru
  - Byrddau Iechyd/ Ymddiriedolaethau/Sefydliadau'r GIG
  - Sefydliadau Addysg
  - Cyrff Proffesiynol
  - Rheolyddion
  - SEBs

Cyfle Unigryw
Beth wnaethom ni?

- Ailburo cyflym y GIG
  - Hyfforddiant amlbroffesiynol mewn arbenigedd unigol
  - Creu mwy o Gapasiti
  - Tafliadau a Offer
  - Dewisiadau amgen i arferion traddodiadol
  - Ysgogi'r gweithlu,
    - Myfyrwyr/graddio cynnar
    - Dychwelwyr
    - Gwirfoddolwyr
    - **Staff AaGIC**

Cyfle Unigryw
Beth ddigwyddodd?

- Cydgysylltu rhwng systemau iechyd
- Ar gyfer digwyddiadau pwysig rhwng staff, cleifion a'r gymuned
- Ymateb gwirioneddol broffesiynol mewn timau go iawn
- Arweinwyr wedi dod i'r amlwg (yn arbennig clinigol)
- Croesawu arloesi
- Gwerthfawrogi ein staff
- System Agile

Cyfle Unigryw
Gwersi a Ddysgwyd

- Yr Effaith ar Ofal Cleifion
  - Ymgynghoriadau o bell VC/ffôn – gofal sylfaenol
  - Trafodaethau digidol gyda theuluoedd/cyfeillion
  - Trafodaethau gyda chydweithwyr clinigol
  - Cyfarfodydd clinigol-MDTs
  - Mae datblygiadau delweddu yn cael eu gwreiddio
  - Llwybrau cleifion wedi'u hailddiffinio

Cyfle Unigryw
Foderneiddio Addysg

- Hyfforddiant Israddedig
  - Gweithwyr proffesiynol yn barod i ymarfer – cymwysiaethau
  - Strategaethau lleoliadau clinigol ystyrlon
  - Cyfleusterau efelychu
  - Dysgu tîm aml-broffesiynol
  - Byrhau hyd y cwrs a'r pwynt cofrestru cynnar
  - Sgiliau cyffredinol
  - **Darparu graddedigion sydd eu hangen arnom – nid y rhai a roddir i ni**

Cyfle Unigryw
Modernise Education

- Hyfforddiant Ôl-raddedig
  - **Addysg mewn dulliau digidol o wasanaeth**
  - **Ystod ehangach o sgiliau cyffredinol a phortffolios**
  - **Opsiynau hyfforddiant hyblyg**
  - **Hyfforddiant rhyng-broffesiynol (hyfforddiant Efelychiadol fel arfer)**
  - **Cydnabod sgiliau a geir "allan o hyfforddiant" (meddygaeth)**
  - **Moderneiddio prosesau dilyniant ARCP, CCT ac ati– Digidol yn ddiofyn**
  - **Sicrhau bod dilyniant wedi'i anelu'n fwy at gymhwysedd, nid hyd**
  - **Adolygiad o arholiadau proffesiynol– Digidol yn ddiofyn**
  - **Sicrhau'r gweithwyr proffesiynol sydd eu hangen arnom – nid y rhai a roddir i ni**

Cyfle Unigryw
Foderneiddio Addysg

- Hyfforddiant ôl-radd arall
  - Cyfleoedd aml-broffesiwn
  - Ymgynghorwyr aml-broffesiwn
  - Ymarfer uwch
  - Recriwtiaid rhyngwladol
  - Meddygon a gyflogir yn barhaol (ymgynghorwyr a SAS)
  - Gweithwyr proffesiynol mwy newydd (e.e. PAs AAs)

Digidol yn ddiofyn
Recruitment, Assessment and Progression

- Recriwtio rhithwir llwyddiannus, ARCP, ac arholiadau
  - Sefydliadau addysg
  - Cyrff proffesiynol
  - Rheolyddion
- Derbyn safonau gwahanol (nid israddol) yn seiliedig ar fedrusrwydd nid hyd hyfforddiant
- A oes angen arholiadau ymadael/terfynol

Digidol yn ddiofyn
Sylwadau

- Gweithio o bell/cartref-y arfer
- Dull lleihau papur
- Ôl troed gwyrdd/carbon
- Llai o risg ar y ffyrdd
- Cost i'r GIG/unigolyn
- Gall helpu amgylchiadau cartref
- Ffactor lles

Digidol yn ddiofyn
Manteision ledled y DU

- 4 cydweithio rhwng gwledydd
- Diwygio/her rheoleiddio
- Hyblygrwydd yn y canllawiau cofrestru
- Ymgysylltu â'r Coleg proffesiynol
- Sefydliadau addysg iechyd-ymgysylltu
- Partneriaethau Undeb

Beth Nesaf
Ailddechrau

- Ailgychwyn Rhaglenni Addysg a Hyfforddiant
- Defnyddio cyfle i newid y system
- Trosi newidiadau brys i
  - digidol yn ddiofyn
- Amseroedd drud i ddod
- Defnyddio cyfle i weithredu strategaeth y gweithlu
- Gynhyrchu gweithwyr proffesiynol y mae arnom eu hangen

Dyddiad y Cyfarfod	**2 Gorffennaf 2020**	**Eitem Agenda**	**2.2**
Teitl yr Adroddiad	**Adolygiad Strategol Addysg Gofal Iechyd yng Nghymru Cam Dau**		
Awdur yr Adroddiad	Christine Love		
Noddwr yr Adroddiad	Eifion Williams		
Cyflwynwyd gan	Martin Riley		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Diweddaru'r Pwyllgor ar y rhaglenni addysg a'r broses a fydd yn llunio cam 2 o adolygiad strategol addysg gofal iechyd yng Nghymru a sicrhau bod proses gaffael a manyleb contract yn cael eu datblygu ar ôl hynny i ddiwallu anghenion Cymru yn llawn.		
Materion Allweddol	• Cynllun Ymgysylltu - mae yna nifer o raglenni lle mae angen trafodaeth bellach gyda'r gwasanaeth.		

Camau Gweithredu Penodol yn ofynnol *(rhowch un ✓yn unig)*	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyaeth**
	✓			

Argymhellion	Gofynnir i'r Pwyllgor: ▪ Nodi cynnwys yr adroddiad hwn gan gynnwys y rhaglenni sydd i'w cynnwys yn yr ail gam ▪ Nodi'r amserlenni drafft a'r cynlluniau ymgysylltu sy'n cael eu paratoi ▪ Nodi'r ymgysylltu sy'n cael ei wneud o fewn AaGIC i naill ai cyfiawnhau dad-gomisiynu rhai rhaglenni, neu ehangu'r ddarpariaeth sy'n cael ei chomisiynu ar hyn o bryd

ADOLYGIAD STRATEGOL ADDYSG GOFAL IECHYD YNG NGHYMRU
CAM DAU

CYFLWYNIAD

Bydd cam cyntaf yr adolygiad strategol o addysg iechyd proffesiynol yn ystod 2019 a 2020 yn cynnwys ymgynghoriad a chaffael y rhan fwyaf o addysg broffesiynol gofal iechyd cyn-gofrestru a gomisiynir gan AaGIC. Mae maint y broses gaffael yn sylweddol; serch hynny, nid yw'r cam cyntaf hwn yn cynnwys yr holl addysg a gomisiynir ar hyn o bryd. Bwriad yr adroddiad hwn yw diweddaru'r tîm gweithredol am:

- y broses arfaethedig ar gyfer ail gam y broses gaffael hon
- amlinellu'r rhestr o raglenni a fydd yn llunio'r ail gam i'r tîm gweithredol
- lle ceir cwestiynau'n ymwneud â hyfywedd o ran parhau i gomisiynu rhai rhaglenni
- lle rhagwelir y bydd angen comisiynu rhaglenni addysg ychwanegol

PROSES CAM 2

Rhaglenni cyn-gofrestru

Bydd Cam 2 yn cael ei lunio o nifer o elfennau, y gyntaf oedd rhaglenni cyn-gofrestru bach lle mae'r niferoedd yn fach iawn a/neu lle nad oes darpariaeth ar hyn o bryd yng Nghymru sy'n achosi pryderon, mae'r rhaglenni hyn fel a ganlyn:
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- PGDip Ffotograffiaeth Glinigol
    - Niferoedd bach iawn (5), model dan sylw a ddarperir gan Brifysgol Caerdydd
- BSc Peirianneg Glinigol
    - Niferoedd bach iawn (2-3), model dan sylw a ddarperir gan Brifysgol Gorllewin Lloegr, nid yw'r model hwn yn gweithio fel gwasanaeth ac mae angen rhywbeth gwahanol yng Nghymru yn ddelfrydol
- Orthoptyddion
    - Heb gomisiynu unrhyw fyfyrwyr o Gymru am 4 blynedd gan mai mewn 2 brifysgol yn Lloegr yn unig y caiff ei gyflwyno. Mae'r cysylltiad â'r bwrsariaeth wedi cymhlethu unrhyw recriwtio a wnaed yn y gorffennol. Nid yw cylchdaith lleoliad gwaith y Bwrdd Iechyd wedi'i datblygu'n llawn.
- Rhaglenni BMS Gwyddorau Gofal Iechyd Rhan-amser a blwyddyn bortffolio IBMS +1.

O ran y rhaglenni uchod, mae angen ymgysylltu ymhellach â grwpiau proffesiynol i benderfynu a oes angen comisiynu'r gwasanaethau hyn o hyd, ac os felly, i sicrhau bod ffurf yr addysg yn cael ei chaffael i ddiwallu anghenion GIG Cymru. Oherwydd COVID19, ni fydd proses ymgysylltu wyneb yn wyneb yn gallu cael ei chynnal nes i'r cyfyngiadau godi. Yn yr un modd, mae byrddau iechyd o dan bwysau aruthrol ar hyn o bryd oherwydd y pandemig, felly rhagwelir mai mis Mai 2021 ar y cynharaf y gall unrhyw ymgysylltu wyneb yn wyneb ddigwydd.

Darpariaeth Seicoleg Glinigol

Ail elfen cam 2 fydd y rhaglen Seicoleg Glinigol Doethurol sy'n cael ei chomisiynu ar hyn o bryd o Brifysgol Bangor ac yn gydweithrediad rhwng Caerdydd a'r Fro/Prifysgol Caerdydd. Mae'r niferoedd ar gyfer y rhaglenni hyn yn gymharol fach, fodd bynnag, mae'r Cynllun Tymor Canolig Integredig yn nodi bob blwyddyn bod angen comisiynu mwy o hyfforddeion. Y rhaglen hyfforddi hon yw'r un ddrutaf i'w hariannu gan fod hyfforddeion yn cael eu cyflogi ar gyflog band 6 ac mae AaGIC hefyd yn ysgwyddo costau'r gyfadran. Ceir tystiolaeth bod angen ystyried rolau newydd a rolau sy'n dod i'r amlwg o fewn gwasanaethau seicoleg i gefnogi gwaith y seicolegwyr clinigol. Un enghraifft yw'r **Seicolegwyr Cyswllt Clinigol** (**CAP**) sef gradd newydd o seicolegwyr proffesiynol sy'n dod i'r amlwg yn y GIG yn Lloegr. Mae'r rolau yn agored i raddedigion seicoleg sy'n ymgymryd â blwyddyn o hyfforddiant ar lefel meistr i ddod yn rhan o'r gweithlu seicoleg gymhwysol ar lefel cyn-gofrestru. Daw cyflenwad helaeth o'r graddedigion hyn o Brifysgol Caerdydd bob blwyddyn. Mae CAP yn rôl ymarfer uwch sy'n darparu asesiadau ac ymyriadau seicolegol, o dan oruchwyliaeth seicolegydd ymarferydd cofrestredig.

Bydd cyflwyno cymdeithion clinigol mewn seicoleg, ynghyd â rolau eraill sy'n dod i'r amlwg, yn helpu i gynyddu mynediad at therapïau seicolegol. Mae Cymdeithas Seicolegol Prydain (BPS) yn gweithio gyda darparwyr addysg i sicrhau safonau ansawdd mewn addysg a hyfforddiant ar gyfer seicolegwyr cyswllt, fel y maent eisoes yn achredu cyrsiau seicoleg ledled y DU. Mae AaGIC wedi ymgysylltu â chadeirydd y Pwyllgor Rheoli Therapïau Seicolegol Cenedlaethol (NPTMC) sy'n adrodd ar hyn o bryd i Fwrdd Partneriaeth Cenedlaethol Law yn Llaw at Iechyd Meddwl. Mae angen ymgysylltu pellach i benderfynu a yw'r rôl hon yn rhywbeth sydd ei hangen yng Nghymru. Arwyddion cynnar yw y byddai'n rhywbeth sydd ei hangen, ac mae'n gyfle cyffrous i ehangu'r gweithlu seicolegol.

Meysydd eraill sydd angen eu hystyried o ran model comisiynu canolog yw ehangu staff sydd â sgiliau therapi gwybyddol ymddygiadol (CBT) gyda'r opsiwn o ddatblygu cwrs tystysgrif/diploma ôl-raddedig yn radd Meistr. Mae yna hefyd gwrs 'llai dwys' wrthi'n cael ei ddatblygu yn Abertawe – yn debyg i IAPT cam 1 yn Lloegr, y dylid ei ystyried.
Rydym hefyd yn ymwybodol bod gan Gasnewydd/Prifysgol De Cymru dîm therapïau sydd hefyd yn debygol o fod yn barod i ehangu yr hyn maen nhw'n ei wneud; mae eu pwyslais nhw yn wahanol i Gaerdydd, Abertawe a Bangor.
Gellid comisiynu hyn i gyd yn ganolog gan nad oes cyllid ar gael i gefnogi datblygiad y setiau hyn o sgiliau ar hyn o bryd.

Cymhwyster Ymarferydd Arbenigol (SPQ), Astudiaethau Iechyd Cymunedol a Nyrsio Iechyd y Cyhoedd Cymunedol Arbenigol (SCPHN)

Unwaith mae nyrs neu fydwraig wedi ymuno â chofrestr y Cyngor Nyrsio a Bydwreigiaeth, gallant ymgymryd ag addysg bellach a hyfforddiant i ymuno â rhan Nyrs Iechyd y Cyhoedd Cymunedol Arbenigol (SCPHN) o'r gofrestr (trydydd rhan) neu gael eu nodi â Chymhwyster Ymarferydd Arbenigol (SPQ) ar y gofrestr.

Nid yw safonau SCPHN na SPQ wedi'u diweddaru ers cryn amser, ac ym mis Ebrill 2018, comisiynodd y Cyngor Nyrsio a Bydwreigiaeth adolygiad annibynnol o'r

safonau cyfredol ar gyfer addysg ôl-gofrestru ar gyfer nyrsys a bydwragedd. Prif nod yr ymchwil oedd archwilio a yw'r safonau cyfredol yn addas at y diben a pha mor bell y maen nhw'n diwallu anghenion gweithlu nyrsio a bydwreigiaeth y presennol a'r dyfodol.

Yn ystod mis Ionawr 2020, cytunwyd tynnu safonau cymhwyster nyrsio iechyd y cyhoedd cymunedol arbenigol (SCPHN) erbyn 2023 fan bellaf, a datblygu safonau hyfedredd newydd ar gyfer meysydd ymweliadau iechyd, nyrsio mewn ysgolion a nyrsio iechyd galwedigaethol o'r ymarfer SCPHN a safonau cysylltiedig y rhaglen. Yn ogystal, i dynnu safonau naw o gymwysterau ymarfer proffesiynol (SPQ) cyfredol erbyn 2023 fan bellaf, a phennu cwmpas y cynnwys safonau hyfedredd SPQ newydd arfaethedig ar gyfer ymarfer nyrsio cymunedol a safonau rhaglenni cysylltiedig.

Roedd AaGIC yn ymwybodol bod yr adolygiad hwn yn cael ei gynnal, felly roedd yn ymddangos yn bragmatig i beidio â chynnwys y rhaglenni hyn yn y cam cyntaf. Argymhellir, gan fod adolygiad yn mynd rhagddo, y dylid symud unrhyw ymgysylltiad i ran ddiweddarach cam 2 pan fydd mwy o eglurder ynglŷn â'r rhaglenni newydd, a disgwylir i'r Cyngor Nyrsio a Bydwreigiaeth gynnal ymgynghoriad tua diwedd Medi 2020, gyda'r bwriad o gymeradwyo'r safonau erbyn Medi 2021.

Rhaglen Hyfforddiant Gwyddonydd Clinigol (STP)

Mae hyfforddeion STP yn gwneud cymhwyster meistr sy'n arwain at gofrestru gyda'r Cyngor Proffesiynau Iechyd a Gofal (HCPC). Mae'r hyfforddeion hyn yn cael eu cyflogi fel hyfforddeion Band 6 o fewn byrddau iechyd ac Iechyd Cyhoeddus Cymru. Mae AaGIC yn ariannu addysg a chyflogau'r hyfforddeion hyn. Mae yna sawl arbenigedd gyda niferoedd bach iawn. Cyflwynir pob rhaglen heblaw un y tu allan i Gymru. Mae'n debygol y bydd AaGIC yn parhau i brynu'r rhan fwyaf o'r addysg yma o Sefydliadau Addysg Uwch yn Lloegr gan ei fod yn arbenigol iawn. Serch hynny, argymhellir bod gan AaGIC, y gweithlu gwyddonol a phrifysgolion gyfle i archwilio a ellid comisiynu'r rhaglenni hynny ar gyfer rhai o'r arbenigeddau mwy o Sefydliad Addysg Uwch yng Nghymru, gan fod gennym eisoes ddarpariaeth ar draws rhaglenni israddedig. Fodd bynnag, rhagwelir mai mis Mai 2021 ar y cynharaf y gall unrhyw ymgysylltu wyneb yn wyneb ddigwydd.

Addysg ôl-raddedig ac ôl-gofrestru

Yn ogystal, mae llu o raglenni addysg ôl-gofrestru y mae AaGIC yn eu comisiynu ar hyn o bryd y bydd angen eu caffael yn ystod yr ail gam hwn, sef:

- **MSc a modiwlau Ymarfer Uwch**
- **Addysg Ymarfer estynedig**
- **Presgripsiynu anfeddygol**
- **Tystysgrif/Diploma/Modiwlau ÔI-raddedig mewn Uwchsain meddygol**
- **Tystysgrif/Diploma/Modiwlau ÔI-raddedig/MSc rhan-amser mewn Genomeg Meddygol**
- **Hyfforddiant Endosgopydd Clinigol**
- **Hyfforddiant Radiograffydd Adrodd**
- **Rhaglen Hyfforddi Arbenigedd Gwyddonol Uwch (HSST)**

Oherwydd natur gynhwysfawr y cam cyntaf, nid yw'r amserlenni ar gyfer y prif broses gaffael wedi caniatáu ymgysylltu ac adolygu anghenion addysg ôl-raddedig ac ôl-gofrestru. Mae'n debygol y bydd contract fframwaith yn cael ei ddatblygu i gaffael yr addysg neu rywfaint ohoni gan y bydd hyn yn rhoi mwy o hyblygrwydd i fodloni gofynion amgylchedd gofal iechyd sy'n newid drwy'r amser. Rydym wedi ymrwymo i sicrhau bod yr addysg a gomisiynir yn diwallu anghenion y GIG yng Nghymru, gweithwyr gofal iechyd proffesiynol a'r boblogaeth yng Nghymru.

Bydd digwyddiadau'r dyfodol yn cael eu hysbysebu i symud y broses gaffael addysg cyn-gofrestru ac ôl-gofrestru yn ei blaen.

Gallwn eich sicrhau bod yna gynlluniau i ymgysylltu â'r holl grwpiau perthnasol er mwyn sicrhau bod yr addysg hon yn cael ei chomisiynu'n barhaus ac yn llwyddiannus i'r dyfodol.

Cam Gweithredu Allweddol	**Dyddiad**
Creu rhaglen fapio	Mai 20 - Mehefin 20
Penderfynu ar Lwybr(au) Caffael (FA vs Contract)	Gorffennaf 20
Paratoi dogfennau	Hydref 20 – Rhagfyr 20
	Canol Mawrth 21 – Mai 21
Ymgysylltu	Mai '21 – Gorffennaf '21
Cymeradwyaeth (Bwrdd Gweithredol AaGIC, Felindre a Llywodraeth Cymru)	Awst 21 – Medi 21
Gosod Hysbysiad yng Nghyfnodolyn Swyddogol yr Undeb Ewropeaidd (OJEU) i sbarduno'r broses gaffael	Canol Medi 2021 – diwedd Hydref 21
Adolygu ceisiadau	Tachwedd '21 – Rhagfyr '21
Cymeradwyo / Cadarnhau gweithdrefnau	Ionawr '22 – Chwefror '22
Dyfarnu'r Cytundeb Fframwaith	Mawrth 2022
Cynnal Cystadlaethau Bach (lle bo'n gymwys)	Ebrill 2022
Dyfarniad Cystadleuaeth Fach ar gyfer blwyddyn academaidd 22-23	Mehefin 2022
Dechrau rhaglenni addysg newydd	Medi 2022

Ymestyn y contractau cyfredol

Mae AaGIC yn bwriadu cyhoeddi hysbysiad addasu i ymestyn yr holl gontractau cyfredol, sy'n dod i ben ar 31ain Gorffennaf 2021, am flwyddyn arall nes 31ain Gorffennaf 2022.

Contractau newydd

Bydd y contractau newydd yn dechrau ym mis Ebrill 2022 ond ni fydd disgwyl i fyfyrwyr ddechrau ar y contract newydd nes mis Medi 2022.

Ar gyfer darparwyr cyfredol y dyfernir contractau newydd iddynt, bydd dau gontract yn ei le ar gyfer 2021/22.

a) Y cyntaf fydd y contract cyfredol, gan gefnogi myfyrwyr yn y system a bydd hyn yn amodol ar berfformiad cyfredol y contract a chraffu ar ansawdd.
b) Yr ail fydd y contract newydd a fydd yn ei gyfnod cychwynnol. Bydd AaGIC, drwy gyfarfodydd contract ffurfiol, yn monitro cynnydd ochr yn ochr â'r cynllun cyflenwi ac yn helpu i sicrhau bod yr holl ymrwymiadau ar gyfer y contract newydd yn cael eu cyflawni mewn pryd ac yn unol â manyleb y contract.

Os yw'n ymarferol, ar ôl dyfarnu'r contract newydd, a bod holl amodau'r contract newydd yn cael eu bodloni, gallai myfyrwyr ddechrau ar y contract newydd ym mis Ebrill 2022.

Ar gyfer unrhyw ddarparwyr newydd, bydd y contract yn dechrau ym mis Ebrill 2022 a bydd AaGIC yn dechrau cyfarfodydd contract i fonitro cynnydd ochr yn ochr â'r cynllun cyflenwi ac yn helpu i sicrhau bod yr holl ymrwymiadau ar gyfer y contract newydd yn cael eu cyflawni mewn pryd ac yn unol â manyleb y contract er mwyn i fyfyrwyr ddechrau ym mis Medi 2022.

Cynllun Ymgysylltu

I sicrhau bod y contractau newydd yn cael y buddion mwyaf ac yn diwallu anghenion y Gwasanaeth a Phrifysgolion, mae'r cynllun ymgysylltu drafft canlynol wedi'i ddatblygu. Gall yr amserlen newid oherwydd y sefyllfa bresennol.

Dyddiad	Ymgysylltiad
Mai 2021	Dechrau digwyddiadau ymgysylltu ar gyfer rhaglenni cyn-gofrestru • Ffotograffiaeth Glinigol • Peirianneg Glinigol • Orthoptyddion
Mehefin 2021	Dechrau ymgysylltu â'r gweithlu Seicoleg a phrifysgolion i archwilio potensial comisiynu CAPs.
Gorffennaf 2021	Bydd AaGIC yn ymweld â phob Prifysgol sydd eisoes yn cynnig SCPHN a SPQ i drafod cynnydd adolygiad y Cyngor Nyrsio a Bydwreigiaeth. AaGIC i ymgysylltu â'r gweithlu gwyddorau gofal iechyd a phrifysgolion i archwilio opsiynau cyflenwi yng Nghymru ar gyfer rhaglenni Hyfforddi Gwyddonwyr Clinigol (STP)
Awst-Rhag 2021	Gweithio gyda'r adran gaffael i ddatblygu a chytuno ar gontractau fframwaith addysg ôl-raddedig: • **MSc a modiwlau Ymarfer Uwch** • **Addysg Ymarfer Estynedig** • **Presgripsiynu anfeddygol** • **Tystysgrif/Diploma/Modiwlau Ôl-raddedig mewn Uwchsain meddygol**

	• **Tystysgrif/Diploma/Modiwlau Ôl-raddedig/MSc rhan-amser mewn Genomeg Meddygol** • **Hyfforddiant Endosgopydd Clinigol** • **Hyfforddiant Radiograffydd Adrodd** • **Rhaglen Hyfforddi Uwch Arbenigedd Gwyddonol (HSST)**

Gofynnir i'r **Pwyllgor**:

- Nodi cynnwys yr adroddiad hwn gan gynnwys y rhaglenni sy'n cael eu cynnwys yn yr ail gam
- Nodi'r amserlenni a chynlluniau ymgysylltu drafft sy'n cael eu paratoi
- Nodi'r ymgysylltu sy'n cael ei wneud o fewn AaGIC i naill ai cyfiawnhau dad-gomisiynu rhai rhaglenni, neu ehangu'r ddarpariaeth sy'n cael ei chomisiynu ar hyn o bryd

Llywodraethu a Sicrwydd			
Dolen i nodau strategol CTCI *(defnyddiwch ✓)*	**Nod Strategol 1:** Arwain y broses o gynllunio, datblygu a llesiant gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni *'Cymru Iachach'*	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd a sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth tosturiol a chyfunol ar bob lefel
	✓	✓	
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r broses o ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** I fod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	**Nod Strategol 6:** I gael ei gydnabod fel partner, dylanwadwr ac arweinydd gwych
	✓		
Ansawdd, Diogelwch a Phrofiad Cleifion			
Dim			
Goblygiadau Ariannol			
Dim			
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)			
Dim			
Goblygiadau Staffio			
Dim			
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)			
Nodi'n fras sut bydd y papur yn cael effaith ar 5 ffordd o weithio Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. • Hirdymor: gweithlu sydd wedi'i addysgu'n briodol i ddiwallu anghenion iechyd y boblogaeth ar hyn o bryd ac yn y dyfodol • Atal: gweithlu sydd wedi'i addysgu'n dda sy'n cefnogi pobl i gadw'n iach ac yn iawn gartref			

• Integreiddio: gwaith aml-broffesiynol ar gyfer Cymru iachach • Cydweithio: Datblygu sgiliau estynedig i gefnogi'r broses o arallgyfeirio'r tîm amlddisgyblaethol	
Hanes yr Adroddiad	Ddim yn gymwys
Atodiadau	Dim

Dyddiad y Cyfarfod	**2 Gorffennaf 2020**	**Eitem Agenda**	**2.3**
Teitl yr Adroddiad	**Cynllun Addysg a Hyfforddiant Drafft 2021/22**		
Awdur yr Adroddiad	Martin Riley		
Noddwr yr Adroddiad	Pushpinder Mangat / Angela Parry		
Cyflwynwyd gan	Martin Riley		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Pwrpas yr adroddiad yw rhoi cyfle i'r Pwyllgor Addysg, Comisiynu ac Ansawdd roi sylwadau ar y Cynllun Addysg a Hyfforddiant Drafft ar gyfer 2021/22.		
Materion Allweddol	Argymhellion ar gyfer buddsoddi mewn addysg a hyfforddiant y dyfodol ar gyfer 2021/22. Effaith bosibl covid-19		
Camau Gweithredu Penodol yn ofynnol *(rhowch un ✓yn unig)*	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyaeth**
		✓		
Argymhellion	Gofynnir i'r Pwyllgor: • **Nodi'r** wybodaeth a'r argymhellion sydd wedi'u cynnwys yn y cynllun hwn • **Trafod** yr argymhellion			

CYNLLUN ADDYSG A HYFFORDDIANT 2021/22

1. CYFLWYNIAD

Dyma'r ail flwyddyn i AaGIC ddatblygu cynllun addysg a hyfforddiant cenedlaethol ar gyfer y gweithlu iechyd. Mae'n adeiladu ar y cynllun cyntaf y llynedd gyda mwy o bwyslais ar ymateb i heriau gwasanaethau yn ogystal â mynd i'r afael ag anghenion grwpiau proffesiynol a galwedigaethol unigol. Bydd cyhoeddi'r strategaeth gweithlu iechyd a gofal cymdeithasol yn chwarae rôl allweddol wrth lywio anghenion addysg a hyfforddiant hirdymor y sectorau iechyd a gofal cymdeithasol.

Wrth gydnabod bod buddsoddiad mewn hyfforddiant ac addysg yn cael ei dalu'n ôl yn fuan iawn ar ôl graddio, bydd Cynlluniau Addysg a Hyfforddiant yn seiliedig ar anghenion y gweithlu a dadlau'r achos lle mae hyn yn gofyn am fwy o fuddsoddiad. Ni fydd argymhellion yn y papur yn seiliedig ar anghenion gweithlu blwyddyn unigol ond byddant yn cael eu llywio gan:

- Cynllun Tymor Canolig Integredig (CTCI)
- gwybodaeth ehangach am y gweithlu sydd ar gael
- capasiti o fewn y system i gefnogi hyfforddiant/myfyrwyr/hyfforddeion.

O'r CTCI, nodwyd y sialensiau canlynol i'r gweithlu:

- **Meddygol** – amrywio ar draws Byrddau ac Ymddiriedolaethau Iechyd ac ymgynghorwyr/hyfforddiant/graddau SAS, ond mae'n cynnwys: Seiciatreg, Meddygon Teulu, Radiolegwyr, Meddygaeth Frys, Oncolegwyr, Trawma ac Orthopaedeg, Llawfeddygaeth Gyffredinol, Obstetreg a Gynaecoleg, Diabetes, arbenigeddau Patholeg gan gynnwys Histopatholeg a Microbioleg a Chlefydau Heintus, Gofal yr Henoed, Anaestheteg ac ICM, Niwroleg, Pediatreg, Wroleg, Genetegydd, Iechyd Rhywiol. Iechyd, Clust, Trwyn a Gwddf , Gastroenteroleg, Rhewmatoleg, Offthalmoleg, Deintyddol
- **Nyrsio** – yn gyffredinol ond yn cynnwys oedolion, iechyd plant, iechyd meddwl (gan gynnwys CAMHS), nyrsio practis
- **Proffesiynau Perthynol i Iechyd** – mewn nifer o gynlluniau – gan gynnwys ffisiotherapi (gan gynnwys gradd mynediad), SALT, OT, ODP, Deieteg, Orthoptyddion, Seicolegwyr Clinigol
- **Gwyddorau Gofal Iechyd -** Radiograffwyr, Sonograffwyr, Ffisiolegwyr Cardiaidd, Peirianwyr Adsefydlu, Ymarferydd Meddygaeth Niwclear
- **Fferylliaeth** – llai o anawsterau recriwtio yng nghynlluniau eleni
- **Therapi Gwybyddol Ymddygiadol (CBT) a therapyddion seicolegol eraill** gan gynnwys gofal sylfaenol a CAMHS, holl grwpiau staffio ar draws gwasanaethau iechyd meddwl

2. YMGYSYLLTU Â RHANDDEILIAID

Y prif sbardun ar gyfer y cynllun hwn yw'r Cynlluniau Tymor Canolig Integredig a blaenoriaethau gwasanaethau cenedlaethol. Wrth drosi'r wybodaeth hon yn argymhellion, ymgysylltwyd yn eang â rhanddeiliaid hefyd. Ar adegau arferol, mae AaGIC yn mynychu cyfarfodydd cymheiriaid i drafod y cynigion ar gyfer hyfforddi staff iechyd proffesiynol ar gyfer y flwyddyn i ddod. O gofio amgylchiadau'r pandemig

yn 2020 serch hynny, roedd angen ffordd wahanol ar gyfer ymgynghori â rhanddeiliaid ynglŷn â chynllun Addysg a Hyfforddiant 2021/22. Rhannwyd cyflwyniad byr yn crynhoi'r cynigion yn ystod mis Mai a chafwyd cyfnod ymgynghori o dair wythnos ar ôl hynny lle bu staff AaGIC yn ymgysylltu drwy ddefnyddio cyfryngau rhithwir i drafod ac egluro unrhyw faterion a allai ddeillio o'r cynigion.

Serch hynny, er gwaetha'r cyfyngiadau yn sgil y pandemig Covid-19, mae AaGIC wedi ymgysylltu ag ystod eang o randdeiliaid ynglŷn â'r cynllun hwn, gan gynnwys:

- Cyrff Rheoleiddio
- Cyrff Proffesiynol
- Colegau/Cymdeithasau Amrywiol
- Cyngor Deoniaid Iechyd (Cymru)
- Arweinwyr Proffesiynol a Pholisi Llywodraeth Cymru
- Holl Fyrddau Iechyd a Chyfarwyddwyr Gweithredol Ymddiriedolaethau
- Dirprwy Gyfarwyddwyr Nyrsio o fewn Byrddau Iechyd ac Ymddiriedolaethau'r GIG
- Dirprwy Gyfarwyddwyr Therapïau a Gwyddorau Gofal Iechyd o fewn Byrddau Iechyd ac Ymddiriedolaethau'r GIG

Yn y trafodaethau a gynhaliwyd gyda'r uchod, cafwyd cefnogaeth eang i'r angen i ddatblygu'r gweithlu yn y gymuned a lleoliadau gofal sylfaenol i gefnogi'r broses o symud gwasanaethau o ofal eilaidd. Cafwyd cefnogaeth hefyd i ymestyn rôl gweithwyr iechyd proffesiynol a staff cymorth wrth fodloni heriau'r gweithlu a galluogi'r egwyddorion darbodus i fod yn gymwys.

O ganlyniad i'r ymgysylltu, addaswyd sawl argymhelliad gan gynnwys ail-broffilio comisiynau parafeddygol i ddiwallu anghenion gwasanaethau ac, yn dilyn trafodaethau â'r Gwasanaeth a rhai Colegau Proffesiynau Perthynol i Iechyd, cynnydd pellach mewn rhai proffesiynau perthynol i iechyd.

Mae dadansoddiad o effaith yr holl ffactorau ar y gweithlu (graddedigion newydd, y rhai heb radd, y rhai sy'n ymuno, y rhai sy'n gadael, ymddeol etc.), sy'n deillio o fodel cudd-wybodaeth y gweithlu a ddatblygwyd gan AaGIC ar gyfer FTE's a ragwelir yn y gweithlu hyd at 2025, yn cael ei ddangos ar gyfer proffesiynau allweddol yn **Atodiad 4.** Bydd effaith cynnydd y llynedd a chynigion eleni yn cael effaith sylweddol ar sawl maes. Bydd y cynnydd a ragwelir mewn lefelau staffio yn cael yr effaith o wella ansawdd a diogelwch gofal cleifion ac yn helpu i leihau costau asiantaeth a locwm.

3. CRYNODEB O'R PRIF ARGYMHELLION YN Y CYNLLUN

Ar ôl adolygu'r holl dystiolaeth sydd ar gael, gan gynnwys nodi anghenion y sefydliad, capasiti o fewn y system, tystiolaeth a gyhoeddwyd a'r wybodaeth o offer cudd-wybodaeth gweithlu AaGIC, mae'r argymhellion canlynol yn cael eu gwneud:

Staff gweithwyr iechyd proffesiynol

a. **Dylai comisiynau addysg barhau i:**
   i. Ehangu nifer y rhaglenni addysg i weithwyr iechyd proffesiynol a ddarperir drwy raglenni rhan amser a rhaglenni byrrach
   ii. Cynyddu cyfran y lleoedd nyrsio cyn-gofrestru a ddarperir gan y llwybr rhan-amser/dysgu o bell

iii. Ehangu'r ddarpariaeth ran-amser sydd ar gael i'r sector cartrefi gofal
iv. Cynyddu lefel y buddsoddiad mewn ymarfer uwch i adeiladu gyrfaoedd clinigol a datblygu gweithwyr cymorth gofal iechyd

b. Argymhellir cynnydd yn y meysydd canlynol:

Arbenigedd	**O**	**I**	***% cynnydd***
Nyrsio Oedolion	1,400	**1,540**	***10%***
Nyrsio Iechyd Meddwl	356	**410**	***15%***
Nyrsio Plant	159	**175**	***10%***
Bydwreigiaeth	161	**185**	***15%***
Radiotherapi ac Oncoleg	22	**26**	***18%***
Lleoedd dietegol	52	**60**	***15%***
Lleoedd ffisiotherapi	164	**174**	***6%***
Parafeddygaeth	52	**75**	***44%***
Lleoedd Doethuriaeth mewn Seicoleg Glinigol	29	**32**	***10%***
Gwyddorau Gofal Iechyd: STP	32	**37**	***17%***
Gwyddorau Gofal Iechyd: PTP / BMS	24	**25**	***4%***
Cynnydd ôl-gofrestru / Cyllid Ymarfer Uwch	£1.5m	**£2m**	***33%***
Cynnydd mewn HCSW / Cyllid Dysgu Seiliedig ar Waith	£2m	**£2.5m**	***25%***

Argymhellion Cynllunio Gweithlu Meddygol

Ymarfer Cyffredinol:	Parhau i hysbysebu 160 gyda'r opsiwn i or-recriwtio os oes digon o ymgeiswyr addas.
Meddygaeth Frys:	5 o swyddi Hyfforddiant Uwch ychwanegol (ST3) i fynd i'r afael â'r diffyg yn dilyn trosi swyddi uwch i ACCS yn y blynyddoedd blaenorol. 2 o swyddi ACCS ychwanegol ar gylchdro Gogledd Cymru.
Anestheteg:	3 o swyddi Hyfforddiant Uwch ychwanegol i fynd i'r afael â'r prinder parhaus ar lefel meddyg ymgynghorol. Sylwer: Oherwydd effaith y pandemig Coronafeirws, bydd y newidiadau arfaethedig i'r cwricwlwm Anestheteg bellach yn cael ei ohirio am flwyddyn. O ganlyniad i newidiadau yn y cwricwlwm, ni fydd angen gofynion

	rhagamcanol ar gyfer swyddi ychwanegol ar gyfer 2021 nes Awst 2022 a bydd Anestheteg yn cael ei adolygu eto flwyddyn nesaf.

Meddygaeth Gofal Dwys:	Mae angen 4 o swyddi Hyfforddiant Uwch ychwanegol i gynyddu ein gweithlu Meddygaeth Gofal Dwys yng Nghymru. Mae'r pandemig Coronafeirws wedi tanlinellu'r angen i ehangu a darparu capasiti gofal critigol; mae'r pedair cenedl arall yn cynllunio i ehangu. Gofynion Meddygaeth Gofal Dwys i'w adolygu eto yn 2021.
Rhwydwaith Trawma Mawr	
Llawdriniaeth Blastig:	2 o swyddi Hyfforddiant Uwch ychwanegol i gefnogi'r model gweithlu ar gyfer y Ganolfan Trawma Mawr.
Llawdriniaeth Gyffredinol:	4 o swyddi Hyfforddiant Uwch ychwanegol mewn Llawdriniaeth Gyffredinol i gefnogi'r model gweithlu ar gyfer y Ganolfan Trawma Mawr; mynd i'r afael â'r prinder gweithlu a ragwelir ar lefel meddygon ymgynghorol ac wrth ymateb i'r galw cynyddol a'r newidiadau i gwricwla i gefnogi triniaethau canser.
Trawma ac Orthopedeg:	Dim newid yn dilyn cynnydd o 4 hyfforddai o'r rhai a dderbyniwyd yn 2019.
Wroleg:	4 o swyddi Hyfforddiant Uwch ychwanegol i gefnogi'r agenda Canser a phrinder gweithlu ar lefel meddygon ymgynghorol.
Niwrolawdriniaeth:	Gostyngiad yn y swyddi yn unol â hyfforddeion yn cwblhau eu hyfforddiant. Lleihau'r rhaglen hyfforddi o 1 swydd yn ystod y flwyddyn nesaf ar ôl adolygiad pellach.
Pediatreg:	4 o swyddi ST1 ychwanegol i fynd i'r afael ag argymhellion adroddiad gweithlu RCPCH a benyweiddio'r gweithlu sydd wedi arwain at gynnydd yn niferoedd yr hyfforddeion sy'n dewis hyfforddiant LTFT gan arwain at fylchau parhaus o fewn y rhaglen hyfforddi hon a meddygon ymgynghorol yn dewis gweithio'n rhan-amser. 2 gymrodoriaeth Hyfforddiant Dysgu Clinigol Uwch i gefnogi'r broses o recriwtio a chadw staff o fewn y rhaglen hyfforddiant Pediatreg.

Gweithlu Obstetreg a Gynaecoleg:	2 o swyddi ST1 ychwanegol yn ymateb i '*Gofal Bydwreigiaeth yng Nghymru, gweledigaeth 5 mlynedd ar gyfer y dyfodol'* ac i fynd i'r afael â chyfraddau gadael yn ystod blynyddoedd cynnar y rhaglen hyfforddiant.
Iechyd Rhywiol ac Atgenhedlol Cymunedol (CSRH):	Arbenigedd i'w adolygu yn 2021.

Meddygaeth Fewnol	15 o swyddi Hyfforddiant Craidd ychwanegol i gefnogi'r newidiadau i'r cwricwlwm Meddygaeth Fewnol a'r gofyniad i gynnal y cydbwysedd rhwng hyfforddiant craidd ac hyfforddiant arbenigol uwch. Bydd y swyddi ychwanegol yn sicrhau bod digon o swyddi hyfforddiant craidd i fodloni'r cynnydd sy'n cael ei argymell mewn swyddi Hyfforddiant Uwch.
Meddygaeth Acíwt	4 o swyddi Hyfforddiant Uwch ychwanegol i gefnogi'r broses o ehangu gweithlu meddygon ymgynghorol mewn Meddygaeth Acíwt; mae Meddygaeth Acíwt dal yn arbenigedd gymharol newydd.
Meddygaeth Anadlol:	2 o swyddi Hyfforddiant Uwch ychwanegol i gefnogi gofynion gweithlu'r dyfodol. Mae'r pandemig coronafeirws wedi dangos yr angen am gynnydd mewn meddygon anadlol.
Gastroenteroleg:	2 o swyddi Hyfforddiant Uwch ychwanegol i gefnogi gofynion gweithlu'r dyfodol ac i gefnogi llwybr gwaith unigol ar gyfer canser.
Meddygaeth Arennol:	Dim newid i niferoedd hyfforddiant ac arbenigedd i'w adolygu yn 2021.
Diabetes ac Endocrinoleg:	Dim newid i niferoedd hyfforddiant ac arbenigedd i'w adolygu yn 2021.
Oncoleg Meddygol:	3 o swyddi Hyfforddiant Uwch ychwanegol fesul blwyddyn am 5 mlynedd i gefnogi'r nifer cynyddol o achosion o ganser a'r agenda Canser.
Oncoleg Glinigol:	4 o swyddi Hyfforddiant Uwch ychwanegol fesul blwyddyn am 5 mlynedd i gefnogi'r broses o fodelu'r gweithlu a gynhaliwyd gan Goleg Brenhinol y Radiolegwyr ac i ddiwallu'r angen cynyddol am driniaethau canser.

