



NHS Pension Scheme – increased flexibility

Survey results



DHSC consultation

In September and October 2019, the Department of Health and Social Care (DHSC) **consulted** on changes to the NHS Pension Scheme. The proposed changes are to allow senior clinicians more control over their pension growth to allow them to manage their financial and taxation arrangements more easily.

Those responding to the consultation were asked to provide evidence to support their position. The HFMA therefore undertook a short survey of members to gather the necessary evidence.

The consultation states that ‘there is evidence that high-earning clinicians, particularly consultants and GPs, are managing their annual allowance tax liability by reducing their workload, turning down extra responsibilities and/or retiring early.’ This is having an adverse impact on service delivery. As a result, the proposals are targeted at clinicians who are both:

- registered health care professionals and
- can demonstrate a reasonable expectation that their prospective NHS commitments would result in pension growth exceeding their annual allowance.

Among other questions, the consultation asks whether the proposals should be made available to other categories of staff or all staff working in the NHS. It is asking for evidence to support any response. The HFMA’s survey was intended to provide evidence to frame the Association’s response as a representative body of staff who do not fall into the target group.

Responses to the consultation

260 members responded to our very short survey. Unsurprisingly, they were mainly senior staff and the vast majority are members of the NHS Pension Scheme (see **table 1**).

Table 1: Bands/grades of staff responding to the survey

Band/Grade	Number of responses	Number who were members of the NHS Pension Scheme
3-5	4	3 (75%)
6	7	6 (86%)
7	20	20 (100%)
8	5	5 (100%)
8a	14	13 (93%)
8b	23	19 (83%)
8c	36	34 (94%)
8d	27	26 (84%)
9	29	26 (90%)
Senior manager	3	3 (100%)
Very senior manager (VSM)	66	52 (79%)
Executive senior manager (ESM), executive, director	11	7 (64%)
Other	9	7 (78%)
Not specified	6	4 (80%)
Total	260	225 (87%)

Where staff are not members of the NHS Pension Scheme, we wanted to understand the reasons for this (see **table 2**). The main reason for leaving the scheme was the annual allowance or lifetime allowance issue, which means that remaining in the scheme results in a tax bill. It is interesting to note that for some staff, the scheme is simply too expensive. There is also a specific issue for staff in band 8a, where a small percentage pay increase pushed staff into a new pension contribution band which means contribution costs are higher than the increase in salary. In 2017/18 this affected over 1,500 staff in Northern Ireland, where the pension contribution was £1,100 higher than the increase in salary.

Table 2: Reasons for not belonging to the NHS Pension Scheme

	Bands 3-7	Bands 8-9	Senior manager/VSM	Executive/director	Other/not specified	Total
The annual allowance issue			11	3	2	16
<p>(VSM) 'I have had to leave the pension scheme temporarily to see if that helps me manage my annual allowance liability, I am doing that blind.'</p> <p>(VSM) 'Forced to opt out of NHS pension to avoid £45,000 tax bill relating to the annual allowance, following promotion to executive director of finance.'</p>						

	Bands 3-7	Bands 8-9	Senior manager/ VSM	Executive/ director	Other/ not specified	Total
Because the contributions are too high, and I need the take home pay now	2	2			1	5
<i>(Band 8) 'Contribution are too high until I move up the scale.'</i>						
<i>(Band 3) 'I had to do this as it meant I was worse off each month if I stayed in and as a single parent, I need all the money I can get.'</i>						
I am a member of another public sector pension scheme		2				2
<i>(Band 8b) 'I left the pension scheme as my pay award left me worse off by 3.5% in my net pay and felt it wasn't worth the extra contribution. Felt like a disincentive as this 'cliff edge' was not catered for.'</i>						
I am a member of private pension scheme		3	1			4
<i>(Band 9) 'I have been actively considered whether I can move a pension from one scheme to another and have to balance the risk of a large tax bill against the cost of the advice to determine if there is a problem.'</i>						
Other		2	1	1	1	5
<i>(Band 8c) 'Came out 6 months before I retired as in that last 6 months there would be minimum increase in pension payments but a significant reduction in monthly contributions as a result. Then took out an additional life policy to cover any loss of 'death in service' benefits in case.'</i>						
<i>(VSM) 'Lifetime allowance threshold breached'</i>						
<i>(Band 8a) 'I did a 'retire and return' so took my pension and came back.'</i>						

We wanted to understand what action staff had taken as a result of the annual allowance issue. Unsurprisingly, the number of people who have actually taken action (see **table 3**) is fewer than the numbers considering taking action (see **table 4**). Although, 87 actions have been taken, it is only 65 (25%) respondents who have taken that action. Most of those who have taken action are on grades 8 and 9 or are senior or very senior managers.

