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IDENTIFYING THE ACTUAL SALARY COSTS OF FUNDED MEDICAL AND DENTAL TRAINEE POSTS IN WALES

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Introduction:
A fundamental role of the Wales Deanery (WD) is to ensure the use of resources allocated to training is used appropriately.

The placements for over 2800 training posts are managed within a constrained £46m budget allocated from Welsh Government (WG). Training posts are funded at the mid-point of grade plus associated on-costs. Due to budget constraints posts are funded either 100% Deanery, 50% Deanery/50% Local Education Provider (LEP) or 100% LEP.

Prior to 2015/16, despite receiving returns from LEP's, there was a lack of consistency in how data was being reported. This created uncertainty to make informed decisions around funding allocations which led to the criticism of funding levels being provided.

Methods:
Utilising limited available data on INTREPID (Trainee Database System) to produce a dataset of individual trainees against each training post throughout Wales for 2015/16

Working with NHS Wales Shared Services, the dataset was enhanced to include trainee National Insurance numbers as a key field, to allow cross referencing with LEP pay feeds. This dataset was used to create a template for LEP's to complete with actual salary costs for each trainee.

Upon completion of templates by LEP's, this data was amalgamated to create a detailed dataset of funding and actual spend for all Training Grade posts throughout Wales. This complete dataset was analysed to produce a wide range of reports showing actual costs against budget by LEP, by training level, by speciality, on an individual post as well as all of these combined.

Results:
Analysis has been provided using training post data and agreed funding allocations to over 2800 posts across Wales incorporating all specialities and grades. 90% of posts have returned actual salary costs when trainees were in post. For future years, systems have already been proactively put in place to reduce this differential to an immaterial level.

The changes made have led to a significant reduction in the input time required from LEP's into the process as the majority of data is provided in a consistent manner.

Using this as a base, further analysis has been possible including indicative total budgets for trainee salary and bandings, comparison of indicative budgets to actual costs incurred through data received from health boards. Data has been further analysed across percentages of post funding, health boards, specialities and grades.

Conclusion:
The data available and future analysis over a period of time will make a significant difference to the mechanisms with which training monies are allocated within NHS Wales. The process offers the potential to weight funding allocations based on specialties and/or locations.

Our understanding is that the data available is the first of its kind available in the UK.