Hyfforddiant Microbioleg Meddygol / Haint Cyfun:	Parhau â'r argymhelliad o gynllun y llynedd o 3 o swyddi ychwanegol am 5 mlynedd i gefnogi'r cynnydd yn y gweithlu heintiau clinigol. Byddai hyn gyfystyr ag ail flwyddyn y cynnydd o 3 o swyddi ychwanegol am 5 mlynedd.
Radioleg Glinigol:	Cynnal y lefel derbyn o 20 o hyfforddeion y flwyddyn fel y cytunwyd y llynedd i wneud y mwyaf o gapasiti'r Academi Ddelweddu a'i adolygu unwaith eto yn 2021.

4. CRYNODEB ARIANNOL

Cafodd y gyllideb a bennwyd ar gyfer 2019/20 ei rheoli'n effeithiol drwy'r broses bontio ac adroddwyd ar sefyllfa adennill costau ar 31ain Mawrth 2020, ac roedd barn yr archwiliad yn ddiamod wedi hynny.

Mae'r manylion canlynol yn nodi cyfanswm y gofynion cyllid ar gyfer Comisiynu Addysg a Hyfforddiant ar gyfer 2021/22, a gyfrifwyd fel **£227.901m** gan gynyddu i **£263.693m** erbyn 2023/24. Gellir rhannu hyn yn **£127.924m** ar gyfer addysg iechyd proffesiynol ehangach gyda mwy o fanylion yn adran 8.1 isod, **£9.316m** ar gyfer hyfforddiant fferyllol, **£55.243m** ar gyfer lleoedd hyfforddiant meddygol a restrir yn adran 8.2, **£26.222m** ar gyfer hyfforddiant meddygon teulu a restrir yn adran 8.4 a **£9.196m** ar gyfer hyfforddiant Deintyddol a restrir yn adran 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
Total	227.901	250.972	263.693

Mae'r cyfanswm ar gyfer 21/22 sy'n cael ei gynnwys yn y papur Comisiynu Addysg yn £227.9m, gyda phapur y llynedd yn nodi £196.7m ar gyfer 21/22, ond nid oes modd cymharu'r gwerthoedd yn uniongyrchol gan na chafodd hyfforddiant Deintyddol Sylfaenol na hyfforddiant Meddygon Teulu eu cynnwys y llynedd. Mae'r hyfforddiant Deintyddol Sylfaenol yn drosglwyddiad o Lywodraeth Cymru, felly nid cynnydd fel y cyfryw, ac er bod cynnydd sylweddol mewn hyfforddiant meddygon teulu a Fferylliaeth nid ydynt yn fwy na'r gostyngiad mewn Comisiynu Gweithwyr Iechyd Proffesiynol. O ganlyniad, mae'r ffigwr a ddyfynnwyd y llynedd yn gymharol debyg.

5. RISGIAU

Mae effaith covid-19 a pha mor hir fydd y goblygiadau dal yn ansicr. Mae'r GIG yng Nghymru ac agwedd a sgiliau'r staff sy'n ymwneud â delio â'r pandemig wedi derbyn cryn glod. Mae'n ansicr a fydd yr ymdeimlad positif yn arwain at fwy o geisiadau i gyrsiau neu a fydd hyn yn cael ei liniaru neu'n lleihau niferoedd oherwydd y risgiau sy'n gysylltiedig â covid-19. Felly, mae'r effaith gyffredinol ar nifer posibl y myfyrwyr i lenwi'r holl leoedd a gomisiynir yn ansicr.

Ceir cydnabyddiaeth bod angen cryfhau cydnerthedd y gweithlu ymhellach ar draws Cymru, o ran niferoedd a datblygu sgiliau estynedig ac ymarfer uwch, serch hynny, nid yw'r buddsoddiad ariannol mewn addysg, sy'n ofynnol i gyflawni'r cynllun hwn, wedi'i gymeradwyo gan Lywodraeth Cymru yn ystod y cyfnod hwn.

6. CAMAU NESAF

Mae'r cynllun drafft yn mynd at y grwpiau canlynol am sylwadau a chefnogaeth cyn ei gyflwyno i Lywodraeth Cymru.

- Bwrdd Iechyd a Grŵp Prif Weithredwr Ymddiriedolaethau'r GIG
- Pwyllgor Addysg, Comisiynu ac Ansawdd AaGIC
- Bwrdd AaGIC

7. ARGYMHELLIAD

Gofynnir i'r pwyllgor:

- Nodi'r wybodaeth a'r argymhellion o fewn y cynllun hwn
- Trafod yr argymhellion

<table>
<tr><th colspan="4">Llywodraethu a Sicrwydd</th></tr>
<tr><td rowspan="4">Dolen i nodau strategol CTCI (defnyddiwch ✓)</td><td>Nod Strategol 1:
Arwain y broses o gynllunio, datblygu a llesiant gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'</td><td>Nod Strategol 2:
Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd a sicrhau ei fod yn diwallu anghenion y dyfodol</td><td>Nod Strategol 3:
Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth tosturiol a chyfunol ar bob lefel</td></tr>
<tr><td>✓</td><td>✓</td><td></td></tr>
<tr><td>Nod Strategol 4:
Datblygu'r gweithlu i gefnogi'r broses o ddarparu diogelwch ac ansawdd</td><td>Nod Strategol 5:
I fod yn gyflogwr enghreifftiol ac yn lle gwych i weithio</td><td>Nod Strategol 6:
I gael ei gydnabod fel partner, dylanwadwr ac arweinydd gwych</td></tr>
<tr><td></td><td>✓</td><td>✓</td></tr>
<tr><td colspan="4">Ansawdd, Diogelwch a Phrofiad Cleifion</td></tr>
<tr><td colspan="4">Mae gan AaGIC gyfrifoldeb craidd i hyfforddi ac addysgu'r gweithlu</td></tr>
<tr><td colspan="4">Goblygiadau Ariannol</td></tr>
<tr><td colspan="4">Dim</td></tr>
<tr><td colspan="4">Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</td></tr>
<tr><td colspan="4">Dim</td></tr>
<tr><td colspan="4">Goblygiadau Staffio</td></tr>
<tr><td colspan="4">Dim goblygiadau staffio i AaGIC. Serch hynny, mae'r cynllun yn cynnwys goblygiadau staffio ar gyfer y gweithlu meddygol, deintyddol, ymarfer cyffredinol, fferyllol ac iechyd proffesiynol.</td></tr>
<tr><td colspan="4">Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)</td></tr>
<tr><td colspan="4">Nodi'n fras sut bydd y papur yn cael effaith ar 5 ffordd o weithio Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015.</td></tr>
</table>

Hanes yr Adroddiad	Ddim yn gymwys
Atodiadau	Atodiad 1: Cynllun Addysg a Hyfforddiant Drafft 2021/22

GIG CYMRU NHS WALES
Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

NHS Wales Education Commissioning and Training Plan for 2021/22

June 2020

Contents

Appendices

NHS Wales Education Commissioning and Training Plan for 2021/22

PURPOSE

1. Introduction

The purpose of this paper is to provide recommendations on the level of national education and training to be supported in 2021/22 for the medical and health professional workforce.

This is the second year HEIW has developed a national education and training plan for the health workforce. It builds on the first plan last year with increased focus on responding to service challenges as well as addressing needs of individual professional and occupational groups. The publication of the health and social care workforce strategy will play a key role informing the future long-term education and training needs of the health and social care sectors.

In recognising that investment in training and education is paid back within a very short time after graduation, Education and Training Plans will be based on workforce need and the case made where this requires increased investment. Recommendations within the paper will not be based on a single year's workforce need but will be informed by:

- IMTP's
- wider available workforce intelligence
- capacity within the system to support training/student/trainees.

From the IMTP's the following workforce challenges were identified;

- **Medical** - varies across HBs and Trusts and Consultant/training/ SAS grades but includes: Psychiatry, GPs, Radiologists, Emergency Medicine, Oncologists, Trauma & Orthopaedics, General Surgery, O&G, Diabetes, Pathology specialties including Histopathology and Microbiology & Infectious Diseases, Care of the Elderly, Anaesthetics and ICM, Neurology, Paediatrics, Urology, Geneticist, Sexual Health, ENT, Gastroenterology, Rheumatology, Ophthalmology, Dental
- **Nursing** – across the board including adult, child health, mental health (including CAMHS), practice nursing
- **AHPs** – in a number of plans – including physiotherapy (including entry grade), SALT, OT, ODP, Dietetics, Orthoptists, Clinical Psychologists
- **Health Care Science -** Radiographers, Sonographers, Cardiac Physiologists, Rehab Engineers, Nuclear medicine practitioner,
- **Pharmacy** – less recruitment difficulties reported in this year's plans
- **CBT and other psychological therapists** including in primary care and CAMHS, all staffing groups across mental health services

Stakeholder Engagement

The primary drivers for this plan are the IMTPs and national service priorities. In translating this information into recommendations there has also been extensive engagement with stakeholders. In normal times HEIW attend peer meetings to discuss the proposals for training of Health professional staff for the coming year. Given the pandemic circumstances in 2020 however, a different approach was required for stakeholder consultation regarding the 2021/22 Education and Training plan. A brief presentation summarising proposals was issued during May and a three week period of consultation ensued where HEIW staff engaged using virtual media to discuss and clarify any issues which may arise from the proposals.

Therefore, despite restrictions due to the Covid-19 pandemic HEIW has engaged with a wide range of stakeholders regarding this plan including,

- Regulatory Bodies
- Professional Bodies
- Various Colleges / Societies
- The Council of Deans for Health (Wales)
- Welsh Government Professional and Policy Leads
- All Health Board and Trust Executive Directors
- Deputy Directors within of Nursing within Health Boards and NHS Trusts
- Deputy Directors of Therapies and Healthcare Science within Health Boards and NHS Trusts

In the discussions held with the above there has been widespread support for the need to develop the workforce in the community and primary care setting to support the shift of services from secondary care. There has also been support to extend the role of health professionals and support staff in meeting the workforce challenges and enabling the prudent principles to apply.

As a result of engagement several recommendations have been modified including the re-profiling of paramedic commissions to meet service need and, following discussions with Service and some AHP Colleges, further increases some AHP professions.

Analysis of the impact on the workforce of all factors (new graduates, non-graduate joiners, leavers, retirements etc), derived from the workforce intelligence model developed by HEIW for predicted FTE's in the workforce up to 2025 is shown for key professions in **Appendix 4**. The impact of last years' increases and this years' proposals make a significant impact across many areas. The predicted increases in staffing levels will have the effect of improving the quality and safety of patient care and assist in reducing agency and locum costs.

Summary of main recommendations

Having reviewed all of the available evidence, including identified organisation needs, capacity within the system, published evidence and the information from HEIW workforce intelligence tools, the following recommendations are made:

Health professional staff

a. Education commissions should continue to:

i. Expand the number of health professional education programmes delivered through part time and shortened programmes
ii. Increase the proportion of pre-registration nursing places delivered by the part time/distance learning route
iii. Expand the provision of part time places available to the care home sector.
iv. Increase the level of investment in both advanced practice to build clinical careers and health care support worker development

b. Increases are proposed in the following areas:

Specialty	**FROM**	**TO**	***% increase***
Adult Nursing	1,400	**1,540**	***10%***
Mental Health Nursing	356	**410**	***15%***
Child Nursing	159	**175**	***10%***
Midwifery	161	**185**	***15%***
Radiotherapy & Oncology	22	**26**	***18%***
Dietetic places	52	**60**	***15%***
Physiotherapy places	164	**174**	***6%***
Paramedics	52	**75**	***44%***
Doctorate in Clinical Psychology places	29	**32**	***10%***
Healthcare Science: STP	32	**37**	***17%***
Healthcare Science: PTP / BMS	24	**25**	***4%***
Increase in post-registration / Advanced Practice funding	£1.5m	**£2m**	***33%***
Increase in HCSW / Work Based Learning funding	£2m	**£2.5m**	***25%***

Medical Workforce Planning Recommendations

General Practice:	Continue to advertise 160 with option to over recruit should there be sufficient suitable applicants.
Emergency Medicine:	5 additional Higher Training posts (ST3) to address the deficit following the conversion of higher posts to ACCS in previous years 2 additional ACCS posts on the North Wales rotation.
Anaesthetics:	3 additional Higher Training posts to address ongoing and predicted workforce shortages at consultant level.

	NB: Due to the impact of the Coronavirus pandemic the planned changes to the Anaesthetics curriculum will now be delayed by one year. As a result of curriculum changes projected requirements for additional posts for 2021 will now not be required until August 2022 and Anaesthetics will be reviewed again next year.
Intensive Care Medicine:	4 additional Higher Training posts are required to increase our ICM workforce in Wales. The Coronavirus pandemic has highlighted the need to expand and provide critical care capacity; the other 4 nations are planning expansion. ICM requirements to be reviewed again in 2021.
Major Trauma Network	
Plastic Surgery:	2 additional Higher Training posts to support the workforce model for the Major Trauma Centre
General Surgery:	4 additional Higher Training posts in General Surgery to support the workforce model for the Major Trauma Centre; address predicted workforce shortages at consultant level and in response to increased demand and changes to curricula to support cancer treatments.
Trauma & Orthopaedics:	No change required following the increase of 4 trainees from the 2019 intake.
Urology:	4 additional Higher Training posts to support the Cancer agenda and workforce shortages at consultant level
Neurosurgery:	A reduction of posts in line with trainees completing their training. Reducing the training programme by 1 post over the next year followed by further review
Paediatrics:	4 additional ST1 posts to address the recommendations of the RCPCH workforce report and feminisation of the workforce which has led to an increase in the numbers of trainees opting for LTFT training resulting in persistent gaps within this training programme and consultants opting to work part time. 2 Higher Training Clinical Teaching fellowships to support recruitment and retention within the Paediatrics training programme,
Obstetrics & Gynaecology workforce:	2 additional ST1 posts in response to '*Maternity Care in Wales, a 5 year vision for the future'* and to address attrition during the early years of the training programme.

Community Sexual & Reproductive Health (CSRH):	Specialty to be reviewed in 2021.
Internal Medicine	15 additional Core Training posts to support the changes to the Internal Medicine curriculum and the requirement to maintain the balance between core and higher specialty training. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in Higher Training posts.
Acute Medicine:	4 additional Higher Training posts to support the expansion of the Acute Care Physician consultant workforce in this area; Acute Medicine is still a relatively new specialty
Respiratory Medicine:	2 additional Higher Training posts to support future workforce requirements. The coronavirus pandemic has demonstrated the need for an increase in respiratory physicians
Gastroenterology:	2 additional Higher Training posts to support future workforce requirements and to support the single cancer pathway work.
Renal Medicine:	No change to training numbers and specialty to be reviewed in 2021
Diabetes & Endocrinology:	No change to training numbers and specialty to be reviewed in 2021
Medical Oncology:	3 additional Higher Training posts per year for 5 years to support the increased incidence of cancer and the Cancer agenda
Clinical Oncology:	4 additional Higher Training Posts per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments.
Medical Microbiology/Combined Infection Training:	Continue the recommendation from last year's plan of 3 additional posts for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.
Clinical Radiology:	To maintain an intake of 20 trainees per annum as agreed last year to maximise the capacity of the Imaging Academy and review again for 2021.

Finance Summary

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31st March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24**.** This can be broken down into **£127.924m** for the wider health professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
Total	227.901	250.972	263.693

A detailed financial analysis is contained within section 6.

1.1 Impact of the Covid-19 pandemic

Emergency planning in response to the Coronavirus pandemic during early 2020 has led to significant changes to training and education and will have ongoing impact. These impacts have been to undergraduate training across all 3 years, with disruption to examinations, placements and competence assessments. Changes have also been felt in relation post graduate medical and dental education, as a result of the impact on rotations and experience.

HEIW have worked closely with the GMC, NMC, GPHC, HCPC, WG Professional and Policy leads, the professional bodies, the Council of Deans for Health and NHS organisations to develop plans to place students in paid supervised roles (as opposed to supernumerary placements) during this period. For example as at the end of May over 2,500 nursing, midwifery, AHP and Healthcare Science students were working across Wales, in secondary, primary and social care settings to support services.

Now that the first peak is over, and essential services have been restored, HEIW is leading work to restore education and training to ensure that the pipeline of graduates into the NHS is maintained. HEIW is working with the Universities and the NHS to ensure that future placements replicate the environment the students will be working in upon graduation.

HEIW is working with Universities to ensure that education delivery, including supporting the 2020 cohorts due to start in September, is in place. Latest data suggests that application rates are buoyant and it is anticipated that, in relation to

health professional courses, recruitment against commissioning targets will exceed 98%.

Universities recruited to, and commenced delivery of, Spring 2020 nursing cohorts. These are being delivered 100% virtually and there is a high level of engagement from students. In September 2020 it is anticipated that there will be a mixed model of virtual teaching with small group work and simulation preparation being undertaken within University settings with the new socially distanced measures in place. The impact of Covid-19 on the strategic review of health professional education is discussed further in section 2.4.

While the delivery of clinical care has been affected by Covid 19, all of the healthcare training programmes have been fast tracked, or altered to enable students to support the response to Covid 19 by delivering patient care to the level of competence they have achieved to date. This has been a substantive exercise with HEIW working with NWSSP and our University colleagues to identify the correct students and trainees, and deploy them into suitable areas without negatively impacting on the studies. This does mean however that some students will need to confirm outstanding competencies on return to their universities / rotations. The goal will be to continue to develop new ways of delivering education and assessment through blended learning with a much greater focus on digital methods and simulation.

The 4 nations worked quickly together to produce guidance and make changes to our regulation system for health care professionals. This bringing together of government, professional bodies, regulators, unions and training commissioners has allowed us to make changes the way that students and trainees have completed their courses, including examinations which have been undertaken through digital solutions (e.g. GP training) while ensuring competence is fully assessed.

NHS Wales must move forward and improve on this, challenging lengths of courses, building a flexible and sustainable workforce with key skills in a range of professional roles rather than single specialties, points of registration, expanding apprenticeship type models at all levels, increase multi-professional and multi-agency experiences for placement and working and not return to the old ways of doing things. Alongside this, we will reflect the opportunity available to attract our future workforce.

What needs to be different

We have learnt that induction, pre-registration, post registration and continuing professional development education programmes can be delivered differently. HEIW is well positioned to expedite this, as the commissioning of the new education contracts will ensure greater focus on blended learning, multi-professional learning and simulation. As our delivery of healthcare shifts more rapidly to the community and primary care settings, we need to use education to break down professional silos and underpin the development of new roles. We need to break through the traditional methods which delay, disrupt or disadvantage our workforce in delivering high quality patient care and optimise educational delivery to respond in an agile way to changing situations and also to reflect new ways of working.

The pandemic has also impacted on medical training in both the short and longer term with the financial impact of medical students commencing foundation training early

and some disruption to core and specialty training. HEIW are developing processes to mitigate disruption.

2. Strategic and Policy context

2.1 Policy Drivers

Below are a list of the main policy documents which have driven focus and emphasis within the 2021/22 Education and Training plan:

- The Wellbeing of Future Generations Act (Wales) 2015
- A Healthier Wales (2018)
- Welsh Government national strategy to build the Welsh economy entitled 'Prosperity for All: Economic Action'.
- The Nurse Staffing Levels (Wales) Act (2016)
- Allied Health Professions Framework for Wales: Looking Forward Together (2020)
- Healthcare Science in NHS Wales: Looking Forward (2018)
- The Health and Social Care (Quality and Engagement) (Wales) Bill (2019)
- NHS England: Interim NHS People Plan (2019)
- A Workforce Strategy for Health and Social Care (Draft)

2.2 Changes to professional standards and regulation

Better and more responsive healthcare professional regulation is a shared ambition for both the regulators and all four UK Governments. The Department of Health has consulted on the need to reform professional regulation in England and Wales to help maximise public protection while supporting workforce development and improved clinical practice. This recognises the need for regulation to adapt and change to new service models and in particular, the development of multi-disciplinary teams and extended roles.

The implementation of Nursing and Midwifery Council new Nursing Standards (2020) has led to a focus on core competences being embedded in curricula which may increase levels of supervision and placement capacity needed. However, the standards also extend the range of professionals who can supervise practice which is a positive change. In addition, there will be a review of Midwifery Standards which has the potential to lead to the development of a four-year programme with implications for costs and take up.

The Health and Care Professions Council (HCPC) have changed the threshold level of qualification for entry to the Register for paramedics to 'bachelor's degree with honours'. From 1 September 2021, HCPC will withdraw approval from existing programmes delivered below the new threshold level. This will have a direct impact in Wales where the programme is currently at diploma level.

In Optometry, the General Optical Council, is in the process of an Education Strategic Review for the profession. They have proposed a new outcomes-based approach offering the benefits of greater freedom and flexibility and a robust approach to approval and quality assurance of relevant optical education. This will change the

delivery of education in optometry including undergraduate, pre-qualifying and postgraduate training.

The General Pharmaceutical Council is also consulting on changes which will lead to registration as a pharmacist. The changes aim to ensure pharmacists joining the register in the future will have the necessary knowledge, attitudes and behaviours to meet the future needs of patients and the public. The Pharmacy Education Governance Oversight Board has recently broadly welcomed a proposal to further transform the five-year initial education and training standards for pharmacists. It expected that progress on the proposal will move at pace over the coming twelve months.

Previous changes to the NHS Bursary System in England had resulted in the withdrawal of funding for nursing, midwifery or Allied Health Professional courses which could result in the reduction of student applications and affect the viability of some courses in England. The new UK Government announced in late 2019 the introduction of maintenance grants to offset some of this impact; in Wales we are continuing to monitor developments. To date, the Welsh Government has retained the bursary arrangements in Wales and this includes a 2-year tie-in to working in Wales. It has recently been announced that the NHS Wales bursary will be extended for another two academic cohorts until 2023 for nurses, midwives and allied health professionals. Health professional students in Wales also have the option of the normal student finance package.

2.3 Equality

Welsh Governments announcement to enact the Socio-Economic Duty, Part 1, and Section 1 of the Equality Act 2010 means that we will undertake an equality impact assessment, enabling us to assess the socio-economic impacts of our strategic decisions and highlight how our decisions might help to reduce health inequalities associated with socio-economic disadvantage. Whilst being reflective and aligning with A Healthier Wales (2018), Is Wales Fairer? (2018) and the Well-being and Future Generations Act (2015) to further ensure we embed actions towards a more equal Wales. We will act to ensure equality of opportunity through our implementation plans and objectives to meet the needs of people with one or more protected characteristics; embed the citizens' voice and consider the needs of the current and future diverse workforce and service users, for example, flexible routes into nursing.

2.4 Strategic review of health professional education

The strategic review of health professional education that HEIW is undertaking will enable the strategic direction for education for the coming years to be set, and ensure alignment with the Draft Workforce Strategy for Health and Social Care. All Health Professional Education Commissioning Contracts are expiring in 2022 and HEIW is leading a Strategic Review of Healthcare Professional Education to ensure that the new contracts, to run from August 2021 (with new students commencing education in September 2022), are fit for purpose, offer value for money and align with A Healthier Wales, the draft Workforce Strategy and HEIW's strategic aims and objectives.

Extensive stakeholder engagement has taken place and the timetable for the procurement exercise is identified below. This has been modified, and agreed with all potential bidders, in light of the Covid-19 pandemic.

	Original timeframe	Revised timeframe
Place OJEU Notice to trigger procurement	May '20	**October '20**
Bid submission	July '20	**End of December '20**
Evaluation of bids	August – Nov. '20	**January - February '21**
Award procedures / sign-off	Dec. '20 – Jan. '21	**March – mid April '21**
Award of Contracts	Dec. '20 – Feb. '21	**Mid-April '21**
Contract commencement	August '21	**August '21**
New education programmes commence	September '22	**September '22**

2.5 Welsh Language

As a newly established organisation, HEIW has already adopted its own Welsh Language policy which is based on the need to meet the statutory requirements set out in the Welsh Language (Wales) Measure (2011). While HEIW does not currently come under the Welsh Language Standards, we are currently engaging with the Welsh Government and the Welsh Language Commissioner to ensure that the appropriate set of standards are applied. In the meantime, it is our intention to implement and embed the HEIW Welsh Language policy as prescribed by the Welsh Language Act (1993). Key to this will be the delivery of objectives and actions set out in the More than just words Action Plan (2019-20), A Healthier Wales (2018) and the Workforce Strategy. The Welsh language is a key theme identified within the Strategic Review of Health Professional Education and the new contracts will have specific Welsh language requirements for HEIs as well as additional measures that support our student body to learn and utilise the Welsh language.

2.6 A Healthier Wales – A Workforce Strategy for Health & Social Care (Draft)

The final draft strategy, submitted to Welsh Government in December 2019, sets out the vision, ambition for the workforce over the next decade, to support NHS Wales to transform traditional roles and ways of working to support the new models of care that are being developed through Regional Partnership Boards, the Strategic Programme for Primary Care, the National Clinical Plan and the Care and Support at Home Plan. As new models of care are developed, including those developed as a result of the Covid-19 pandemic, NHS Wales will gather evidence of what skills are needed, what works best and which skills and competencies are needed to meet future needs, so that improvements can be adopted or adapted.

3. Workforce planning and trends

3.1 Workforce trends

Investment in education and training is a key enabler to growing the workforce, **Appendix 1 and 2** provides information on education and training over recent years.

In Wales, the growing and ageing population (with more complex health needs) is placing increasing demand on services and generating pressures in terms of staff shortages for example shortages of GPs and Dentists in certain parts of Wales.

There has been a change in attitudes towards work and careers with the need to find a work life balance becoming an increasingly important requirement for people. It is widely accepted that work has become more intense than it was a decade ago, people are working long hours under increasing levels of pressure and this is making work very stressful. The knock-on effect is having a detrimental effect on people's overall physical and psychological health which often impacts on their family life too. In recognition of this, people are looking for opportunities to find a better balance between their personal life, professional life and family life through flexible working arrangements.

Patterns of migration are changing in the UK as a result of the changes being brought about as a result of Brexit which will have an impact on jobs (in terms of supply and demand) and pay. In February, the UK Government announced the new points-based immigration system shape the future immigration system that will be implemented in a phased approach from January 2021. This coupled with the COVID-19 pandemic is likely accelerate the work to produce more 'home grown' workforce and reduced the reliance of overseas workers.

The NHS workforce is widely dispersed across Wales and different parts of the country have very different needs. This is largely due to the urban/rural geography of Wales with staff being attracted more to working in large urban centres than rural areas and thus creating recruitment issues in some of these areas. It is HEIWs role as a system leader, in partnership with NHS Organisations, for education and training to bring the different strands of the workforce together and to consider innovative ways of ensuring the provision of education and training for the NHS workforce in rural and remote areas. It is therefore important to explore how the development of programmes such as 'grow your own' and local training opportunities can contribute to the sustainability of local communities as well as contributing towards the Environment (Wales) Act 2016 by reducing reliance on travel and negative impacts on the climate and environment.

HEIW has developed an internal range of key trends and data analysis tools to inform this work. Key points to note are:

- Staffing numbers continue to increase across all staff groups. The overall workforce has grown by 14% (over 10,000 FTE) over the last 6 years (2014 – 2020)
- During this period, the medical workforce has grown by 16.5% (over 1,000 FTE) and the nursing workforce by 3.2% (668 FTE)
- Over the last two years agency costs have increased by 30%, in 2017/18 the agency bill was £136 million and in 2019/20 it was £177 million. The Nursing and Midwifery staff group now spends the most on agency workers, in 2019/20 the agency bill was over £81 million.
- Cost of the directly employed workforce in 2019/20 is circa £4.2 billion, this has increase by 10.2% from the previous year. This is the biggest annual

increase in over 10 years. The increase is attributed to; increasing agency spend, increased size of the workforce and increases in employers pension contributions.

- For the past two years the 12 month rolling sickness rates has remain at 5.3%
- The age profile of the workforce shows that in March 2020, 24% (22,560 FTE) of staff employed are now aged 55 or over.

Across the UK, national bodies are recognising the need to grow the workforce in order to meet the increasing demands, Wales is in a similar position and this plan has been developed in the knowledge that there is a need for the health care workforce in Wales to grow. HEIW has undertaken an extensive modelling exercise **Appendix 4** for a number of professions to consider future changes in the workforce and used this information in the development of the recommendations.

There are a number of staff groups, which the UK Government includes on a Nationally Recognised Shortage Professions list for England/Wales. Inclusion on this list influences visa and migration status. Staff groups include Nursing, Radiographers, Paramedics, Sonographers, Medical Consultants in Clinical Radiology, Emergency Medicine, Old Age Psychiatry, Neurophysiology Scientists, Nuclear Medicine Scientists and others[1]. This has been taken into account in this plan.

IMTPs identify several areas of significant workforce risk and challenges including:

- Recruitment challenges in a range of areas including:
  - Nursing and midwifery across all areas,
  - Medical specialties including Anaesthetics and Intensive Care Medicine, Psychiatry, General Practice, Radiologists Acute Medicine, General Medicine, Emergency Medicine, Ophthalmology, Medical and Clinical Oncology, Cardiology, Rheumatology, Paediatric Audiology, O&G and Paediatrics, T&O, Urology and Microbiology & Infectious Diseases.
  - Allied health professionals, notably within mental health services
  - Pharmacy, Psychology and psychological therapists
  - Health Care Scientists including Cardiac Physiology, Microbiology.

IMTPs also identify a number of **opportunities** for workforce transformation:

- Redesign: A number of organisations reported issues with regards to the ageing of their workforce and actions they were taking to address this. The plans highlighted areas of ongoing workforce redesign including apprenticeships, growing your own, development of Assistant Practitioners across new areas, Advance Practice Radiographers and Healthcare Scientists and utilising digital and technological advances to change workforce practice.
- Growing the MDT especially in areas such as;

[1] https://www.gov.uk/guidance/immigration-rules/immigration-rules-appendix-k-shortage-occupation-list

- Primary Care including mental health workers
- Pharmacists including Pharmacy Technicians and integration with Community Pharmacy
- Paramedics
- Advanced Nurse Practitioners
- Physicians Associates, Physician Anaesthetic Associates and Surgical Care Practitioners
- First Contact MSK Physiotherapists

➢ New emerging skills and roles in areas such;

- Bioinformaticians
- Care Coordinators to support patients requiring multiple treatments
- Band 4 in District Nursing
- Social Prescribers

The above provides important context for the Education and Training Plan, ensuring that there are clear links to these priority areas, whilst recognising the Plan will not address all of the challenges, particularly in the short term.

Additional detail on the above risks and opportunities from IMTPs is incorporated in the detailed staff group narrative contained in the appendices to this report.

4. Priority Service and Workforce Areas

This multi-professional education and training plan reflects future workforce priorities. While each individual professional/staff group is identified separately, there are many inter-related training/workforce issues. In many cases, the solution to one workforce challenge cuts across many different staff groups, for example, the current challenges in providing the primary care service/workforce, requires additional GP trainees but also requires investment in, physicians associates, advanced practitioners/extended skills practitioners (nurses and AHP), pharmacists and pharmacy technicians, healthcare support workers, non-medical prescribing and the introduction of new emerging roles.

HEIW has identified a number of national service/workforce priorities, which are identified in its Integrated Medium Term Plan for 2020 -23 which require a multi-professions workforce response. The Welsh Government has established a number of areas of work that have been taken into consideration when developing this plan.

The plan has specific focus on:

- Critical care – which has become a very high priority in lieu of the Covid-19 pandemic
- Unscheduled care
- Cancer and diagnostic pathways
- Mental health
- Primary care
- Eye Care

These are discussed in detail at **Appendix 5.**

5. Other key areas

5.1 Post-Registration Education

Post registration education is essential in supporting the vision set out in *A Healthier Wales* in terms of transforming services for the Welsh population, care closer to home and echoes the core values that underpin the NHS in Wales specifically:

- *Putting quality and safety above all else – providing high value evidence based care for our patients at all times.*
- *Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.*

Post registration education that supports the training of clinicians to undertake a new role or that advances or extends their scope of practice is integral in supporting health organisations with the transformation and redesign of clinical services. It also promotes and supports the diversification within teams and a healthy balance of skill mix. Supporting clinicians to access education provides the NHS with the opportunity to develop new roles and develop a flexible workforce able to keep in step with changing service requirements. This in turn ensures service users receive high quality patient care from expert practitioners.

HEIW supports staff at post registration level in a number of ways, these include:

- Advanced and extended Practice education
- Non-medical prescribing
- Community Health studies
- Specialist Community Public Health Nursing (SCPHN)
- Medical ultrasound education
- Genomic Medicine Education

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

5.1.1 Growing Your Own Workforce

We recognise that alongside the traditional ways of educating our future healthcare professionals, there is an increasing opportunity to do things differently, while simultaneously improving our workforce supply and supporting workforce transformation and sustainability.

During 2020-21, we will be further developing our Grow your Own approach maximising opportunities to create on-the-job development through structured programmes, offering flexible transferrable learning opportunities, and promoting the ability to build formal qualifications from this learning which underpin registration.

We will be building on examples already in place, such as the Hywel Dda model, creating pathways from induction and level 2 through to professional registration, while remaining employed. There are arrangements currently in place for nursing programmes into either part time or shortened programmes for those who have reached the appropriate Level 4 and Level 5 education. Simultaneously, we will

continue to support staff to gain education at levels 2 and 3 in readiness for future progression through other frameworks.

We will be doing this, as these programmes;

- offer a sustainable workforce pipeline
- create opportunity for existing Health Care Assistant at Support Worker roles
- offer an alternative route to gain professional registration while remaining employed
- deliver an attractive and alternative career pathway for our Welsh population
- meets our corporate social responsibility by widening access to careers in the NHS and investing in our local populations to build our future workforce

The intention is to build programmes within the Grow Your Own suite, which will allow staff to earn while they learn, and be supported with an agreed salary while they complete their programme. They will need to commit to remaining within the NHS in Wales for an agreed period of time once they have received professional registration.

5.2 Simulation training and the digital agenda

5.2.1 Simulation training

There is increasing evidence that simulation training can improve individual and team performance with benefits to patient experience and improved safety. It allows learners to repeat practice, in a risk-free environment, until they have reached a safe level of ability. It contributes to the development of an enlightened, resilient and adaptable workforce that is able to embrace change – developing human and psychological capital through Human Factors.

Despite increasing evidence of the benefits, the relevance and importance of simulation and immersive technologies in healthcare is being underestimated. Whilst simulation is embedded within all postgraduate medical curricula, Wales is lagging behind the rest of the UK in implementing a collaborative strategy with Local education providers, to ensure appropriate governance, quality management, faculty development and accountability around roles and responsibilities related to simulation and human factors training. HEIW has an objective to develop a simulation strategy for NHS wales within our IMTP. Therefore, simulation will be a key education strategy going forward. HEIW will be collaborating nationally with stakeholders to embed simulation across education programmes where appropriate through inter-professional education to contribute to the patient safety agenda. HEIW has developed an All Wales Leads network and is developing a multi-professional internal group and appointed clinical staff at associate dean level to take forward.

5.2.2 Digital Agenda

The Topol Review (2019) supports the aims of the NHS long term plan to create a digitally ready workforce able to use new technology and medicines and to adapt to new ways of working. This will have consequences for selection, curricula, education, training and development and lifelong learning of current and future NHS workforce. There is a lot to do to prepare the workforce in Wales for a digital future.

Continuing medical advances in technology (including genomics, artificial intelligence, digital medicine, robotics) will require changes to the roles and functions of clinical staff and to the education and training of the workforce. Changes within technology and communications infrastructure will require a change in roles and functions of clinical staff. It also proposes that there will be a need for more sophisticated digital solutions to analyse data to improve intelligence.

Digital health and care in Wales will be led by the new Chief Digital Officer for Health and Care and the establishment of a new NHS Wales organisation to deliver national digital services. This will result in the transition of NHS Wales Informatics Service (NWIS) to a new standalone NHS Wales organisation, reflecting the importance of digital and data in modern health and care. We hope to develop stronger links with this new special health authority to recognise the close connections between digital and workforce strategies.

As indicated in the Draft Workforce Strategy for Health and Social Care, there is a need to develop a digital ready workforce. HEIW will be at the forefront of supporting the NHS Wales system with regards to enhancing workforce digital capabilities, enabling staff to be able to utilise and make best use of increasing digital technologies across clinical settings. This aligns with the recommendations made in the Topol Review.

In relation to education and training, the digital agenda will be at the forefront of developments in enabling trainees and students to be able to train and receive education remotely and mitigate the impact of an individuals' location from accessing the training they require or engaging with a programme of choice. Enhancing our e-learning capacity will be a fundamental element of supporting this.

6. Education Commissioning and Training Financial Impact

The budget set for 2019/20 was effectively managed through the transition process and a break-even position was reported as at 31st March 2020, subsequently the audit opinion was unqualified.

The following detail sets out the total funding requirement for Education Commissioning and Training for 2021/22 calculated as **£227.901m** increasing to **£263.693m** by 2023/24**.** This can be broken down into **£127.924m** for the wider health professional education with more detail in section 8.1 below, **£9.316m** for pharmacy training, **£55.243m** for medical training places summarised in section 8.2, **£26.222m** for GP training summarised in section 8.4 and **£9.196m** for Dental training, detail in section 8.5.

	2021-22 £m	2022-23 £m	2023-24 £m
Health Professional Commissioning	127.924	143.008	152.508
Pharmacy	9.316	9.881	10.342
Medical Training	55.243	57.854	59.499
GP Training	26.222	30.849	31.777
Dental Training	9.196	9.38	9.567
Total	227.901	250.972	263.693

Health professional education commissioning

The table below summaries the calculated requirement for 2021/22:

	2021.22 £m	**2022.23 £m**	**2023.24 £m**
Health Professional Commissioning	127.924	143.008	152.508

To commission the numbers set out above funding of £127.924m would be required. A number of assumptions underpin the calculation of this value as set out below:

- All newly commissioned places will be fully recruited to,
- An inflationary uplift of 2% has been applied to the fee per student
- A 1% inflationary uplift has been applied to the value of the bursary.
- Healthcare Support Workers and Advanced Practice have increased by £0.50m
- Take up of bursary funding will remain at 90%.

This assumption is set out in more detail below.

			Increase / (Decrease) Against 20/21 Levels:	
	Budget Requirement	Commissions (WTE)	Commissions	Budget
2021/22 HEIW Recommendations	£127.924m	4,026	8%	7%

A total requirement of £127.924m would represent an increase of £9.124m (7%) above the 2020/21 budget level of £118.8m. The additional cost is due to the following factors:

- An increase in contracts costs of circa £4.8m
- An increase in bursaries costs of circa £1.1m
- An increase in student salary costs of circa £2.2m
- An increase in Advanced Practice of £0.50m
- An increase in HCSW development of £0.50m

Implications for future years

It is important to note that the increased number of commissioned places will only affect 8 months of the 2021/22 financial year and therefore the full impact of the increase will not be apparent until 2022/23 and beyond. The increased number of students will be in the system for the full financial year 2022/23 and 2023/24 therefore it is important to highlight the associated funding requirements for future years.

The tables below shows the future impact of the current funding requirement described above:

Financial Year	**2021-22 £m**	**2022-23 £m**	**2023-24 £m**
Core Budget	105.946	118.330	125.638
Bursary	33.409	37.110	39.525
Non-take up of tie in Fees Element	-7.695	-8.354	-8.531
Non-take up of tie in Bursary Element	-3.736	-4.078	-4.124
Total	**127.924**	**143.008**	**152.508**

Predicting funding requirements beyond 2021/22 is difficult as the needs of the service, which inform the commissioning numbers for 2022/23 and beyond, will not be known until NHS organisations have submitted and agreed their IMTPs for the period 2022/23 to 2024/25, likely to be between December 2020 and March 2021. However, the numbers set out above demonstrate the future full year impact of the funding requirement based on the broad assumptions that are set out here:

- The level of attrition will remain at current levels.
- Commissioning numbers will remain at similar levels.
- Inflationary pressures in future years will be consistent with current levels.
- The regulatory environment for education provision remains unchanged.
- The bursary system remains unchanged.

Impact of students selecting to take the Student Finance support package

The figures presented above include an assumption firstly that the bursary system will remain unchanged, and secondly that a number of students will select student loans

instead of the NHS Wales Bursary and so will not be subject to the 2 year commitment to work in Wales.

There were 59 students that selected student loans over the option of NHS Wales Bursary funding with the associated two-year tie-in in September 2017. The position for September 2018 was circa 165 based on actual autumn numbers and estimated for spring 2019. The assumption made for the calculation in the table below, is that this could increase to 200 per year, which would represent circa 7% of the total numbers commissioned.

- 17.18 – circa 59 opted for student loans
- 18.19 – circa 165 opted for student loans
- 19.20 – circa 297 opted for student loans
- Assumed 20.21 at 300 and would follow the same pattern for 21.22 this equates to 10% of students opting for student loan

The increase is thought to be due to the enhanced package offered as a result of the "Diamond Review" which was implemented across Higher Education in Wales in 2018. The table below illustrates the anticipated impact across a three-year time scale. It is important to note that if a higher number of students select student loans instead of the NHS Wales Bursary option the actual costs would reduce further. Any material favourable or adverse change in bursary uptake would change the total requirement. The assumption made is deemed reasonable based on information available at this time but further dialogue with Welsh Government may be required in this event to manage significant variation to the figures quoted below.