We did not specifically ask whether any respondents are specifically not planning to take any of these actions, but it is worth noting some did comment that this was the case:

(Band 6) 'Not considering any of above'

(Band 7) 'I wouldn't consider any of these.'

(Band 9) 'For all of the questions above my response would be neither - for example I haven't reduced working hours - and nor am I considering.'

(Band 8a) 'I have not taken any of the above measures and have not considered doing so.'

Table 3: Action that staff have already taken

	Bands 3-7	Bands 8-9	Senior manager/ VSM	Executive/ director	Other/ not specified	Total
Not applied for a promotion	1 (3%) ¹	8 (6%)	10 (14%)	2 (18%)		21 (9%)
Not taken a pay rise		5 (4%)	12 (17%)	2 (18%)		19 (8%)
Reduced working hours		3 (2%)	1 (2%)	1 (9%)	4 (24%)	9 (4%)
Left the NHS Pension Scheme	2 (6%)	6 (4%)	15 (22%)	4 (36%)	4 (24%)	31 (14%)
Taken early retirement		1 (1%)	1 (1%)	1 (9%)	2 (12%)	5 (2%)
Left the NHS to work elsewhere			2 (3%)			2 (1%)
Total	3	23	41	10	10	87

(Band 9) *'The tax burden on 1995 section is also an issue. I have had to pay tax on future benefits I won't get as it was based on a salary, I now won't get due to role change.'*

(Band 9 – who has not applied for a promotion) *'I have 32 years' service, all at a good wage and all in the pension schemes. It is not worth it now for me to get a good promotion and apply for executive roles as the pension tax would remove any financial benefit. I'd probably be worse off.'*

(VSM) *'Forced to opt out of NHS pension to avoid £45k tax bill relating to the annual allowance, following promotion to executive director of finance.'*

(VSM) *'I left the scheme in January this year. I am a clinician by background and am now a very senior manager. I believed that there was an agreed strategy to build a cadre of senior managers from a clinical background. I feel betrayed by the system in relation to the impact this is having on my pension and the sense that as a manager now, my status does not allow me access to any of the new flexibilities being proposed for clinicians. On the other hand, disengaging from the pension scheme has felt liberating. The world is my oyster. I do not feel obliged to seek my next role in the NHS...'*

(Director) *'As I have hit the lifetime allowance, and tapered into the 2015 pension scheme (which accrues at a faster rate and presents annual allowance issues), there is not much point in me seeking further promotion in the NHS or working for it for much longer.'*

Just over half of respondents (138, 53%) are considering taking some action. Again, it is mostly senior staff that are planning to take action and they are considering more than one action (see **table 4**).

¹ The percentages are the percentage of answers for that grade band

Table 4: Action that staff are considering taking

	Grades 3-7	Grades 8-9	Senior manager/ VSM	Executive director	Other/ not specified	Total
Not applying for a promotion		38 (28%)	18 (26%)	2 (18%)	3 (18%)	50 (31%)
Not taking a pay rise		22 (16%)	26 (38%)	1 (9%)	2 (12%)	39 (23%)
Reducing working hours	2 (6%)	36 (27%)	17 (25%)	2 (18%)	2 (12%)	47 (29%)
Leaving the NHS Pension Scheme		30 (22%)	36 (52%)	4 (36%)	3 (18%)	53 (34%)
Taking early retirement	3 (10%)	31 (23%)	19 (28%)	2 (18%)	5 (29%)	44 (26%)
Leaving the NHS to work elsewhere	3 (10%)	22 (16%)	17 (25%)	2 (18%)	1 (6%)	36 (21%)
Total	8	179	133	13	16	349

The comments made reflect the fact that respondents are considering whether to apply for, and then take, promotions or even to continue working in the NHS:

'I am currently a deputy director of finance but will be looking for a finance director role in the next two years. However, the current pension and tax arrangements mean there wouldn't be a financial incentive to take that step.'