Bursary		**21/22**	**22/23**	**23/24**
Sep-19	297	297.0	123.8	0.0
Sep-20	300	300.0	300.0	125.0
Sep-21	300	175.0	300.0	300.0
Sep-22	300	0.0	175.0	300.0
Sep-23	300	0.0	0.0	175.0
Sep-24	300	0.0	0.0	0.0
		831.6	898.8	900.0
Average bursary		-4,493	-4,537	-4,583
Total bursary		**-3,735,905**	**-4,078,029**	**-4,124,538**

Fees		**21/22**	**22/23**	**23/24**
Sep-19	297	297.0	99.0	0.0
Sep-20	300	300.0	300.0	100.0

Sep-21	300	200.0	300.0	300.0
Sep-22	300	0.0	200.0	300.0
Sep-23	300	0.0	0.0	200.0
Sep-24	300	0.0	0.0	0.0
		844.7	899.0	900.0
Average fees		-9,110	-9,293	-9,479
Total fees		**-7,695,311**	**-8,354,119**	**-8,530,680**

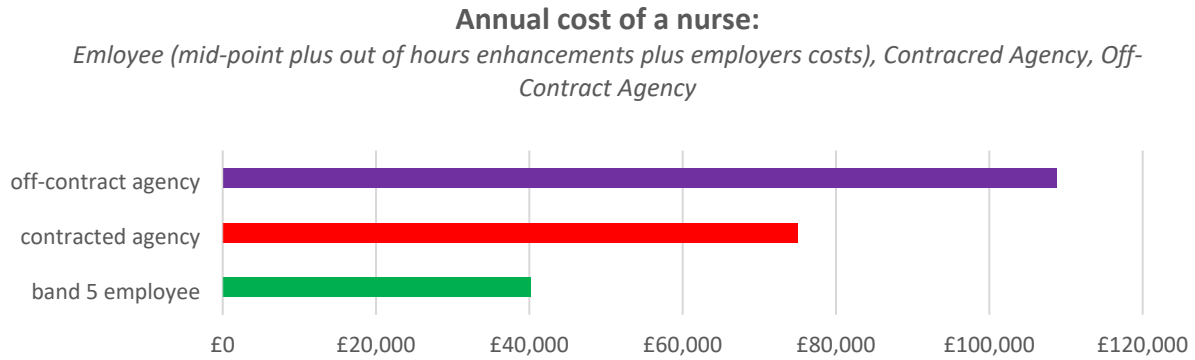
Total	**-11,431,216**	**-12,432,149**	**-12,655,218**

Value for Money

Pre-registration nursing attrition in Wales is 11%. This is significantly lower than England. The gap between Wales and England continues to increase with England still reporting attrition at a minimum of 20%. The Welsh average midwifery rate is 9%. Midwifery attrition in England is quoted at 21%. The Welsh average Allied Health Profession rate is 9% the English comparator is 13%.

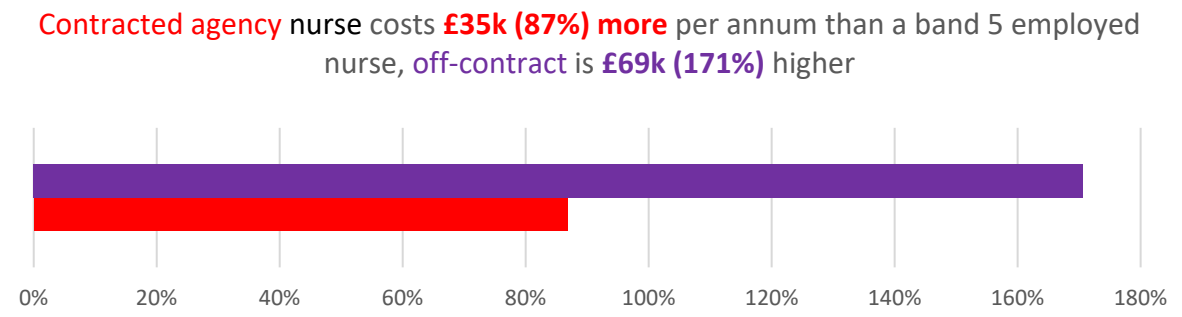
Modelling work has been undertaken identifying the payback period of training a nurse.

The table below presents the costs of employing a band 5 nurse on A4C terms and conditions (mid-point plus enhancements plus employers' costs) with the cost of a contracted agency nurse and an "off-contract" agency nurse.



Over the course of the average rostered shifts, it can be seen that per annum, a band 5 nurse will cost the organisation £40,198, compared to a contract agency nurse which will on average, cost £75,077 with off contract agency totalling £108,773 per annum.

The additional annual cost of an agency nurse over the average rostered shifts is highlighted in the graph below.

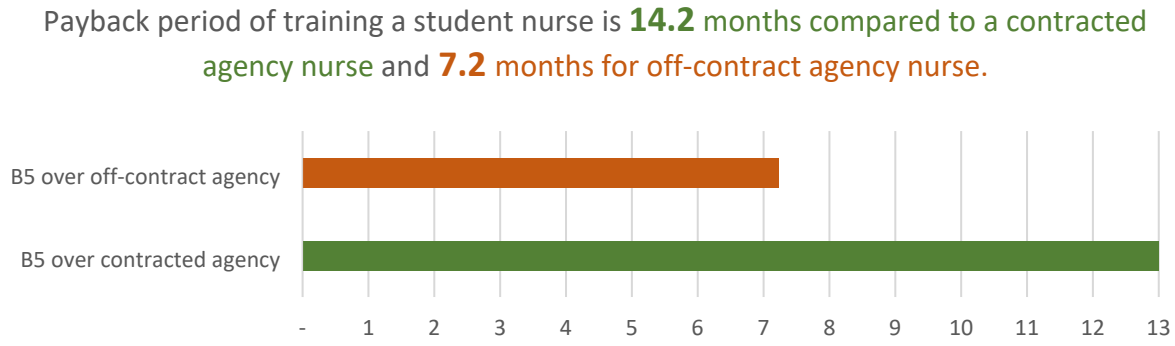


1. The cost of training a student nurse.

The cost of training a nurse over 3 years is £41,346. This cost includes the tuition fees, bursary, travel and an average of any other payments the student may be entitled to e.g. childcare and disability allowance. The cost also includes supporting the student on placement and an estimate additional cost relating to investment in students that do not graduate.

2. Return on Investment

The payback period for the training costs incurred, once the nurse has completed training, is estimated as being 14.2 months when comparing to the costs of a band 5 employee with the costs of a contracted agency nurse. The payback period for training costs when comparing an employee against an off-contract nurse agency worker is even shorter at just 7.2 months.



Training just one additional nurse would save the Service between £202k and £439k over 10 years compared to utilising an agency nurse and the payback period of training costs is 14 months from when the newly qualified nurse starts work.

Pharmacy Training

For 2021/22 to 2024/25 the following additional funding will be required for Pharmacy training. This is reflected in the overall cost for the education commissioning and training budget.

	2021/22 £	2022/23 £	2023/24 £	2024/25 £
Pharmacists - Pre Registration Bursary/Salary	4,985,851	5,337,654	5,695,973	5,855,641
Pharmacists - Diploma contract & Bursary/salary	1,790,474	1,816,647	1,836,064	1,855,688
Pharmacy Technicians Bursary/Salary	2,173,988	2,353,090	2,429,438	2,453,673
Pharmacy Dip Tutor - Cwm Taf HB	84,997	86,697	88,430	90,199
Pharmacy Dip Tutors - Betsi HB	80,747	82,362	84,009	85,690
Pharmacy Dip Tutors - ABMU HB	87,122	88,865	90,642	92,455
Pharmacy Weekend School	10,200	10,404	10,612	10,824
Pharmacy Tech Top-up costs	80,726	82,340	83,987	85,667
Pharmacy Tech Support days costs	22,355	22,802	23,258	23,723
TOTAL	**9,316,460**	**9,880,861**	**10,342,413**	**10,553,560**

Medical training places – funding implications

The financial analysis below relates to the cost of existing and additional medical training posts and assumes the ongoing funding for existing trainees as indicated by the training grade salary allocation in the table below.

Total Allocation

	2021/22	2022/23	2023/24	2024/25	2025/26
Training Grade Salary Allocation	£ 52,882,000	£ 53,939,640	£ 55,018,433	£ 56,118,801	£ 57,241,177
Additional Workforce	£ 2,361,479	£ 3,914,590	£ 4,480,847	£ 5,067,449	£ 5,675,505
Total	£ 55,243,479	£ 57,854,230	£ 59,499,280	£ 61,186,250	£ 62,916,683

Revised Salary and Support Costs Schedule

A revised cost schedule, comprising salary and support (study leave) costs is shown in the following tables. Costs have been provided based upon a 100% contribution increase from the Welsh Government for the additional posts recommended into the Training Grade Salary budget reflected from August 2021 to August 2026, including a includes a 2% provision for inflation uplift

Costing is based on STRH grade with the exception of radiology at STRL grade.

Total of Salary plus Support Costs - Per Trainee

	Total				
Speciality	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
Emergency Medicine	£27,753	£41,422	£41,422	£41,422	£41,422
Anaesthetics	£32,196	£47,894	£48,054	£48,054	£48,054
Intensive Care Medicine	£32,196	£48,054	£48,054	£48,054	£48,054
Plastic Surgery	£32,196	£48,054	£48,054	£48,054	£48,054
General Surgery	£32,196	£48,054	£48,054	£48,054	£48,054
Urology	£32,196	£48,054	£48,054	£48,054	£48,054
Neurology	£31,392	£46,854	£46,854	£46,854	£46,854
Obstetrics & Gynaecology	£27,753	£41,422	£41,422	£41,422	£41,422
Internal Medicine	£27,753	£41,422	£41,422	£41,422	£41,422
Respiratory Medicine	£32,196	£48,054	£48,054	£48,054	£48,054
Gastroenterology	£32,196	£48,054	£48,054	£48,054	£48,054
Medical Oncology	£32,196	£40,125	£42,768	£44,090	£44,882
Clinical Oncology	£32,196	£40,125	£42,768	£44,090	£44,882
Paediatrics	£27,753	£41,422	£41,422	£41,422	£41,422
Medical Microbiology	£27,753	£36,866	£38,005	£38,688	£39,144
Clinical Radiology	£27,753	£41,422	£41,422	£41,422	£41,422

Total of Salary plus Support Costs - Overall Cost

	Total				
Speciality	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
Emergency Medicine	£216,486	£323,114	£323,114	£323,114	£323,114
Anaesthetics	£96,589	£143,681	£144,162	£144,162	£144,162
Intensive Care Medicine	£128,785	£192,216	£192,216	£192,216	£192,216
Plastic Surgery	£64,392	£96,108	£96,108	£96,108	£96,108
General Surgery	£128,785	£192,216	£192,216	£192,216	£192,216
Urology	£128,785	£192,216	£192,216	£192,216	£192,216
Neurology	-£32,196	-£48,054	-£48,054	-£48,054	-£48,054
Obstetrics & Gynaecology	£55,505	£82,844	£82,844	£82,844	£82,844
Internal Medicine	£416,291	£621,330	£621,330	£621,330	£621,330
Respiratory Medicine	£64,392	£96,108	£96,108	£96,108	£96,108
Gastroenterology	£64,392	£96,108	£96,108	£96,108	£96,108
Medical Oncology	£96,589	£240,751	£384,913	£529,075	£673,237
Clinical Oncology	£128,785	£321,001	£513,217	£705,433	£897,649
Paediatrics	£175,403	£261,796	£261,796	£261,796	£261,796
Medical Microbiology	£166,516	£331,790	£456,056	£580,322	£704,588
Clinical Radiology	£416,291	£621,330	£621,330	£621,330	£621,330
Total	**£2,315,791**	**£3,764,555**	**£4,225,679**	**£4,686,323**	**£5,146,967**
Total plus 2% inflation	**£2,361,479**	**£3,914,590**	**£4,480,847**	**£5,067,449**	**£5,675,505**

GP Training

Following the submission and agreement of a business case to expand the GP training places for 2020/21 to 2023/24 the following additional funding will be required. This is reflected in the overall cost for the education commissioning and training budget.

GP Trainees

	2021.22	2022.23	2023.24	2024.25
Budget Requirements	£ 26,221,870	£ 30,848,649	£ 31,777,249	£ 32,111,980
No of GP Trainees	580	600	600	600
No in GP Placement	380	400	400	400

Incentive Payments

Incentive payments are not included in the total funding requirement above as they are held centrally by Welsh Government and drawn down as required on an actual basis.

GP Incentives:

The “targeted” incentive is targeted at selected training areas within Hywel Dda University Health Board (‘HDUHB’), Betsi Cadwaladr University Health Board (‘BCUHB’) and Powys Teaching Health Board (‘PtHB’) (‘Eligible Health Board Areas’). Currently the incentive covers a maximum of 38 incentive places and is based on an incentive payment of £20,000 with NI contribution. The planned expansion in the number of GP trainees will have an impact on the total number of trainees eligible to claim an incentive and so total cost but is dependent on whether recruitment to eligible schemes increases.

The Universal incentive: All trainees who start or have started in their first post of the GP training programme from February 2017recruitment rounds will be eligible to receive reimbursement of the costs of the first sitting of the Clinical Skills Assessment (CSA) and the first sitting of the Applied Knowledge Test (AKT) (£1,811) (cited

https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/mrcgp-examination-fees.aspx)

Based on 160 GP trainees at a cost of £18,11 per trainee, the total cost of GP examination fees would be **£290k.** It should be noted that the GP expansion business case will result in an increase in the total cost of the universal incentive if the terms of the offer remain unchanged.

At present this figure cannot be determined with certainty as recruitment is not yet complete for 2019/20. The assessment of total anticipated cost is further complicated by factors including requests for flexible working and less than full time trainees which are difficult to predict.

Psychiatry Examination Fees:

All trainees commencing their first post in the psychiatry core training programme from August 2018 will be eligible to receive reimbursement for the costs of the first sitting of Paper A, Paper B and the Clinical Assessment of Skills and Competencies exam (CASC)
The cost of Part A is £445 and the costs of Part B & CASC is £1,318.

Dental Training Places

The following tables detail the cost of existing and additional dental training numbers over the four year period.

Dental Foundation Training

Year	No of Trainees	Trainers Grant	Service Costs	DF Salary Costs	Total
2021.22	74	£ 944,871	£ 5,205,186	£ 3,046,233	**£ 9,196,290**
2022.23	74	£ 963,768	£ 5,309,290	£ 3,107,158	**£ 9,380,215**
2023.24	74	£ 983,043	£ 5,415,476	£ 3,169,301	**£ 9,567,820**
2024.25	74	£ 1,002,704	£ 5,523,785	£ 3,232,687	**£ 9,759,176**

	2021.22	2022.23	2023.24	2024.25
No of Trainees	74	74	74	74
Trainers Grant	£ 944,871	£ 963,768	£ 983,043	£ 1,002,704
Service Costs	£ 5,205,186	£ 5,309,290	£ 5,415,476	£ 5,523,785
DF Salary Costs	£ 3,046,233	£ 3,107,158	£ 3,169,301	£ 3,232,687
Total	**£ 9,196,290**	**£ 9,380,215**	**£ 9,567,820**	**£ 9,759,176**

COMMISSIONING TRENDS - HEALTH PROFESSIONAL STAFF

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Pre Registration Nursing	1,987	1,911	1,911	1,750	1,418	1,283	1,053	1,011	919	1,035	1,070	1,179	1,095	1,079	1,271	1,265	1,247	1,387	1,291	990	1,113	976	905
Midwifery	161	134	134	134	94	94	94	109	107	102	123	110	95	90	100	97	97	100	120	96	86	70	72
District Nurses	80	80	80	80	41	41	24	31	20	26	30	26	28	45	71	68	71	65	57	62	69	50	52
DN (Modules)	123	123	123	123	123	123	163	172	100	50	40	40	98										
Health Visitors	92	92	90	82	71	66	49	39	31	31	36	46	36	36	37	47	53	62	55	48	36	44	44
Health Visitors (Modules)	30	30	30	40																			
CPNs	30	30	30	39	21	27	23	13	26	20	21	21	21	13	23	15	17	34	34	30	40	16	35
CPN (Modules)	60	60	60	40	48	48	40	40	30	20	20	20	20										
CLDNs	0	0	0	0	12	12	0	0	5	0	2	3	2	3	6	5	10	10	14	10	13	7	15
CLDNs (Modules)	0	10	10	10	12	12	7	8	0	4	10	6	4										
School nurse	19	19	19	19	18	18	18	18	27	22	24	24	24	22	21	21	24	20	17	13	6	0	0
School nurse (modules)	3	3	3	3	2	2	6	10	0	25													
Practice nurses	20	20	20	20	1	1	14	12	39	16	16	18	16	20	23	17	11	15	15	23	0	0	0
PN (Modules)	29	29	29	29	29	34	18	8	10	12	16	16	16										
Paediatric nurses	7	0	0	16	12	12	11	13	10	8	6	9	7	2	15	10	7	13	15	0	0	0	0
Paed. nurses (Modules)	10	24	24	24	3	3	13	8	3	8	8	8	8										

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Occupational Therapists	163	133	133	121	116	111	88	79	71	69	102	100	93	81	98	91	106	112	79	65	45	40	37
Physiotherapists	164	147	147	134	134	121	96	89	103	90	90	95	85	82	86	101	126	140	115	91	77	73	67
Speech & Language Therapy	49	44	44	0	44	44	37	30	25	36	43	35	35	54	44	40	39	40	38	33	33	33	27
Dietetics	40	30	30	30	42	38	30	33	28	30	36	40	34	22	24	24	30	31	28	28	28	28	27
Post grad. Dietetics	20	12	12	12									12	11	12	12	14	15	15	15	15	15	30
Podiatry	24	24	24	24	20	20	26	15	24	24	31	30	26	28	26	26	26	27	28	28	28	28	21
Orthoptics	5	5	5	5	5	5	5	3	2	0	0	0	0	0									
Medical Photography	5	5	5	5	4	4	4	3	3	2	2	2	2	2	3	3	3	3	3	3	3	3	3
ODPs	49	49	49	49	39	39	46	44	28	32	29	30	25	23	32	32	39	41	36	33	32	14	14
Surgical Care Pracs	0	0	0	0	0	0	0	0	0	0	0	8	8										
Physicians Associate	60	42	32	32	27																		
Clinical Psychologists	29	27	27	27	27	27	26	25	21	16	18	19	18	18	21	21	21	20	19	18	15	15	15
Pharmacists - Pre Reg.	40	50	41	41	38	38	40	40	39	43	45	43	38	36	40	40	40	40	36	34	4	30	30
Pharmacists Dip & Techs	99	85	75	75	60	60	62	63	63	41	54	66	54	51	66	64	50	53	21	20	19	14	12
Dental Hygienists	18	18	18	18	18	18	10	12	10	7	9	11	9	9	9	9	9	9	8	8	7	7	6
Dental Therapists	13	13	13	13	13	13	12	11	11	6	8	11	8	8	8	8	8	8	7	7	6	6	0
Ambulance Paramedics	115	85	76	86	69	94	36	25	24	40	57	75	101	70	90	85	85	70	57	48	48	40	48

Staff Group	2020	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998
Diagnostic Radiographers	140	112	112	112	102	92	73	58	56	51	58	55	51	51	54	49	61	63	61	57	49	27	33
Therapeutic Radiographers	22	20	20	20	22	21	21	23	23	15	17	17	17	21	15	13	14	15	14	13	12	8	7
Asst Practitioners Radiography	12	12	12	12	0	0	17	12	15	17	18	21	10	19	13								
PTP																							
BMS - Blood/Infection/Cellular/Genetics	24	21	21	21	23	27	26	28	0	27	45	45	45	43	53	45	49	51	44	34	34	24	35
HE Cert in Audiological Practice	15																						
Clinical Physiologists - Cardiac Physiology/Audiology/Respiratory and Sleep Science	39	45	47	47	33	27	30	27	0	34	30	32	40	44	35	35	30	28	23	20	14	10	6
Neuro Physiology	4	3	3	3	3	4	5	5	3														
Medical Radiation Techs - Nuclear Medicine & Radiotherapy Physics	3	3	3	3	3	3	2	5	0	3	3	4	3	3	3	3	7	7	4	2	2	0	2
Clinical Engineering in Rehab	2	3	3	2	1	1	2	1															
Medical Engineering	0	0	0	0		1																	
	87																						
STP																							
Audiological Scientists/Neurosensory Sciences	6	6	3	3	5	4	3	4	3	3	3	3	3	3	3	5	5	3	2	2	1	1	1
Neurophysiology	0	2	2																				
Respiratory and sleep science	1	3																					
Reconstructive Science	0	1																					
Cardiac Physiology	3	1	3																				
Haematology and Transfusion Science	1																						
Biochemists/Blood Sciences	4	2	0	3	3	5	3	0	2	2	3	2	2	2	2	1	2	1	1	1	1	1	1
Cytogeneticists	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	2	1	1	1	1	2	1
Medical Physics/Radiotherapy Physics/INIR/IIR	7	3	3	4	4	5	4	3	4	4	5	4	4	3	3	5	6	5	4	3	2	2	2
Molecular Geneticist/Genomics/	1	1	1	1	1	1	0	0	0	1	0	0	1	0	1	1	1	1	1	1	1	0	1
Cancer Genomics	1	1	1																				
Genomic Counselling	2																						
Bioinformatics	1	1	2	1																			
Tissue Typing/Immunology/Histocompatibility	0	0	0	0	0	2		1	0	0	1	1	0	1	0	1	1	0	1	0	1	0	0
Clinical Engineering	2	1	2	4	1	3	3	4	3	2	2	1	2	2	2	1	2	2	1	0	0	0	0
Cellular Science/Embryology	1	2	0	0	2	1	0	2															
Infection Science - Clinical Microbiology	2	0	3	3	0	1	0	1															
HSST																							
Life Sciences - Genetics/Genomics	1	0	0	1	1																		
Microbiology	0	0	1																				
Life Sciences - Molecular Pathology of acquired disease	0	0	1	0	1																		
Physical Sciences and Biomedical Engineering - Medical Physics (Radiotherapy)	1	1	1	1	1																		
Physical Sciences and Biomedical Engineering - Clinical Biomedical Engineering	1	1	0	1	1																		
Bioinformatics	0	1																					
Audiology	1	0	0	1																			
Histocompatability & Immunology	1	1	0	1																			
Transfusion Science	0	0	1																				

Appendix 2

MEDICAL SPECIALTY TRAINING POSTS AND CHANGES

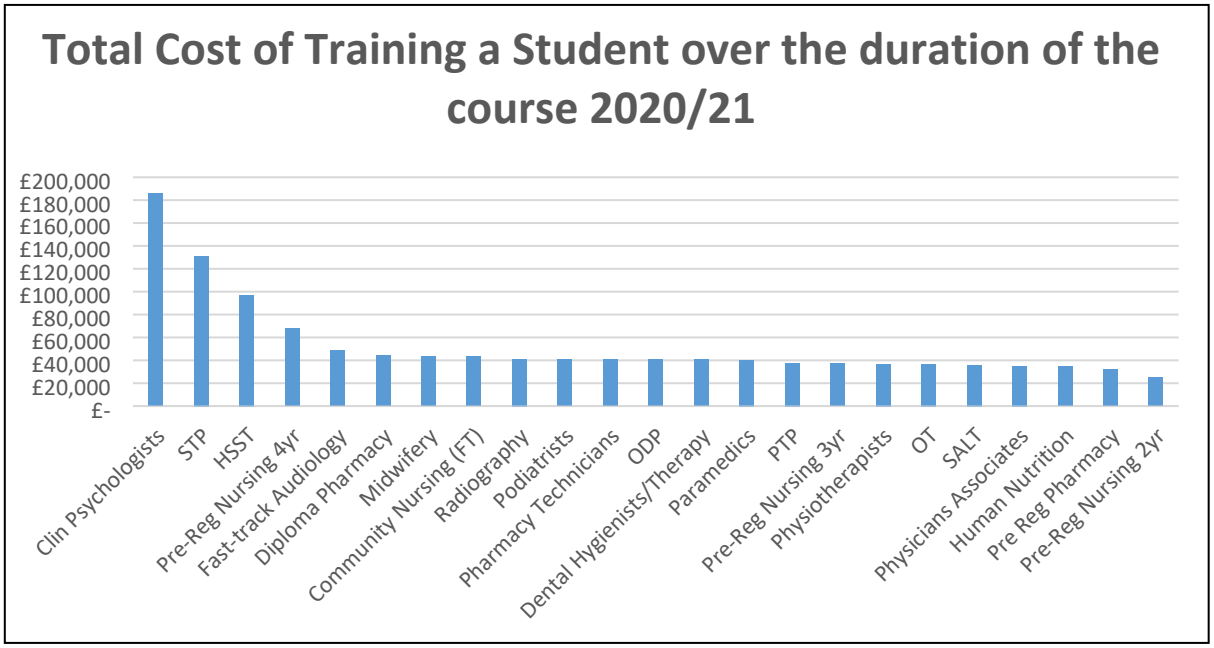
Specialty	2021 Recommendations	August 2020 post numbers	Changes August 2020	Changes August 2019	Changes August 2018	Changes August 2017
Anaesthetics/ICM						
Core Anaesthetics Training/ACCS Anaesthetics		122				
Higher Anaesthetics	+3	137	+3			
ACCS Intensive Care		14				
Higher Intensive Care Medicine	+4	27	+4[2]	+2		+4
Emergency Medicine						
Acute Care Common Stem - Emergency Medicine	+2	21				+4
Emergency Medicine (includes PEM & PHEM)	+5	49	+7	+4		+2
Medicine						
Core Medical Training/ACCS Acute Medicine	+15	244	+13			
Acute Internal Medicine	+2	12				
Audiovestibular medicine		1				
Cardiology		38				
Clinical Genetics		5				
Clinical Neurophysiology		1				
Clinical Oncology	+4	16				
Clinical Pharmacology and Therapeutics		3				
Dermatology		17	+3			
Endocrinology and Diabetes Mellitus		23				
Gastroenterology	+2	24				
Genito-urinary Medicine		4				
Geriatric medicine		52				+3
Haematology		18				
Immunology		1				
Medical Oncology	+3	6				
Neurology		17				
Palliative Medicine		13				
Rehabilitation Medicine		2	+1			
Renal medicine		17				
Respiratory Medicine	+2	29				
Rheumatology		10				

[2] Added in April 2020 as a result of the COVID pandemic and similar increases across the UK.

Surgery						
Core Surgical Training		100				
Cardio-thoracic surgery		7				
General surgery	+4	54				
Neurosurgery	-1	8				
Ophthalmology		40			+4	
Oral and Maxillo-facial Surgery		9				
Otolaryngology		18				
Paediatric Surgery		2				
Plastic surgery	+2	13				
Trauma and orthopaedic surgery		45		+4		
Urology	+4	16				
Vascular surgery		9				
Pathology						
Chemical pathology		4				
Histopathology		20				+2
Infectious diseases		2				
Medical Microbiology and Virology	+3	13	+3			
Paediatric and Perinatal pathology		2				+1
Psychiatry						
Core Psychiatry Training		85				
Child and Adolescent Psychiatry		12				
Forensic Psychiatry		6				
Old Age Psychiatry		11	+2	+2 (not filled)		
General Psychiatry		29				
Psychiatry of Learning Disability		5				
Imaging and Radiology						
Clinical Radiology	+20	82	+ 10	+4	+7	+11
Nuclear medicine		1				
Women's Health						
Obstetrics and gynaecology	+2	93				
Community Sexual & Reproductive Health		2				
Paediatrics	+6	143				
Public Health Medicine		23				
Foundation Training						
Foundation Year 1		339	Separate business case			
Foundation Year 2		339				
General Practice			Subject to separate business case			

Appendix 3

The table below highlights the total cost over the duration of the programme to train a range of health professional staff. This demonstrates the variance and highlights those areas where it is more costly to train some staff in comparison to others.



SUPPORTING INFORMATION

In developing the recommendations made within this plan a wide range of information has been taken into consideration, the following section provides a commentary on this to inform the position taken within this paper.

1. Nursing & Midwifery

There are five well-established routes into nursing within Wales.

- 3-year pre-registration programme
- A 2-year graduate entry accelerated education programme leading to registration
- A 2-year HCSW accelerated pre-registration programme
- Route for HCSW (this includes existing and new HCSW) to complete nurse education on a part time basis (over 4 years) while they continue to be employed by their existing NHS employer
- A distance-learning programme for existing and new HCSW, which will take on average 4 years to complete. Staff will be employed by the NHS

Over the past two years HEIW has established a four year part-time and two year accelerated pre-registration nursing programme. Numbers allocated to these programmes have initially been modest as there was a need to establish them within the universities and health boards. HEIW now propose to increase the commissioned places for these programmes. This will provide a number of benefits, which include:

- Provide widening access to the local workforce
- Support career development for HCSWs currently employed in NHS Wales, which will promote recruitment and retention within the NHS wales workforce.
- Increase supply of nurses from the local population.
- HCSWs are a valuable supply source for the recruitment to pre-registration programmes and therefore this will contribute to a solution to the recruitment challenges currently faced.
- Increase the opportunity to make places available to care home providers.

The additional investment in two of the nursing fields as identified below should be considered against the following:

- Health Board need to comply with the requirements of the Nurse Staffing Levels (Wales) Act (2016) which came into full force from 6th April 2018.
- Nursing remains a shortage profession,
- Ongoing recruitment difficulties across the UK
- Changes in work patterns – increasing levels of part time working, this results in a greater
- Significant increase in agency nursing costs and the need to invest now to reduce the agency expenditure in the medium/long term

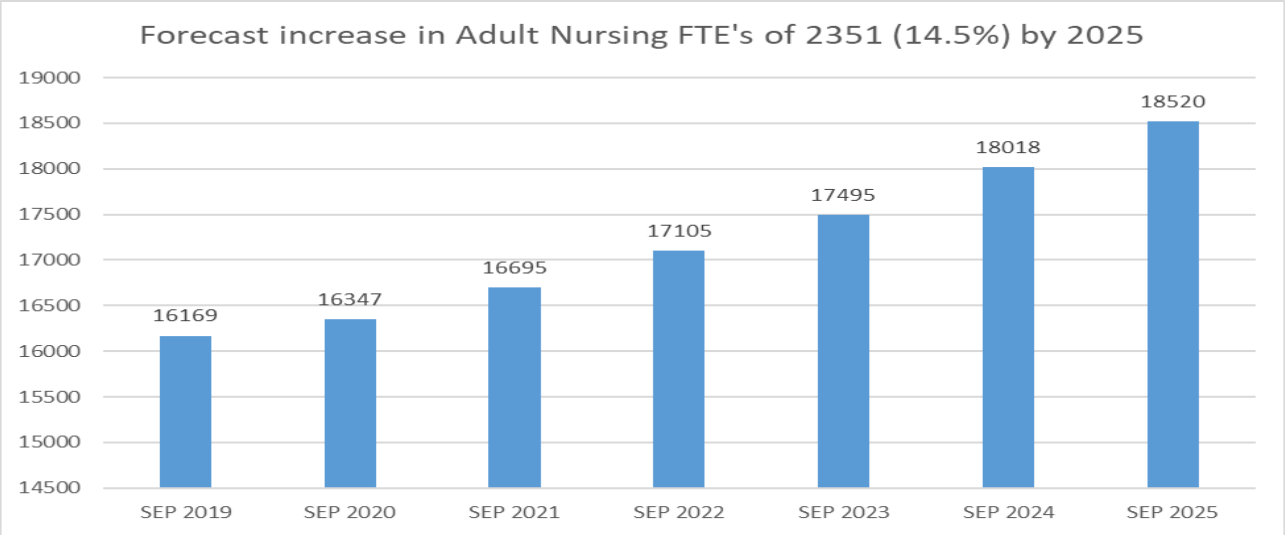
The table below summarises the number of nursing students, recommended for 2021/22 and those commissioned over the past 3 years.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Adult Nursing	1,210	1,216	1,400	2,452	1,540
Child	154	154	154	232	175
Mental Health Nursing	330	330	356	657	410
Learning Disability Nursing	77	77	77	145	77
Total Nursing	1,771	1,777	1,987	3,486	2,202

Adult Nursing

It is recommended that Adult places will increase from 1,400 to **1,540**. This is an increase of 140 from 2020/21 levels, representing a 10% increase. In 2019/20 1,216 adult places were commissioned. Therefore in 2 years the recommendation is for a 26.6% increase in adult nurse training numbers.

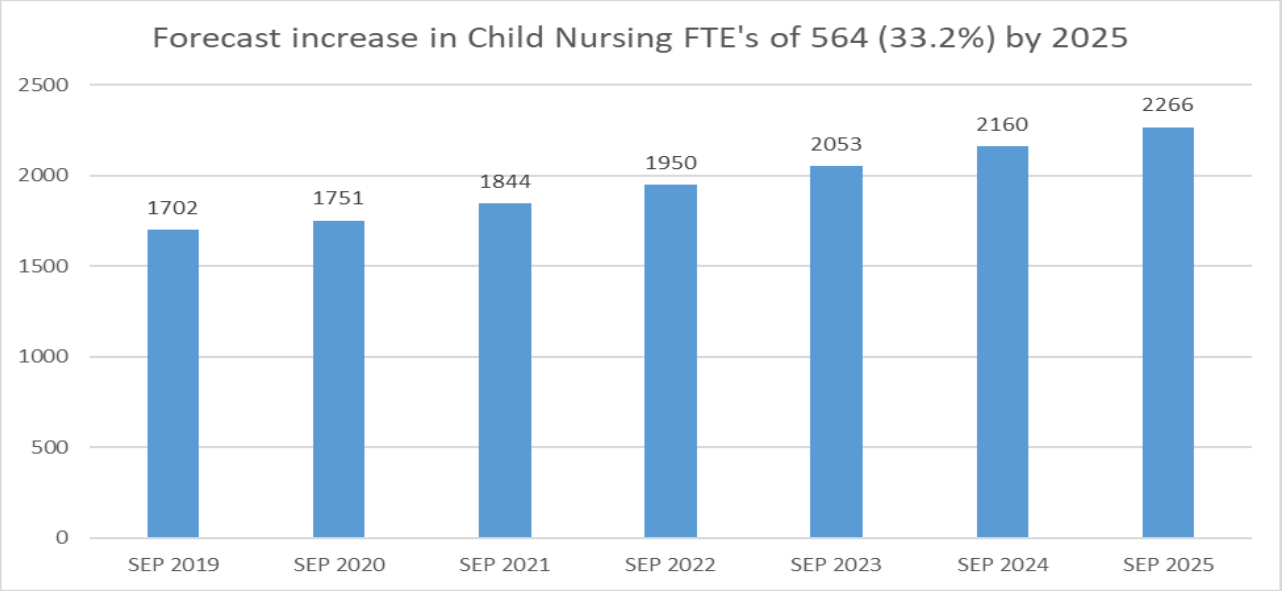
The workforce intelligence model developed by HEIW shows that the adult nursing workforce is projected to grow by **2,351 (14.5%)** between September 2019 and September 2025 taking the projected workforce to **18,520 FTE's** (see table below). While this is a significant increase, the current expenditure on agency costs would indicate that there is a significant vacancy factor which is yet to be filled.



Children's Nursing

It is recommended that Children's nursing numbers are to increase from 154 to **175**. This is an increase of **21** places **(13.6%).**

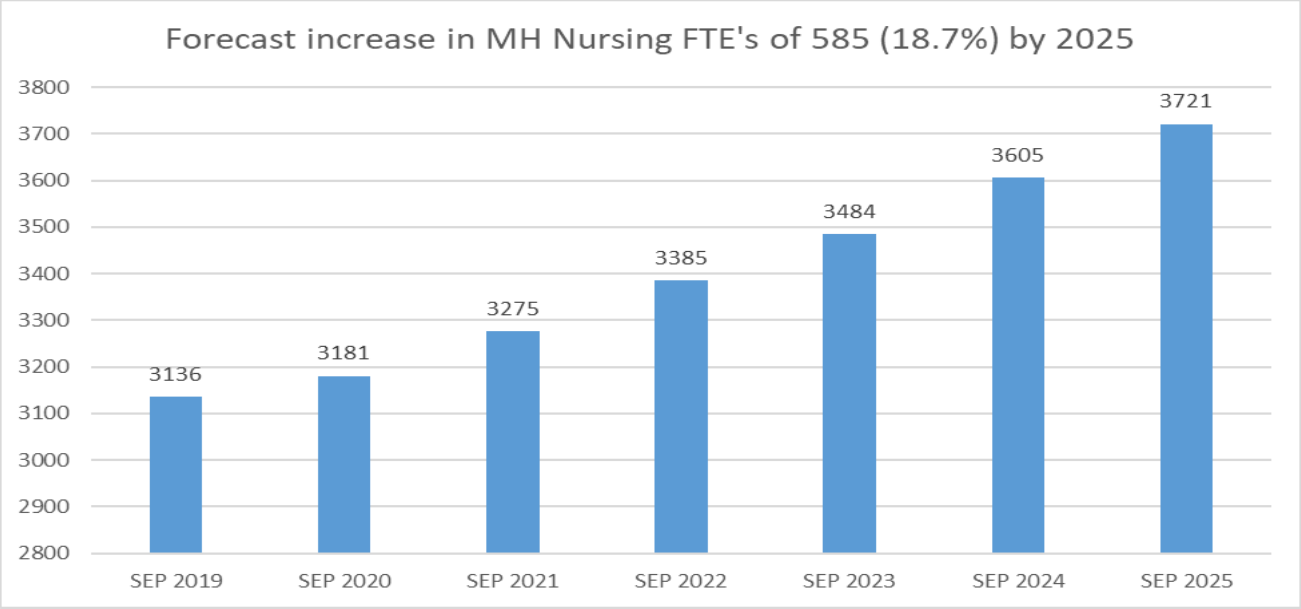
In addition, the workforce intelligence model developed by HEIW shows that the children nursing workforce is projected to grow by **564 (33%)** between September 2019 and September 2025 where the forecast is **2,266 FTE's** (see table below).



Mental Health

It is recommended that Mental Health numbers will increase from 356 to **410**. This is an increase of 54 from 2020/21 levels, representing a 15.1% increase.

The workforce intelligence model identifies that the mental health nursing workforce is projected to grow by **585 (18%)** between September 2019 and September 2025 where the forecast is **3,721 FTE's** (See table below).



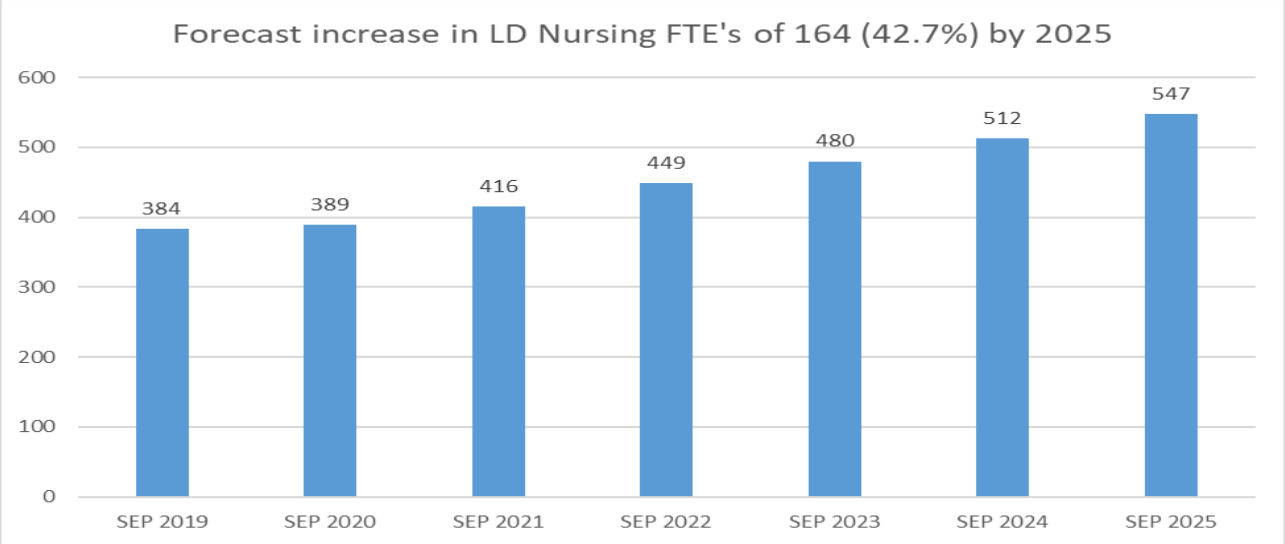
Learning Disability

It is recommended that Learning Disability field numbers are maintained at **77**. The number of Learning Disability Places has increased over the past three years, however both Welsh education providers were unable to recruit to the commissioned education levels previously agreed. This is a reflection of a national workforce challenge in this sector. Work has commenced between both education providers to increase the profile of learning disability

nurse education and careers in Wales and the Welsh Government has prioritised this workforce as part of its Train, Work, Live, campaign.

Additionally, it is proposed to explore the development of joint Learning Disability programmes with other programmes to deliver a dual qualification such as Learning Disability and Mental Health qualification or Learning Disability Nursing and Children's Nursing qualification etc.

The workforce intelligence model identifies that the LD nursing workforce is projected to grow by 164 (42.7%) between September 2019 and September 2025 where the forecast is 547 FTE.



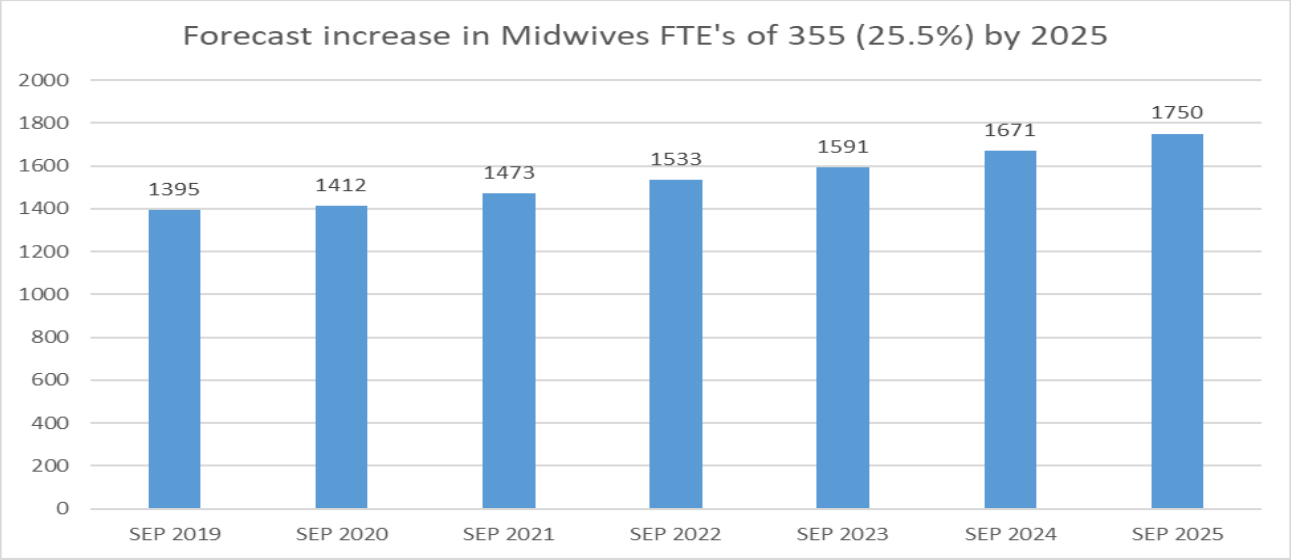
Midwifery

It is recommended that midwifery places will increase from 161 to **185** (see table below). This is an increase of 24 from the 2020/21 levels, representing a 15% increase.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Midwifery	134	134	161	**210**	**185**

Over the past five years midwifery places have increased from 94 to the proposed 185, a 97% increase in commissioning numbers. The additional numbers commissioned from 2017/18 will start to graduate in 2020 and therefore the service has not yet received the benefit of the additional investment. This, together with the further increase in commissioned places proposed for 2021 has a significant effect on the total projected workforce numbers.

The workforce intelligence model developed by HEIW shows that the midwifery workforce is projected to grow by **355 (25%)** between September 2019 and September 2025 where the forecast is **1,750 FTE's.**



2. Allied Health Professionals

In order for the 'A Healthier Wales' plan to be realised the requirement to expand the AHP workforce has been highlighted in the IMTPs. Allied Health Professionals have a key role to play in the plans to expand community/primary care services and developing a wider range of professionally led services and support. IMTPs predict that a number of professional roles will need to be expanded. This is in a climate of growing recruitment challenges for these professionals, with evidence of unfilled vacancies particularly in rural areas. Greater numbers of AHPs in comparison to nursing disciplines opt to work in England following graduation, therefore the bursary two year tie in with a commitment to work in Wales following the completion of their programme will go some way to meeting the demands of the current workforce in the coming years.

In terms of education provision for AHPs in Wales, the majority is based in the Cardiff area and is delivered by sole providers i.e. only one training programme in Wales exists delivered by one University. The Strategic Review of Health Professional Education will address this as where it is possible to both,

- Maintain financial viability of programmes and
- Still provide an excellent student experience

Commissions will be spread across Wales. This will add resilience to the commissioning model, attract more local students and also better meet the needs of all parts of Wales when students graduate. HEIW are increasing the numbers of providers in Wales in the following areas:

Course	Current Provision		Shape of Provision in 2022	
	Providers	Location	Providers	Location
Occupational Therapy	2	SEW, NW	3	SEW, SWW, NW
Physiotherapy	3	SEW, NW(x2)	4	SEW, SWW, NW (x2)
Diagnostic Radiography	1	SEW	3	SEW, SWW, NW
Speech & Language Therapy	1	SEW	2	SW, NW
Biomedical Sciences	1	SEW	2	SW, NW
ODPs	1	SEW	3	SEW, SWW, NW
Dental Hygiene and Therapy	1	SEW	2	SW, NW
Paramedics	1	SWW	2	SW, NW

Key: SEW - South East Wales, SW - South Wales, SWW - South West Wales, NW - North Wales

The table below summarises the number of nursing students, recommended for 2021/22 and those commissioned over the past 3 years.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Allied Health Professionals					
B.Sc. Human Nutrition - Dietician	30	30	35	53	40
PG Diploma Human Nutrition - Dietician	12	12	17	17	20
PG Diploma Medical Illustration	5	5	5	7	7
B.Sc. Occupational Therapy	113	113	125	114	129
PG Diploma Occupational Therapy	20	20	23	41	30
B.Sc. Occupational Therapy (Part Time)	0	0	15	32	20

Degree in ODP	49	49	49	35	49
B.Sc. Physiotherapy	147	147	164	174	174
B.Sc. Podiatry	24	24	24	19	27
B.Sc Orthoptist	5	5	5	6	0
PhD Clinical Psychology Doctorate	27	27	29	72	32
B.Sc. Speech & Language Therapy	36	36	40	38	40
B.Sc. S&LT - Welsh Language	8	8	9	7	9
B.Sc Paramedicine	0	0	52*	104	75
Paramedics - Diploma	48	70	0	0	0
Paramedics - EMT conversion	28	15	30*	15	15

**Originally approved – please see narrative in paramedic section for in-year changes*

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Other					
Physicians Associates	32	42	54	55	54

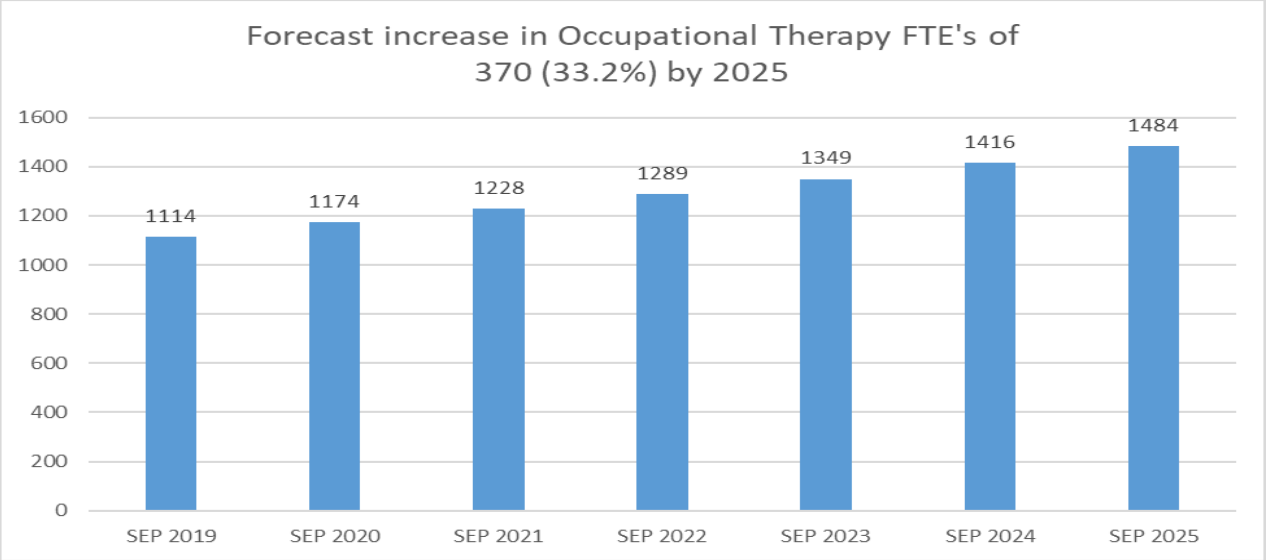
Allied Health Professionals: academic intake 2021/22

Increases to the workforce are recommended in the following areas:

Occupational Therapy

Occupational Therapists (OT) are key to realising the plan to develop primary care services. Areas of work where OTs can evidence impact and a requirement for future growth include; frailty, social prescribing, self-management of chronic conditions, mental health and fitness for work, all linked with the Healthier Wales values of developing health and wellbeing; keeping people in their homes for longer. Occupational Therapists can reduce demand on General Practitioners by addressing and resolving underlying functional issues that are the root cause of multiple and regular contacts with the Practice. Workforce modelling undertaken by HEIW provides evidence that the recent investment in pre-registration training will result in an increase in the workforce in coming years. However, a **10%** increase in commissions is recommended, an increase of 16 from 163 to **179.**

The workforce intelligence model developed by HEIW shows that the OT workforce is projected to grow by **370 (33%)** between September 2019 (1,114 FTE's) and September 2025 where the forecast is **1,484 FTE's.** Note: this does not account for professionals who will be employed outside of the NHS.



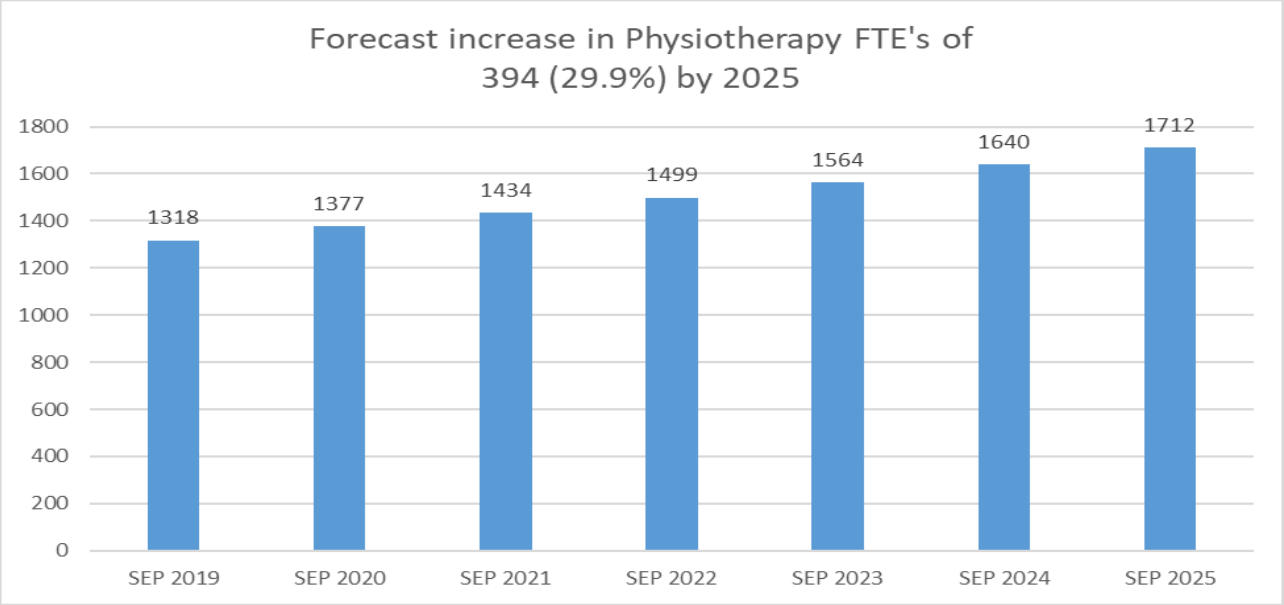
Physiotherapy

It is recommended that Physiotherapy numbers will increase from 164 to **174**. This is an increase of 6%.

NHS Wales currently employs circa 1,464 physiotherapists. In many areas, increasing demand is being driven by the development of first contact physiotherapy services in primary care. Success in the therapy led MSK conditions service is identified in the IMTPs. There is a well-developed model comprising of band 7 and a smaller number of 8a advanced practice/extended role physiotherapists that undertake prescribing and therapeutic injections reducing dependency on General Practitioners and emergency services. The development of new models of physiotherapy will also potentially impact on requirements in Trauma & Orthopaedic medical requirements.

Workforce modelling undertaken by HEIW provides evidence that the recent increases in investment in pre-registration training will result in an increase in the workforce in coming years.

The workforce intelligence model identifies that the physiotherapy workforce is projected to grow by **394 (30%)** between September 2019 (1,318 FTE's) and September 2025 where the forecast is **1,712 FTE's.**



Dietetics

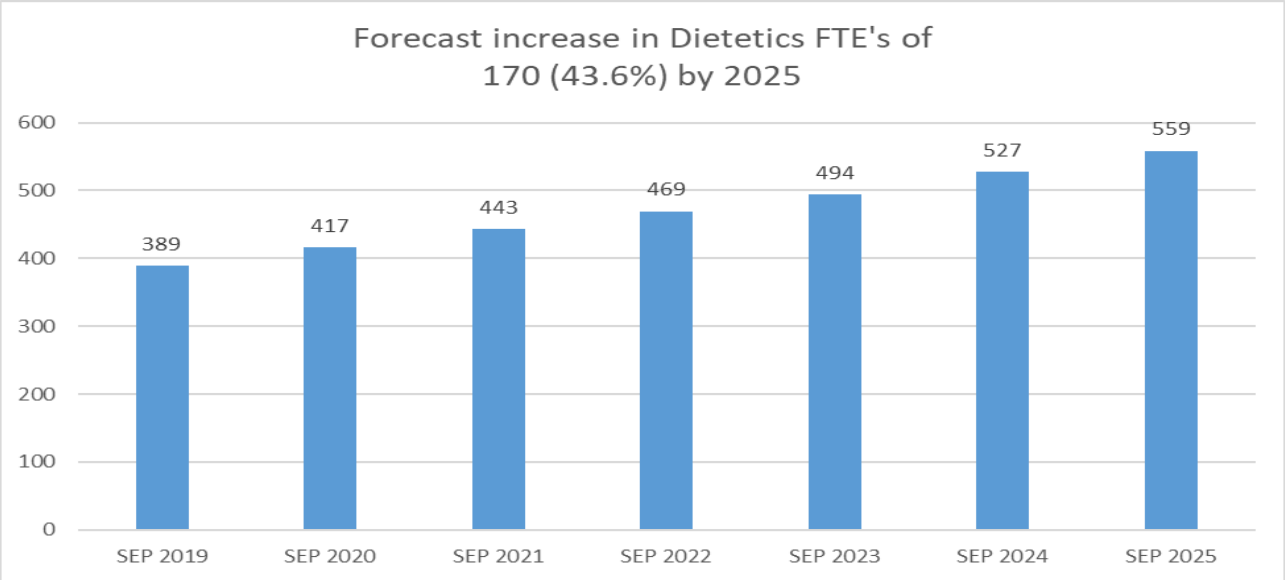
It is recommended that dietician numbers will increase from 52 to **60.** In 2019/20 42 dieticians were commissioned so, over the last 2 years, the proposed increase in dietician commissions would be 43%.

Escalating rates and earlier presentation of diabetes and unacceptably high levels of obesity across Wales are well documented. In line with the obesity pathway dietetic services have been developed in all health boards and, working with their partners, are providing level one and two services. Aneurin Bevan University Health Board, Cardiff, and Vale University Health Board offer adult level 3 services. Other health boards are also currently developing their level 3 specifications, emphasising a future requirement for growth in dietetic services. There has also been a growth in requirement for patient group education to support diabetes management in addition to irritable bowel FODMAP dietary therapy group support. Other developments that will require dietetic services include the single cancer pathway and expansion of eating disorder services.

The Nutrition and Dietetic workforce in Wales needs to be able to meet the challenges of Healthy Weight: Healthy Wales in its entirety from prevention to complex treatment and the long terms challenges of rehabilitation stemming from the COVID pandemic. The core clinical risk factors identified in the pandemic included Obesity and Diabetes. The demand for dieticians is across the spectrum from prevention and chronic condition management to rehabilitation and reablement, as evidenced in the Welsh Government's recently released Rehabilitation: A Framework for Continuity and Recovery 2020 - 21. The NHS Wales Delivery Unit has also released Right Sizing Community Services to Support Hospital Discharges. The role of nutrition and dietetics is pivotal in the recovery and reablement pathway and a key enabler to achieving the desired rehabilitation goals. There is also a role in educating the wider multi- professional team in health and social care to enable the wider workforce impact and ensure consistency of nutrition messages across a range of settings.

Evidence exits of ongoing vacancies in service particularly in rural areas of Wales and use of agency staff.

The workforce intelligence model identifies that the dietetics workforce is projected to increase by **170 (44%)** between September 2019 (389 FTE's) and September 2025 where the forecast is **559 FTE's.**



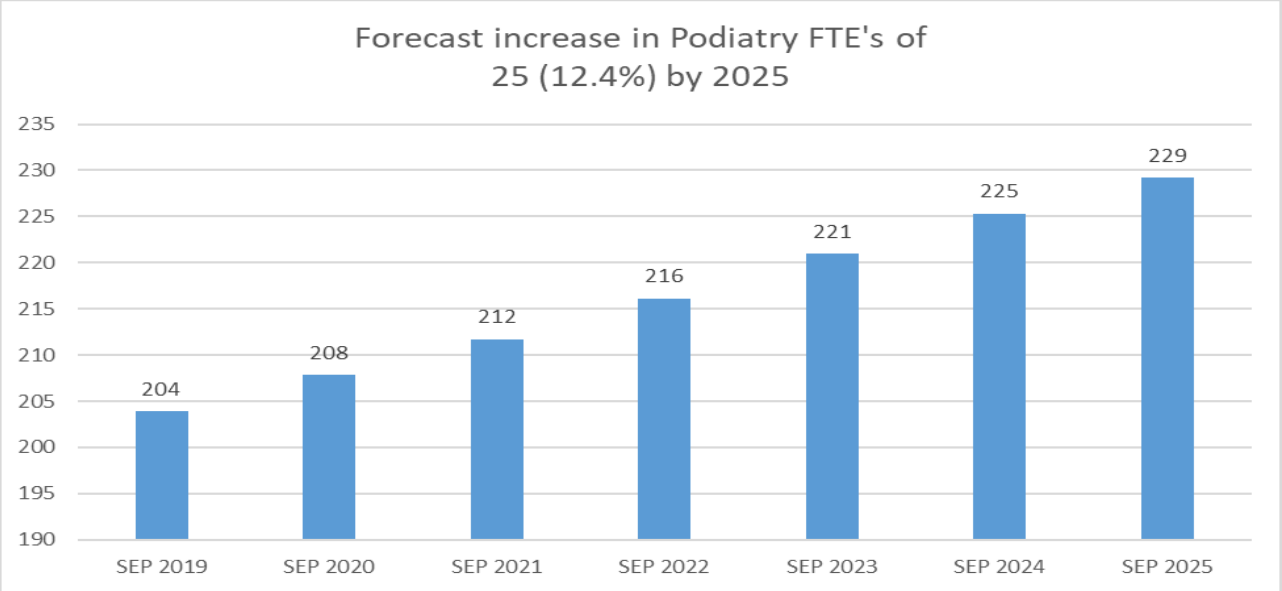
Podiatry

Within podiatry there is an ageing workforce. Over 55% of the podiatry workforce in Wales are aged 50+ (HCPC data, 2018). It is imperative for the sustainability of the profession that there is an adequate number of podiatrists being trained to replace those who are retiring, and podiatry has not seen an increase to its commissioning numbers since 2017/18.

The number of people living in Wales with long term conditions which can affect the feet and lower limbs, such as rheumatoid disease, vascular disease and diabetes continues to rise, as does the population who are at risk of falls. It is vital that the podiatry workforce can meet the podiatric needs of the population both now and in the future as demand for podiatric interventions increases. Investment in the podiatry workforce will prevent several adverse and costly health outcomes including falls and lower limb amputations and help the population to remain healthy, mobile and active, supporting crucial public health outcomes and wellbeing of people across Wales.

Given the significant challenges for the podiatry workforce in terms of age profile, the fact that commissioning numbers for Podiatry have not increased for three years and the future podiatric needs of the Welsh population, HEIW recommends that podiatry commissioning numbers for 2021/22 are increased from 24 to **27**.

The workforce intelligence model identifies that the podiatry workforce is projected to increase by **25 (12%)** between September 2019 (204 FTE's) and September 2025 where the forecast is **229 FTE's.**

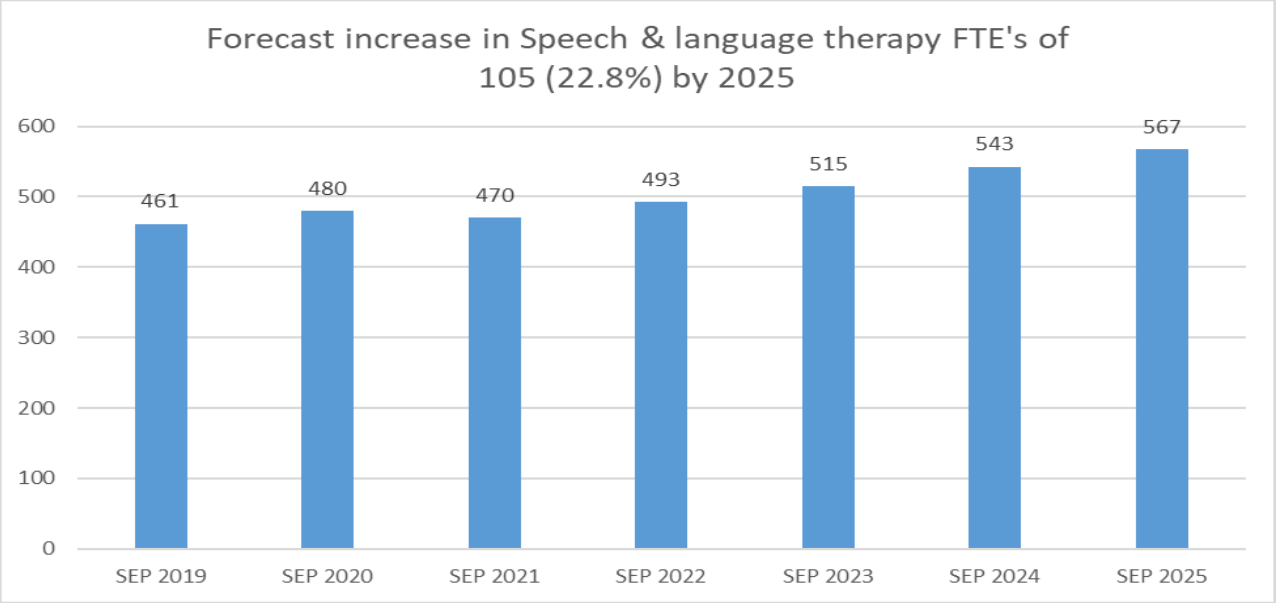


Speech and Language Therapy

It is recommended that speech and language therapy numbers remain at 49 following a 10% increase last year. This will exceed the need identified in the IMTP.

All health boards are required to provide clinical services through the medium of Welsh however the pressures in North Wales are more acute than other parts of Wales. Clinical posts exist which are deemed to be Welsh-essential and it is increasingly challenging to recruit suitably qualified and experienced staff to fill these posts. Welsh language use reported in Anglesey is 57% and Gwynedd 65% of the population. The BCU IMTP highlights the need for Welsh speaking SLT professionals specifically.

New developments within Unscheduled Care, Primary Care and Mental Health settings are predicated to lead to greater demand for SLT services. Currently, SLTs have replaced ENT Consultants' and Radiologists' time within instrumental swallowing clinics. Modelling suggests that currently, demand is being met by the existing training provision apart from Welsh language medium training.
The workforce intelligence model identifies that the speech and language therapy workforce is projected to grow by **105 (23%)** between September 2019 (461 FTE's) and September 2025 where the forecast is **567 FTE's.**



Clinical Psychology

It is recommended that clinical psychology numbers will increase from 29 to **32.**

Increased prevalence in mental health problems (as discussed elsewhere in this document) have led to developments in mental health services, which are highlighted on the IMTPs. Service improvements include collaborative approaches to mental health requiring a cross cutting approach from health boards, the local authority, police, ambulance and third sector agencies. **In order to support new models of service delivery an increase of 10% in commissioned training places for clinical psychologists is recommended.**

Paramedics

The intention to increase paramedic roles in changing the way primary care services is delivered is one of the strongest themes in IMTPs this year. This includes reference to a number of pilots including paramedic practitioners supporting GP sustainability working across in hours and OOH; home visits to assess and report to GP and me visits to assess, treat, refer, resolve.
Whilst formal evaluation is not yet available for pilots, early assessment is that they are successful in terms of admission avoidance. Nuffield Trust research summary "Shifting the balance of care: Great expectations" identified paramedic triage to the community as providing the most positive evidence of relative strength of evidence of reduction in activity and whole-system cost.

WAST's IMTP recognises that additional paramedics would be needed in order to release existing paramedics to undertake training in advanced practice to support new models of delivery in primary care, if such ambition is to be effectively realised without adversely affecting the delivery of WAST services.

HCPC has announced that from 1st September 2021 they will withdraw approval from existing paramedic's programmes that are below degree level. HEIW have discussed the implications of this with WAST and Swansea University.

It is recommended that the programme delivered in 2020/21 is at degree level. This will ensure Swansea University can continue to recruit to its programme.

The WAST IMTP stated the need for 100 to be commissioned. This is not possible for a number of reasons including the move to two providers in 2022. The need to ensure stable and sustainable growth within this area is vital. Therefore, it is recommended that 75 places are commissioned in 2021 on the BSc programme. To ensure that the workforce needs of WAST are delivered HEIW has negotiated that commissions in Swansea University for 2020 are increased from 52 to 75 with EMT places being increased from 30 to 40.

3. Additional Professional Scientific & Technical and other professions

The tables below identifies the number of students which it is recommended are commissioned for 2021/22.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
For academic intake 2021/22					
Diploma in Dental Hygiene	18	18	18	1	18
Degree in Dental Hygiene & Therapy	13	13	13	9	13
Physicians Associates	32	42	54	55	54

Commentary is provided below only on those professions where there is something exceptional to highlight.

Physicians Associates

The first and second cohort of Physicians Associates have now graduated. Physicians Associates are identified as a solution to fragile rotas and medical recruitment challenges across all IMTPs. The majority of IMTPs indicate a need to train more PAs to support the development and transformation and sustainability of services. Some refer to evaluating the role in primary care with an aim to expand the role, and also exploring the option of rotational roles across Mental Health, Primary Care and Medicine.

HEIW recommends increasing the level of education provision remains at 54 as the training, placements and roles embed into the Service.

Pharmacy

1. Pharmacy Workforce Plan

The HEIW draft high-level Pharmacy Workforce plan, identifies the key goals for pharmacy workforce development in each of the three pharmacy staff groups by 2025 and 2030 and has been shared with stakeholders for comment during March 2020. The plan will align to the Welsh Pharmaceutical Committee's response to 'A Healthier Wales'[(1)], Health and Social Care strategy and HEIW IMTP. Completion of the plan will be delayed due to COVID-19. The plan will be progressed during autumn 2020 with a publication late 2020 early 2021.

For the purposes of the education commissioning paper 2021-22, pharmacy developments requested in IMTPs have been prioritised against this emerging national plan designed to underpin clinical service delivery close to people's homes.

To deliver the pharmacy workforce plan 2025 goals, we have supported requests which are in line with the following principles: -

Priority	Purpose
Provide **access to programme** for level 2 support staff to gain the necessary entry criteria for level 3	Provides a 'widening access' route to pharmacy technician training, and a prudent workforce, releasing pharmacy technicians from historic roles (including dispensing).
Support a series of original pilot models for multi-sector training of **pre-foundation pharmacy technicians**.	Deliver a flexible, adaptable pharmacy technician workforce who understand the wider health and social care system which users navigate.
Develop the **national foundation pharmacist programme** that follows multi-sector pre-foundation pharmacist training.	Equitable support for novice pharmacists in all areas of practice, expediting the registrant journey to prescriber and advanced practice.
Increase numbers of **independent prescribing community pharmacists** by 100.	Move towards the initial 2022 targets for numbers of pharmacist prescribers in Wales.
Continue to increase competency in **advanced practice** amongst the existing pharmacist and pharmacy technician workforce.	To deliver service transformation in medicines management close to people's homes.
Increase the opportunity to develop the **leadership skills** of pharmacists and pharmacy technicians.	To enable the pharmacy team to lead on all medicines related issues for the multi-disciplinary team.

1.1 Impact of COVID-19 of training plans

The need to ensure a secure pipeline of registrants into the workforce must be the priority for 2021/22 commissioning. IMTP's indicate an increasing need for pharmacists and pharmacy technicians and this is indicated in the numbers requested below.

Post-registration training will be focused on ensuring the new workforce are supported to confidently provide enhanced patient services at the earliest point in the career pathways.

The COVID-19 pandemic has highlighted the need for a flexible and responsive workforce, which can transform and transition across sectors of practice. The commissioning of all pharmacy education and training will be prioritised to ensure the whole workforce have the skills to respond to a rapidly changing landscape. Pharmacy will embrace and adopt the positive learning from the COVID-19 and encourage the use of innovative methods of training

2. Pharmacy Support Staff and Pre-registration training

2.1 Pharmacy Support Staff

Following a GPhC consultation on new minimum training requirements for pharmacy support staff, new standards are expected during 2020-21. HEIW will explore access to the modern apprenticeship route for Level 2 on behalf of the NHS and its contractors. HEIW's role is to ensure quality training is commissioned which enables learners with the potential, to transition more seamlessly into the pharmacy technician profession.

2.2 Pre-Foundation Pharmacy Technicians (previously called pre-registration pharmacy technicians)

Increasing the pipeline into pre-registration pharmacy technician training is essential to respond to the demand for increasing the pharmacy technician workforce across primary care and secondary care.

Progression from a support role to pharmacy technician training programme is dependent on individuals meeting the specific entry criteria. This excludes some staff from progressing and HEIW plan to make available an "access to" pharmacy technician training pathway. HEIW proposes increasing the funds for healthcare support workers (HCSW) for 2021 and pharmacy will access this fund to provide a number of Essential Skills Learning modules to support staff in transitioning to the pharmacy technician programmes.

HEIW supports the shift to a more prudent clinical pharmacy workforce through an increase in numbers of centrally commissioned pre-foundation pharmacy technician numbers for **clinical posts in Health Boards/Trust from 45 to 55 in 2021-22**.

The proposed increase:

- will be accompanied by a priority allocation of posts from HEIW to Health Board/Trusts with multi-sector models, driving workforce modernisation, provides more opportunities for career progression to professional registration for the lowest paid NHS employees.
- Develop the pharmacy technician workforce in technical services

HEIW draws down Modern Apprenticeship funds for the educational component of pre-foundation pharmacy technician training. The funds support all trainees recruited to the HEIW programme including those employed by NHS and NHS contractors. On average the numbers recruited from community pharmacy are 20 per year. A training bursary of £2K per community pharmacy technician trainee has been provided to community pharmacy to support the required release of trainees to complete their learning portfolios and attend study days. These funds were previously been made available from Welsh Government during the initial phase of including community pharmacy technician trainees. This phase was prior to the establishment of HEIW. These funds are now considered as business as usual and forms part of the education commissioning budget.

The proposal is to offer 20 training bursaries at a total cost of £40K.

A salary bursary is currently provided to NHS employed trainees.

In addition, Health Boards have indicated a need to increase numbers of pharmacy technicians in technical services via a modern apprenticeship route.

Pharmacy Technician Apprenticeships

Technical Services in Wales rely on qualified pharmacy professionals with the skills and knowledge required to attain regulatory compliance with the MHRA or the Quality Assurance of Aseptic Services Standards.

The service is experiencing difficulty recruiting pharmacy technicians to Band 5 supervisor posts in Cardiff and Swansea. One reason for this is believed to be due to their initial training focusing on a patient's clinical needs across the different sectors of pharmacy patient services, with service delivery models changing to adapt to this. This has resulted in technical services training rotations being diluted within some hospital units or removed completely in others.

On the horizon the service envisages a further significant impact to pharmacy technician recruitment with a change to the GPhC initial education and training standards. This has removed the competence requirements for technical services-based principles from "can do" to "knows how". This means that when the new pharmacy technician qualification is implemented this year, qualified pharmacy technicians graduating in 2022 will have limited knowledge about the preparation and manufacture of pharmaceutical products and the impact for patients. Without the expectation to acquire skills and experience there is a significant risk to service delivery across the region.

To adjust for this and to maintain skills development, the service is proposing to recruit trainee preregistration pharmacy technicians through the current apprenticeship programme and base them within Technical Services, a change to the current model. These posts would be advertised separately to others in the managed sector to attract suitable individuals. The placements would be in named units within Wales to assure the quality of the training placement and experience. The majority of the qualification will be attained from bespoke placements arranged across the managed or community sectors to fill gaps in mandatory performance requirements.

Health Boards have indicated a need for an additional 8 pre-foundation pharmacy technician posts for future service demand.

HEIW propose that the total numbers of pre-foundation pharmacy technician posts for 2021 needs to be 63 to meet workforce demand. This provide 55 posts for clinical role development and 8 additional posts for technical services.

2.3 Pre-Foundation pharmacists (previously called Pre-registration Pharmacists)

As described in last year's paper, the Welsh Government funded a transformation programme for pre-foundation pharmacist training through to 2024. For the 2021-22 academic year, national funding for recruitment of 170 multi-sector pre-foundation pharmacists has already been confirmed, with funding transferred directly from Welsh Government.

3. Post-Registration education and training

3.1 Foundation Practice

The initial education and training of pharmacy registrants is changing and adapting to produce the registrants of the future. The changes will enable a new set of knowledge, skill and attitudes at the point of registration, but these benefits will not be realised for three to five years. The reality currently and even in the future is that new registrant practitioners will always be practising at a novice level in their early years i.e. safe but inexperienced practitioners. Novice practitioners will require structured experiential learning within a framework to progress towards more situational, holistic and intuitive practice.

It has been recognised across the UK that a vocational foundation pharmacist programme for all new pharmacist registrants is required to ensure the workforce can be supported to move from novice practice to proficient practice.

Chief Pharmaceutical Officers across Great Britain have described the desired 'end goal', of equitable access to a vocational foundation training and support for all novice pharmacists, irrespective of sector. A working group chaired by the pharmacy regulator and professional leadership body will publish a national curriculum for foundation pharmacists towards the end of 2020.

Similar work has commenced to develop a UK Foundation programme for pharmacy technicians. It is anticipated that this work will be completed during 2021.

HEIW has decided to not make any significant change to a new offering for foundation pharmacist practice for 2021 commissioned posts. This position will be reviewed for the 2022 commissioning cycle following the agreement of the new foundation curricula towards the end of 2020.

3.1.1 Diploma programme

HEIW proposes no increase in diploma posts from the current **40** posts.

3.1.2 Foundation Pharmacy Technicians

IMTPs recognise the leadership and clinical roles in medicines management that are best filled by pharmacy technicians

The UK foundation pharmacy technician framework will not be available until 2021. However, there is a current need to develop novice pharmacy technicians to proficient practitioners. Several Agored Cymru level 4 learning modules have been developed by HEIW to support these practitioners. HEIW propose to provide training grants to employers to enable pharmacy technicians to have the protected time to attend study days, complete learning portfolios and for the assessment costs of portfolios. The number of training grants made available would be 20 at a cost of £1K per learner. (5 study days top of Band 4 and £450 assessment fee). These funds will be sourced from the health care support workers budget within HEIW.

3.2 Advanced practice

Through IMTPs, numbers of requests for extended, advanced and 'higher level' post registration developments from pharmacy have increased in the last 3 years. This has enabled pharmacists to develop the skills needed to continue to deliver excellent patient care in an everchanging NHS. Areas of practice that needs continued, increased and new investment are pharmacists and pharmacy technicians working in the GP practice and community settings.

3.2.1 Advanced and extended practice pharmacists and pharmacy technicians

All requests for pharmacy extended, advanced and 'higher level' post registration developments will be allocated through the pharmacy dean, considering local and national pharmacy workforce priorities. For 2021-22, HEIW will prioritise the development of patient assessment skills and leadership skills for the existing workforce, focussing on the following priorities:

- Transformation and transition of practice across all sectors including advanced pharmacy practice in GP settings
- Diagnostic clinical skills to support urgent care across all sectors, particularly in respect of independent prescribers
- Unscheduled care practice both in hours and out of hours
- Mental health
- Critical and Palliative care

HEIW will support advanced, enhanced practice of whole workforce across all sectors for both pharmacists and pharmacy technicians. Pharmacy proposes an increase to the advance practice funds to support the further development of both pharmacists and pharmacy technicians in all care settings.

In particular, these funds will be offered to provide 12-month supportive training programme for those pharmacists transitioning into GP practice. The programme delivers expert workplace clinical tutoring and mentoring, alongside specific skills training across Wales.

Allowing for historical spend, future inclusion for pharmacy technicians, primary and community pharmacists, GP practice pharmacists and pharmacy technicians, this budget requires a significant increase to a total value of £470K from the historical spend of circa £220K.

3.2.2 Independent prescribing (IP)

The 'Pharmacy Delivering a Healthier Wales' plan set out goals to have:

- 30% of community pharmacies having an independent prescriber offering services by 2023.
- All pharmacies by 2030, as well as all pharmacists working in patient facing roles within managed sector being IPs by 2023.

Pharmacists from secondary care have been supported to gain this qualification for many years, whilst other sectors have struggled to access training support in an equitable manner. For the last two years, community pharmacists have been supported to achieve this

qualification, but target numbers of prescribers have not been achieved, due to issues of release from practice and lack of designated medical professionals. This year due to the COVID-19 pandemic, many community pharmacists have had to suspend this training, until autumn 2020 / early 2021, due to the inability to be released. Again, this year target numbers for this sector will not be achieved.so we will not achieve the target numbers from this sector this year.

In order to meet workforce demand commissioned numbers need to increase to 150 pharmacists undertaking the independent prescribing course, each year across all the sectors. Funding for 150 pharmacists will require a total cost of £204K

Prior to the establishment of HEIW, funds for the increasing workforce demand for community pharmacist IP training was provided directly via Welsh Government. This established workforce development needs to be part of the business as usual for HEIW. The funding for community pharmacists will include the educational costs of the programme and a training bursary of £3K per community pharmacist. The training bursary will meet the exceptional need for this group of pharmacists to be released from their substantive posts to meet the mandatory programme requirement of 12 contact days with a designated supervising practitioner (DSP).

The proposed numbers of community pharmacists requiring a training bursary are 60 at a total cost of £180K.

The total costs for pharmacy independent prescribing training across all sectors of practice is £384K

As a separate initiative, pharmacy will lead on the development of support network post qualification for all non-medical independent prescribers. This will include the development of a support network post qualification and underpinned by peer review. This will support IP flexibility providing a clear pathway when changing scope of prescribing practice.

3.2.3 Clinical Scientist Trainee Programme (STP)

Pharmacy Technical Services in Wales are currently undertaking a transformation project with Welsh Government. This will reconfigure the way in which medicines are prepared and manufactured to meet the growing demand, currently 5-10% per annum. With this there is an opportunity to increase and restructure the workforce to maximise skill mix.

The Clinical Scientist Trainee Programme (STP) has yet to be explored within the context of pharmacy services and could be utilised within Technical Services Production, Radiopharmacy, Quality Assurance and Quality Control roles in Wales. These posts have been established within the UK in Technical Services for several years, with the Master's degree Pharmaceutical Technology and Quality Assurance (PTQA) forming part of that programme. This degree has been commissioned by the NHS Technical and Specialist Education and Training (TSET) group and delivered by Manchester University. It is the qualification recognised by the MHRA required to manage licenced technical services units.

The creation of STP posts will advance the skills and experience of pharmacists in Technical Services as a career choice. There have also been difficulties recruiting pharmacists due to a lack of skills and experience in this area with significant underfunding for training over many years. This would also add an additional career pathway as it enables new roles to be

created for science graduates who are able to practice within MHRA licenced units, increasing the pipeline supply of skilled workforce into this specialist field.

Without these training posts and the investment and development of staff in this area then there is a real risk of the transformation project failure.
The numbers requested are: 3

3.2.4 Consultant Pharmacists

The stepwise approach to development for pharmacists described in 3.2 will provide the required opportunities, through experience and modular portfolio building, to grow a pool of individuals competent to continue into consultant level practice. Consultant Pharmacist businesses cases include local funding for professional developments.

(1) Welsh Pharmaceutical Committee. (2019) *Pharmacy: Delivering a Healthier Wales*. Available from: https://www.rpharms.com/recognition/all-our-campaigns/pharmacy-delivering-a-healthier-wales [Accessed 12th December 2019]

4. Healthcare Scientists

Healthcare Scientists

Healthcare Scientists within healthcare represent a broad range of professional groups and specialisms and represent a rich and diverse group of over 50 disciplines. Staff numbers within each specialism or discipline are relatively small and the number of staff trained each year reflects this. There are greater numbers commissioned at undergraduate level Practitioner Training Programme (PTP) with smaller numbers at MSc Clinical Scientist Training Programme (STP) and PhD Higher Specialist Scientist Training (HSST) level. There has been a year on year increase in trainees at STP and there are now the most scientist trainees in the system than ever.
The STP trainee programme continues to be a highly competitive and sought after training programme with the NHS Wales recruitment process for 2020 lead by HEIW yielding 1,298 applicants for the 32 available posts.

HEIW recommends 37 places are recruited to for 21/22

Equivalence routes to registration

HEIW worked successfully with NHS organisations throughout 2019 to embed ‘equivalence’ pathways into the NHS for the healthcare science workforce. This supports individuals to gain professional registration and progress through the scientific career structure.
There is a continuing theme around a need for “grow-your own” and for in-house training to extend practice for Healthcare Science. Using equivalence to develop clinical and consultant scientists is a cost-effective way of realising the increase in numbers as reported in the IMTPs, whilst recognising the value and skills currently employed. This will enable the workforce to grow and develop and will support staff within the service to progress their careers whilst continuing to work.

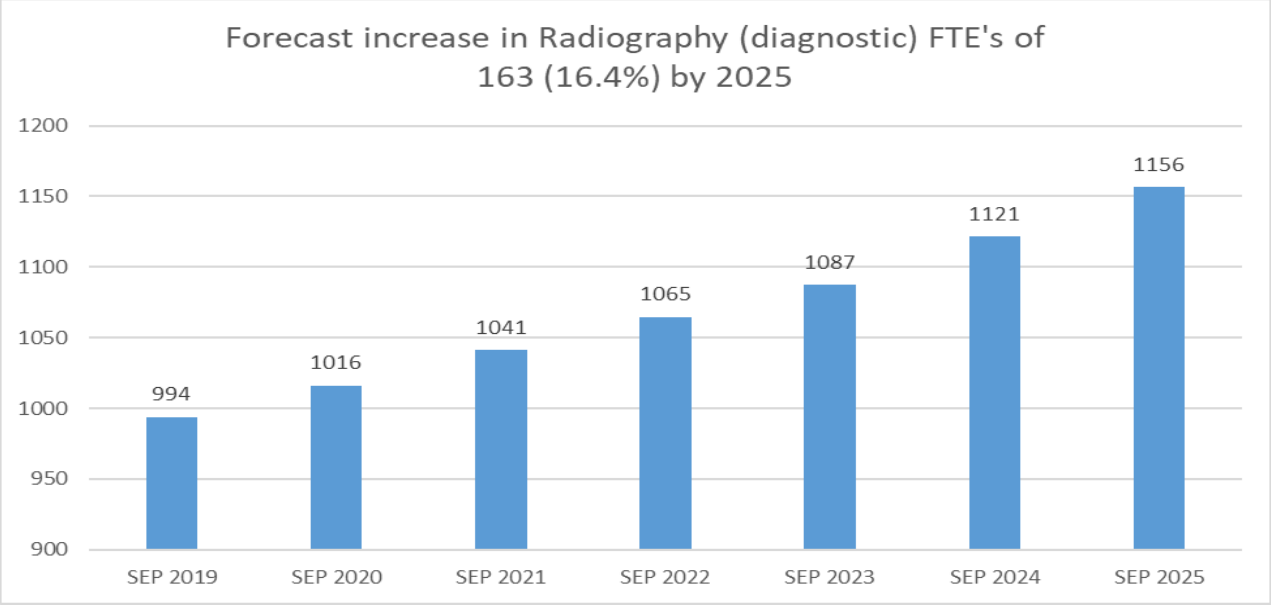
HEIW recommends that investment in equivalence continues with an annual budget of £70,000.