(Exec) 'As I have hit the lifetime allowance and tapered into the 2015 pension scheme (which accrues at a faster rate and presents annual allowance issues), there is not much point in me seeking further promotion in the NHS or working for it for much longer.'

(Exec) 'As in 1995 scheme as well as 2015 scheme a small increase in salary would have big tax implications. At £3,000 pay rise I would have £10,000 tax bill. Could not afford to go for promotion whilst in pension scheme. My salary is not at level where tapering applies.'

(Exec) 'Initially I left the pension scheme with 37.5 years' membership to avoid tax liability. I then found the motivation to continue working once I passed the age at which I could draw my pension was greatly reduced and hence retired.'

(VSM) 'I had been considering next steps in my career and either a chief executive role or bigger chief finance officer role. The taxation impact has made me question whether this would be a sensible move.'

(VSM) 'I have not applied for executive posts as the tax would be substantial as a long serving deputy. My current role I accepted £10,000 lower than the salary to avoid a substantial pension tax bill.'

(VSM) 'I have already had to pay a £70,000 tax bill via the 'scheme pays' facility for exceeding my annual allowance on promotion to an executive director of finance role from a deputy director of finance role. The fact I have had 32 years' service to the NHS has counted against me in that the effect of final salary change on accrued 1995 protected benefits drove up my tax bill on benefits I have not accessed. To tax a promotion that reflected 32 years' committed service as it happened in

one year is iniquitous. Increasingly the salary gap between deputy and director is forcing people to either pay a huge tax bill, leave the NHS scheme or not go for the senior roles.'

Other respondents are using salary sacrifice arrangements and actively managing their pension membership in order to reduce potential tax liabilities:

(Band 9) 'I am considering asking for flexible working with a reduced time commitment, to offset the pension tax impact of recent national wage rises.'

(Exec) 'Having received nil or minimal (1% max) pay increase over the past 6 years (which I had no problem with as it was in line with NHS pay rates) my salary has been benchmarked with other directors of finance and resulted in a 9% pay increase backdated to April 2018. This has caused me to trigger the tapering of the annual allowance and resulted a further £20,000 tax liability. I have subsequently decided to cut my hours to reduce my salary which hopefully will minimise any further impact going forward. My personal impact will mean that I will end up working the same number of hours in reality as that is what is required to deliver my role.'

(VSM) 'I worked for 10 years as assistant director of finance, then was promoted to chief executive officer. The impact on my tax liability both initially and ongoing due to the move to the 2015 scheme was the key factor in me leaving the pension scheme, taking voluntary early retirement and leaving board level posts.'

Some respondents reported that the way that the NHS Pension Scheme currently operates creates other consequences which have not been considered, but which may be mitigated by the proposed flexibility. One of these is the stepped nature of the employee pension contribution which mean that when staff are promoted to band 8a, the increase in their pension contribution is greater than the pay rise meaning that the promotion results in less take home pay:

(Band 8a) I tried to refuse a pay rise as it pushed me into a new pension threshold which required higher contributions than my pay increase - but I was not allowed to do so.

Other respondents are concerned that making the NHS Pension Scheme more flexible also makes it more complicated to manage and to understand. They are concerned that there is not sufficient support to allow NHS staff to make informed decisions and that taking the necessary advice is expensive:

(Band 9) 'I have been actively considered whether I can move a pension from one scheme to another and have to balance the risk of a large tax bill against the cost of the advice to determine if there is a problem.'

(Band 8d) 'The issue I have is getting an answer out of the pension agency to see if I am affected.'

(VSM) 'In relation to the annual allowance and taper, I will have a significant tax bill for this financial year because of a promotion, which the service will get benefit from (though I do say so myself!).

I've paid over £2,000 for pension advice to try and mitigate it but expect in future years to have a continuing significant tax bill.'

(VSM) 'I am happy to pay tax, and happy to pay a high level of tax, but I'd much rather it was something I could understand and predict (and I'm an accountant!) rather than something that is applied retrospectively and is extremely complicated.'

Many respondents were clear that any proposed flexibilities should be available to all staff and targeting the proposals at clinicians is divisive:

(Band 8a) 'I'd love to reduce hours worked. For clinicians, job plan reviews result in every hour worked being recognised. This is not the case for staff working under agenda for change. A 37.5 hour week is a minimum requirement - the small print on the job description states 'hours as required to do the job'. Thus, many hours worked receive no reward or recognition. I've not heard of any instances

where clinicians have turned down their pay award, a pay award which accelerates their rise to the pensions and tax ceiling.’