Diagnostic radiotherapy

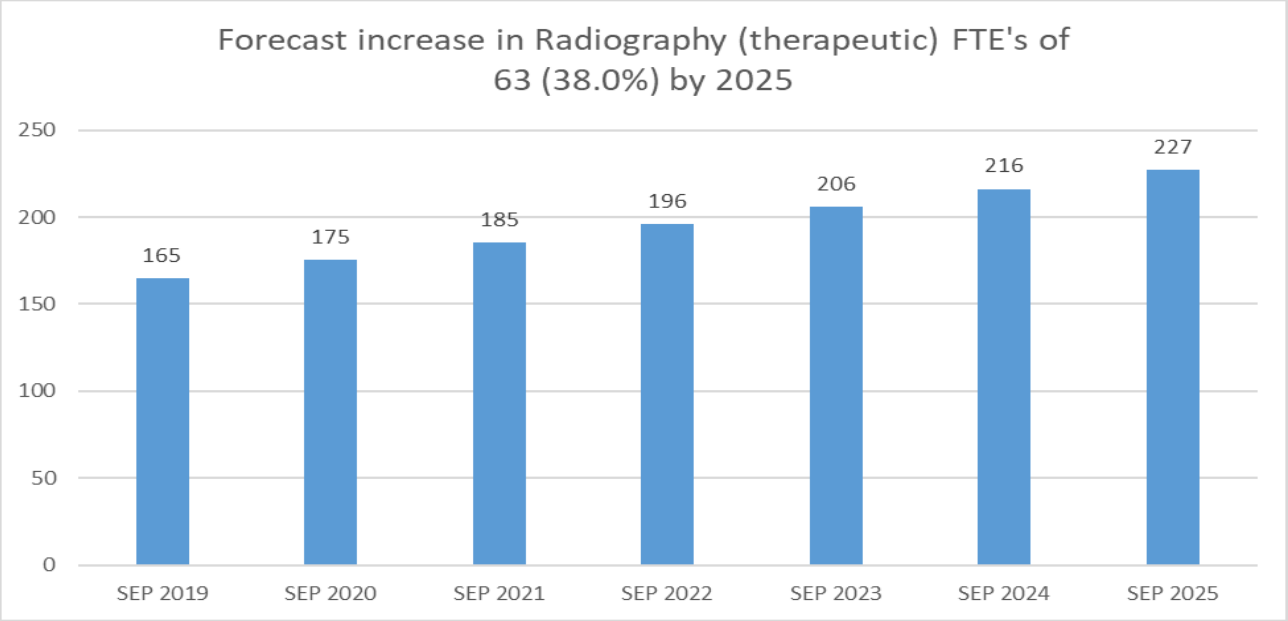
It is recommended that diagnostic radiography numbers will remain at 140. This is after an increase of 28 in 2020 (representing a 25% increase).

One of the core objectives aligned to the Wales Cancer Delivery plan has been detecting cancer earlier. This has led to an increase demand for radiotherapy services to speed up diagnosis. The single cancer pathway builds on the success of rapid diagnostic clinics. IMTPs highlight the future requirement for growth in these services. There are significant pressures on placements and HEIW are working on solutions with Health Board and University partners. Therefore, no further increase is recommended until more innovative, safe and quality placement opportunities are identified.

The workforce intelligence model identifies that the diagnostic radiography workforce is projected to grow **by 163 (16%)** between September 2019 (994 FTE's) and September 2025 where the forecast is **1,456 FTE's.**



The workforce intelligence model identifies that the therapeutic radiography workforce is projected to grow by **63 (38%)** between September 2019 (165 FTE's) and September 2025 where the forecast is **227 FTE's.**



The tables on the next pages outlines the number of Healthcare Science students which it is recommended are commissioned for 2021/22.

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
BSc Diagnostic Radiography	112	112	140	134	140
BSc Therapy Radiography	20	20	22	26	26
HE Cert in Audiological Practice	0	0	15	0	15
Physiological Science - PTP					
B.Sc. (Hons) Healthcare Science - Cardiac Physiology	24	24	24	22	24
B.Sc. (Hons) Healthcare Science - Audiology	18	16	10	12	12
B.Sc. (Hons) Healthcare Science - Respiratory and Sleep Science	5	5	5	8	8
B.Sc. (Hons) Healthcare Science - Neurophysiology	3	3	4	3	3
Physical and Biomedical Engineering - PTP					
B.Sc. (Hons) Healthcare Science- Clinical Engineering	3	3	2	2	2
B.Sc. (Hons) Healthcare Science - Nuclear Medicine	3	3	3	6	3
B.Sc. (Hons) Healthcare Science - Radiotherapy Physics					3
Life Science - PTP					
B.Sc. (Hons) Healthcare Science- Blood, infection, Cellular, Genetics	21	21	24	25	25
Total PTP	77	77	87	78	80
HIGHER SPECIALIST SCIENTIST TRAINING - HSST					
Physical Sciences	2	2	2	5	3
Life Sciences	2	2	2	5	3
Physiological Sciences	1	1	1	2	2
Total HSST	5	5	5	12	8
Post Graduate Healthcare Science Education					
MSc Genomic Medicine (This is not an STP)	20	20	20	0	**20**
SCIENTIST TRAINING PROGRAMME-STP					
Physiological Sciences - STP					
MSc Audiology	3	6	6	5	5
MSc Neurophysiology	2	2	0	4	3
MSc Cardiac Science	3	1	3	9	3
MSc Respiratory & Sleep	0	3	1	2	2
Life Science -STP					
MSc Clinical Microbiology	3	0	2	1	1
MSc Clinical Immunology	0	0	0	0	0
MSc Haematology and Transfusion Science	0	0	1	1	1
MSc Histocompatibility and Immunogenetics	0	0	0	1	1
MSc Clinical Biochemistry	0	2	4	3	3
MSc Genomics	2	1	1	2	2
MSc Cancer Genomics	0	1	1	2	2
MSc in Genomic Counselling	0	0	2	0	2
MSc Reproductive Sciences - Clinical Embryology and Andrology	0	2	1	1	1
MSc Histopathology	0	0	0	1	0
MSc Reconstructive Science	0	1	0	1	1
Physical Sciences and Biomedical Engineering - STP					
MSc. Medical Physics	3	3	7	6	5
MSc in Clinical Engineering	2	1	2	5	4
Clinical Bio Informatics -STP					
MSc in Clinical Bioinformatics	2	1	1	4	2
Clinical Pharmaceutical Science					
MSc Pharmaceutical Technology and Quality Assurance	0	0	0	3	3
Total STP	20	24	32	55	40

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Dental					
Diploma in Dental Hygiene	18	18	18	1	18
Degree in Dental Hygiene & Therapy	13	13	13	9	13
Pharmacy Technician	35	45	45	63	0

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Radiography - Assistant Practitioners					
Assistant Practitioners Radiography - Diagnostic	12	12	12	12	12
Assistant Practitioners Radiography - Therapy	0	0	0	0	0

5. Post Registration and Post Graduate Education

Introduction

Continuing education is crucial once professionals enter their professional registers. It supports transition into the registrant role and supports the development of advanced skills, which enables registrants to be able to respond to the transformation and redesign of clinical services and challenging health crisis. This has been more evident in 2020 with the onset of the Covid 19 pandemic.

HEIW funds staff to undertake post registration/graduate level education these include:

- Advanced and extended Practice education
- Non-Medical prescribing
- Community Health studies
- Specialist Community Public Health Nursing (SCPHN)
- Medical ultrasound education
- Genomic Medicine Education
- Reporting radiography education

The recommendations in relation to the proposed commissioning arrangements for each of these budget areas are outlined below.

Advanced and Extended Practice Education

There has been significant investment in advanced/extended education and over the last few years from Welsh Government and currently the budget per annum is £1.5m. This investment has supported a wide range of clinicians to develop advanced and extended skills and has also supported health services to gain advanced practitioners. Priority areas identified last year continue to be the same for 2021/22. These are:

- Community and Primary care/GP OOHs
- Unscheduled care to include, emergency care, critical care

- Cancer services
- Diagnostics
- Eye Health/Ophthalmology access

At present it is unclear whether the Covid 19 pandemic will affect the ability for registrants to be able to be released to undertake post graduate education programmes. HEI's have been able to convert most of their face to face teaching into distance and online learning, which has allowed students to continue with the academic element of the programme. This budget has seen significant increase over the last few years **however the recommendation is that the budget is increased to £2 million for 2021/22.**

Non-Medical prescribing Education

The following courses are funded:

- Independent prescribing**.**
- Supplementary prescribing
- Prescribing by Community Practitioners from the Nurse Prescribers' Formulary for Community Practitioners
- Non-Authorisation of blood transfusion

Investment in these programmes increased for 20/21 to £500k. At present it is unclear whether the Covid 19 pandemic will affect the ability for registrants to be able to be released to undertake these programmes. As this budget has seen significant increase over the last few years and with the uncertainty regarding Covid19 therefore the recommendation is that the budget remains at the current level.

Reporting radiographers

Consultant radiologists as well as radiographers remain on the occupational shortage list, therefore there is a need to develop more reporting Radiographers and expand other areas of Advanced Practice in Radiography to better utilise and develop skills and support shortages across the profession. A new budget was established in 2020/21. HEIW is recommending that the budget of £40k per annum continues for 21/22

Medical Ultrasound/Sonography

The development of Medical ultrasound/sonography skills amongst clinicians is now well established within NHS Wales. In 19/20 the fund started to be accessed across a broader range of professionals e.g. podiatrists and physiotherapists. The level of need amongst the workforce continues to be significant, with some of this education requiring topping up from the advanced practice funding.

HEIW recommends that the budget increases to £

MSc in Genomic Medicine

Genetics and Genomic medicine continue to build momentum within healthcare provision. Advances in this field have provided patients with earlier and more accurate diagnosis and more individualised treatment and patient care. Welsh Government has identified a need to increase the capacity and capability of the scientific workforce in genomic medicine, and the

Genomics for precision medicine strategy was published in July 2017, which sets out the Welsh Government's plan to create a sustainable, internationally-competitive environment for genetics and genomics to improve health and healthcare provision for the people of Wales. Since then the Topol report (2019) has also been published which contains eight recommendations for genomics specifically, with a heavy emphasis on workforce development and planning.

HEIW recommends that the budget remains at the current level.

Community Education

Community health studies programmes actively supports "A Healthier Wales" and the movement of services from secondary care to community/primary care which focuses on keeping people well and at home. Investment in this area can be categorised into three main areas:

- Programmes which lead to a **recordable** qualification i.e. District Nurse, Practice Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse, Paediatric Community Nurse
- Programmes which may lead to an academic award which is not formally recognised by the NMC.
- Programmes which lead to a **registerable** qualification with the Nursing and Midwifery Council (NMC) i.e. Health Visiting, School Nursing and Occupational Health Nursing.

The tables below identifies the number of students which it is recommended are commissioned for 2021/22.

Health Visiting

Health Visiting is delivered through a number of routes:

- Full time: This is a full-time continuous 45 week course with a period of consolidation which takes the student up to 52 weeks.
- Part time: The part time route is undertaken on a part-time basis and usually completed over a period of 2 years
- Modular: Students undertake one or more specific taught modules over an undefined period of time.

The modular route continues to prove a challenge to service in releasing staff to undertake this programme.

Welsh Government policy is for the introduction of skill mix into all clinical teams and for flexible modular routes to education to be available and the modular route meets these requirements. This approach is supported by HEIW as it provides the opportunity for skill mix and better use of the available resources. The Chief Nursing Officers Office and HEIW will work with the NHS to continue to embed this route.

HEIW recommend maintaining the same level of education provision as in 2021/22.
The tables below identifies the number of students which it is recommended are commissioned for 2021/22

Course Title	Ed Com. 2018/19	Ed Com. 2019/20	Ed Com. 2020/21	2021/22 (WF Plans)	2021/22 - HEIW Recommendations
Health Visiting (Full-time)	63	58	58	70	58
Health Nursing (Part-time)	27	34	34	18	34
Health Visiting (modules)	30	30	30	6	30
School Nursing (Full-time)	14	14	14	32	20
School Nursing (Part-time)	5	5	5	3	10
School Nursing (modules)	3	3	3	0	0
Occupational Health (Full-time)	0	0	0	2	0
Occupational Health (Part-time)	0	0	0	1	0
Community Health Studies					
District Nursing (Part-time)	80	80	80	78	80
District Nursing Modules (in modules)	123	123	123	92	123
Practice Nursing (Part-time)	20	20	20	30	30
Practice Nursing Modules (in modules)	29	29	29	50	50
Community Paediatric Nursing (Part-time)	0	0	0	11	0
Community Paediatric Nursing Modules (in modules)	24	24	24	10	24
CPN (Part-time)	30	30	30	14	30
CPN Modules (in modules)	60	60	60	14	60
CLDN (Part-time)	0	0	0	7	0
CLDN Modules (in modules)	10	10	10	5	10
Additional Modules	472	472	560	36	560
Return To Practice	140	140	140	138	140

6. Healthcare Support Worker Development

Healthcare Support Workers (HCSWs) make up 41% of the NHS Wales workforce and make a valuable contribution to service delivery in all settings with over half of this 41% working in roles supporting nurses and allied health professionals. Workforce profiling suggests that 80% of tomorrow's NHS workforce is in post today, therefore greater priority needs to be given to developing the skills and competences of the current workforce, to better meet the health and care needs of service users today and tomorrow. Without building capacities

and capabilities in the HCSW workforce, there is the risk of being perpetually out of step and continually training and developing a workforce to address yesterdays and not tomorrow's healthcare needs. There is an urgent need, therefore, to develop and invest in HCSWs working in primary, community and hospital services. In addition, many of the current HCSW workforce have the knowledge, skills, values and behaviours to undertake pre-registration programmes with minimal extra support. Evidence would suggest that these individuals would stay with their local Health Board/Trust employer.

In addition, there needs to be equal opportunities for all HCSWs including those who work within Healthcare Science and Facilities Services. HEIW and WEDS previously have worked to fill the education gaps within the HCSW Career Framework and broadened it to include non-clinical areas by developing appropriate work-based learning qualifications. A number of HCSW qualifications sit within Apprenticeship Frameworks and HEIW are working with NHS Wales to develop a Governance Framework for Work Based Learning and looking at the different models for delivery and where HEIW could add value to the learner's experience. This workforce pipeline which starts with HCSWs needs to be underpinned by robust education and training programmes to ensure that individuals are competent to undertake their current role whilst also allowing for career progression.

Since the introduction of the Apprenticeship Levy in 2016, organisations have sort to increase the numbers of HCSWs undertaking Apprenticeships, which are referenced to within a number of the IMTPs. It is expected that organisations will continue to maximise the use of Apprenticeship funding, which would increase the breadth of support that could be given to organisations from the non-medical education budget.

Other areas for the development of HCSWs outlined within the IMTPs include:

- Primary Care
- Joint Health and Social Care roles
- Theatres
- Critical Care
- Midwifery
- Ophthalmology

7. Medical & Dental

The 2020 – 2023 IMTPs refer to areas of **medical recruitment difficulties,** across all grades and specialties, however, at Consultant level there are reported recruitment difficulties across a wide range of specialties including:

- Ophthalmology
- Emergency Medicine
- Anaesthetics
- Intensive Care Medicine
- Microbiology & Infectious Diseases
- Obstetrics and Gynaecology
- Paediatrics
- Sexual Health
- Surgery specialties including Urology, Breast Surgery, ENT and Trauma and Orthopaedics
- Oncology

- General Practice
- Neurology
- Psychiatry
- Radiology
- Histopathology

This pattern is replicated across certain parts of the UK and to address this, in part, the Home Office announced changes to the immigration rules meaning that certain occupations would be added to the shortage occupation list, giving people coming to the UK to work in these roles priority in securing a Tier 2 work visa. In October 2019 the shortage occupations list was updated to include all grades of medical practitioners. The Home Office also streamlined English language testing meaning that doctors who have already passed an English language test accepted by the GMC, do not have to sit another test before entry to the UK on a Tier 2 visa. This change enables Health Boards and Trusts to be able to recruit overseas candidates quickly (see section on impact of Coronavirus).

The approach to workforce planning

With the establishment of HEIW, the approach to workforce planning for the medical workforce was further developed this year. A series of engagement and planning meetings were set up, with a membership comprising the Postgraduate Dean, supported by other leads within HEIW and a range of stakeholders including Heads of Schools, Programme Directors and representatives of the Royal Colleges. These meetings considered a range of workforce information that informed the workforce planning recommendations for this year.

This approach has allowed HEIW to review a larger number of specialties this year and to commence work to build and develop a modelling approach that will support the planning function going forward. Criteria for assessing the decommissioning of training posts was also agreed by the group. Any future decisions to decommission training posts would be agreed with the HEIW Education Training and Commissioning Group and this approach was discussed with the All Wales Medical Directors Group. The final workforce planning recommendations were also shared with the Medical Directors as part of the engagement process for the development of this year's plan.

Impact of the Coronavirus Pandemic on medical training

The Coronavirus pandemic which commenced in early 2020 has had a number of impacts on medical training, some of which are not yet quantifiable.

Foundation Training: Emergency capacity planning at the start of the pandemic led to the graduation of the medical students being brought forward to May 2020, with an optional Interim Foundation Year 1 role created to cover the period between graduation and commencing Foundation training in August 2020. The interim placements commenced in May and early June with funding directly allocated to Health Boards via the COVID allocations.

Core & Specialty Training: The commencement of the pandemic coincided with the recruitment rounds for August 2020. A programme of contingency arrangements was introduced across the UK to complete recruitment for outstanding specialties. Rotations were also suspended at this point. Final numbers for the recruitment process will not be available until mid in May. Delayed start dates may need to be

introduced for certain trainees who, due to visa applications and travel restrictions, are unable to commence their programme as originally planned.

Completion of Specialty Training: There is likely to be an impact on specialty training, specifically for those trainees approaching their Certificate of Completion of Training (CCT) and those completing Core training due to the stopping of core work impacting on competence acquisition and assessment. This might mean that a small number of trainees cannot complete their training at their anticipated point of CCT. Solutions are being explored; these include utilising the trainees' six-month period of grace to enable them to complete their logbooks, however, as the country emerges from lockdown and normal activity restarts, this issue might resolve. HEIW is working with the relevant organisations regarding CCT and consultant recruitment.

General Practice: The MRCGP examination was suspended in March and GP Specialty Trainees/Registrars due to complete training by August 2020 may not be able to gain their CCT unless an alternative assessment can be developed. The RCGP is working with the SEBs to urgently develop an alternative to the clinical skills assessment (CSA) which may mitigate this risk.

Tier 2 visas and overseas recruits: For those medical staff currently employed on a Tier 2 visa, there have been automatic extensions of visas for those who are due to expire in the next 6 months, however, there has also been a suspension of processing of new applications for Tier 2 Visa by the Home Office. This may impact on the number of overseas doctors entering medical training programmes later this year.

Medical Workforce Planning Recommendations for Core & Specialty Training

General Practice

HEIW was successful in the recruitment of 187 applicants into general practice training in the last year. Previous recommendations have been to increase the GP training posts from 136 to 160 and ultimately to 200 by 2021 with a formal target of recruiting up to 160 trainees.

It is recommended that 160 GP training places are advertised with an option to over-recruit to a maximum of 200.

Emergency Medicine:

Previous recommendations have recognised the increased demand for Emergency Medicine, the fact that the Consultant workforce is ageing and that Emergency Units, across Wales are currently understaffed as compared to Royal College recommendations. Several organisations continue to report recruitment difficulties for Emergency Medicine in their IMTPs.

In recent years, the workforce planning recommendations for Emergency Medicine have included recommendations to expand the Acute Common Stem (ACCS) programme. ACCS is the feeder training programme for Emergency Medicine and almost all the Emergency Medicine trainees undertake this training programme before entering higher training in Emergency Medicine. Over recent years, the ACCS training programme has been expanded to enable increased output with the posts to support this coming from the conversion of unfilled higher posts into the lower grade of ACCS and newly funded posts.

As the ACCS programme expands, further expansion is required in the Emergency Medicine programme to address the deficit following the conversion of higher posts to ACCS in previous years. To support this an increase of 5 Higher Training (ST3) posts for is required for Emergency Medicine.

There is also recognition that there remains a requirement to increase the numbers of ACCS trainees to support retention into Higher Emergency Medicine training in North Wales. Trainees in North Wales are likely to remain there as consultants and increasing the number of trainees on this programme will increase the supply of CCTs to take up consultant posts in that region. It is recommended that 2 additional ACCS training posts are created for the North Wales programme.

Anaesthetics

Previous recommendations have recognised the increased demand for Anaesthetics and the fact that both the Consultant and SAS workforce is ageing with an increasing number of anticipated retirements over the next 5 – 10 years. Consultant vacancies are impacted by retirements but also due to consultants choosing to drop sessions or work part time. Consultant recruitment has traditionally been good across NHS Wales, however, more recently several posts are proving difficult to fill due to a lack of applicants and again several organisations are noting recruitment difficulties for consultant anaesthetists in the IMTPs. Anaesthetics has traditionally employed a large proportion of SAS doctors at middle grade and more recently there is difficulty in recruiting to this grade which is an important component of the middle tier.

Demand for anaesthetics steadily increases due to the ageing population, increasing complexity, demand for out of hours consultant cover, increases in post anaesthesia care and peri-operative medicine, the move to 7 day working and ICU requiring 24-hour consultant cover. The consultant workforce works on a sessional basis and increasing numbers are opting to work 10 sessions or less. The Coronavirus pandemic has also highlighted the importance of these consultants in supporting ICU departments.

Fill rates for training in Anaesthetics remain good, however, high numbers of trainees are opting for less than full time training (LTFT). Between 20 -22 trainees gain CCT each year and evidence from CCT destination data shows that the majority of trainees in anaesthetics remain in Wales as consultants post CCT.

In line with all other specialities and following the recommendations of the Shape of Training review, the Royal College of Anaesthetists have submitted a revised curriculum to the GMC which was scheduled for implementation from August 2021. However, due to the impact of the Coronavirus pandemic, the planned changes to the Anaesthetics curriculum will now be delayed by one year.

Requirements for additional posts at the Core training level for 2021, to meet the changing curriculum requirements as a result of these changes, will now not be required until August 2022 and Anaesthetics will be reviewed again next year.

Given the significant moves to LTFT working and the level of anticipated retirements over the forthcoming years it is recommended that an additional 3 Higher Training posts are required in Anaesthetics to address ongoing and predicted workforce shortages at consultant level.

Intensive Care Medicine

There remains a steady increase in demand for intensive care due to the ageing population, associated increases in complexity of patients and the move towards an increased expectation of out of hours care being delivered by consultants. In 2018, The Minister for Health and Social Services announced an allocation of monies to support the development of Critical Care in Wales. The Critical Illness Implementation Group established a Task and Finish Group on Critical Care which reported in July 2019. This report recognised that there was a need for extra critical care capacity in conjunction with a combination of other initiatives and improved efficiencies. The report recognised the need for a phased expansion of level 3 beds and the development of the critical workforce, including the need for an increase in medical training posts. Health Boards have developed phased implementation plans (over a maximum five-year period).

Consultants in ICU have traditionally come via the Anaesthetics training route and in 2012, training in Intensive Care Medicine became a single specialty. However, most trainees continue to dual accredit with other acute specialties such as Acute Medicine leading to a CCT in both ICM and another specialty. This may impact on the final destination of trainees vis a vis recruitment into ICU. To address this, previous workforce planning recommendations have been to increase in ICM as follows:

- An additional 4 trainees in 2017/18
- An additional 2 trainees in 2018/19 and to review in 2020
- 13 CT2 to address changes as a result of the changes to the Internal Medicine curriculum
- An additional 4 higher posts in 2020/2021 following increases across the UK in response to the COVID pandemic.
- There have also been increases to the ACCS feeder programme

Currently, the training programme comprises 27 trainees with varying outputs due to the dual accreditation. It is recommended that an additional 4 Higher Training post are required to increase our ICM workforce in Wales and that ICM requirements continue to be reviewed and again in 2021.

Recommendations to support the development of the Major Trauma Network:

1. Plastic Surgery

Plastic Surgery is a small specialty and is currently provided as a national service based at Morriston Hospital in Swansea Bay UHB. The British Association of Plastic and Reconstructive and Aesthetics Surgeons' 2018 workforce analysis recommends a ratio of one plastic surgeon per 80,000 population. This would equate to 35 wte in Wales whilst the current establishment is 17.3 wte with the potential for up to 3 consultants potentially retiring within 5 years. There are currently no difficulties in recruiting to Wales with 82% of trainees, over the last 10 years, remaining in Wales as consultants.

It has been agreed, that to support the workforce model for the Major Trauma Centre, 2 additional Higher Training posts are required for Plastic Surgery.

2. General Surgery

There are a number of pressures impacting on training in General Surgery. These include:

- The Grange hospital in ABUHB, which will require middle tier surgical support.
- Over the past decade there has been an increasing need for transplant surgery in Wales and the specialty has become increasingly popular. There are currently 5 Welsh trainees with transplant surgery as their declared sub-speciality interest but only two training posts.
- The separation of vascular training from general surgery a few years ago has now created pressures for Health Boards as the Vascular programme was delivered through reconfigured General surgery posts. Senior vascular trainees (ST5 and above) now need to be on dedicated vascular surgery on call rotas which has not historically existed for this tier and which is now impacting the sustainability of general surgery rotas.
- The staffing for general surgery cover for the MTC has not been formalised but is likely to require additional training posts. This is a valuable opportunity to provide more formal trauma training in Wales.
- Breast surgery will eventually move into a separate speciality which will impact significantly on the make up of the training rotations in Wales and also impact on general surgery on call rotas for Health Boards.

Demand for surgery is increasing due to an ageing population, increased complexity due to co-morbidities and increases in cancer incidence. It is therefore recommended that 4 additional Higher Training posts are required for General Surgery.

3. Trauma & Orthopaedics

The workforce model in Trauma and Orthopaedics was considered during the previous workforce planning round, with a recommendation made for an additional 4 trainees to commence in August 2019. This has been reviewed again this year in the context of the Major Trauma Centre. No change is recommended for 2021.

Urology

Demand for urology is increasing due to increases in prostate and other urological cancers related to an expanding older aged population; approximately 50% of Urology workload is cancer related. The consultant workforce is also ageing with a large proportion of the workforce currently aged 50+ and 55+. There are unfilled consultant posts across Wales and plans to expand posts in a number of Health Boards. There are emerging difficulties in recruitment with some Health Boards reporting recruitment difficulties in their IMTPs. There have also been failures to appoint at consultant level, especially where there is a requirement for sub specialisation.

The five-year Wales Urology training programme is made up of 16 posts with approximately 3 trainees achieving CCT each year.

To support the Cancer agenda and anticipated changes in workforce over the coming years, including shortages at consultant level, it is recommended an additional 4 Higher Training posts are created.

Neurosurgery

Neurosurgery is a small specialty and is a national service provided from Morriston Hospital in Swansea Bay UHB and Cardiff and Vales UHB. Neurosurgery is a predominantly Consultant delivered speciality. There are a small number of retirements anticipated over the next 5 – 10 years and on review there are sufficient trainees to be able to replace these posts.

Neurosurgery is a small training programme with approximately 1 trainee achieving CCT each year. The training programme expanded considerably from 3 posts in 2010 to current numbers. Most trainees undertake 1 and 2 year post CCT fellowships before taking up either substantive or locum positions. Modelling undertaken by the Society of British Neurological Surgeons looking at workforce requirements over the next 12 years suggest both an over and under supply of trainees depending on an assumption of conservative growth and retirement estimates. Bi-annual workforce surveys are planned to begin in 2020 and there are no plans to expand training numbers in England. National Selection recruitment is being held at 25 in 2020. Across the UK there are currently sufficient numbers of trainees undertaking locums and fellowships.

The training programme in Wales has a good reputation and is able to attract trainees; most trainees would prefer to work in Wales on competition of CCT. The programme is currently producing more CCT holders due to additional trainees undertaking Academic training through the WCAT programme.

Having considered the current numbers of trainees within the Wales training programme and retirements over the next 5 – 10 years, it is recommended that a phased reduction of posts is undertaken in line with trainees completing their training. This would lead to reducing the training programme by 2 posts over the next 2/3 years.

Obstetrics & Gynaecology

'*Maternity Care in Wales; A five-year vision for the future (2019 – 2024)*' was published in July 2019. The report includes a recommendation that HEIW will respond to the attrition rate of specialty trainees in obstetrics and gynaecology, by considering alternative entry points to the specialty training programme, additional training numbers and flexibility of training delivery. The Royal College of Obstetrics and Gynaecology O&G Workforce Report 2018 reported that across the UK there was a 30% typical attrition rate from training programmes and from trainees not taking up consultant posts. The report also noted that across the UK approximately 54% of trainees are international medical graduates.

Obstetrics & Gynaecology is a run through programme from ST1 leading to CCT. Entry points are typically at ST1 but more recently ST3 recruitment has commenced for this programme. The programme is made up of 93 posts. Attrition from the programme is usually seen in the early years with trainees transferring to other regions or specialties.

Both the consultant and training workforce is feminising which has the possibility of more of the consultant workforce choosing to work part time. Nationally it is estimated that up to 30% of the workforce will be retiring next 5 years and in Wales this could equate to up to 80 consultants and SAS doctors (in obstetrics and gynaecology there is a high proportion of SAS workforce in this specialty).

It is therefore recommended that an additional 2 ST1 posts are required, in response to '*Maternity Care in Wales, a 5-year vision for the future'* and to address attrition during the early years of the training programme.

Paediatrics

In January 2019, the Royal College of Paediatrics and Child Health (RCPCH) published the 2017 Workforce Census Overview as the first part of their RCPCH State of Child Health Reports with the focus on Wales published in May 2019. This report estimates that the demand for Paediatric Consultants in the UK is 21% higher than the workforce in place in 2017. The report notes that demand for paediatrics is increasing stating that paediatric emergency admissions have grown in Wales by 17.2% between 2013/14 and 2016/17. There has also been an increase in the numbers of children presenting to primary care, secondary care as well as increases in paediatric A&E.

The Paediatrics workforce has a fairly even age profile in Wales, however, there are likely to be a significant number of retirements over the next 5 – 10 years. Within the training programme, there is a move towards more part time working and less than full time training (LTFT) rates have increased across the UK. With almost ¾ of UK trainees now being women, the proportion of trainees choosing to train LTFT is likely to increase further and it is not known yet whether this will translate into an increase in part time working when these trainees gain their consultant appointments. The increase in the numbers of trainees opting to train less LTFT coupled with maternity leave and requests for out of programme training is leading to an increase in rota gaps across the training programme. Recruitment into Paediatrics is largely at ST1 with small numbers also available at ST4. Fill rates following recruitment vary each year but are usually range between 80% and 100%. Trainees often commence the programme working 100% WTE and reduce to 60-80% later in the programme.

Paediatrics was reviewed during the previous workforce planning round and at that point the specialty was undertaking work to consider training capacity if additional posts were allocated. As part of this process an additional 4 posts were identified for August 2020 funded through Health Board funding to support changes to their service delivery models. It was agreed to further review the specialty again as part of this workforce planning round.

It is recommended that an additional 4 ST1 posts are required to address the recommendations of the RCPCH workforce report, feminisation of the workforce and increasing numbers of trainees opting for LTFT training, resulting in persistent gaps within this training programme.

It is further recommended that to support recruitment and retention within the Paediatrics training programme, 2 Higher Training Clinical Teaching fellowships are also required.

Community Sexual & Reproductive Health (CSRH)

Community Sexual and Reproductive Health is a relatively new training programme and a small specialty. Consultant recruits have traditionally been drawn from a variety of backgrounds, including O&G, Public Health and General Practice. Whilst there is scope to diversify the workforce, with nurses undertaking a wider range of practices including coil fitting, pressures on General Practice have impacted on this service and Consultant vacancies can be difficulty to recruit to.

There is a need to undertake further work in forthcoming years to explore this specialty further alongside GUM and this specialty will now be reviewed in 2021.

Internal Medicine

Training in the Physician specialties is made up of 3 years training in Stage 1 (Internal Medicine) followed by 3 or 4 years in Stage 2 (Higher Medical Training). It is therefore important that the balance between the number of posts available in Stage 1 and Stage 2 are closely aligned and allow for a level of attrition. Currently the ratio of those completing Stage 1 training and eligible for higher training is 1:1 (1 trainee completing per post advertised). Across other training programmes this ratio allows for greater flexibility and more importantly attrition when individuals change training pathways. Within this paper recommendations are being made to increase the number of posts available across the Stage 2 Medical specialties. It is therefore critical that as a minimum, the 1:1 ration currently in place is retained.

From previous Workforce modelling it is recognised that there are a number of Medicine specialties in which Wales is currently projected an oversupply of CCT holders and should therefore be considered for disestablishment. These posts have not yet been incorporated into any workforce plan as it is anticipated that these posts will be reallocated to Internal Medicine (IM3) posts from 2021 onwards to meet the demand of the Internal Medicine training programme. The implementation of the Internal Medicine curriculum will cause significant issues for service delivery across medicine particularly in August 2021 when recruitment into Stage 2 programmes will be frozen due to the introduction of the IM3 year. With this instability in mind there are no plans for 2020 to decommission medicine training posts until the requirements going forward have been explored with Health Boards and service implications during this transition period mitigated.

This complex piece of work will continue to be worked through in the forthcoming year and a number of medical specialties will continue to be reviewed, including the consideration of any implications of these changes and any recommendation for changes.

In reviewing the number of posts available for Stage 1, the workforce plans for the Grange Hospital in Aneurin Bevan Health Board were also considered.

It is therefore recommended that an additional 15 posts are required for August 2021 and that further expansion is reviewed for 2022. The additional posts will ensure there are sufficient core training posts to meet the recommended increase in the following medical specialties.

Acute Medicine

Acute Medicine is a small and relatively new specialty. Acute Care Physicians came into the workforce in Wales from approximately 2009. There are a number of consultants working in this field who come from other specialties according to the Royal College of Physicians census 2018. There is potential for between 6 to 10 consultants to potentially retire from the current workforce within next decade.

The Acute Medicine training programme currently has 12 trainees and the fill rate has been 100% for the past 3 years. Trainees typically go on to secure consultant posts in Wales, however, given the number of anticipated retirements it is unlikely that the current number

of trainees in Wales will be able to replace these retirees especially with an increase in trainees opting to dual accredit with other specialties such as ICM.

Due to retirements an additional 4 Higher Training posts are required to support the expansion of the Acute Care Physician consultant workforce.

Respiratory Medicine

There is a long term, well described recruitment issues across the UK within respiratory medicine. The British Thoracic Society report highlights the large number of vacancies across the UK with 50% of hospitals reporting having vacant posts – a situation mirrored in Wales and likely to worsen based on our recent snapshot survey.

In Wales there are currently a number of vacancies for Respiratory Consultants and a number of Health Boards are also planning to increase their number of posts; this combined with an increase in the numbers of consultants choosing to work part time and a number of planned retirements anticipated over the next five years means that there could be up to 25 consultant vacancies over the next five years (STC estimate). Within this specialty there are also a number of dual qualified consultants who split their jobs between respiratory medicine and another specialty such as acute medicine or critical care. It should be noted that a number of the ICM trainees will also be dual accrediting with this specialty.

There are 29 trainees within the respiratory medicine training programme and the programme successfully recruits at ST3 with a 100% fill rate each year. There has been a steady increase in the number of trainees requesting to work LTFT - in 2012 there were 2 LTFT trainees and this has increased to on average 7 or 8 trainees and it is unclear at present whether the trend to train LTFT will translate into part time working at consultant level. There is also a high proportion of trainees taking time out of training for maternity leave.

Demand for respiratory consultants has been increasing across Wales and the rest of the UK over the last decade. This is driven by a number of factors including:

- Increased sub-specialisation within respiratory medicine
- A drive to improve lung cancer mortality with national optimal cancer pathways being the most recent development
- Improved and more complex high-cost treatments, especially biological therapies
- Respiratory medicine is the major contributing speciality for provision of unscheduled medical care across every hospital in Wales. Unscheduled care pressures are likely to continue to increase, and as acknowledged in the NHS Winter plan 2019/2020, approximately 50% of the increased admissions during winter are because of respiratory conditions.

Demand will also increase over the next decade due to the advent of lung cancer screening nationally. The demand is both unmapped and likely to be great as wide-scale rollout of these programmes driven by national policy is implemented.

The Coronavirus pandemic of 2020 has also highlighted the importance of the role and demonstrated the need for an increase in respiratory physicians. It is therefore recommended that an additional 2 Higher Training posts are required to support future workforce requirements.

Gastroenterology

The National Endoscopy Programme for Wales was established in response to increasing demand from the incidence of cancer, increased screening programmes as a result of the Single Cancer Pathway and an increased focus on earlier diagnosis. The National Endoscopy Programme Action Plan 2019 – 23 identifies actions to develop sustainable endoscopy services which includes a focus on upper gastrointestinal endoscopy. Wales has an ageing population which in turn leads to increasing incidence of cancer and along with eight national screening programmes demand for Gastroenterology is increasing. Whilst the contribution of the wider workforce is recognised and plans are being devised to increase skills levels to undertake non-medical endoscopy, not all the work can be undertaken by a non-medically trained endoscopist.

Nationally there is a picture emerging of recruitment difficulties and two organisations in Wales reported recruitment difficulties in their IMTPs. Workforce surveys undertaken by the British Society of Gastroenterology and Royal College of Physicians (2018) note that at a UK level there is emerging evidence of failure to appoint to consultant positions due to lack of suitable applicants. The workforce census carried out by the RCP in 2018 notes that in North Wales current consultant numbers are below the recommended levels per head of population. There are anticipated to be an increasing number of retirements both in Wales and the rest of the UK due to the ageing of the workforce.

It is recommended to support future workforce requirements and the Single Cancer Pathway work that 2 additional Higher Training posts are required.

Renal Medicine

No change to training numbers required for August 2021 however this specialty will be reviewed in 2021 considering the changes to the Internal Medicine training pathway.

Diabetes and Endocrinology

No change to training numbers required for August 2021 however this specialty will be reviewed in 2021 considering the changes to the Internal Medicine training pathway.

Clinical and Medical Oncology

Both specialties are small with 16 trainees in clinical oncology and 6 trainees in medical oncology. Trainees are increasingly opting to train less than full time, undertake fellowships and out of programme training and the majority of trainees take up consultant posts in Wales. Retirements are starting to increase within these specialties and within Wales there has been an increase in the difficulty to recruit to consultant posts, with one organisation reporting recruitment difficulties for Consultant Oncologists in its IMTP.

Cancer services remain a priority for Welsh Government as highlighted in the Cancer delivery Plan for Wales (2016 – 2020). The incidence of new cases is rising by approximately 1.5% a year and is set to rise by at least 2% a year for the next 15 years. More patients are now surviving their cancer for at least 10 years. Advancing age is the biggest risk factor for cancer with 77% of all cancers occurring in those aged 55+. This is a particular challenge in Wales as 33% of the population is aged 55+ as compared with 30% in the rest of the UK. An additional factor affecting the increase in demand is the additional complexity of treating older patients with cancer which requires additional support.

The new Single Cancer Pathway, implemented in Wales with aim to streamline the diagnostic pathway and ensure patients receive first treatment within 62 days of first suspicion of cancer, includes starting treatment within 21 days of diagnosis. Advances are also taking place in cancer treatments and management. The NHS Cancer Workforce Plan: Phase 1: delivering the cancer strategy to 2021, highlighted that HEE had already identified the need to invest in 746 consultants working in cancer but had concluded that they needed an additional 10% increase in the number of oncologists with an increase in the number of trainees over 3-15 years to support growth and transformation. The CRUK report - Full Team Ahead: Understanding the UK non-surgical cancer treatments workforce (December 2017) investigated the current and future needs, capacity and skills of the non-surgical oncology workforce across the UK. It notes regional variation in the workforce across UK with clinical oncologists making up 8.9% of the workforce in Wales (UK average 8.6%) and medical oncology 2.8% (UK average 5.1%) and that Wales has the lowest number of medical oncologists per million population compared to the rest of the UK. This document highlighted the need for investment in training numbers as the workforce modelling used, predicted a shortfall of 23% within medical oncology and 19% within clinical oncology consultant numbers by 2022.

The Royal College of Radiologists produced a Wales workforce summary in 2018 for clinical oncology. It identified a current workforce shortfall of 26% which is significantly higher than the UK average and likely to grow substantially over the coming years. The summary commented that there is significant regional variation in Wales with the number of clinical oncologists per million in Wales overall being on par with the rest of the UK.

Clinical Oncology – it is recommended that 4 additional Higher Training Posts are required per year for 5 years to support the workforce modelling undertaken by the Royal College of Radiologists and to meet increasing demand for cancer treatments

Medical Oncology – it is recommended that 3 additional Higher Training posts are required per year for 5 years to support the increased incidence of cancer and the Cancer agenda.

Medical Microbiology and Combined Infection Training

Medical Microbiology and Combined Infection Training was reviewed during last year's workforce planning round with a recommendation that the training programme was expanded to enable workforce changes outlined by Public Health Wales (PHW) in a paper presented to Welsh Government.

Demand for Medical Microbiology continues to increase with a noted increase in antimicrobial resistance (AMR), Healthcare Associated Infections (HCAI), increased complexity of infections, emerging infection threats and the move towards delivering healthcare in the community. This has also been highlighted by the Coronavirus pandemic that commenced during early 2020.

The Welsh Government has signed up to the UK AMR Action Plan with health security becoming a greater public health priority whilst recognising that Health Protection/Infection Services are fragile.

There is a recognised national shortage of trained medical staff and these shortages are also present for nursing and scientific staff. There are currently a high number of vacant Consultant posts within the Wales Medical Microbiology establishment, with only approximately 71% of posts filled – if the RCPath guidelines are considered, this percentage

rate would be lower. Retirements will be increasing over the next 5 years and as noted last year the current number of trainees gaining CCT over that time are not likely to be sufficient to replace the retirements and the current vacancies. PHW continued to report recruitment difficulties in their current IMTP.

Last year Welsh Government agreed with Public Health Wales (PHW) to invest in the Clinical Infection workforce and PHW committed to employing additional consultants in infection.

It is therefore recommended to continue the recommendation from last year's plan; 3 additional training posts are required for 5 years to support the increase in the clinical infection workforce. This would constitute the second year of the increase of 3 additional posts for 5 years.

Radiology

Radiology has seen a significant expansion in recent years, resulting from recommendations in previous workforce plans amounting to an expansion of approximately 30 posts. This has resulted in an overall increase in trainees from 42 in July 2016 to 72 in August 2019 and further for August 2020.

The increase in demand for imaging is noted and the Business Case for the National Imaging Academy identified a need of 20 training posts.

It is recommended to maintain an intake of 20 trainees per annum, as agreed last year, to maximise the capacity of the Imaging Academy and that this is reviewed again for the 2022 intake.

PRIORITY WORKFORCE AREAS

Critical Care

In July 2018 the Minister for Health and Social Services announced an additional £15million for Critical Care in Wales. A task and finish group was established and the Report of the Task and Finish Group on Critical Care was published on 2 July 2019. The report considered a number of areas including, critical care capacity, Outreach teams, PACU and long-term ventilation. The report also made a number of recommendations to Welsh Government including specific recommendations for the workforce:

- Better utilisation of the existing critical care workforce
- Development/expansion of the critical care workforce to meet professional standards
- To consider ways to manage critical care staffing across regions rather than just within UHBs
- Increase in the number of training post graduate training places for medical staffing, and consider training routes for nursing including ACCPs
- Funding should be provided on an indicative basis to allow health boards to develop robust implementation plans which take account of remodelling existing resources, interdependencies/impact of the development and confirmation they are definitely able to recruit any necessary staff

HEIW has reviewed Health Board Implementation Plans and IMTP/Annual Plans in regard to workforce planning for the critical care workforce and to inform any recommendations within the Education and Training Plan. It is recognised that the coronavirus pandemic, which commenced in March 2020, will have impacted on the health boards implementation plans for critical care, as emergency planning for the pandemic saw an immediate expansion of critical care capacity across all health boards.

Considerations for the Education and Training Plan 2021/22

Nursing: The plans indicate that there is a requirement for small numbers of additional nursing workforce for the development of outreach teams and PACU. Nursing within critical care comes from the Adult Branch with any additional skills training delivered in house. In recent years the education commissions for adult nursing have increased and there is good availability for pre-registration placements for third year nursing students in critical care.
Over the last few years Health boards have made limited use of HEIW advanced practice funding to develop staff with critical care skills. HEIW has reviewed the uptake of critical care education over the last 3 years and although the uptake has seen an increase in 2019 only 24 staff undertook education relevant to that area of health care. HEIW is in the early stages of developing a working group to look at current critical care education provision within Welsh universities to develop a standard set of learning outcomes for the use across Wales. This year it is reassuring to note that a number of the Implementation Plans and education commissioning requests indicate that organisations are planning to increase their Advanced Critical Care Practitioners posts; whilst some organisations have indicated that they will be developing these staff in house, a number have requested access to funding for the MSc Critical Care. Advance practice monies are allocated to organisations by HEIW and the requests for MSC Critical Care (10 for nursing and 1 for pharmacy) will be considered as

part of this year's plan. Critical care is set as a national priority area for health boards when allocating their advanced practice education funding. There will also be the potential to explore the contribution of the Physician Associate, mental health nurses and ODP's alongside the development of ACCPs.

Medical: The increase in demand in critical care has been recognised and the ICM training programme has been reviewed over a number of previous Education and Training Plans, leading to recommendations to increase trainees over the past four planning rounds. There are currently 27 trainees on the programme with varying output due to dual accreditation. The training programme has increased as detailed below with a recommendation to increase a further 4 trainees as part of the 2021/22 Education and Training Plan:

- An additional 4 trainees in 2017/18
- An additional 2 trainees in 2018/19 and to review in 2020
- 13 CT2 to address changes as a result of the changes to the Internal Medicine curriculum
- An additional 4 higher posts in 2020/2021 following increases across the UK in response to the COVID pandemic.
- There have also been increases to the ACCS feeder programme

AHP: The Implementation Plans indicate that organisations are planning to expand the number of roles for AHPs in critical care to support rehabilitation and discharge. Mainly this appears to be for Physiotherapist and OTs although critical care units also employ small numbers of Speech and Language Therapists and Dieticians. Over the past five years there have been increases to the numbers of Allied Health Professions pre-registration training places. These will be increased in this year's Education and Training Plan and the (small) demand from increased appointments within critical care have been taken into consideration as part of these recommendations.

Clinical Psychologists: It is recognised that there is an increase in demand for psychologists across the service and a need to change the model for the development of this workforce. Commissioning of education to support the development of the psychology workforce has been placed into phase 2 to allow for the recommendations of work surrounding the future shape of this workforce is available.
Whilst these changes will not affect the current recruitment plans for critical care, moving forward work is underway to explore different training routes to develop and broaden the clinical psychology workforce including the masters level education for Clinical Associate Psychologists (CAP) role.

Learning Disabilities

The Learning Disability Improving Lives Programme made recommendations aimed at improving health outcomes and reducing inequalities in health. To support this work, we will take action in the coming year to grow the number of applicants to pre-registration learning disability nursing courses. We will undertake a marketing campaign highlighting the role of the Learning Disability Nurse and routes of entry to pre-registration degrees and explore with the universities the possibility of duel qualifications LD/MH to potentially increase the attractiveness of this field.

Primary Care Model for Wales

The challenges facing unscheduled and primary care are well known and HEIW has worked over recent months with Welsh Government and the NHS across a number of areas. Examples includes:

- the potential development of a Primary Care Hub Support and Governance Framework to support NHS Wales' efforts to sustain and transform the expanding workforce in primary care. HEIW has had preliminary discussions with Chief Executives and Health Board Primary Care leads and these discussions will be taken forward during 2020, initially at an exploratory stakeholder workshop organised by HEIW.
- training an expanding primary care workforce requires space for consulting and teaching. Officials from Welsh Government have welcomed HEIW's suggestion to discuss potential near term initiatives to appropriately increase available Learner Accommodation Funding in the Primary Care estate.
- building upon the significant increases in recruitment to GP Specialty Training achieved during 2019.
- following the successful introduction of the 1+ model of GP training in 5 District Schemes during 2019, the model will be embedded in all 11 schemes in Wales in 2020. HEE has now signalled its intent to introduce this model throughout England by 2022.
- to help accommodate the expanding health professional trainees in the general practice learning environment, the production of new training practices and new GP trainers is being significantly increased from 2020 onwards.
- development of an integrated pre-registration pharmacy programmes to increase the contribution of pharmacists and pharmacy technicians
- changing the optometry workforce
- increase the number of advanced practitioners and staff with extended skills
- increase the number and utilisation of physician associates to support unscheduled and primary care
- increase the use of the wider workforce e.g. nursing, allied health professionals, paramedic and pharmacy in unscheduled care and primary care
- continue investment in education and training for non-registered (both clinical and non-clinical) staff
- develop workforce tools to support workforce modernisations e.g. online verification of death training resource for non-medical staff
- roll out of the behavioural science approach resulting in a less risk averse culture and practice
- increase in non-medical prescribing to upskill the workforce

Optometry/Eye Care

Postgraduate qualification commissioning

Eye care is delivered across all sectors by a wide range of healthcare professionals in primary and secondary care in both a scheduled and unscheduled service. Given the aging population and the development of new treatments, demands on all eye care services are set to increase. Eye care pathways that utilise multidisciplinary teams in primary (including optometry practices in community) and secondary care are currently in use or under development in all health boards. The care pathways provide greater access to eye health care closer to patient's homes.

Most health boards IMTPs include the intention to expand the options for primary care based ophthalmology solutions and/or multidisciplinary teams provision of glaucoma services, for example in value based clinical pathways. Additionally, the use and expansion of Ophthalmic Diagnostic Treatment Centres (ODTCs) is recommended. To enact these recommendations, transformation at primary care optometry practices with appropriately qualified staff is required. With ODTC models in all health boards transformation has begun. Training optometrists to operate referral refinement in AMD and the management of patients with glaucoma can achieve service transformation in a sustainable manner in all cluster regions.

Independent Prescribing registration for optometrists in audits has shown to enable them to manage 85% of patients in primary care optometry practices. This releases capacity for GPs and secondary care eye casualty.

HEIW will ensure there is at least one optometrist in every cluster in Wales with higher qualifications and Independent Prescribing registration in over the next 3 years up to (2023) to support a reduction in demand for ophthalmology.

Current numbers of optometrists with higher qualifications

Health Board	IP	Medical Retina	Higher Cert in Glaucoma
Aneurin Bevan	6	5	0
Besti Cadwaladr	1	7	1
Cardiff and Vale	1	7	1
Cwm Taf Morg	2	6	1
Powys	1	1	0
Swansea Bay	1	4	0
Hywel Dda	3	12	1

Projected numbers of optometrists with higher qualifications by 2023

Health Board	IP	Medical Retina	Higher Cert in Glaucoma
Aneurin Bevan	12	12	12
Besti Cadwaladr	14	14	4
Cardiff and Vale	12	10	9
Cwm Taf Morg	8	8	8
Powys	4	4	3
Swansea Bay	10	10	8
Hywel Dda	7	9	8

The publication of the NHS Wales Clinical Workforce Guidance for Eye Health Care Services' plan from Welsh Government made several recommendations to support multidisciplinary teams in eye care. HEIW already supports the allied health professions and nursing workforce by funding postgraduate qualifications. Publication of the Royal College of Ophthalmologists Ophthalmic Common Clinical Competency Framework (OCCF) in 2019, creates a common educational pathway for secondary care for allied health professions and nursing teams to upskill. It includes a set of clinical competencies suitable for supporting the delivery of eye care to specific groups of patients in hospital eye care services. It assesses those competencies to defined standards in several key areas of ophthalmology. The OCCCF may be useful tool to help secondary care service provision by making best use of the nursing and AHP workforce to support ophthalmology.

Endoscopy

The National endoscopy programme for Wales was introduced as part of the Welsh Government initiative to ensure that services were able to meet the increasing demands for this service as part of the support for the single cancer care pathway. The demand for services is currently significantly higher than the available core services, the development of a sustainable solution is of paramount.
HEIW will work with the National endoscopy programme to develop a standardised approach to endoscopy demand and capacity across wales, development and commissioning of the endoscopy training programme, identify capacity gaps within endoscopy, to include all bands of staff and to develop sustainable and transformational roles to accommodate the demand.

Mental Health

HEIW will undertake a review of the current workforce model and work with the Mental Health Network, Social Care Wales and Welsh Government to develop recommendations for future roles. Development of roles will focus on a sustainable long-term workforce.

The education mental health practitioner is a newly developed role within England and early indications are that this would be an opportunity to commission places in Wales specific to the CAMHS workforce with a focus on early intervention and prevention in line with Welsh Government “together for mental health, delivery plan 2019-2022”. Similar roles will be explored for the entire mental health workforce with a view to commissioning appropriate training and education programmes.

Psychology Provision

The strategic review of health professional education has a second phase that will include the procurement of the Clinical Psychology Doctoral programme which is currently commissioned from Bangor university and a Cardiff and Vale/Cardiff university collaboration. Numbers for these programmes are relatively small however IMTP’s each year identify that more numbers of trainees need to be commissioned. This training programme is the most expensive one to fund as trainees are employed on a band 6 salary and HEIW also covers faculty costs.

There is evidence that new and emerging roles within psychology services need to be considered to support the work of the clinical psychologists. One example is the **Clinical Associate Psychologists (CAPs)** which is a new grade of professional psychologist which is emerging in the NHS in England. The roles are open to psychology graduates who undergo one year of training at master’s level to become part of the applied psychology workforce at pre-registration level. There are a copious supply of these graduates exiting from Cardiff university annually. CAP’s are an advanced practice role which deliver psychological assessments and interventions, under the supervision of a registered practitioner psychologist.

The introduction of clinical associates in psychology, along with other emerging roles, will help to increase access to psychological therapies. The British Psychological Society (BPS) are working with education providers to ensure quality standards in education and training for associate psychologists, just as they already accredit psychology courses throughout the UK. HEIW has had initial engagement with the chair of the National Psychological Therapies Management Committee (NPTMC), which currently reports to the Together for Mental Health National Partnership Board. Further engagement is required to determine if this role is something required within Wales. Early indications are that it would be, and this is an exciting opportunity to expand the psychological workforce.

HEIW recommends that following completion of the second phase of the strategic review these are commissioned from 2022 and recommends that Clinical Psychology Doctoral programmes commissioned should be increased to 31.

Other national priorities

Dental

Oral health care in Wales is delivered predominantly in primary care settings with independent contractors in General Dental Practice, however dental services operate across all healthcare sectors. The dental team provide routine, urgent and out of hours emergency dental services. Dental specialist care is also available in primary and secondary care settings. Most dental speciality training is undertaken at Cardiff Dental School and District General Hospitals situated in Local Health Boards.

In order to meet current and future oral health needs, evidence suggests that there needs to be increased access to dental teams, specifically those professionals that can deal with the needs of an ageing and more vulnerable population. The emphasis on dental care is likely to shift from multiple treatments to prevention of disease and the dental team is well placed to address this. The introduction of dental contract reform will allow greater participation from Dental Care Professionals (DCPs) that would allow the capacity of the whole system including those working across the community sector to increase.

Greater numbers of consultant/specialist dental staff need to be trained, along with additional skilled DCPs to meet identified needs. In general, Wales does not have a problem recruiting undergraduate dental professionals, however there is a lack of dental expertise as there is a failure to retain many of the young professionals that are trained. Policies need to be developed to attract and encourage dental professionals to train, live and work in Wales on a long-term basis to sustain the workforce supply.

Dyddiad y Cyfarfod	**2 Gorffennaf 2020**	**Eitem Agenda**	**3.2**
Teitl yr Adroddiad	**Adolygiad Sicrwydd Ansawdd Addysg Feddygol Ôl-raddedig (PGME) yn ystod y Pandemig COVID 19**		
Awdur yr Adroddiad	Mandy Martin, Dr Malcolm Gajraj		
Noddwr yr Adroddiad	Dr Tom Lawson		
Cyflwynwyd gan	Pushpinder Mangat		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Darparu trosolwg i'r Pwyllgor Addysg, Comisiynu ac Ansawdd ar ddull AaGIC o reoli ansawdd yn ystod y pandemig COVID-19.		
Materion Allweddol	Yr angen i ddatblygu dulliau amgen o reoli ansawdd yn ystod y pandemig COVID-19 i sicrhau bod diogelwch cleifion a hyfforddiant o ansawdd uchel yn cael eu cynnal, a thrwy hynny, sicrhau bod AaGIC yn cyflawni ei rwymedigaethau i'r Cyngor Meddygol Cyffredinol.		

Camau Gweithredu Penodol yn ofynnol *(rhowch un ✓yn unig)*	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyaeth**
			✓	

Argymhellion	Gofynnir i aelodau: • **Nodi**

ADOLYGIAD SICRWYDD ANSAWDD ADDYSG FEDDYGOL ÔL-RADDEDIG (PGME) YN YSTOD Y PANDEMIG COVID 19

1. CYFLWYNIAD

Mae'r Uned Ansawdd yn gweithio i wella gofal a diogelwch cleifion drwy fonitro a datblygu addysg a hyfforddiant o ansawdd uchel ac i ddarparu Cyfadrannau a seilwaith i'w cefnogi. Caiff y gweithgaredd ei wneud ar y cyd ag Ysgolion Arbenigol, Sefydledig a Meddygon Teulu yn ogystal â Darparwyr Addysg Lleol ar draws GIG Cymru i sicrhau amgylchedd addysgol o ansawdd uchel i hyfforddeion a chysywllt rhwng llywodraethiant addysgol a chlinigol.

Mae rhagoriaeth mewn hyfforddiant meddygol ôl-raddedig yng Nghymru yn cael ei gefnogi gan ein cylch gwaith craidd sy'n cynnwys darparu llywodraethiant addysgol drwy fecanweithiau sy'n cynnwys:

a) Comisiynu darpariaeth PGMDE a'r disgwyliadau.
b) Cymhwyso Fframwaith Rheoli Ansawdd gan gynnwys elfennau sydd wedi'u trefnu ac elfennau ymatebol i sicrhau pan nad yw hyfforddiant yn bodloni safonau cenedlaethol, bod newidiadau yn cael eu hwyluso a'u gweithredu i wella ansawdd. Mae'r Fframwaith Rheoli Ansawdd yn rhoi sicrwydd i'r Cyngor Meddygol Cyffredinol (y rheoleiddiwr) i gymeradwyo safleoedd a rhaglenni hyfforddi.
c) Cefnogaeth ar gyfer y ddarpariaeth PGMDE ar draws GIG Cymru, gan gynnwys hyfforddwyr a seilwaith hyfforddiant.

Mae'r mecanweithiau hyn o reidrwydd yn gysylltiedig â'i gilydd. Serch hynny, at ddibenion adrodd, ystyrir pob elfen ar wahân a'i chroesgyfeirio fel sy'n briodol i roi'r wybodaeth yn ei chyd-destun. Mae'r adroddiad hwn yn ymwneud yn bennaf â dull AaGIC o reoli ansawdd yn ystod y pandemig COVID-19.

2. CEFNDIR

Mae'r pandemig COVID-19 wedi creu heriau o ran darparu addysg a gwasanaethau. Serch hynny, er gwaetha'r pwysau, mae gan AaGIC gyfrifoldeb i'n hyfforddeion, hyfforddwyr, ac yn y pen draw, ein cleifion dros sicrhau bod safonau'r Cyngor Meddygol Cyffredinol yn cael eu cynnal yn ystod y cyfnod hwn. Mae'r adroddiad yn rhoi trosolwg o'r heriau allweddol sy'n cael eu cynnal i sicrhau bod rheoli ansawdd yn parhau yn ogystal â sut gellir mynd i'r afael â'r heriau a nodwyd.

3. MATERION LLYWODRAETHU A RISG

3.2 Fframwaith Rheoli Ansawdd

3.2.1 Atebolrwydd Rheoliadol

Cyn y pandemig COVID-19, derbyniodd AaGIC grynodeb terfynol o'r adroddiad oedd yn deillio o beilot Sicrwydd Ansawdd y Cyngor Meddygol Cyffredinol. Roedd yr adroddiad hwn yn bositif iawn ynglŷn â dull AaGIC o reoli ansawdd. Mae'r Cyngor Meddygol Cyffredinol wedi cadarnhau y bydd cyflwyno'r dull diwygiedig o sicrhau ansawdd ar ôl y peilot yn parhau, felly bydd AaGIC yn cyflwyno'r holiadur hunanasesu i'r Cyngor Meddygol Cyffredinol ym mis Tachwedd 2020. Mae'r Uned Ansawdd wastad wedi cynnal perthynas adeiladol a thryloyw gyda'r rheoleiddiwr. O ystyried bod elfennau o'n dull o reoli ansawdd yn edrych yn wahanol i'n prosesau safonol, bydd AaGIC yn parhau i ymgysylltu'n rhagweithiol â'r Cyngor Meddygol Cyffredinol ynglŷn â'n dull yn ystod y cyfnod digynsail hwn. Bydd y cam hwn yn helpu i dawelu meddwl y Cyngor Meddygol Cyffredinol bod safonau yng Nghymru yn parhau i gael eu cynnal yn ogystal â sicrhau ein bod yn cynnal ein perthynas waith effeithiol gyda'r rheoleiddiwr.

Camau Gweithredu Parhaus:

- Adrodd i'r Cyngor Meddygol Cyffredinol ar statws y materion perthnasol i'w monitro cyn y pandemig er mwyn dangos sut mae safonau wedi'u cynnal hyd at hynny.

- Ymgysylltu'n rhagweithiol gyda'r Cyngor Meddygol Cyffredinol o ran ein ffordd o weithredu tuag at ansawdd hyfforddiant yn ystod y pandemig er mwyn rhoi sicrwydd a chael arweiniad rheoliadol ynglŷn â'n ffordd o weithredu.

- Cyflwyno holiadur hunanasesu y Cyngor Meddygol Cyffredinol ym mis Tachwedd 2020. Bydd hyn yn cynnwys gwybodaeth am ddull AaGIC o weithredu yn ystod y pandemig COVID-19 er mwyn dangos ein dull o gynnal safonau hyfforddi.

3.2.2 Llywodraethu

Mae fframwaith rheoli ansawdd AaGIC yn elfen allweddol o'r trefniadau llywodraethu cyffredinol o ran addysg a hyfforddiant meddygol. Mae trefniadau ar waith i sicrhau bod y gwaith hwn yn parhau yn ystod y pandemig drwy'r mecanweithiau canlynol:

- **Comisiynu**
  Mae elfen gomisiynu'r fframwaith rheoli ansawdd yn galluogi AaGIC i gael sicrwydd ynglŷn â'r trefniadau llywodraethu o fewn Darparwyr Addysg Lleol ac i gael sicrwydd ynglŷn â phryderon risg uchel. Mae'r broses yn cynnwys hunan-asesiad y Darparwr Addysg Lleol sy'n gysylltiedig â Safonau'r Cyngor Meddygol Cyffredinol a chyfarfod gweithredol. Derbyniwyd holl hunan-asesiadau'r Darparwyr Addysg Lleol cyn y pandemig, ac ar ôl hynny, mae gan AaGIC eglurdeb o ran trefniadau cydymffurfio â safonau'r Cyngor Meddygaeth Cyffredinol, yn enwedig trefniadau llywodraethu a chodi pryderon. Cynhaliwyd cyfarfodydd comisiynu y Darparwyr Addysg Lleol a restrir isod cyn y pandemig ac mae'r Uned Ansawdd wedi gallu archwilio

elfennau o'r templed hunan-gofnodedig a cheisio cael sicrwydd ynglŷn â materion lefel uchel. Mae'r adroddiadau sy'n deillio o'r cyfarfodydd hyn yn cael eu cwblhau ar hyn o bryd:

- Bwrdd Iechyd Prifysgol Aneurin Bevan
- Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
- Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
- Bwrdd Iechyd Prifysgol Hywel Dda
- Ymddiriedolaeth GIG Felindre

Tra bod y cyfarfodydd ar gyfer y Darparwyr Addysg Lleol sy'n weddill (h.y. Bwrdd Iechyd Prifysgol Betsi Cadwaladr a Bwrdd Iechyd Addysgu Powys) wedi'u gohirio, drwy'r templedi hunan-gofnodedig, mae gan AaGIC ddealltwriaeth o'r dull o lywodraethu o fewn y Darparwyr Addysg Lleol sydd heb dderbyn ymweliad hyd yma.

- **Ysbytai Maes**

  Mae'r Cyngor Meddygol Cyffredinol yn ei gwneud yn ofynnol i bob safle a ddefnyddir ar gyfer hyfforddiant am fwy na dwy sesiwn yr wythnos, gael eu cymeradwyo ac mae hyn yr un mor berthnasol i ysbytai maes. Er ei fod yn cael ei gydnabod bod ysbytai maes yn ymateb i sefyllfaoedd brys, mae cynnal safonau llywodraethiant, hyfforddi a chleifion priodol yn y lleoliadau hyn yn hollbwysig o hyd. Mae'r Uned Ansawdd yn ymwybodol o'r pwysau ar ein rhanddeiliaid yn ystod y cyfnod hwn, felly, mae wedi datblygu profforma cryno i gymeradwyo ceisiadau i'n galluogi i gael sicrwydd ynglŷn â'r canlynol:

  - Sut mae ysbytai maes wedi'u hintegreiddio i strwythurau llywodraethu cyfredol Darparwyr Addysg Lleol.
  - Sicrwydd ynglŷn â meysydd allweddol sy'n ymwneud â diogelwch cleifion fel goruchwyliaeth glinigol, gweithio o fewn cymhwysedd, dulliau sefydlu i godi a rheoli pryderon.
  - Capasiti i ddarparu addysg mewn ysbytai maes a'r trefniadau arweinyddiaeth addysgol.

3.2.3 Rheoli Pryderon

Mae dulliau rheoli ansawdd sy'n seiliedig ar risg yn dibynnu ar dystiolaeth o ansawdd da. Serch hynny, mae mynediad at ffynonellau o dystiolaeth draddodiadol yn brin ar hyn o bryd o ystyried bod Arolygon Hyfforddiant Cenedlaethol y Cyngor Meddygol Cyffredinol wedi'u gohirio, a'r ffaith na ofynnir i hyfforddeion lenwi ffurflenni adborth ar ddiwedd eu lleoliad gwaith yn ystod y cyfnod hwn. Yn ogystal, mae'r 19 o Ymweliadau wedi'u Targedu oedd fod i ddigwydd cyn diwedd Gorffennaf 2020 wedi'u gohirio. Mae'r ansicrwydd ynglŷn â seilwaith Cyfadrannau hefyd yn risg i AaGIC.

Mae'r Uned Ansawdd wrthi yn cymryd camau i archwilio'r ffynonellau tystiolaeth cyfredol fel yr adborth a dderbyniwyd cyn y pandemig ar ddiwedd lleoliadau gwaith ac ymatebion i adroddiadau risg. Bydd y dystiolaeth yma yn sicrhau bod gan yr Uned Ansawdd ddarlun cynhwysfawr o statws yr holl faterion cyn y pandemig a gellir defnyddio hynny i roi sicrwydd i'r Cyngor Meddygol Cyffredinol ynglŷn â'n gweithgaredd cyn i'r gweithgareddau ddod i stop. Yn ogystal, cafwyd sicrwydd ynglŷn â materion mewn Monitro Uwch drwy gyfarfodydd ymgysylltu â AMD unigol ar gyfer Comisiynu ac Addysg a gynhaliwyd cyn y pandemig a nodwyd bod cynnydd gyda'r materion hynny ar y trywydd iawn. Fodd bynnag, gydag hyfforddeion ac aelodau eraill o'r gweithlu yn cael eu hadleoli i ysbytai maes, gellir rhagweld y gall statws y risgiau hyn a meysydd eraill lle gosodir meddygon graddfa hyfforddiant, newid yn ystod y pandemig. Mae gallu AaGIC i reoli'r risgiau hyn a nodi rhai newydd yn cael eu peryglu oherwydd prinder ffynonellau tystiolaeth ac ansicrwydd o ran i ba raddau y gall Arweinydd Cyfadrannau ymrwymo i'w rôl addysgol. Mae'r Cyngor Meddygol Cyffredinol wedi cadarnhau na fydd angen data amser real o reidrwydd ond bydd angen tystiolaeth ôl-hoc o sut mae materion cyfredol yn cael eu rheoli a sut mae materion newydd yn cael eu nodi a'u trin. Mae'r Cyfarwyddwr Rheoli Ansawdd wedi cysylltu â'r holl AMD i bwysleisio

pwysigrwydd cynnal ansawdd hyfforddiant ac i weithio gyda thimau Cyfadrannau i ddatblygu ateb lleol sy'n cynnal ansawdd yn y sefyllfa bresennol. At hynny, gofynnwyd i AMD gynghori'r Uned Ansawdd ar fesurau a roddwyd ar waith, gan gynnwys sut byddant yn cysylltu â thimau cyfadrannau, a bydd y rhain yn cael eu rhannu ar draws pawb bob bwrdd iechyd i hwyluso'r broses o rannu syniadau ac arfer da.

Er bod llawer o'r gweithgaredd rheoli ansawdd sy'n cael ei gynnal yn ymwneud â sut i gynnal ansawdd yn ystod y pandemig, mae ystyriaeth hefyd yn cael ei rhoi i sut mae prosesau ansawdd allweddol fel gweithgaredd Ymweliadau wedi'u Targedu yn ailddechrau unwaith y bydd yn ddiogel ac yn rhesymol gwneud hynny. Mae potensial y bydd amgylcheddau hyfforddi wedi cael eu heffeithio'n wahanol gan y pandemig ac o'r herwydd bydd angen ail-flaenoriaethu camau ar y cyd â AMD ar sut i ail-flaenoriaethu ymweliadau gweithgaredd ar ôl y pandemig. Hefyd, o gofio bod 19 wedi'u gohirio ar hyn o bryd a 4 pellach wedi'u trefnu ar gyfer yr hydref, rhoddir ystyriaeth i sut gellir ymgymryd â gweithgareddau sgrinio i gael tystiolaeth mwy cyfoes er mwyn cyfrannu at flaenoriaethu ymweliadau presennol ac unrhyw ymweliadau newydd a allai fod yn ofynnol oherwydd y cynnydd mewn pryderon newydd yn ystod y pandemig.

Camau Gweithredu Parhaus sy'n berthnasol i Reoli Pryderon:

- Archwilio tystiolaeth sy'n gysylltiedig ag ansawdd hyfforddiant yn union cyn y pandemig.
- Adrodd i'r Cyngor Meddygol Cyffredinol ar statws yr holl risgiau cyn y pandemig.
- Cydlynu â'r AMD i drafod atebion lleol ynglŷn â sut bydd y broses o reoli ansawdd yn lleol yn cael ei chynnal yn ogystal â chynllunio, cefnogi a gwella ansawdd. Fel rhan o hynny, bydd angen egluro'r trefniadau i sicrhau deialog barhaus ag AaGIC ynglŷn â risg.
- Datblygu dull newydd o reoli ansawdd sy'n cyfuno â'r rheini a ddatblygwyd gan AMD
- Datblygu strategaeth ynglŷn â sut bydd Ymweliadau wedi'u Targedu a gweithgareddau Comisiynu yn ailddechrau ar ôl y pandemig.

3.2.4 Seilwaith Addysg a Hyfforddiant

Mae AaGIC yn cefnogi rhwydwaith o arweinwyr addysgol o fewn rhaglenni hyfforddi a strwythurau cyfadrannau. Un o swyddogaethau'r rhwydweithiau hyn yw cyfrannu at brosesau rheoli ansawdd allweddol ac i hwyluso rheolaeth ansawdd ar lefel rhaglen a hyfforddiant lleol. O ystyried y pwysau ar y gwasanaeth ar hyn o bryd, mae nifer o unigolion sydd yn y rolau hyn wedi gorfod rhoi'r gorau i'w rôl addysgol gan adael y strwythurau hynny'n brin. Felly, er mwyn cynnal ansawdd, mae'r mecanweithiau canlynol ar waith i alluogi AaGIC i gyflawni ei gyfrifoldebau rheoli ansawdd.

Gofal Sylfaenol

Mae'r Ysgol Ymarfer Cyffredinol yn elwa o strwythurau rheoli rhaglenni cadarn a chysylltiadau clos â'r Uned Ansawdd o ran rheoli ansawdd. Yn ystod y pandemig presennol, cymerwyd y camau canlynol i sicrhau y gall hyfforddeion a hyfforddwyr

dderbyn cefnogaeth briodol yn ystod y pandemig. Yn ogystal, mae'r camau hyn yn galluogi'r Uned Ansawdd i gael tystiolaeth ynglŷn â phryderon hyfforddi sy'n dod i'r amlwg a chynnig arweiniad o bell ar ffordd o ddatrys hynny yn ystod y cyfnod digynsail hyn, a thrwy hynny, ein galluogi i dawelu meddwl y rheoleiddiwr o ran gofal sylfaenol.

- Mae Hyfforddwyr Meddygon Teulu yn dal i gyflawni eu rolau a lle mae heriau'n cael eu nodi mae trefniadau'n cael eu gwneud i bractisau cyfagos ddarparu cefnogaeth.

- Adeg adrodd, mae effaith y pandemig ar allu arweinwyr hyfforddiant Meddygon Teulu i gyflawni eu rolau yn brin. Mae'r Ysgol Ymarfer Cyffredinol wedi gwneud trefniadau i alluogi Cyfarwyddwyr Rhaglen Meddygon Teulu i gofnodi'n electronig i gynnal pellter cymdeithasol wrth ymgymryd â'u rolau wrth gefnogi hyfforddeion.

- Mae gan yr adran Meddygon Teulu gyfarfodydd wythnosol gyda'r Deoniaid Cyswllt Meddygon Teulu er mwyn gallu bwrw ymlaen ag unrhyw faterion a godwyd.

Gofal Eilaidd

Adeg adrodd, mae diffyg eglurder o ran i ba raddau y gall Arweinwyr Cyfadrannau gyflawni eu rolau hyfforddi. Mae hyn yn risg o ran rheolaeth ansawdd yn lleol a rheoli ansawdd. Er mwyn lliniaru'r risgiau hyn, cymerir y camau canlynol o fewn y Gyfadran Feddygol:

- Mae'r Cyfarwyddwr Llywodraethu/Gwella Addysg a Rheoli Ansawdd wedi gofyn i bob AMD weithio'n lleol i ystyried sut bydd rheoli ansawdd yn cael ei ddarparu a bydd yr Uned Ansawdd yn mynd ar drywydd hynny.

- Mae cyfarfodydd rhithiol gyda AMD wedi'u trefnu bob 3 wythnos yn ystod y pandemig. Bydd rhain yn canolbwyntio'n rhannol ar y seilwaith addysgol i ddarparu ansawdd.

- Mae'r Cyfarwyddwyr Llywodraethu/Gwella Addysg wedi cynnull cyfarfod o Arweinwyr y Cyfadrannau ac yn gweithio agos â Phenaethiaid ysgolion, Canolfannau ôl-raddedig a hyfforddeion i archwilio'r heriau cyfredol a sut gall AaGIC roi cymorth i'w goresgyn.

- Mae amrywiaeth o ddeunyddiau wedi'u datblygu ar draws y Ddeoniaeth Feddygol sy'n cwmpasu nifer o feysydd allweddol e.e. cyhoeddwyd canllawiau ynglŷn ag adleoli hyfforddeion sy'n cynnwys gofynion penodol ynghylch sicrhau diogelwch cleifion e.e. pwysigrwydd sesiynau sefydlu priodol a goruchwyliaeth glinigol etc.

4. GOBLYGIADAU ARIANNOL

Nid oes unrhyw goblygiadau ariannol yn gysylltiedig â'r adroddiad hwn.

5. ARGYMHELLION

Mae'r Uned Ansawdd yn argymell y dylid cymryd y camau gweithredu a nodwyd yng nghorff yr adroddiad i liniaru risg ar hyn o bryd.

Llywodraethu a Sicrwydd			
Dolen i nodau strategol CTCI *(defnyddiwch ✓)*	**Nod Strategol 1:** Arwain y broses o gynllunio, datblygu a llesiant gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni *'Cymru Iachach'*	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd a sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth tosturiol a chyfunol ar bob lefel
		✓	
	Nod Strategol 4: Datblygu'r gweithlu i gefnogi'r broses o ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** I fod yn gyflogwr enghreifftiol ac yn lle gwych i weithio	**Nod Strategol 6:** I gael ei gydnabod fel partner, dylanwadwr ac arweinydd gwych
	✓		

Ansawdd, Diogelwch a Phrofiad Cleifion
Mae cysylltiad agos rhwng cynnal hyfforddiant o ansawdd uchel a diogelwch cleifion. Mae datblygu dulliau eraill o reoli ansawdd yn hanfodol i gynnal amgylchedd sy'n sicrhau gofal o ansawdd da i gleifion, drwy alluogi bod hyfforddiant priodol a chefnogaeth i hyfforddeion ar gael ac yn cael eu darparu.
Goblygiadau Ariannol
Nid oes unrhyw goblygiadau ariannol yn gysylltiedig â'r adroddiad hwn.
Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)
Goblygiadau Staffio
Nid oes unrhyw goblygiadau i staff AaGIC wedi'u nodi
Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)

Hanes yr Adroddiad	Dim
Atodiadau	Dim

Dyddiad y Cyfarfod	**2 Gorffennaf 2020**	**Eitem ar yr Agenda**	**4.1**
Teitl yr Adroddiad	**Hunanasesiad y Pwyllgor Addysg, Comisiynu ac Ansawdd**		
Awdur yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Darparu Rhestr Wirio ddrafft i'r Pwyllgor ar Effeithiolrwydd y Pwyllgor Addysg, Comisiynu ac Ansawdd.		
Materion allweddol	Yn unol ag arferion da, dylai'r Pwyllgor Addysg, Comisiynu ac Ansawdd asesu ei effeithiolrwydd yn flynyddol. Mae rhestr wirio ddrafft ar gyfer y Pwyllgor Addysg, Comisiynu ac Ansawdd ynghlwm yn Atodiad 1 i'w hystyried gan y Pwyllgor.		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
		✓		
Argymhellion	Gofynnir i'r aelodau drafod y Rhestr Wirio ddrafft ar Effeithiolrwydd y Pwyllgor a rhoi sylwadau.		

HUNANASESIAD Y PWYLLGOR ADDYSG, COMISIYNU AC ANSAWDD

1. CYFLWYNIAD

Yn unol ag arferion da, dylai'r Pwyllgor Addysg, Comisiynu ac Ansawdd (y Pwyllgor) asesu ei effeithiolrwydd yn flynyddol. Cynigir y Rhestr Wirio ddrafft ar Effeithiolrwydd y Pwyllgor Addysg, Comisiynu ac Ansawdd (y Rhestr Wirio) fel arf i helpu i asesu ei effeithiolrwydd.

2. CEFNDIR

Dylai'r Pwyllgor chwarae rhan hollbwysig yn y gwaith o gefnogi trefniadau effeithiol i gynllunio, comisiynu, darparu a rheoli ansawdd systemau addysg a rhoi sicrwydd ar ran y sefydliad. Dylai chwarae rhan ganolog yn y gwaith o gynghori ynghylch sut, ac ymhle, y gellid cryfhau a datblygu ymhellach systemau addysg a fframwaith sicrwydd AaGIC.

Cynigir bod y Pwyllgor yn defnyddio'r Rhestr Wirio yn flynyddol i fesur ei effeithiolrwydd. Cynhelir yr asesiad mewn pryd ar gyfer cyfarfod y Pwyllgor ym mis Hydref.

3. MATERION LLYWODRAETHU A RISG

Bydd y Rhestr Wirio yn helpu'r Pwyllgor i asesu ei effeithiolrwydd o ran cyflawni ei gyfrifoldebau fel y'u nodir yn ei Gylch Gorchwyl a'i Drefniadau Gweithredu fel y'u nodir yn Rheolau Sefydlog AaGIC ac i roi'r sicrwydd gofynnol i'r Bwrdd.

4. GOBLYGIADAU ARIANNOL

Nid oes unrhyw oblygiadau ariannol.

5. ARGYMHELLIAD

Gofynnir i'r aelodau drafod y Rhestr Wirio ddrafft ar Effeithiolrwydd y Pwyllgor Addysg, Comisiynu ac Ansawdd (Atodiad 1) a rhoi sylwadau.

Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig ***(rhowch ✓)***	**Nod Strategol 1:** Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni *'Cymru Iachach'*	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
		✓	
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	**Nod Strategol 6:** Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
	✓		

Ansawdd, Diogelwch a Phrofiad Cleifion
Amh.
Goblygiadau Ariannol
Nid oes unrhyw oblygiadau ariannol.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Nid oes unrhyw goblygiadau cyfreithiol.
Goblygiadau Staffio
Nid oes unrhyw oblygiadau staffio.
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Amh.

Hanes yr Adroddiad	
Atodiadau	• Rhestr Wirio Ddrafft ar Effeithiolrwydd y Pwyllgor Addysg, Comisiynu ac Ansawdd ynghlwm yn Atodiad 1.

EDUCATION, COMMISSIONING AND QUALITY COMMITTEE (ECQC)
COMMITTEE EFFECTIVENESS REVIEW

To be completed by the Membership (Member and In Attendance) as specified in the Committee's Terms of Reference.

My role is (please delete as appropriate):

- Member of ECQC
- In Attendance Member of ECQC

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
The Role/ Purpose of the Committee					
1	The role of the Committee is understood and clearly defined in its Terms of Reference.				
2	Committee Members understand their individual role and what is expected of them.				
3	The Committee has clear mechanisms in place to keep it aware of topical, legal and regulatory issues, particularly in relation to external NHS and Welsh Government planning and commissioning requirements.				
4	The Committee is aware of the areas in which it can take decisions under the Scheme of Delegation.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
5	The frequency and scheduling of Committee meetings are sufficient to carry out its functions and responsibilities.				
6	The Committee has established and follows an agreed plan for the year.				
7	Overall, the Committee is effectively fulfilling its Terms of Reference.				
Scope of Work					
8	The Committee receives sufficient and timely information to review, understand and assess the issues for discussion, on which to base its decisions.				
9	The quality of presentations made to the Committee is appropriate.				
10	The Committee understands the issues which are on the horizon for HEIW which may impact on its areas of work.				
11	The work of the Committee culminates in appropriate recommendations to the Board.				
12	The Board takes due regard of the recommendations from the Committee.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
13	The Committee has effective escalation arrangements in place to alert relevant individuals and committees of any urgent/critical matters that may compromise training and education and affect the operation and/or reputation of HEIW.				
Assurance					
14	The Committee works effectively with its designated Sub-Groups.				
15	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to developing HEIW commissioning plans to meet the identified population training and education needs.				
16	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to developing HEIW's annual plan and integrated medium-term delivery plan.				
17	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to determining a suite of performance and assurance measures to assess delivery against integrated plans and objectives.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
18	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to reviewing, monitoring and improving HEIW performance against specific performance measures as determined by the Board.				
19	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to ensuring alignment of the HEIW's plans with partnership plans developed with, Health Education Institutions.				
20	The Committee is effective in providing assurance to the Board regarding the strength of HEIW's performance management and accountability arrangements.				
21	The Committee is effective in providing assurance to the Board regarding achievement against the HEIW's plans and objectives determined by the Board.				
22	The Committee is assured of the procedures and indicators in place to identify concerns in relation to individuals, services and the organisation.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
23	The Committee is aware of the work of regulatory authorities and external bodies, including the outcomes of their work.				
24	The Committee is effective in establishing evidence and providing timely advice to the Board in relation to the quality and experience of education and training.				
25	The Committee is effective in providing assurance to the Board with regard to improving the experience of students/trainees and all those that come into contact with services.				
26	When areas of good practice emerge from the Committee's deliberations, there are effective arrangements in place for them to be shared with other committees/executives as appropriate.				
Meetings					
27	Committee meetings are scheduled with sufficient time to cover all agenda items, including discussion and answering questions.				
28	Committee meetings are managed and controlled effectively, and conducted in a business-like manner.				
29	The Committee meeting dynamic encourages full participation and open communications.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
30	Meeting time is used well with issues getting the time and attention proportionate to their importance.				
31	The length of the Committee's meetings is appropriate in relation to the agenda.				
Membership					
32	Committee Members receive induction, advice and ongoing development opportunities to support them in their role.				
33	Committee Members have the collective skills, knowledge and expertise to fulfil its Terms of Reference and to advise and assure the Board.				
34	Committee Members have a good understanding of the HEIW's planning and commissioning activities e.g. training needs assessment, prioritisation, design, delivery and performance management.				
35	The Committee is the right size and sufficiently diverse.				
36	Committee Members come to meetings prepared and ready to contribute.				
37	There is consistent attendance and timely arrival by Members at Committee meetings.				