(Band 8d) ‘Unlike consultants additional hours worked by senior admin staff do not tend to attract additional payments and so we are not as affected. I am aware of a post where an individual did not apply for promotion as the payment impact did not justify the additional responsibility.’

(VSM) ‘I am so sad and disappointed with my NHS in how non-clinical staff are being treated. I accept different contract terms and conditions, but the pension was the one thing that was equal to us all - not now.’

(VSM) ‘It is starting to feel that you are only valued in the NHS if you are a clinician. Equity in treatment is not considered to be important. In particular, senior managers are expected to do more and more for less and less.’

‘I do not want to leave the NHS or reduce my working hours but the additional tax liability from breaching my annual allowance has made me consider whether to leave the NHS Pension Scheme. It is wholly unfair that the proposals are only directed towards consultants and GPs. I have had a significant tax bill which will impact on my future pension benefits.’

We asked if respondents were given the flexibilities set out in the consultation whether they would consider taking them (see **table 5**). Some said that they would always consider any options given to them but considering an option does not mean that it will be taken. Having said that, the vast majority of respondents would consider the flexibilities if they were available. However, they are concerned that the arrangements are already very complex, and they would want good advice and a clear understanding of the impact on their current pay and taxation and also on their pension so that they can make an informed decision.

Table 5: Would you consider using the proposed flexibilities?

Band/grade	Number of respondents who would consider taking the flexibilities	Comments
3-5	2 (50%)	‘I would pay into the lower band for now.’
6	5 (71%)	‘I can already put in more if I want to, and at the band I am, I’ll never be in a position of wanting to put in less (or change my working patterns so that I put in less).’
7	13 (65%)	‘If other financial pressure caused me to consider opting out of the scheme temporarily then the proposed flexibilities would offer an attractive alternative.’ ‘Possibly, though I guess that the downside of this is that things could become overcomplicated.’ ‘Need all the pension I can get not worked full time for all the time I have been working.’
8	5 (100%)	‘In the future if promoted.’
8a	6 (43%)	‘I need the maximum pension lump sum as will be offsetting my mortgage however that is 20+ years away.’

8b	17 (74%)	<p><i>'If I could pay more in, not less.'</i></p> <p><i>'I would, but in reality, most staff on agenda for change are unlikely to get anywhere near hitting a pensions cap.'</i></p> <p><i>'Rather a daft question - I would consider any options made available. That doesn't say anything about whether I would be likely to take these.'</i></p> <p><i>'I would like to be able to flex the amount I pay into my pension. The NHS is out of touch with other employers on this matter.'</i></p> <p><i>'The contribution rate is very high compared to other scheme, I appreciate that this is in recognition that the scheme benefits are excellent, but it may be helpful to staff if they can temporary reduce their contribution rate.'</i></p> <p><i>'As long as it does not affect my final take home.'</i></p>
8c	28 (78%)	<p><i>'More take-home pay compared to the current take-home pay for those who opt out of the pension could increase the number of staff willing to take substantive rather than agency roles. For example, an employer budgets for pension contributions at 14%. Offer half of this (7%) as extra pay to employees who opt out of the scheme, thus saving money for the NHS whilst increasing pay for the employee.'</i></p> <p><i>'Retired now but might have made a difference.'</i></p> <p><i>'Would need to see the detail before committing.'</i></p>
8d	25 (93%)	<p><i>'However, this would be reluctantly. I think this proposed arrangement is still a penalty for higher earners.'</i></p> <p><i>'Depending on how close I was to the limits.'</i></p> <p><i>'With appropriate advice.'</i></p>
9	24 (83%)	<p><i>'I would like to make a lower contribution to my pension.'</i></p>
Senior manager	3 (100%)	<p><i>'I have had additional tax liability for the last 2 years following promotions. Effectively I earned less by taking additional responsibility.'</i></p>
Very senior manager (VSM)	60 (91%)	<p><i>'Coming out or capping my contribution. Ideally the allowance and tax are just not reasonable.'</i></p> <p><i>'I would really value the option to have some meaningful way of addressing this. But it has to be understandable. The whole area is massively complex, is impossible to calculate accurately and is incredibly emotionally burdensome. So not sure how</i></p>