Question		Yes	No	N/A	Comments/Suggestions for Future Arrangements
38	Attendance at Committee meetings is evaluated as a criterion for continued membership on the Committee.				
Support for the Committee					
39	An appropriate agenda is set before Committee meetings and is followed.				
40	The Committee receives clear and concise papers which focus on the key issues and priorities				
41	The agenda and papers are received in a timely manner in advance of the meetings to allow time for appropriate review and preparation.				
42	The Committee receives appropriate advice from or via the Executive Team and staff.				
43	The Committee enjoys a good working relationship with management and significant issues are reviewed with the Chief Executive Officer or the relevant Lead Executive Director(s).				
44	The minutes of the meetings are accurate and reflect the discussion, next steps and/or action articulated by Members.				

General Comments
The Committee's key successes in the past year were:
The Committee's major shortcomings in the past year were:
What could be improved at the Committee's meetings, and how:
What training would help you perform your Committee role more effectively:
What areas should the Committee focus on in future:

Dyddiad y Cyfarfod	**2 Gorffennaf 2020**	**Eitem ar yr Agenda**	**4.2**
Teitl yr Adroddiad	**Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd 2019/2020**		
Awdur yr Adroddiad	Kay Barrow, Rheolwr Llywodraethu Corfforaethol		
Noddwr yr Adroddiad	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Cyflwynwyd gan	Dafydd Bebb, Ysgrifennydd y Bwrdd		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Prif bwrpas Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd yw rhoi sicrwydd i'r Bwrdd fod y system sicrwydd yn addas i'r diben ac yn gweithio'n effeithiol. Mae'r adroddiad yn crynhoi prif feysydd y gweithgarwch busnes mae'r Pwyllgor wedi ymgymryd â nhw yn ystod 2019/2020.		
Materion allweddol	Mae'r adroddiad hwn yn crynhoi prif feysydd y gweithgarwch busnes mae'r Pwyllgor wedi ymgymryd â nhw yn ystod 2019/2020 ac yn nodi rhai o'r prif faterion mae'r Pwyllgor yn bwriadu rhoi ystyriaeth bellach iddynt dros y 12 mis nesaf.		
Cam Penodol i'w Gymryd ***(un ✓yn unig)***	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
				✓
Argymhellion	Gofynnir i Aelodau'r Pwyllgor: - **Cymeradwyo** Adroddiad Blynyddol 2019/2020 i'w gyflwyno i'r Bwrdd fel sicrwydd.			

Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd 2019/2020

1. CYFLWYNIAD

Prif bwrpas Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd (y 'Pwyllgor') yw rhoi sicrwydd i'r Bwrdd fod y system sicrwydd a ddarperir gan y Pwyllgor yn addas i'r diben ac yn gweithio'n effeithiol. Mae'r adroddiad hefyd yn cadarnhau bod y Pwyllgor wedi cyflawni ei Gylch Gorchwyl yn effeithiol.

2. CEFNDIR

Mae'r adroddiad blynyddol hwn wedi'i ddatblygu yn dilyn adolygiad o'r cofnodion wedi'u cymeradwyo a phapurau'r pwyllgor, gan roi ystyriaeth briodol i gylch gwaith y Pwyllgor fel y'i nodir yn ei Gylch Gorchwyl.

3. ASESU

Mae'r adroddiad hwn yn crynhoi prif feysydd y gweithgarwch busnes mae'r Pwyllgor wedi ymgymryd â nhw yn ystod 2019/2020 ac yn nodi rhai o'r prif faterion mae'r Pwyllgor yn bwriadu rhoi ystyriaeth bellach iddynt dros y 12 mis nesaf.

4. MATERION LLYWODRAETHU A RISG

Caiff unrhyw risgiau a materion o ran llywodraethu eu rheoli drwy gyfarfodydd y pwyllgor a bydd adroddiadau ar eithriadau'n cael eu darparu i'r Bwrdd gan y cadeiryddion perthnasol.

5. GOBLYGIADAU ARIANNOL

Nid oes goblygiadau ariannol i'r Bwrdd eu hystyried/cymeradwyo.

6. ARGYMHELLIAD

Gofynnir i Aelodau'r Pwyllgor:

- **Cymeradwyo** Adroddiad Blynyddol 2019/2020 i'w gyflwyno i'r Bwrdd fel sicrwydd.

Llywodraethu a Sicrwydd			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig ***(rhowch ✓)***	**Nod Strategol 1:** Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni *'Cymru Iachach'*	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
		✓	
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	**Nod Strategol 6:** Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol

Ansawdd, Diogelwch a Phrofiad Cleifion
Mae sicrhau bod y Bwrdd yn cyflawni ei fusnes yn briodol drwy ei Bwyllgorau ac yn unol â'i reolau sefydlog yn ffactor allweddol o ran ansawdd, diogelwch a phrofiad cleifion sy'n derbyn gofal.
Goblygiadau Ariannol
Nid oes goblygiadau ariannol i'r Bwrdd fod yn ymwybodol ohonynt.
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
Mae'n hanfodol i'r Bwrdd gydymffurfio â'i reolau sefydlog, sy'n cynnwys derbyn diweddariadau gan ei bwyllgorau.
Goblygiadau Staffio
Nid oes goblygiadau staffio i'r Bwrdd fod yn ymwybodol ohonynt.
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Mae'r adroddiad yn amlinellu'r gwaith a wnaed gan y Pwyllgor i gynghori a rhoi sicrwydd i'r Bwrdd ynghylch addysg, comisiynu addysg a rheoli ansawdd darpariaeth a chontractau addysg. Mae strwythur llywodraethu'r Pwyllgor yn anelu at ganfod materion yn gynnar er mwyn eu hatal rhag gwaethygu; gweithio'n agos gyda'r Pwyllgor Archwilio a Sicrwydd ac integreiddio i drefniadau cyffredinol y Bwrdd.

Hanes yr Adroddiad	Ystyriwyd gan y Tîm Gweithredol
Atodiadau	Atodiad 1 - Adroddiad Blynyddol y Pwyllgor Addysg, Comisiynu ac Ansawdd 2019/2020

Education, Commissioning and Quality Committee
Annual Report 2019/2020

Committee Chair's Reflection

The Committee, having completed its first full year, is now firmly established. 'Future Ways of Working' helpfully clarified its role and relationships within HEIW's governance structure; the appointment of a deputy member was welcome; and on-going interaction with the Audit & Assurance Committee has been important. The Committee reports regularly to HEIW's board.

As HEIW's education commissioning involves close working with stakeholders, establishing new internal and external advisory sub groups has been an early priority: hopefully these can convene when COVID 19 measures allow and will provide welcome sources of advice. Aware of future service and leadership needs, we have been keen to ensure participation of students and trainees, especially during this key period of the healthcare commissioning cycle, and will continue to promote this.

During the year, we have been particularly mindful of our role underpinning quality assurance of health education provision. The Committee has learnt about existing processes, considered improvements in hand, and overseen monitoring and outcomes on behalf of HEIW's board. Looking ahead, quality assurance will be crucial to the new health education contracts: our contribution, in aiming to optimise quality and secure best value, will need to reflect this.

As a Committee, we have been alert to need for greater equity of access to healthcare education opportunities, for example in rural parts of Wales, in disadvantaged communities and through access to Welsh-medium training courses. There is scope to broaden this aspect in support of HEIW's response to the Wellbeing of Future Generations Act, and to contribute to wider health benefits especially in the wake of the COVID 19 pandemic.

In the Committee's interactions, a collaborative feel has been a positive feature and we have welcomed a number of observer-participants to our meetings; I hope this will continue. Thank you to all who have been involved, particularly to Stephen Griffiths, recently retired Director of Nursing, to whom much credit for our productive first year is due.

1 Introduction and Background

The purpose of the Education, Commissioning and Quality Committee is to **advise** and **assure** the Board and the Chief Executive (who is the Accountable Officer) on whether effective arrangements are in place to plan, commission, deliver and quality manage education systems and provide assurance on behalf of the organisation.

Membership of the Education, Commissioning and Quality Committee:

The membership of the Committee during 2019/20 was as follows:

Chair:	Dr Ruth Hall, Independent Member
Members:	Tina Donnelly, Independent Member
Deputy Member:	Gill Lewis, Independent Member (effective from September 2019)

Other officers of HEIW attend to support key matters.

The Committee met on 4 occasions between April 2019 and March 2020.

2. Planning and Review

In line with good practice, the Education, Commissioning and Quality Committee reviewed the Terms of Reference of the Committee at its inaugural meeting in May 2019. The Committee identified that there was a need to improve the Committee's resilience in respect of ensuring a quorum at meetings. A review of HEIW's standing orders was undertaken entitled 'Future Ways of Working' which focussed on the roles of the Board and its committees to ensure that decision-making was taken at the appropriate level and to avoid any gaps in the governance structure. The paper on Future Ways of Working was approved at the Board in September 2019 and the Standing Orders were updated to reflect the findings of the paper in November 2019.

The Committee considered and approved the Terms of Reference for two sub groups that will report into the Committee:

- The Internal Multi-Professional Education Group (IMPEG) will ensure the co-ordination and oversight of all education activity across HEIW. This will have representation from all directorates.

- The External Education Group (EEG) will advise on education and training priorities. This group will be tasked with identifying future education training requirements and considering future proposals and new education opportunities.

The inaugural meeting for both sub groups has been delayed as a result of the COVID 19 Pandemic. It is anticipated these meetings will now take place in Q2 of this financial year.

3. Key Achievements

In July 2019, the Committee reviewed in detail the draft **NHS Wales Education, Commissioning and Training Plan 2020/21** and provided comments for the next iteration of the Plan. The draft Plan was also considered at the All Wales Chief Executive's meeting and National Executive Board on 16 July 2019. The final Plan was approved by the HEIW Board on 18 July 2019 and submitted to Welsh Government for approval.

In January 2020, the Committee was updated in relation to the Welsh Government approval of the NHS Wales Education Commissioning and Training Plan for 2020/21, and additional funding of £16.4m to support the increase in training places.

3. Key Areas of Focus for 2019-2020

In January 2020, the Committee received the **KPMG Strategic Review of Health Professional Education**. The scope of the review considered the current education provision, access to education, inter-professional learning and Welsh language provision. A core element of the review was to engage with 130 stakeholders, across education, health and care, government and professional bodies between May and August 2019. The outcome of the review highlighted 22 recommendations for consideration. Many of the areas identified by KPMG in their recommendations already formed an integral part of the commissioning and performance management currently in place within HEIW.

The Committee welcomed the report and acknowledged that the key themes identified within the review added value to the development of the new education contract covering Health Professional Education in Wales. However, the Committee expressed concern about the strategic cost of implementing the recommendations and how this would be managed. A Communications Strategy to support the review findings is to be developed and it is anticipated that going forward the internal and external sub groups will assist with influencing and raising the profile of HEIW as part of the process.

HEIW also recognises the value of the student/trainee voice and how their stories bring experiences to life. As part of the work already being undertaken to develop the Health Professional Education contract specification, there have been a number of Programme Engagement events including student engagement. This will ensure that the student/trainee voice is considered as part of the process.

4. Scrutiny and Monitoring

Review of the Medical Deanery Visits: The Committee supported the changes to the review process, welcoming the more inclusive approach to the structure of the meeting and the emphasis on multi-professional working.

Regular performance reports arising from visits to local education providers across Wales are considered the Committee. The report updates the Committee of current and pending areas of concern through regular monitoring; triangulation of complaints; trainee and trainee feedback; and National Surveys. At its meeting in January 2020, the Committee recommended that the Audit and Assurance Committee be updated in relation to those Health Board areas in enhanced monitoring arrangements as highlighted in the **Quality Assurance Review of Post Graduate Medical Education (PGME)** reports.

The Committee supported the new arrangements and agenda for the **Annual Commissioning Visits to Local Education Providers (LEPs)** which were previously undertaken by the Medical Deanery. The Committee is to receive a summary report following the visits at its meeting in October 2020.

The Committee received the **GMC National Trainee Survey** recognising the challenges and actions being taken to address them. The GMC would be providing a response to the survey following discussion of the emerging key themes with the Deanery, which the Committee will be receiving at their meeting in April 2020.

The Committee received the **Performance Report of Education Contracts Annual Report 2018-2019** that provided key performance indicators as part of the Health Professional Contract Management System. The All Wales report captured the position across Wales and also identified where there was variation in performance between universities. Where performance was below the expected level, actions have been identified within each university's performance report.

The Committee recommended exploring the potential to hold a celebratory event with education and training providers either on an annual or 6-monthly basis. Once developed, the proposals will be considered by the Committee.

The Committee received progress report in relation to three **Business Cases** that had been approved by the Executive Team for the following initiatives**:**

- Developing Cluster Based Optometry Services – **Commissioning of Postgraduate Modules in Medical Retina, Glaucoma and Independent Prescribing**;
- **Proposal to Increase the number of GP Training Places Utilising a New Model of GP Training in Wales**;
- Implementation at Pace of a **New Model of Pre-Registration Pharmacist Training in Wales**

Following the Committee's support of the business case for the **Development of a Tariff Arrangement for Secondary Care Training Programme Directors across Wales to support Professionalisation of the Role**, the Committee recommended that the business case be scrutinised by the Audit and Assurance Committee. The Audit and Assurance Committee considered the business case at its meeting held on 27 January 2020.

5. Key Risks/Issues

The Committee requested to be sighted on the future workforce plans emerging throughout NHS Wales. It confirmed it would be considering a specific agenda item on the Emerging Approaches from Workforce Planning and impact on training programmes scheduled in the Committee Forward Work Programme for July 2020.

NHS Wales Bursary for 2020/21 – Future Funding of Health Professional Education: The Committee was updated in relation to the Welsh Government announcement regarding the continuation of the Welsh NHS Bursary Scheme until 2022/23. This would provide assurance for providers around the development of the Health Professional Education Contracts. . A mapping exercise of the bursary schemes across the UK is being undertaken for presentation to the Executive Team.

In November 2019, the Board received the Business Case that had been submitted simultaneously to all Health Boards across Wales regarding the creation of the **Major Trauma Centre (MTC) in Cardiff and the Major Trauma Network (MTN) across South Wales, West Wales and South Powys**. The development of the Major Trauma Network has implications for the size, shape and skills of the workforce across all aspects of the service – from the Major Trauma Centre itself to the rehabilitation services within the region.

The Board raised a number of queries in relation to the training needs analysis and whether there would be a skills gap across a range of professional groups. There was a lack of clarity on future workforce requirements of the MTC and MTN. This will remain an ongoing risk to HEIW during the phased implementation of the plan. It was also recognised that there would be a need to invest in additional training for medical and health professional staff that will need to be included in the education commissioning process.

The Board requested that the Education, Commissioning and Quality Committee review the training needs analysis with the MTN Programme Clinical and Training Leads. This matter has been added to the Committee's Forward Work Programme.

The Committee received the **Health Professional Student Allocations for 2020/21**. It recognised the key risks in relation to the particularly in relation to the achievement of the commissioning targets around diagnostic radiology, adult nursing and LD nursing, and also the consequential reputational risks. This matter was highlighted to the Board at its meeting in January 2020.

6. Key Areas of Focus for the Coming Year

During 2020-2021, the Committee will focus on the following areas:

- Emerging Approaches from Workforce Planning and impact on training programmes;
- Impact/opportunities of digitalisation on health education;
- South Wales Major Trauma Network – Review of Training Needs Analysis
- Value based commissioning;
- Value of education and training programmes and contracts, including the identification and management of related risk;
- Widening Access to Education – Apprenticeships and alternative education routes
- Lessons learnt from COVID-19.

Sponsored by: **Dr Ruth Hall**
Chair of Education, Commissioning and Quality Committee

Date: May 2020

Addysg a Gwella Iechyd Cymru (AaGIC)
Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**2 Gorffennaf 2020**	**Eitem Agenda**	**5.1**
Teitl yr Adroddiad	**Diweddariad ar Fframweithiau Dysgu Seiliedig ar Waith a Phrentisiaethau yng Nghymru**		
Awdur yr Adroddiad	Liz Hargest		
Noddwr yr Adroddiad	Angela Parry		
Cyflwynwyd gan	Martin Riley		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Diweddaru'r Bwrdd ar y datblygiadau diweddaraf o ran Fframweithiau Dysgu Seiliedig ar Waith a Phrentisiaethau yng Nghymru		
Materion Allweddol	Safbwynt strategol Llywodraeth Cymru Fframweithiau newydd GIG Cymru Adolygiadau cyfredol a datblygu Fframweithiau newydd Prentisiaethau Gradd AaGIC yn cydweithio â Thîm Prentisiaethau Llywodraeth Cymru Sicrwydd Ansawdd o ran Dysgu Seiliedig ar Waith		

Camau Gweithredu Penodol yn ofynnol ***(rhowch un ✓ yn unig)***	**Gwybodaeth**	**Trafodaeth**	**Sicrwydd**	**Cymeradwyaeth**
	√			

Argymhellion	Gofynnir i'r Bwrdd nodi gwaith y tîm Nyrsio wrth ddatblygu cymwysterau Dysgu Seiliedig ar Waith a Fframweithiau Prentisiaethau a'r adnoddau ychwanegol posibl sydd eu hangen i hwyluso'r broses o'u gweithredu.

DIWEDDARIAD AR DDYSGU SEILIEDIG AR WAITH

1. CYFLWYNIAD

Mae Llywodraeth Cymru ar y trywydd iawn i gyrraedd eu targed o ddechrau 100,000 o Brentisiaethau newydd yn ystod tymor eu llywodraeth. Ar gyfer GIG Cymru a chyflogwyr mawr eraill cafwyd ymdrech i gynyddu nifer y Prentisiaid yn sgil cyflwyno'r Ardoll Brentisiaethau. Bwriad y papur hwn yw rhoi'r diweddariad diweddaraf i'r Bwrdd ar y datblygiadau sy'n digwydd o fewn Tîm Prentisiaethau Llywodraeth Cymru ac hefyd i ddangos sut mae AaGIC yn gweithio gyda nhw i gynyddu faint sy'n cael eu derbyn am Brentisiaethau ar draws GIG Cymru.

2. CEFNDIR

Yn ystod 2018 a 2019, cynhaliodd Llywodraeth Cymru ddau ymgynghoriad yn ymwneud â Fframweithiau Prentisiaethau:

a. Ymgynghoriad ar Lywodraeth Cymru yn dod yn Awdurdod Cyhoeddi ar gyfer Fframweithiau Prentisiaethau yng Nghymru. Ar 1af Mai 2020, trosglwyddwyd rôl awdurdod cyhoeddi ar gyfer Fframweithiau Prentisiaethau yn ffurfiol i Lywodraeth Cymru. Mae hynny'n golygu y gall Gweinidogion Cymru weithredu fel awdurdod cyhoeddi ar gyfer y sector prentisiaethau yng Nghymru.

b. Ymgynghoriad ar strwythur Fframweithiau Prentisiaethau yng Nghymru. Cynigiodd yr ymgynghoriad hwn, yn lle bod gan bob rôl swydd ei Fframwaith ei hun, y byddai gan bob sector Fframwaith a fyddai'n gosod yr holl gymwysterau priodol wedi'u gwahanu i lwybrau. Ar gyfer GIG Cymru, byddai hynny'n golygu y byddai gan y Fframwaith Iechyd lwybrau ar gyfer cymorth nyrsio, cymorth therapi, gwyddorau gofal iechyd, gwybodeg iechyd etc. Mae AaGIC yn aros am adborth yr ymgynghoriad hwn.

Ymatebodd AaGIC i'r ddau ymgynghoriad ac anogodd Fyrddau ac Ymddiriedolaethau Iechyd a'n rhanddeiliaid ehangach i ymateb hefyd. Mae AaGIC hefyd wedi cwrdd â Thîm Prentisiaethau newydd Llywodraeth Cymru i drafod sut gall AaGIC gydweithio â nhw i sicrhau bod ein Fframweithiau iechyd yn addas at y diben. Cytunwyd pe bai'r strwythur newydd yn cael ei roi ar waith y byddai AaGIC yn cael ei gynnwys i sicrhau bod y llwybrau a'r cymwysterau cywir wedi'u cynnwys yn y Fframwaith Iechyd.

3. CYNNIG

Amcan Strategol Cynllun Integredig Tymor Canolig 2.6: Gwneud y mwyaf o gyfleoedd ar gyfer dysgu seiliedig ar waith a phrentisiaethau mewn iechyd (Atodiad A)

Camau Cyflenwi Fframweithiau Prentisiaethau 2020/21

Gweithio gyda Llywodraeth Cymru i ddatblygu cyfres o fframweithiau prentisiaethau iechyd sy'n diwallu anghenion gweithlu GIG Cymru.

Yn ystod 2018/19 penododd Llywodraeth Cymru Sgiliau Iechyd i ddatblygu tri Fframwaith Prentisiaethau newydd ar gyfer y Sector Iechyd:

- Gwyddorau Gofal Iechyd Lefel 4
- Ymarferydd Therapi Cynorthwyol Lefel 4
- Cydymaith Ambiwlans Lefel 4

Mae cynlluniau ar y gweill i ddatblygu trefniadau partneriaeth gyda Darparwyr Addysg a Hyfforddiant i gyflawni'r Fframweithiau hyn. Bydd AaGIC yn cefnogi sefydliadau i ddatblygu'r modelau cyflenwi hyn drwy ddatblygu Fframwaith Llywodraethu a Phecyn Cymorth ar gyfer Dysgu Seiliedig ar Waith. Yn ogystal, lle mae niferoedd y dysgwyr yn fach e.e. gwyddorau gofal iechyd, bydd AaGIC yn edrych am ateb i Gymru. Bydd hyn yn cryfhau'r prosesau asesu a sicrhau ansawdd.

Ar hyn o bryd, mae Sgiliau Iechyd yn adolygu'r Fframweithiau canlynol:

- Cymorth Gofal Iechyd Clinigol – mae Grŵp Gweithredol Gweithwyr Cymorth Gofal Iechyd yn gweithredu fel y Grŵp Llywio ar gyfer hyn, gyda chynrychiolaeth pellach wrth Darparwyr Addysg a Hyfforddiant, y Sector Annibynnol, Cymwysterau Cymru a Llywodraeth Cymru. Dylai'r Fframwaith diwygiedig hwn fod yn barod i'w gyflwyno erbyn Ebrill 2020.
- Technegydd Fferyllol – Mae AaGIC yn gweithio gyda rhanddeiliaid Fferyllol a Sgiliau Iechyd i adolygu'r Fframwaith hwn, ac mae disgwyl iddo fod ar gael o Ebrill 2020.
- Nyrs Ddeintyddol – bwriedir cynnwys cymhwyster Nyrs Ddeintyddol Lefel 4 yn y Fframwaith hwn a ddatblygwyd gan Brifysgol Bangor.

Mae AaGIC yn gweithio gyda Llywodraeth Cymru i nodi'r set nesaf o Fframweithiau i'w hadolygu. Bydd AaGIC yn argymell bod y canlynol yn cael eu hadolygu yn ystod 2020/21:

- Cymorth Cyfleusterau – mae cymhwyster Lefel 2 wedi'i adolygu a'i ddiweddaru ac mae angen iddo ddisodli'r cymhwyster Lefel 2 cyfredol yn y Fframwaith hwn. Mae AaGIC wrthi'n gweithio gyda'r gwasanaeth i ddatblygu cymhwyster Lefel 3 a fydd hefyd yn cael ei gynnwys.
- Mamolaeth a Phediatreg – mae cymhwyster Lefel 3 wedi'i adolygu a'i ddiweddaru ac mae angen iddo ddisodli'r cymhwyster Lefel 3 cyfredol yn y Fframwaith hwn.
- Amdriniaethol – mae cymhwyster Lefel 3 wedi'i adolygu a'i ddiweddaru ac mae angen iddo ddisodli'r cymhwyster Lefel 3 cyfredol yn y Fframwaith hwn.

Prentisiaethau Gradd

Mae Llywodraeth Cymru wedi bod yn treialu Prentisiaethau gradd mewn TG ac Uwch Weithgynhyrchu, sydd wedi cael cryn groeso. Bydd Llywodraeth Cymru yn penodi sefydliad i ymgymryd ag adolygiad o'r peilot hwn cyn gwneud unrhyw benderfyniadau am Brentisiaethau gradd yn y dyfodol. Mae GIG Cymru wedi llwyddo i gael sawl lle ar y rhaglenni TG.

Camau Cyflenwi Dysgu Seiliedig ar Waith 2020/21

- **Pennu cwmpas modelau cyfredol sefydliadau o ran darparu dysgu seiliedig ar waith, gan gynnwys Prentisiaethau a nodi'r gwerth ychwanegol y gall AaGIC ei roi i'r maes hwn.**

Mae datblygu cymhwysedd fel rhan o ddysgu gydol oes yn hanfodol i gefnogi'r broses o foderneiddio'r holl weithlu gofal iechyd ac ailgynllunio'r rôl. Mae defnyddio dysgu seiliedig ar waith yn elfen allweddol o addysg, hyfforddiant a datblygiad gweithlu GIG Cymru. Drwy weithio gyda Gweithiwr Cymorth Gofal Iechyd (HCSW) ac Arweinwyr Prentisiaethau, mae AaGIC yn nodi modelau arfer da o ddarparu dysgu seiliedig ar waith ac yn defnyddio hynny i lywio datblygiad Fframwaith Llywodraethu a Phecyn Cymorth ar gyfer Dysgu Seiliedig ar Waith. Mae Grŵp Gorchwyl a Gorffen wedi'i sefydlu i ddatblygu fframwaith llywodraethu a phecyn cymorth ar gyfer dysgu seiliedig ar waith. Mae'r aelodau'n cynnwys AaGIC ac arweinwyr Prentisiaethau, aelodau Grŵp Rheolwyr Dysgu a Datblygu ac arbenigwyr pynciau eraill. Bydd yn cael ei gadeirio gan AaGIC. Bydd y fframwaith a'r pecyn cymorth yn creu safon ar gyfer cyrchu, cyflwyno a gwerthuso dysgu seiliedig ar waith ac asesu parhaus ar draws GIG Cymru. Bydd y llif gwaith hwn yn adeiladu ar enghreifftiau cyfoes o arfer da ac yn mynd i'r afael ag unrhyw fylchau a nodwyd yn y broses - o nodi'r dysgu seiliedig ar waith i werthuso'i effeithiolrwydd. Bydd cynnwys dangosol y ddogfen yn ymdrin â:

- Sicrwydd Ansawdd
- Gofynion Hyfforddi Aseswyr a Sicrwydd Ansawdd Mewnol
- Rôl yr awdurdod sy'n cyhoeddi'r brentisiaeth
- Rôl Cyrff Dyfarnu
- Cyfrifoldebau Sefydliadau GIG Unigol
- Cyfrifoldebau AaGIC
- Rôl a Chyfrifoldebau'r Rheolwr mewn Dysgu Seiliedig ar Waith
- Cyfrifoldebau Dysgwyr Unigol
- Fframweithiau Prentisiaethau sydd ar gael
- Ffrydiau Cyllido a Modelau Cyflenwi Partneriaethau
- Offer Gwerthuso Rhaglenni ac Effaith
- Darparwyr Dysgu Nod Barcut
- Ystyriaethau Anghenion Dysgu Ychwanegol

4. MATERION LLYWODRAETHU A RISG

Oherwydd Covid-19 bu oedi wrth hysbysu AaGIC o ba Brentisiaethau iechyd fydd yn cael eu hadolygu yn ystod 2020/21. Mae yna ddiffyg eglurder o hyd ynghylch a fydd AaGIC yn gallu gweithio'n uniongyrchol â Llywodraeth Cymru i ymgymryd â'r adolygiadau hyn neu a oes rhaid i ni barhau i weithio drwy drydydd parti sef Sgiliau Iechyd. Bydd hefyd yn cymryd yn hirach i ni gyflawni nod AaGIC o gael ei ddynodi fel y Cyngor Sgiliau Sector ar gyfer Iechyd yng Nghymru.

5. GOBLYGIADAU ARIANNOL

Mae AaGIC eisoes yn cefnogi sefydliadau i adeiladu seilwaith eu timau addysg er mwyn cyflenwi dysgu seiliedig ar waith. Defnyddiwyd dyraniad cyllid gweithwyr cymorth o'r gyllideb gomisiynu a hefyd arian rhaglen i gynnal hyfforddiant i aseswyr.

Yn y dyfodol, efallai y bydd angen i AaGIC ddarparu adnoddau i gefnogi'r broses o gyflwyno cymwysterau seiliedig ar waith a Phrentisiaethau o ran safoni, yn enwedig lle ceir niferoedd llai o ddysgwyr. Bydd y cwmpas yn cael ei bennu a bydd y Bwrdd yn cael ei ddiweddaru yn un o gyfarfodydd y dyfodol.

6. ARGYMHELLIAD

Gofynnir i'r Bwrdd nodi gwaith y tîm Nyrsio wrth ddatblygu cymwysterau dysgu seiliedig ar waith a Fframweithiau Prentisiaethau a'r adnoddau ychwanegol posibl sydd eu hangen i hwyluso'r broses o'u gweithredu.

<table>
<tr><th colspan="4">Llywodraethu a Sicrwydd</th></tr>
<tr><td rowspan="4">Dolen i nodau strategol CTCI (defnyddiwch ✓)</td><td>Nod Strategol 1:
Arwain y broses o gynllunio, datblygu a llesiant gweithlu cymwys, cynaliadwy a hyblyg i gefnogi'r gwaith o gyflawni 'Cymru Iachach'</td><td>Nod Strategol 2:
Gwella ansawdd a hygyrchedd addysg a hyfforddiant i holl staff gofal iechyd a sicrhau ei fod yn diwallu anghenion y dyfodol</td><td>Nod Strategol 3:
Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol o fewn GIG Cymru trwy adeiladu gallu arweinyddiaeth tosturiol a chyfunol ar bob lefel</td></tr>
<tr><td>✓</td><td>✓</td><td></td></tr>
<tr><td>Nod Strategol 4:
Datblygu'r gweithlu i gefnogi'r broses o ddarparu diogelwch ac ansawdd</td><td>Nod Strategol 5:
I fod yn gyflogwr enghreifftiol ac yn lle gwych i weithio</td><td>Nod Strategol 6:
I gael ei gydnabod fel partner, dylanwadwr ac arweinydd gwych</td></tr>
<tr><td></td><td></td><td>✓</td></tr>
<tr><td colspan="4">Ansawdd, Diogelwch a Phrofiad Cleifion</td></tr>
<tr><td colspan="4">Bydd darparu addysg mwy priodol drwy Brentisiaethau yn arwain at ofal a chefnogaeth well i unigolion</td></tr>
<tr><td colspan="4">Goblygiadau Ariannol</td></tr>
<tr><td colspan="4">Bydd angen pennu cwmpas yr adnoddau i gyflawni'r gwaith hwn</td></tr>
<tr><td colspan="4">Goblygiadau Cyfreithiol (gan gynnwys asesiad cydraddoldeb ac amrywiaeth)</td></tr>
<tr><td colspan="4">Dim</td></tr>
<tr><td colspan="4">Goblygiadau Staffio</td></tr>
<tr><td colspan="4">Bydd angen gwaith i nodi a oes gan AaGIC y sgiliau a'r capasiti angenrheidiol o fewn ei weithlu cyfredol neu a fydd angen staff ychwanegol</td></tr>
<tr><td colspan="4">Goblygiadau Hirdymor (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Hirdymor: gweithlu sydd wedi'i addysgu'n briodol i ddiwallu anghenion iechyd y boblogaeth ar hyn o bryd ac yn y dyfodol. Llwybrau gyrfa ar gyfer staff cyfredol a staff newydd
Atal: gweithlu sydd wedi'i addysgu'n dda sy'n cefnogi pobl i gadw'n iach ac yn iawn gartref
Integreiddio: gwaith aml-broffesiynol ar gyfer Cymru iachach, gyda mynediad at addysg a hyfforddiant i bob aelod o staff
Cydweithio: gweithio gyda Llywodraeth Cymru a phartneriaid addysg i gefnogi datblygiad sgiliau'r gweithlu</td></tr>
</table>

Nodi'n fras sut bydd y papur yn cael effaith ar 5 ffordd o weithio Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015.	
Hanes yr Adroddiad	Ddim yn gymwys
Atodiadau	Atodiad A yn amgaeedig

Amcan Strategol 2.6: Gwneud y mwyaf o gyfleoedd ar gyfer dysgu seiliedig ar waith a phrentisiaethau mewn iechyd

Arweinydd Gweithredol: Stephen Griffiths / SRO: Martin Riley

Pam?

Mae dysgu seiliedig ar waith yn cynnig cyfleoedd i'r rheini na allant gael mynediad at raglenni addysg traddodiadol drwy Brifysgolion neu Golegau Addysg Bellach, i gael mynediad at addysg yn lleol a thrwy ffyrdd sy'n eu cefnogi tra mewn cyflogaeth. Mae angen i'r sector iechyd dyfu ei weithlu ac mae angen defnyddio'r holl gyfleoedd i gefnogi datblygiad y gweithlu ar hyn o bryd ac yn y dyfodol - mae dysgu seiliedig ar waith a phrentisiaethau yn cynnig cyfle o'r fath. Mae hyn yn arbennig o bwysig mewn ardaloedd gwledig ac anghysbell yng Nghymru lle gall recriwtio a denu pobl fod yn her sylweddol.

Yn ogystal â chynyddu hygyrchedd y ddarpariaeth, mae AaGIC mewn lle canolog i gynnig ffordd deg, cyson a chenedlaethol o ddatblygu, cyflwyno ac asesu rhaglenni dysgu seiliedig ar waith drwy ddod yn brif gontractwr cyflwyno prentisiaethau a hefyd i ddod yn Gyngor Sgiliau Sector yng Nghymru.

Mae'r amcan hwn yn cyd-fynd â'r Strategaeth Gweithlu genedlaethol, Thema 5 (Addysg a Dysgu Gwych), Cam Gweithredu 22 (Ehangu mynediad i yrfaoedd iechyd a gofal cymdeithasol drwy ddatblygu model dysgu seiliedig ar waith).

Camau Cyflawni

2020-21	2021-22	2022-23
• Pennu cwmpas modelau cyfredol sefydliadau o ran darparu dysgu seiliedig ar waith, gan gynnwys Prentisiaethau a nodi'r gwerth ychwanegol y gall AaGIC ei roi i'r maes hwn.	AaGIC i sefydlu mecanwaith i gael y wybodaeth ddiweddaraf am ddatblygiadau Prentisiaethau yn Lloegr, ar lefel strategol a gweithredol. • Datblygu mecanweithiau tair rhan effeithiol ar gyfer AaGIC, sefydliadau'r GIG a Phrifysgolion.	• Datblygu a gweithredu dull newydd o gefnogi dysgu yn ymarferol i'r holl fyfyrwyr a hyfforddeion. • Bydd AaGIC yn darparu'r systemau a phrosesau sicrwydd ansawdd i addysg GIG Cymru.

• Gweithio gyda Llywodraeth Cymru i ddatblygu cyfres o fframweithiau prentisiaethau iechyd sy'n diwallu anghenion gweithlu GIG Cymru. • AaGIC i weithio gyda GIG Cymru i sicrhau bod cynrychiolaeth briodol ar is-grwpiau'r economi sylfaen o'r 3 Partneriaeth Sgiliau Rhanbarthol. • Fframwaith Sicrwydd Ansawdd Drafft ar gyfer Dysgu Seiliedig ar Waith i gynnwys rôl AaGIC wrth safoni dysgu seiliedig ar waith.	• Datblygu egwyddorion amlddisgyblaethol cyffredin craidd i gefnogi myfyrwyr mewn ymarfer. • Datblygu modelau hyfforddi ar gyfer dysgu gwasgaredig, e-ddysgu ac ehangu mynediad. • Datblygu cyfres newydd o offer rheoli perfformiad a monitro myfyrwyr i feincnodi, gwella gwybodaeth a datblygu arfer gorau. • AaGIC i ehangu nifer ac amrywiaeth cymwysterau y caniateir eu cyflwyno gan Agored a City and Guilds. • Pennu cwmpas gofynion seilwaith i gefnogi Dysgu Seiliedig ar Waith ar draws GIG Cymru e.e. modelau cyflenwi, adnoddau, cofrestr o aseswyr a Sicrwydd Ansawdd Mewnol.	• Bydd AaGIC yn sicrhau ansawdd yr holl gynnwys e-ddysgu. • Bydd AaGIC yn datblygu nod barcut ar gyfer y ddarpariaeth addysg a ddarperir ar draws GIG Cymru.

Sut beth fydd llwyddiant yn 2023?

Bydd AaGIC yn brif gontractwr i dderbyn y cyllid gan Lywodraeth Cymru i ddarparu prentisiaethau iechyd, ac yn Gyngor Sgiliau Sector yng Nghymru. Bydd AaGIC wedi datblygu Fframwaith Sicrwydd Ansawdd drafft ar gyfer Dysgu Seiliedig ar Waith i gynnwys rôl AaGIC wrth safoni dysgu seiliedig ar waith. Byddwn wedi gwella mynediad i yrfaoedd iechyd drwy 'dyfu eich ffordd eich hun' ac ehangu mynediad at weithgareddau.

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Dyddiad y Cyfarfod	**2 Gorffennaf 2020**	**Agenda Item**	**5.2**
Teitl yr Adroddiad	Y Brifysgol Agored yng Nghymru Rhaglen Radd Nyrsio Cyn Cofrestru Llwybr Hyblyg (BSc Anrh)		
Awdur yr Adroddiad	Dawn Baker Lari		
Noddwr yr Adroddiad	Angela Parry		
Cyflwynwyd gan	Martin Riley		
Rhyddid Gwybodaeth	Agored		
Pwrpas yr Adroddiad	Diben yr adroddiad yw darparu trosolwg o'r rhaglen gradd nyrsio ar gyfer y Brifysgol Agored yng Nghymru i'r Pwyllgor Addysg, comisiynu, gan dynnu sylw at feysydd allweddol yn adroddiad blynyddol atodedig yr OU. Gofynnir i'r Pwyllgor drafod y mater.		
Materion allweddol	Mae'r adroddiad yn nodi'r cymhelliant dros gomisiynu'r llwybr addysg hwn. Mae'r adroddiad amgaeedig yn dangos canlyniadau o ansawdd uchel ac adenillion ar fuddsoddiad.		
Cam Penodol i'w Gymryd (un ✓ yn unig)	**Gwybodaeth**	**Trafod**	**Sicrhau**	**Cymeradwyo**
		✓		
Argymhellion	Gofynnir i'r Pwyllgor: • Nodi a thrafod cynnwys yr adroddiad hwn			

Y Brifysgol Agored yng Nghymru
Rhaglen Radd Nyrsio Cyn Cofrestru Llwybr Hyblyg (BSc Anrh)

1. CYFLWYNIAD

Diben yr adroddiad yw rhoi trosolwg i'r Pwyllgor Addysg, comisiynu ansawdd (Pwyllgor) gyda throsolwg o'r rhaglen gradd nyrsio llwybr hyblyg y Brifysgol Agored yng Nghymru, gan dynnu sylw at feysydd allweddol o'r maes cyswllt hyblyg y Brifysgol Agored cyn cofrestru gradd nyrsio cyn cofrestriad adroddiad blynyddol 2018-19. Gofynnir i'r Pwyllgor drafod y papur.

2. CEFNDIR

Comisiynodd HEIW y Brifysgol Agored yng Nghymru am y tro cyntaf ym mis Medi 2018 i ddarparu llwybr hyblyg i radd nyrsio iechyd meddwl ac oedolion cyn cofrestru (BSc Anrh), gan ariannu 40 o leoedd i fyfyrwyr i ddechrau. Cafodd y rhaglen ei thargedu'n wreiddiol at weithwyr cymorth gofal iechyd cymwys GIG Cymru drwy eu cyflogwyr dros gyfnod o bedair blynedd. Y flwyddyn academaidd hon (2019/20) ymestynnwyd y cynllun i gynnwys 15 o fyfyrwyr o'r sector gofal annibynnol, gan gynnig dull cydgysylltiedig o symud ymlaen mewn gyrfa ar draws iechyd a gofal cymdeithasol. Mae HEIW yn hwyluso'r llwybr dilyniant hwn drwy gynnig ôl-lenwi i gyflogwyr hyfforddeion sy'n gyfrifol am gostau rhyddhau'r myfyriwr tra ei fod ar leoliad. Mae'r cyflogwr yn ariannu'r myfyriwr i wneud absenoldeb astudio un diwrnod yr wythnos.

3. DARPARU ADDYSG

Gradd nyrsio'r OU yw'r NMC a gymeradwyir; rhannu addysg rhwng astudiaethau academaidd a lleoliadau. Cyflwynir yr elfen academaidd ar-lein yn bennaf, gan gymryd ymagwedd dysgu fflipio. Cyflwynir myfyrwyr i ddeunydd dysgu cyn y dosbarth; ac wedyn defnyddir amser ystafell ddosbarth naill ai ar-lein neu wyneb yn wyneb i ddyfnhau dealltwriaeth trwy weithgareddau trafod a datrys problemau gyda chyfoedion, wedi'u hwyluso gan ddarlithwyr. Mae'r myfyriwr hefyd yn cynnal tiwtorialau wyneb yn wyneb ac ar-lein gyda'u tiwtor academaidd ac yn defnyddio fforymau ar-lein i ofyn cwestiynau pellach a thrafod pynciau ac mae'n gallu rhyngweithio â'u tiwtoriaid drwy e-bost a thros y ffôn.

Mae lleoliadau ymarfer yn cael eu cefnogi gan fentoriaid ward/ardal yn yr un modd â myfyrwyr o brifysgolion y tir. Mae tiwtoriaid ymarfer yr OU yn gweithio gyda'r myfyrwyr a mentor gweithle'r myfyriwr i sicrhau eu bod yn bodloni'r deilliannau ymarfer sy'n ofynnol i fynd ymlaen â'u haddysg.

4. EHANGU MYNEDIAD

Mae comisiynu'r Brifysgol Agored wedi bod yn ganolog i ymrwymiad HEIWs i ehangu mynediad at addysg i weithwyr iechyd proffesiynol. Mae ethos Hefws yn adlewyrchu'r ffaith bod gan Lywodraethau Cymru gyfle i gael profiad dysgu ar lefel uwch sy'n briodol, yn berthnasol ac yn werthfawr, waeth beth fo'r amgylchiadau. (Datganiad polisi Llywodraeth Cymru ar addysg uwch).

Mae adroddiad yr OU yn nodi bod ' eu rhaglen nyrsio yn targedu poblogaeth wahanol o fyfyrwyr na'r hyn a welir yn draddodiadol '. Mae'r llwybr hyblyg newydd hwn yn cynnig mynediad i addysg i bobl a allai fod yn methu cael mynediad at lwybrau traddodiadol oherwydd ymrwymiadau sy'n bodoli eisoes, megis cyfrifoldebau ariannol teulu. Yn hytrach, fel y mae'r adroddiad yn nodi, ' Mae'r myfyriwr yn parhau i gael cyflog tra'i fod yn astudio '.