		<p><i>the 'flexibilities' will help - they themselves need to be simple! I am at my wits end.'</i></p> <p><i>'Would be bound to as would effectively be a pay rise. Have wondered if I should have left but that was to get lifetime allowance protection.'</i></p> <p><i>'Lifetime allowance reached. However, if this wasn't an issue and I was still in the pension scheme I would use the flexibility.'</i></p> <p><i>'Putting members more in control of their pension and tax would be helpful, but the system is complex, and a number of staff are just unaware of the potential tax liability until it is too late. There needs to be more done to support staff proactively.'</i></p> <p><i>'Yes, YES, YES. Local government do this.'</i></p> <p><i>'I would certainly reduce my contributions to ensure that I was below the AA each year.'</i>-</p> <p><i>'Would depend on the impact on the final pension paid.'</i></p> <p><i>'I might consider this, however as this then impacts your future benefit it is simply a pay cut in disguise and so would not change the fact that applying for a more senior job would have less financial benefit to me.'</i></p> <p><i>'I am 50% in the pension scheme each financial year which I achieve by leaving and joining again. This is admin heavy and I lose life protection benefits when I am out of the scheme.'</i></p> <p><i>'Would be bound to as would effectively be a pay rise. Have wondered if I should have left but that was to get lifetime allowance protection.'</i></p> <p><i>'With 25 years in the old scheme, and the new scheme accruing tax benefit at a faster rate it is not worth taking on more work or responsibility - it is simply the greatest de-motivator to aspiration.'</i></p>
Executive senior manager (ESM), executive, director	9 (82%)	<p><i>'Managing the impact of rises across years.'</i></p> <p><i>'Consider it ... but pension is important to me.'</i></p> <p><i>'It might have meant I continued to work.'</i></p> <p><i>'I would reduce my contributions dramatically but would expect my employer also to pass on some of its reduced employer contribution costs.'</i></p>
Other	7 (78%)	
Not specified	3 (60%)	

Finally, we asked whether respondents had any other views on the proposals that they wanted to include in their response. A third of respondents, 86, commented to the effect that these flexibilities must be made available to all because it is fair and equitable, but also because non-clinical staff on bands 8 and above are also affected by the annual and lifetime allowance issue:

(VSM) *'It is inequitable that these proposals are for clinicians only and - not for the first time - underlines the way in which senior NHS managers are valued less than clinicians.'*

Perhaps things might be different if we were paid extra every time we put in extra work at the weekend or in the evening!

If the choice as to whether pension specific earnings can be given to clinicians, I see no practical reason as to why it couldn't equally be given to other staff.'

(VSM) *'I think that one chief executive officer has put it better than I can in saying that he felt like a second-class citizen. I have given my whole working life to the NHS (and more) and for there now to be a proposed 2 tier system seems inequitable if nothing else. Furthermore, the accountancy profession has transferable skills and chief finance officer positions have been difficult to recruit to so why would the same flexibilities not be extended to us?'*

(VSM) *'I am shocked that in a time of equality, we are creating further inequality of pay. Whilst clinicians are more susceptible to a greater variation year by year due to the way in which additional payments are available, in my opinion I do not believe that clinicians should be allowed greater levels of flexibility for their pension when many NHS senior staff work excessive hours often with no financial reward. Therefore, to penalise this commitment by devaluing it compared to clinicians feels immoral and inequitable. I do appreciate there is a conflict of interest for all senior managers making this decision and also a fine political balance in the debate.'*

(Director) *'Any changes must apply to all NHS employees not just clinicians. Unreasonable and unfair to single out one staff group. Impact of tax isn't just on very high earners; the construct of the 1995 scheme means many middle grade staff with long service are at risk of being caught by small pay increases. As consultation focuses on 2015 scheme it is presumed that only very high earners affected. This is not the case.'*

(VSM) *'Whilst senior managers rarely have the opportunity to be paid 'overtime' for additional hours worked, the way the pensions benefit is calculated, using some forecast of future benefits that has no transparency whatever, means that even those managers on higher agenda for change bands are at risk of incurring significant tax bills. More are considering leaving the scheme/ the NHS, including myself. The loss of these contributions puts the entire scheme in more jeopardy.'*

Others indicated that it is the annual allowance and lifetime allowance that should be revised:

(Band 7) *'The ideas were obviously not thought through properly at the onset. Doctors should not be penalised for the few private sector workers who have manipulated their pensions.'*

(Band 8c) *'I consider my pension to part of my contract, and both this and the additional years contribution contract I signed some 15 years ago, were decisions made carefully at the time - unilateral action by the government (my employer) to in effect cap the value of my pension is deeply unfair.'*

Others still wanted to point out other inconsistencies with the current pension and tax arrangements:

(Band 7) *'The large steps up in pension contributions have in the past created issues, such as the point in 8a progression where the recipient of a scale point increase had reduced take home pay. These steps need to be considered in any deal, and ideally changed to be incremental. (I understand*

this is not the issue at the heart of this survey but it is another system inconsistency which should be avoided).'

(Band 9) 'I think this is a wider issue than the NHS. Pensions rules should encourage people to save for their retirement. Pensions are taxed as income when they are drawn down which means this just taxes people twice and is unfair to everyone. I support good pensions in the public sector and think that everyone in the private sector should have similarly good arrangements!'

(Band 8a) 'Basing contribution rates for part time staff on earned salary (as is the case for GPs) rather than whole time equivalents (WTE) as benefits not accruing on WTE basis.'

(Band 8c) 'System is too complicated with reference to calculation of annual allowance. Personal experience of wrong information given by NHS pensions. You should be able to work it out yourself and not need to employ an accountant to do so. Often you don't know the value until after the end of the tax year when it is too late to influence outcome.'

Finally, there others who wanted to comment on other parts of the consultation:

(Band 7) 'Flexibilities should be open to all members, but consideration should be made of a lower limit for those not affected by the tax issues. Offering 50:50 to those might otherwise have opted out of the scheme on affordability grounds would be a good idea but letting members on low salaries opt for 10:10 might let them feel like they're still saving for retirement when in truth the amount they are accruing is minimal.'

The phasing of pensionable increments will be too hard to explain to members to have any real impact.

Leaving the recycling of employer contributions to individual employers to decide is unhelpful. A national position one way or the other would be better.'

(Band 8) 'I would like a complete review of NHS pensions as I do not have confidence that Primary Care Support England (PCSE) are administering the scheme correctly.'

(Band 9) 'The structure of the scheme benefits means that it is not only those above the taper threshold that can be affected - those with good salaries below the threshold but long service tip over the £40,000 allowance too, making it more attractive to step down working hours, thereby losing experience to the service.'

(Band 9) 'Colleagues on defined benefit public sector schemes need to realise how significant the value of the pension is both in monetary terms and security.'

(Band 8a) 'How on earth do you set a meaningful budget where the clinician can set their own pension contribution level, and then later in the year change that decision and backdate it, requiring the employer to potentially contribute even more. There are more staff in the NHS than clinicians.....'

(VSM) 'To have a dividing line between clinical and non-clinical staff is wrong and divisive. I am not worth less than a clinical colleague just because I am not withdrawing my labour. Overall, I would say that the taper needs to be changed or abolished, so that all affected people across society are treated equally.'

I'm not clear how the proposals would be practically transacted - presumably electronic staff records (ESR) would have to be updated in order to run it correctly.

I am also worried that the local proposals that have come up of 'swapping' employer pension contributions for increased salaries could be open to legal challenge on a sex and/or age discrimination basis. Most people who are not in the pension scheme are young, at the beginning of their careers and in lower banded roles. We therefore have to offer such schemes to all staff, not just to high earners. From a payroll point of view that would be a nightmare!

About the HFMA

The Healthcare Financial Management Association (HFMA) is the professional body for finance staff working in healthcare. For 70 years it has provided independent support and guidance to its members and the wider healthcare community.

It is a charitable organisation that promotes the highest professional standards and innovation in financial management and governance across the UK health economy through its local and national networks. The association analyses and responds to national policy and aims to exert influence in shaping the healthcare agenda. It also works with other organisations with shared aims in order to promote financial management and governance approaches that really are 'fit for purpose' and effective.

The HFMA is the biggest provider of healthcare finance and business education and training in the UK. It offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance. The association is also an accredited provider of continuing professional development, delivered through a range of events, e-learning and training. In 2019 the HFMA was approved as a main training provider on the Register of Apprenticeship Training Providers and will be offering and developing a range of apprenticeships aimed at healthcare staff from 2020.

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