Ni chaiff y myfyriwr feddu ar y cymwysterau angenrheidiol i astudio nyrsio mewn Prifysgol draddodiadol sy'n seiliedig ar y tir, lle mae'r tariff mynediad fel arfer yn cael ei osod ar BBB ar lefel safon uwch. Yn lle hynny, mae'r OU yn mynnu isafswm tariff mynediad fel y'i pennwyd gan yr NMC-TGAU Saesneg a mathemateg neu lefel 2 cyfatebol addysg. Mae'r OU yn cymryd ymagwedd seiliedig ar werthoedd a gallu ynghyd ag argymhelliad cyflogwr wrth gynnig lle.

Mae comisiynu'r llwybr ehangu mynediad hwn i nyrsio yn cynnig nifer o fanteision i'r sectorau iechyd a gofal. Mae cyflogwr y myfyrwyr yn cadw aelod gwerthfawr o staff yn ystod eu cyfnod hyfforddi. Fel arfer bydd gan y myfyriwr wreiddiau yn eu cymuned leol yn debygol iawn o aros gyda'r cyflogwr hwnnw unwaith y byddant yn nyrs gofrestredig.

5. ATHROFA

Mae athreuliad ar gyfer blwyddyn academaidd gyntaf y rhaglen wedi bod yn eithriadol o isel-dim ond 5.7%. Mae hyn yn dangos yr ymrwymiad uchel gan fyfyrwyr, ansawdd uchel yr addysg a ddarperir a lefel y cymorth a gynigir gan yr OU. Mewn cyferbyniad, roedd cyfradd gadael yr ysgol ar gyfartaledd ar draws yr holl raglenni nyrsio ar y tir a gomisiynwyd yng Nghymru yn 11.9% (dylid nodi mai 20% yw cyfradd gadael yr Athrofa yn Lloegr).

6. CYNLLUNIAU AR GYFER Y DYFODOL

Mae adroddiad yr OU yn nodi ei gynllun pedair blynedd i gynyddu nifer y staff i gefnogi'r niferoedd cynyddol o fyfyrwyr a gomisiynir i'w raglen. O 2021 bydd HEIW yn ymestyn nifer yr arbenigeddau nyrsio a gynigir, drwy gomisiynu nyrsio plant a byddant yn dechrau archwilio opsiynau ar gyfer comisiynu rhaglenni astudio AHP drwy'r llwybr hwn.

Wrth i'r cofrestryddion cyntaf ymuno â'r proffesiwn nyrsio yn 2022 bydd y tîm comisiynu yn ymgysylltu â nifer o randdeiliaid i werthuso llwyddiant rhaglenni'r OU ymhellach.

Governance and Assurance			
Cysylltu â nodau strategol y Cynllun Tymor Canolig Integredig ***(rhowch ✓)***	**Nod Strategol 1:** Arwain y broses o gynllunio a datblygu gweithlu cymwys, cynaliadwy a hyblyg, a sicrhau ei lesiant, er mwyn helpu i gyflawni *'Cymru Iachach'*	**Nod Strategol 2:** Gwella ansawdd a hygyrchedd addysg a hyfforddiant ar gyfer yr holl staff gofal iechyd er mwyn sicrhau ei fod yn diwallu anghenion y dyfodol	**Nod Strategol 3:** Gweithio gyda phartneriaid i ddylanwadu ar newid diwylliannol yn GIG Cymru drwy ddatblygu capasiti arwain tosturiol a chydweithredol ar bob lefel
	✓	✓	
	Nod Strategol 4: Datblygu'r gweithlu er mwyn helpu i ddarparu diogelwch ac ansawdd	**Nod Strategol 5:** Bod yn gyflogwr rhagorol ac yn lle gwych i weithio ynddo	**Nod Strategol 6:** Cael ei gydnabod fel partner, dylanwadwr ac arweinydd rhagorol
		✓	✓

Ansawdd, Diogelwch a Phrofiad Cleifion
dim
Goblygiadau Ariannol
dim
Goblygiadau Cyfreithiol (gan gynnwys asesu cydraddoldeb ac amrywiaeth)
dim
Goblygiadau Staffio
dim
Goblygiadau Tymor Hir (gan gynnwys effaith Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)
Nodwch yn gryno sut y bydd y papur yn cael effaith ar y "Ddeddf Llesiant Cenedlaethau'r dyfodol (Cymru) 2015, 5 ffordd o weithio.

Hanes yr Adroddiad	dim
Atodiadau	Y Brifysgol Agored yng Nghymru Rhaglen Radd Nyrsio Cyn Cofrestru Llwybr Hyblyg (BSc Anrh)

Y Brifysgol Agored yng Nghymru
Rhaglen Radd Nyrsio Cyn Cofrestru Llwybr Hyblyg (BSc Anrh)

Adroddiad blynyddol mis Medi 2018-2019

Majella Kavanagh
Linda Walker

Ionawr 2020

Flwyddyn ar ôl lansio rhaglen gradd nyrsio cyn-gofrestru llwybr hyblyg (BSc Anrh) yng Nghymru, roeddem yn teimlo ei bod yn bwysig rhoi diweddariad i randdeiliaid allweddol ynglŷn â'r gwaith yr ydym wedi ei wneud hyd yn hyn.

Cefndir

Cenhadaeth y Brifysgol Agored yw bod yn agored i bobl, lleoedd, dulliau a syniadau. Mae'r Brifysgol yn hyrwyddo cyfle addysgol a chyfiawnder cymdeithasol trwy ddarparu addysg prifysgol o ansawdd uchel i bawb sy'n dymuno gwireddu eu huchelgeisiau a chyrraedd eu potensial.

Y Brifysgol Agored yng Nghymru

Mae'r Brifysgol Agored yng Nghymru yn ased Cymreig ac yn adnodd Cymreig. Mae staff y Brifysgol Agored yn swyddfa Caerdydd ac ym mhob rhan o Gymru yn parhau i helpu ein myfyrwyr i fwynhau profiad dysgu hyblyg o ansawdd uchel. Ein nod yw sicrhau bod addysg uwch ar gael i fwy o bobl, cefnogi symudedd cymdeithasol, cyfrannu at economi Cymru a bod yn rhan allweddol o gymdeithas, diwylliant a gwleidyddiaeth Cymru. Mae mwy o wybodaeth am Y Brifysgol Agored yng Nghymru i'w gweld yma http://www.open.ac.uk/wales/cy

Yn unol â'r athroniaeth hon, mae'r Brifysgol Agored wedi llwyddo i gyflwyno rhaglen gradd nyrsio cyn cofrestru llwybr hyblyg (BSc Anrh) yn Lloegr, yr Alban ac Iwerddon ers 2002. Mae natur model dysgu'r Brifysgol Agored yn rhoi'r hyblygrwydd i fyfyrwyr astudio yn lle bynnag a pha bryd bynnag y maent yn dewis gwneud hynny, i gyd-fynd â swyddi, teuluoedd ac ymrwymiadau eraill.

Ers 2018 mae'r Brifysgol Agored wedi sefydlu rhwydwaith cymorth cwricwlwm cadarn ar gyfer myfyrwyr gradd nyrsio cyn cofrestru llwybr hyblyg, sy'n canolbwyntio ar Gymru i raddau helaeth.

Cyd-destun Cymru

Ym mis Medi 2018 llwyddodd y Brifysgol Agored yng Nghymru i sicrhau 40 o leoedd wedi eu comisiynu ar gyfer yr un rhaglen gan Addysg Iechyd a Gwella Cymru. Flwyddyn yn ddiweddarach, mae'r rhaglen wedi bod yn llwyddiannus dros ben yng Nghymru. Mae'r Brifysgol Agored wedi recriwtio'r niferoedd a gomisiynwyd gan AaGIC a chreu perthynas waith gadarnhaol gyda chyflogwyr y Gweithwyr Cymorth Gofal Iechyd o ganlyniad i recriwtio swyddi tiwtoriaid ymarfer lleol sy'n gweithio gyda'r myfyriwr, y mentor a'r cyflogwr.

1. Carfannau myfyrwyr Blwyddyn Academaidd 2018/2019

Myfyrwyr sy'n dechrau blwyddyn 1 eu hastudiaethau ym mis Medi 2018

Oedolyn

Mae 13 myfyriwr wedi cwblhau cam 1 eu hyfforddiant. O'r rhain, ni fydd 2 fyfyriwr yn parhau. Mae un wedi rhoi'r gorau i astudio am gyfnod i gael teulu. Dewisodd yr ail fyfyriwr adael am resymau personol.

Bydd yr 11 myfyriwr sy'n weddill yn mynd ymlaen i gam 2 y rhaglen.

Iechyd meddwl

Mae bob un o'r 4 myfyriwr wedi cwblhau'r hyfforddiant a byddant yn mynd drwodd i gam 2 y rhaglen.

Myfyrwyr sy'n dechrau blwyddyn 1 eu hastudiaethau ym mis Chwefror 2019

Oedolion = pob un o'r 10 yn dal yn fyfyrwyr gweithredol
Iechyd Meddwl = pob un o'r 12 yn dal yn fyfyrwyr gweithredol

2. Carfannau myfyrwyr Blwyddyn Academaidd 2019/2020

Myfyrwyr sy'n dechrau blwyddyn 1 eu hastudiaethau ym mis Medi 2019 a mis Chwefror 2020

Mae 64 o leoedd wedi'u comisiynu gan AaGIC ar gyfer blwyddyn academaidd 2019/2020, gan gynnwys 11 o fyfyrwyr sydd wedi eu recriwtio o'r sector annibynnol. Dewiswyd y sefydliadau sector annibynnol hynny a nodwyd ar gais AaGIC gan Fforwm Gofal Cymru; https://www.careforumwales.co.uk/whoswho?page=whoswho

3. Carfannau myfyrwyr ar gyfer y Flwyddyn Academaidd 2020/2021

Myfyrwyr sy'n dechrau ar eu hastudiaethau ym mis Medi 2020 a mis Chwefror 2021

Mae 80 o leoedd wedi'u comisiynu gan AaGIC ar gyfer blwyddyn academaidd 2020/2021, gan gynnwys 15 o fyfyrwyr a fydd yn cael eu recriwtio o'r sector annibynnol.

Mae rhaglen gradd nyrsio cyn-gofrestru llwybr hyblyg y Brifysgol Agored (BSc Anrh) yn unigryw o'i chymharu â'r rhaglenni hyfforddiant nyrs sydd ar gael mewn prifysgolion lleol ar hyn o bryd. Mae gan y Brifysgol Agored sylfaen werthoedd gref o gyfiawnder

cymdeithasol, sydd wrth wraidd y sefydliad. Felly, mae rhaglen nyrsio'r Brifysgol Agored yn targedu poblogaeth wahanol o fyfyrwyr nag a welir yn draddodiadol.

Ar hyn o bryd mae'r myfyrwyr sy'n ymuno â rhaglen gradd nyrsio cyn-gofrestru llwybr hyblyg (BSc Anrh) y Brifysgol Agored yn cael eu cyflogi yng Nghymru gan ddarparwyr gofal iechyd fel Byrddau Iechyd ac Ymddiriedolaethau (ac o fis Chwefror 2020 ymlaen, gan ddarparwyr gofal iechyd preifat). Mae'r myfyrwyr fel arfer yn gweithio fel Gweithwyr Cymorth Gofal Iechyd neu gynorthwywyr therapi. Dros gyfnod eu haddysg a'u hyfforddiant, mae'r myfyrwyr yn dal i gael eu cyflogi gan eu cyflogwr ac yn cael eu rhyddhau ddau ddiwrnod yr wythnos i fynd ar leoliadau i fyfyrwyr dan hyfforddiant. Maent hefyd yn cael un absenoldeb yr wythnos ar gyfer astudio. Mae hyn yn golygu bod y myfyriwr yn parhau i gael cyflog wrth astudio. Mae'r cyflogwr yn cael dal gafael ar aelod gwerthfawr o staff yn ystod y cyfnod hyfforddi, ac mae'r myfyriwr yn debygol iawn o aros gyda'r cyflogai hwnnw ar ôl dod yn Nyrs Gofrestredig. Mantais arall o astudio gyda'r Brifysgol Agored yn y modd hwn yw bod y myfyriwr yn cael dal i fanteisio ar y telerau a'r amodau cyflogaeth eraill, megis cyfraniadau pensiwn, salwch, gwyliau blynyddol, absenoldeb mamolaeth a thadolaeth. Gall cyflogwyr hawlio arian yn ôl gan AaGIC ar gyfer y dyddiau y mae'r myfyrwyr ar leoliad ac mae'r cyflogwr yn rhoi arian adferol am y dyddiau y caiff y myfyrwyr eu rhyddhau i astudio

Mae rhaglen gradd nyrsio cyn-gofrestru llwybr hyblyg y Brifysgol Agored (BSc Anrh) wedi ei dilysu gan y Cyngor Nyrsio a Bydwreigiaeth (NMC). Caiff y rhaglen ei chyflwyno wrth i'r myfyrwyr gwblhau nifer penodol o fodiwlau yn llwyddiannus ym mhob un o'r 3 cham hyfforddiant. Mae pob modiwl yn annibynnol ac yn cynnwys cyfuniad o elfennau ymarferol ac academaidd. Mae proses ddilysu cwricwlwm newydd yr NMC ar gyfer y Brifysgol Agored yn dechrau ym mis Mawrth 2020 ac mae sawl cyflogwr eisoes wedi cytuno i fod yn rhan o'r panel a fydd yn rhoi adborth i'r NMC yn ystod y broses ddilysu.

Ein myfyrwyr

Ein myfyrwyr yw canolbwynt popeth a wnawn. Pan fydd darpar ymgeisydd yn ystyried dilyn hyfforddiant addysg nyrsio cyn cofrestru gyda'r Brifysgol Agored, darperir cyrsiau rhag-fodiwlau am ddim iddynt. Cynghorir y darpar ymgeisydd yn gryf i ddilyn y cyrsiau hyn er mwyn bod yn barod ar gyfer eu hastudiaethau gyda'r Brifysgol Agored a deall sut mae elfennau academaidd y Brifysgol Agored yn gweithio. Anogwn bob cyflogwr i roi gwybod i ddarpar ymgeiswyr am y cyrsiau rhag-fodiwl a gynigir am ddim, gan y gall helpu'r myfyriwr i ddeall yr hyn y mae ar fin ymrwymo iddo a phenderfynu a yw'r dull dysgu yn gweddu i'w anghenion ef ei hun.

Ym mlwyddyn un; rydym wedi cael myfyrwyr sy'n dangos sgiliau a galluoedd eithriadol

yn barod.

Ymunodd **Katie** â ni ym mis Chwefror 2019 fel myfyriwr nyrsio Iechyd Meddwl sy'n gweithio i BIP Caerdydd a'r Fro. Mae hi wedi ei henwebu am wobr y Coleg Nyrsio Brenhinol (RCN) am ei gwaith gyda chleifion dementia ac am wella ansawdd drwy weithredu dull "deffro'n naturiol". Ar hyn o bryd mae hi'n gweithio gyda'i Thiwtor Ymarfer i ddatblygu ar ei gwaith presennol er mwyn anelu at baratoi cyhoeddiad academaidd fel myfyriwr nyrsio.

Cafodd **Cloey** ei henwebu gan ei thiwtor ymarfer am Wobr Bydi Myfyrwyr y Brifysgol Agored ac roedd wrth ei bodd pan enillodd. Mynychodd seremoni yn Milton Keynes i dderbyn ei gwobr ac mae ei fideo i'w gweld ar restrau '50 mlynedd 'y Brifysgol Agored. Cloey yn rhannu ei phrofiadau o fod yn fyfyriwr Prifysgol Agored yng Nghymru;
https://www.youtube.com/watch?v=SxAoCGsfezw

Dechreuodd **Josh** ar ei 2il gam ym mis Hydref 2018 ac mae'n gwneud yn dda iawn gyda'i waith academaidd a'i gymwyseddau. Mae Josh wedi'i enwebu am wobr RCN am iddo ddatblygu prosiect “Hazel Fresh”, a arweiniwyd gan ddefnyddwyr gwasanaeth, yn annog cleifion iechyd meddwl mewnol i dyfu a choginio eu bwyd eu hunain, yna ei werthu mewn sesiwn ginio wythnosol i godi arian ar gyfer ystod o weithgareddau.

Tiwtoriaid Ymarfer (Rhyngwyneb rhwng y brifysgol a'r meysydd clinigol)

Gwneir elfen ymarferol y modiwl wrth wneud ymarfer clinigol a chaiff y myfyriwr ei gefnogi gan fentor/goruchwyliwr y cyflogwr yn y ffordd draddodiadol. Yn ogystal, rhoddir cymorth i'r myfyriwr a'r mentor/goruchwylwyr gan Diwtoriaid Ymarfer a gyflogir gan y Brifysgol Agored sy'n ymarferwyr medrus, yn y maes ymarfer y mae'r myfyriwr yn hyfforddi ynddo (Gweler Atodiad 1 lle ceir bywgraffiadau'r Tiwtoriaid Ymarfer a gyflogir ar hyn o bryd gan y Brifysgol Agored, ac sy'n gweithio yng Nghymru). Mae'r Tiwtoriaid Ymarfer yn gweithio gyda'r myfyrwyr a mentor y myfyrwyr yn y gweithle i sicrhau eu bod yn bod yn cyflawni elfennau ymarferol y modiwl. Rheolwyr llinell y tiwtoriaid practis yw tiwtoriaid staff sy'n gweithio yn swyddfa'r Coleg Agored yng Nghymru yng Nghaerdydd (gweler atodiad 2 lle ceir bywgraffiadau'r Tiwtoriaid Staff)

Mae'r Brifysgol Agored yn ymroddedig i'r Tiwtoriaid Ymarfer hyn ac yn cymryd eu cyfrifoldeb o ddifri er mwyn sicrhau bod datblygiad proffesiynol yr unigolion hyn yn barhaus. Mae gan bob un o'r tiwtoriaid/goruchwylwyr/mentoriaid hyn;

- Hawl i weld modiwlau a chymwysterau'r Brifysgol Agored am ddim yn ogystal â

hyfforddiant mentor/goruchwyliwr pwrpasol. Mae'r rhaglen sefydlu i fentoriaid ar gael yma;

http://wels.open.ac.uk/overview/school-health-wellbe-and-social-care/professional-programme-nursing/mentor-induction

- Pan fydd cwricwlwm newydd y Cyngor Nyrsio a Bydwreigiaeth (NMC) yn cael ei lansio, bydd hyfedredd a safonau 'Nyrs y Dyfodol' NMC (2018) yn dod i rym. Mae'r Brifysgol Agored wedi rhagweld hyn a bydd modiwl ar gael am ddim i gefnogi datblygiad goruchwylwyr ymarfer.

- Diwrnodau datblygu ymarfer blynyddol - cynhaliwyd yr un diweddaraf ar y 25ain o Fedi 2019. Bwriedir cynnal y nesaf ar yr 8fed o Ionawr 2020. Athroniaeth y cyfarfod hwn fydd uno Tiwtoriaid Ymarfer nyrsio a Thiwtoriaid Ymarfer gwaith cymdeithasol i weithio gyda'i gilydd gydag ethos o weithio ar draws ffiniau a chael goleuni ar waith ei gilydd yn ogystal â thrafod eitemau sy'n ymwneud â pholisi'r llywodraeth sy'n effeithio ar Iechyd a Gofal Cymdeithasol yng Nghymru.

Rôl y Tiwtor Academaidd (Darlithwyr Cyswllt)

Mae hwn yn ddarpariaeth ledled y DU. Caiff cydrannau academaidd y modiwl, sydd angen eu bodloni, eu cynnal ochr yn ochr â'r ymarfer clinigol. Pennir tiwtor modiwl i'r myfyriwr sydd wedi ei gyflogi'n benodol ar gyfer y modiwl hwnnw. Caiff y tiwtor hwn fod yn unrhyw le ym Mhrydain, ond mae pob un wedi cofrestru gyda'r NMC. Mae'r tiwtor hwn yn cefnogi'r myfyriwr i ddatblygu ei wybodaeth academaidd a'i sgiliau academaidd er mwyn iddo fodloni gofynion academaidd y modiwl sy'n cael ei astudio.

Caiff y gydran academaidd hon ei chyflwyno mewn amrywiol ffyrdd ond fe'i cyflwynir yn bennaf yn null 'model ystafell ddosbarth wrthdro'. Mae dysgu gwrthdro yn ddull addysgegol sy'n golygu bod y syniad confensiynol o ddysgu yn yr ystafell ddosbarth yn cael ei wrthdroi. Caiff y myfyrwyr y deunydd dysgu cyn y dosbarth, a chaiff yr amser yn yr ystafell ddosbarth wedyn yn cael ei dreulio'n dwysau dealltwriaeth trwy drafodaeth â chyfoedion a gweithgareddau datrys problemau a hwylusir gan yr athrawon' (*Advance HE*, 2018). Mae'r Brifysgol Agored yn gwneud hyn drwy sicrhau bod deunyddiau'r modiwl, sy'n cyflwyno'r wybodaeth allweddol sydd ei hangen ar y myfyrwyr, ar gael iddynt. Cefnogir hyn wedyn gan diwtorialau wyneb yn wyneb ac ar-lein [wyneb yn wyneb yn fyw] gyda'u tiwtor academaidd. Mae'r sesiynau tiwtorial hyn hefyd yn cael eu recordio, felly bydd myfyriwr yn methu â bod yn bresennol am unrhyw reswm neu os yw myfyriwr eisiau ei wylio eto, gallant wneud hynny. Gyfochr â hyn ceir fforymau pwrpasol ar gyfer gofyn cwestiynau / dysgu ychwanegol ac fe'u cymedrolir gan y timau modiwl a'r

tiwtoriaid modiwl. Ochr yn ochr â'r gweithgareddau hyn, caiff y myfyriwr hefyd gefnogaeth trwy e-byst a galwadau ffôn personol gyda'i diwtor academaidd.

Academyddion Rhanbarthol (Tiwtoriaid staff)

Mae'r Brifysgol Agored yng Nghymru wedi buddsoddi mewn cyflogi 1.75 o swyddi Tiwtoriaid Staff parhaol cyfwerth ag amser cyflawn sy'n ymroddedig i Nyrsio yng Nghymru. Yn ogystal â goruchwylio'r Tiwtoriaid Ymarfer a'r myfyrwyr nyrsio, mae'r tiwtoriaid staff hyn yn gweithio gyda'r timau academaidd canolog i sicrhau bod Cymru'n cael cyfrannu at y deunyddiau modiwl. Mae'r Tiwtoriaid Staff yn aelodau o dimau modiwlau a phan fydd modiwlau newydd yn cael eu datblygu, mae'r Tiwtoriaid Staff mewn sefyllfa dda i sicrhau bod materion sy'n ymwneud â Chymru yn cael eu cynnwys. Y Tiwtoriaid Staff hefyd yw'r cyswllt uniongyrchol â'r cyflogwyr yng Nghymru. Maent yn gweithio'n agos iawn â'r holl sefydliadau sydd â myfyrwyr yn astudio ar raglen nyrsio cyn-gofrestru'r Brifysgol Agored ar hyn o bryd.

Academyddion canolog

Mae'r rhan fwyaf o staff academaidd y Brifysgol Agored yn gweithio ar y campws yn Milton Keynes. Mae'r aelodau staff hyn yn gwneud gwaith addysgu, gweinyddu ac ymchwil fel academyddion mewn sefydliadau eraill. Ynghyd â Chymrodyr a Chymdeithion Ymchwil, hwy yw sylfaen ymchwil y Brifysgol Agored. Fodd bynnag, gan fod y Brifysgol Agored yn sefydliad dysgu o bell, mae rôl addysgu Academyddion Canolog yn wahanol i rôl academyddion mewn prifysgolion eraill. Yn hytrach nag addysgu myfyrwyr yn uniongyrchol, mae Academyddion Canolog yn datblygu deunyddiau addysgu ac yn rheoli'r gwaith o gyflwyno ac asesu'r modiwlau a ysgrifennir ganddynt. Ychwanegir at y model hwn yn 2020. Mae dwy swydd academaidd newydd wedi'u datblygu, a bydd y deiliaid y swyddi'n gweithio'n rhanbarthol yng Nghymru a'r Alban.

Gwaith partneriaeth ledled Cymru

Rydym wedi bod yn gweithio ar y cyd â phob un o'n cydweithwyr yn AaGIC a'n cyflogwyr partner ledled Cymru er mwyn cytuno ar bortffolio ymarfer ledled Cymru. Rhaid i'r portffolio fodloni gofynion yr NMC ar gyfer y newidiadau i'r cwricwlwm yn 2020 a fydd yn cael eu mabwysiadu gan y Brifysgol Agored yng Nghymru.

Ar hyn o bryd mae'r Brifysgol Agored yn gweithio gyda phrifysgol leol yng Nghymru i'w helpu i ddarparu rhaglen radd gysylltiedig â Gofal Iechyd sydd ar gael i bobl sy'n byw ac yn gweithio mewn cymunedau anodd eu cyrraedd yn ardaloedd gwledig Cymru.

Cynllun pedair blynedd

Mae gan y tîm nyrsio gynllun pedair blynedd ar gyfer y rhaglen nyrsio yng Nghymru. Wrth wneud y gwaith hwn, oherwydd y cynnydd yn nifer y myfyrwyr a gomisiynwyd ar gyfer 2019-2020, sylwyd bod angen cynnydd cymesur yn adnoddau pwrpasol Cymru. Cymeradwywyd penodi Tiwtor Staff arall cyfwerth â hanner amser ac un cydlynydd cyfwerth ag amser cyflawn ar ben yr hyn sydd eisoes wedi'i ddarparu i gefnogi'r cynnydd yn nifer y myfyrwyr. Rhagwelir y bydd y deiliaid y swyddi yn dechrau arni yn gynnar yn 2020.

Cynllun gweithredu presennol

1. Cynlluniau ar gyfer diwrnodau ysgrifennu ymchwil rheolaidd i Diwtoriaid Ymarfer, enillwyr gwobrau Myfyrwyr Nyrsio a goruchwylwyr ymarfer clinigol a gynhelir gan Academyddion Ymchwil canolog y Brifysgol Agored. Bydd hyn yn rhoi cymorth i unigolion gyda'r nifer fawr o gyfleoedd ysgoloriaeth sydd ar gael.
2. Parhau i gynnig addysg am ddim i'r holl Fyrddau / Ymddiriedolaethau Iechyd a'u staff, myfyrwyr, ffrindiau a theuluoedd trwy blatfform *Open Learn* y Brifysgol Agored; https://www.open.edu/openlearn/
3. Parhau i weithio gyda'r holl bartneriaid ledled Cymru ar yr holl waith sy'n cael ei wneud dros Gymru gyfan i gytuno ar bortffolio ymarfer Cymru Gyfan i fodloni gofynion yr NMC yn sgil y newidiadau i'r cwricwlwm yn 2020.
4. Parhau i ddiweddaru'r cwricwlwm presennol i fodloni anghenion y safonau newydd a gyhoeddwyd gan y Cyngor Nyrsio a Bydwreigiaeth, er mwyn dechrau yn 2020. Bydd y Brifysgol Agored, bryd hynny, yn cynnig pedwar llwybr gradd nyrsio; Oedolion, Plant, Iechyd Meddwl ac Anableddau Dysgu trwy ei lwybr hyblyg sydd wedi'i brofi'n llwyddiannus.
5. Edrych ar gyfleoedd sy'n bodoli yn sgil yr ardoll brentisiaethau newydd a'r hyn y gellir ei wneud dros weithwyr proffesiynol nyrsio ac Iechyd Perthynol yng Nghymru.

Awgrymiadau

Gofynnir i randdeiliaid allweddol **roi sylw** i gynnwys yr adroddiad hwn a llwyddiant rhaglen radd nyrsio cyn cofrestru llwybr hyblyg (BSc Anrh) y Brifysgol Agored yn ei blwyddyn gyntaf.

Atodiad 1 - Bywgraffiadau Tiwtoriaid Ymarfer

Helen O'Mahoney

Y Byrddau Iechyd lle mae hi wedi gweithio fel Tiwtor Ymarfer: Caerdydd a'r Fro; Aneurin Bevan

Bywgraffiad
Dechreuodd Helen ei hyfforddiant yn 1983 yn Ysgol Nyrsio Gorllewin Morgannwg. Ac eithrio cyfnod byr ym maes Gofal yr Henoed, treuliodd ei hamser fel nyrs Gofal Critigol, yn gweithio mewn Theatrau ym mhob maes, ac roedd ganddi ddiddordeb arbennig mewn Anaestheteg ac Adfer. Mae Helen wedi gweithio ym maes Gofal Coronaidd, Dibyniaeth Uchel a Gofal Dwys. Mae gan Helen ddiddordeb arbennig mewn gofal cyfannol a hyrwyddo lles, ac astudiodd Aromatherapi Uwch a Meddygaeth Natur-iachaol yn ogystal â therapïau cyflenwol eraill, ac enillodd ei gradd gyntaf mewn Cwnsela. Newidiodd llwybr gyrfa Helen gyfeiriad pan ddaeth cyfle i ddod yn Hwylusydd Addysg Ymarfer i fyfyrwyr nyrsio cyn cofrestru. Yn ystod yr amser hwn cwblhaodd Helen ei chwrs TAR a'i gradd meistr mewn addysg ar gyfer Iechyd a Gofal Cymdeithasol. Mae Helen wedi ei hysgogi gan iechyd a lles staff, datblygiad proffesiynol, yn ogystal â dull cyfannol ers y cychwyn. Mae Helen yn gryf o blaid goruchwyliaeth staff. Mae hi wedi bod yn hwylusydd ar gyfer rhaglen “Ysgafnhau” ar gyfer lles staff. Mae Helen wedi hyfforddi fel hwylusydd Schwartz Rounds trwy raglen Point of Care, The Kings Fund ac mae hi'n hwylusydd adborth 360 Gradd i Academi Arweinyddiaeth y GIG ac yn Hyfforddwr/Mentor ar Raglen Arweinyddiaeth Myfyrwyr cyngor y Deoniaid.

Jayne Foley

Y Byrddau Iechyd lle mae hi wedi gweithio fel Tiwtor Ymarfer: Aneurin Bevan, Caerdydd a'r Fro, Cwm Taf Morgannwg

Bywgraffiad
Mae Jayne yn Diwtor Ymarfer ac yn Ddarlithydd Cyswllt gyda'r Brifysgol Agored ac yn ddiweddar fe'i penodwyd yn gynrychiolydd Grŵp Dysgu ac Addysgu Cyfadran Lles, Addysg ac Astudiaethau Iaith y Bwrdd Astudiaethau. Mae Jayne yn mwynhau amrywiaeth o ymrwymiadau eraill gan gynnwys, bod aelod o dîm o weithwyr proffesiynol a lleygwyr sy'n archwilio adnoddau lle darperir gofal y GIG i bobl hŷn gan

AaGIC, dysgu myfyrwyr nyrsio cyn cofrestru mewn sefydliad addysg uwch arall yn y De Orllewin yn ogystal â chynnal contract banc gyda Bwrdd Iechyd Prifysgol lleol i weithio fel nyrs ardal a Phrif Archwiliwr Allanol i Brifysgol arall yng Nghymru.
Enillodd Jayne ei gradd mewn Nyrsio Dosbarth ym 1996, cyn mynd ymlaen i gwrs TAR ac yna MSc mewn Nyrsio. Mwynhaodd Jayne yrfa ym maes Nyrsio Cymunedol mewn amryw o leoliadau ledled Prydain cyn symud i Addysg Nyrsio yn 2002. Yno y dechreuodd ar ei gyrfa ddysgu ym maes mynediad addysg bellach i nyrsio, ac aeth ymlaen i fod yn Ddarlithydd mewn sefydliad addysg uwch yn dysgu modiwlau Gofal Iechyd Cymhleth ac Arweinyddiaeth a myfyrwyr nyrsio cyn cofrestru. Modiwlau Gofal Iechyd Cymhleth ac Arweinyddiaeth a Rheoli. Wedi hynny bu'n Ddarlithydd Gofal Sylfaenol ac Iechyd y Cyhoedd. Dros y 15 mlynedd ddiwethaf mae Jayne wedi bod yn dysgu bob un o'r rhaglenni Nyrsio, gan gynnwys BSc / MSc Astudiaethau Iechyd Cymunedol, MSc Ymarfer Uwch a Dychwelyd i Ymarfer.

Mae Jayne wedi cynnal llawer o wahanol weithgareddau yn ymwneud â'i rôl fel Darlithydd dros y blynyddoedd, datblygu'r cwricwlwm, gweithio ar draws sefydliadau addysg uwch i ddatblygu offer ac adnoddau uniondeb academaidd, prosiectau gyda chomisiynwyr a Rhanddeiliaid eraill. Yn fwyaf diweddar mae'r gwaith hwnnw wedi ymwneud â Bil Lefelau Diogel Staff Mwy Diogel Llywodraeth Cymru a'r egwyddorion allweddol ar gyfer Nyrsio Ardal.

Mae Jayne wedi bod wrth ei bodd yn cefnogi myfyriwr blwyddyn 1 i baratoi papur i'w gyhoeddi, yn dilyn enwebiad am wobr RCN. Y nod oedd helpu i hybu iechyd a lles cleifion mewn ysbytai â dementia trwy gyflwyno "Deffro naturiol".

Mae Jayne yn aelod o'r bwrdd golygyddol ar gyfer Quality in Ageing ac yn Nyrs y Frenhines (cyd-gadeirydd Grŵp rhanbarthol Cymru). Mae hi wedi mwynhau hyrwyddo nyrsio cymunedol gartref ac ar Ymyl Dwyreiniol y Môr Tawel, ac mae hi'n parhau i gefnogi addysg a datblygiad ei myfyrwyr.

Karen Vipond

Y Byrddau Iechyd lle mae hi wedi gweithio fel Tiwtor Ymarfer: Betsi Cadwaladr

Bywgraffiad
Mae Karen yn Diwtor Ymarfer gyda'r Brifysgol Agored, yn Ymwelydd Iechyd, Rhagnodydd, Tiwtor Nyrsio ac yn Nyrs sydd wedi cofrestru â'r NMC. Mae Karen wedi cael dros 20 mlynedd o brofiad o fod yn diwtor gofal iechyd mewn gwahanol brifysgolion ac wedi cael profiadau o ddysgu'r gwyddorau ar lefel ysgol uwchradd. Mewn Bywydeg yr enillodd Karen ei gradd gyntaf, ac ar ôl graddio, aeth ymlaen i fyd nyrsio, gan ddod yn

gofrestredig am y tro cyntaf fel nyrs gyffredinol. Mae Karen wedi graddio o Oxford Brookes a Phrifysgol Rhydychen ac mae ganddi ddwy radd yn ogystal â chwrs TAR a chymhwyster meistr. Mae ei gyrfa nyrsio wedi bod yn un amrywiol iawn ac wedi cynnwys nyrsio trawma, nyrsio ardal a gwaith ymwelydd iechyd, yn ogystal â bod yn gydlynydd ymchwil feddygol i Brifysgol Rhydychen. Mae Karen hefyd yn gymrawd hŷn yr Academi Addysg Uwch. Prif ddiddordeb Karen ym myd gofal iechyd yw'r maes geneteg a'r ffordd y mae'r maes hwnnw'n plethu drwy bob mater iechyd. Mae Karen wedi cyhoeddi gwerslyfrau ar Eneteg mewn gofal iechyd ar gyfer myfyrwyr gofal iechyd ac wedi bod yn rhan o'r gwaith o lunio'r cymwyseddau genetig ar gyfer gweithwyr gofal iechyd proffesiynol.

Natalie Prosser

Y Byrddau Iechyd lle mae hi wedi gweithio fel Tiwtor Ymarfer: Caerdydd a'r Fro; Aneurin Bevan; Powys; Bae Abertawe; Hywel Dda.

Bywgraffiad
Mae Natalie wedi bod yn diwtor ymarfer gyda'r Brifysgol Agored ers 2018, mae hi hefyd yn Nyrs Datblygiad Proffesiynol ac Ymarfer ar gyfer y gwasanaethau iechyd meddwl yng Nghymru. Enillodd Natalie ei gradd yn 2010 ac ar hyn o bryd mae hi'n cwblhau ei thraethawd MSc.

Ar hyn o bryd mae Natalie yn cefnogi myfyrwyr sydd ar Gam 1 a Cham 2 yn eu graddau nyrsio ac yn dysgu ar lefel israddedig.

Mae hi hefyd yn aelod gweithgar o broses adolygu AIMS y Coleg Brenhinol Seiciatreg, yn cynnal adolygiadau fel adolygydd arweiniol ac yn eistedd ar y panel cynghori.

Rachel Rushforth

Y Byrddau Iechyd lle mae hi wedi gweithio fel Tiwtor Ymarfer: Cwm Taf, Bae Abertawe, Caerdydd a'r Fro

Bywgraffiad
Mae Rachel yn Diwtor Ymarfer gyda'r Brifysgol Agored ac yn nyrs gyswllt seiciatryddol arbenigol yn Ysbyty'r Brifysgol yng Nghymru. Graddiodd Rachel o Brifysgol Caerdydd gyda gradd dosbarth cyntaf yn 2012 a chwblhaodd raglen ddatblygu garlam ar ôl cofrestru gyda'r NMC a'i galluogodd i gael profiad clinigol mewn amrywiaeth o feysydd

gan gynnwys niwroseiciatreg, adsefydlu, oedolion hŷn ac asesu argyfwng. Yn dilyn hyn, cafodd Rachel brofiad mewn swydd reoli yn y gwasanaethau oedolion hŷn cyn cwblhau ei PGCert mewn Addysg Gofal Iechyd ac ennill swydd fel Rheolwr Datblygu Gweithwyr Cymorth Gofal Iechyd i Fwrdd Iechyd Prifysgol Caerdydd a'r Fro. Yn ystod ei hamser yn y swydd, cefnogodd Rachel integreiddiad gradd nyrsio'r Brifysgol Agored i'r Bwrdd Iechyd Prifysgol a chynrychiolodd ddatblygiad Gweithwyr Cymorth Gofal Iechyd yn lleol ac yn genedlaethol. Daeth Rachel yn ôl at ymarfer clinigol yn 2018 a graddiodd o Brifysgol Caerdydd gydag MSc mewn Ymarfer Uwch yn 2019.

Atodiad 2 - Bywgraffiadau tiwtoriaid staff

Majella Kavanagh

Dechreuodd Majella ar ei gyrfa nyrsio yn Ne Llundain, lle dilynodd hyfforddiant Nyrs Ymrestredig yn 1983. Buan iawn y symudodd ymlaen, ar ôl cwblhau'r cwrs trosi, i statws Nyrs Gyffredinol Gofrestredig, ac yna symudodd yn ôl i Gymru. Yna aeth i'r afael â'i chwrs dysgu o bell cyntaf, gyda Phrifysgol South Bank - Diploma, yna BSc mewn ymarfer proffesiynol ym Mhrifysgol De Cymru. Ar ôl cyrraedd swydd Prif Nyrs Ward erbyn hyn, dewisodd Majella'r llwybr i addysg fel Arweinydd DPP i gyfarwyddiaeth, cyn symud yn fuan i swydd Hwylusydd Ymarfer. Yn y rôl hon y cymerodd gyrfa Majella dro pendant, gan ymgymryd â'i PGCE i ddechrau gan fynd ymlaen i MSc mewn Addysg gydag USW. Ymunodd Majella â'r Brifysgol Agored yn gyntaf fel Tiwtor Ymarfer ac ar ôl ymddeol o'r GIG gwnaeth gais llwyddiannus am swydd Tiwtor Staff yn y Brifysgol Agored yng Nghymru. Majella yw arweinydd proffesiynol Nyrsio yng Nghymru yn y Brifysgol Agored. Mae hi wedi gweithio'n llwyddiannus gyda chyflogwyr yng Nghymru a defnyddio'r lleoedd a gomisiynwyd gan AaGIC i agor mwy o ddrysau i'r radd Nyrsio. Mae ymarfer nyrsio Majella wedi bod yn amrywiol, ac yn cynnwys ymarfer meddygol, llawfeddygaeth, orthopedig, deintyddiaeth a haematoleg a threuliodd ei blynyddoedd ymarferol olaf ym maes gofal henoed, lle dechreuodd ei hymarfer nyrsio.

Linda Walker

Mae Linda yn Ddarlithydd Cyswllt (tiwtor) gyda'r Brifysgol Agored; swydd y mae hi wedi bod ynddi am 24 mlynedd. Ar hyn o bryd mae Linda yn diwtor i fyfyrwyr sy'n astudio modiwlau Iechyd a Gofal Cymdeithasol gan gynnwys y myfyrwyr hynny sy'n cwblhau'r radd nyrsio llwybr hyblyg. Mae Linda hefyd yn dysgu gwyddoniaeth gofal iechyd israddedig a'r rhaglen radd meistr mewn Arweinyddiaeth a Rheoli Addysgol.

Enillodd Linda ei gradd gyntaf a'i Doethuriaeth gyda'r Brifysgol Agored ac mae ganddi MA mewn Addysg a Rheoli o goleg Caerllion. Mae gyrfa nyrsio Linda wedi bod yn amrywiol ond yn llawfeddygol yn bennaf. Mewn nyrsio theatr llawdriniaethau y mae ei harbenigedd a'i chalon ac mae hi'n eistedd ar fwrdd golygyddol y British Journal of Peri-operative Practice.

Mae Linda wedi gwneud llawer o wahanol weithgareddau cysylltiedig â'i swydd Darlithydd Cysylltiol, megis ysgrifennu deunyddiau modiwl, monitro a mentora tiwtoriaid newydd yn ogystal â bod yn aelod o nifer o wahanol is-grwpiau cyfadran. Cafodd Linda ei hethol i Gynulliad y Darlithwyr Cyswllt ac Adran Weithredol y Darlithwyr Cyswllt ac

mae hi'n cynrychioli Cymru a Darlithwyr Cyswllt Iechyd a Gofal Cymdeithasol. Mae gan Linda hefyd hawliau pleidleisio yn y Senedd.

Mae Linda wedi gweithredu fel adolygydd clinigol ar gyfer nifer o adroddiadau NCEPOD ac mae hi'n Gynghorydd Proffesiynol i Ombwdsmon Gwasanaethau Cyhoeddus Cymru ac yn Arholwr Allanol ar gyfer Prifysgol arall yng Nghymru.

Cyfeirnodau

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