Council of Deans of Health – Written evidence (FFF0063)

House of Lords Public Services Committee - 'Designing a public services workforce fit for the future' inquiry submission

Introduction

The Council of Deans of Health is grateful to the Committee for the opportunity to give evidence on this important topic.

We represent 101 university faculties engaged in education and research for nurses, midwives and allied health profession students – with almost all UK-domiciled students of these courses studying at one of our members. At any one time our members are teaching 175,000 students, the future healthcare workforce of the NHS, private and charitable sectors

Summary of key recommendations

- Building on the cooperation over the Covid-19 pandemic for better join-up between the Department for Health and Social Care and the Department for Education on healthcare education.
- Appropriate funding and resources to increase healthcare education workforce capacity with an awareness the latter is critical to delivering a wider healthcare workforce increase.
- Investment and regulatory support for increased innovation in healthcare education with the chance to review the current approach to regulating simulated learning.
- Greater promotion of interprofessional learning and policy focus on all healthcare professions, in particular allied health.
- Flexibility in healthcare careers with provision for formally developing expertise and the promotion of roles in clinical academia to spur on healthcare education and retain existing healthcare staff via offering different career paths.

Government join-up

1. Accurately predicting the future requirements of the healthcare workforce will always be a challenge and requires ongoing Government engagement with healthcare educators, healthcare providers (the NHS but also private and third sectors) and assessment of public need factoring in regional variations.
2. Crucially, this work also requires better join-up between the Department for Health and Social Care and the Department for Education so the workforce DHSC needs is assisted by the understanding of DfE, while DfE and educators are supported by DHSC with policy recognition of the role

students play in the NHS and funding streams that cross both departments.

3. Shared objectives, forums and workstreams – some of which have been set-up over the Covid-19 pandemic, are a good model for future work. It is essential to avoid healthcare education 'falling between the gaps' of these two departments with uncertainty about where responsibility lies or too tight a delineation on what each of their objectives are that bypasses the reality that both good student outcomes and a strong healthcare workforce need joint work and shared objectives that break through silos.

Appropriate funding

4. All plans for increasing the size of the future healthcare workforce require an essential component that recognises a concomitant need to increase capacity in the healthcare *education* workforce. To deliver quantity without impacting quality, educators need more resources and funding as well as a more innovative regulatory regime.
5. With high inflation alongside the ongoing tuition fee freeze, there is a risk that our members could be asked to deliver more for less. However, Nadhim Zahawi's message that Government will work with the Office for Students on *"...more funding for courses that support the NHS[1]"* is welcome and we look forward to working together on this.
6. Investment in education workforce, ensuring students receive excellent teaching can be underappreciated in topline policy proposals. Delivering a larger, and better educated, healthcare workforce requires a larger, and better educated, healthcare *education* workforce. This needs funding for numbers and ongoing training, with recruitment and retention of education staff both necessary. Good Continuing Professional Development (CPD) funding offers opportunities for different careers in the sector and progression while developing skills that have wide-ranging benefits, supporting retention.
7. Importantly, education healthcare careers are a good route to maintaining overall retention of healthcare staff who may wish to explore academic and research careers as a complement or alternative to working in healthcare settings. This provides a pathway for the retention of experienced staff who can impart their knowledge to a future generation of healthcare workers.
8. Investment is also needed for facilities and technology to accommodate greater numbers and educate at scale using the latest innovative approaches. An increase in students requires the appropriate space, expertise and equipment to deliver a quality education.

1 'Fairer higher education system for students and taxpayers' 24th February 2022 https://www.gov.uk/government/news/fairer-higher-education-system-for-students-and-taxpayers

Simulation and innovation

9. An area of considerable healthcare education investment, in coordination with Health Education England, has been in simulation and the Council of Deans of Health is delighted that the Committee has indicated it will visit one of our members to see this in practice.
10. Simulated learning covers a range of experiences from virtual reality radiography to wards of lifelike mannequins that can replicate numerous conditions healthcare workers will work with. In some cases students will be acclimatised to all human senses, how wounds visually progress, the smells to expect, or be put in a scenario where everything goes wrong – learning how to deal with that professionally but also being prepared for challenging situations personally.
11. None of these are a replacement to face-to-face placements that are core to their education and progression but simulated learning acts as a complement to this, allowing controlled environments to develop skills across different settings building confidence and expertise for when this is done in person.
12. Simulated environments allow a range of healthcare disciplines to use the same technology for their specific needs. For example a lifelike mannequin that replicates childbirth could be utilised by students of midwifery, paramedics and nursing while work has also been done with other emergency services such as firefighters to replicate responding to a lifelike crisis. Many members have recreated home scenarios to educate on how to deal with challenging situations outside formal healthcare environments.
13. Some of our members have even used this technology in healthcare departments to assist courses such as law and journalism, showing how an investment in simulation has applications for a range of future careers.
14. Much of this technology is also future-proofed with updates increasing the range and sophistication of the experience and proving a worthwhile investment of resources.
15. Simulation played an important role over the Covid-19 pandemic when healthcare placements were limited in appropriateness and teaching resources were stretched. As we emerge from that, our members have shown how lessons learned on how simulated learning complements real placements can help increase the capacity to educate larger numbers of healthcare students.
16. These lessons are particularly pertinent for parts of the country where there are fewer placements but a need for a skilled local healthcare workforce, allowing a chance to level-up regional healthcare work rather than risk students moving away to big cities where more opportunities are available.

17. While funding is important for this, perhaps a more crucial lever to drive innovation and increase workforce capacity is regulation.
18. Currently, both nursing and midwifery programmes must consist of 4,600 hours over 3 years with a limit on the number of hours that include simulated learning. In light of the pandemic the Nursing and Midwifery Council has a set of Covid Recovery Standards in operation. This includes temporary standards to allow up to 600 simulated practice hours. Simulation is only permitted in nursing education and not midwifery education due to EU regulations. The Council would like to move to a competency-based approach, prioritising outcomes rather than an hours-based allocation, which prioritises inputs, and for an increased use of simulated practice in nursing and its formal adoption in midwifery.
19. Learning lessons from the pandemic but also embracing the opportunities presented by Brexit to diverge from the inherited European Union Standards for Nursing and Midwifery could empower healthcare education to truly embrace innovation and increase workforce capacity.
20. With a review of the legislation underpinning the NMC's regulatory remit there is the possibility, with political support, for a move to increasing use of simulation, maintaining the central role for real-life placements but expanding them to better include social care settings and non-NHS environments as well as focusing on competency and outcomes rather than hours and process.
21. Such a move could also assist allied health professionals' use of simulation and technology by making it more cost-effective and incentivised for the NHS and universities to invest in innovative education that all healthcare students can use.
22. Our members, across the United Kingdom, regularly raise changing the regulatory environment on simulation as one of, if not *the* single most important policy changes to spur on healthcare education.

Career flexibility

23. This submission has already raised the role that healthcare education in itself can play as a way to retain healthcare staff – providing a route to a different career in public service, be it as complementary to a clinical role or a different path that still benefits the country and healthcare workforce.
24. This flexibility in careers is increasingly important with healthcare staff given opportunities to progress, diversify their expertise and gain formal qualifications as well as the option to pivot into healthcare education, academic and research roles. This flexibility can drive retention, preventing burn-out or the perception of being stuck in one

role, while also providing healthcare policymakers with more flexibility by providing a higher skilled and more adaptable workforce.

25. With an ageing workforce, and a track record of many entering healthcare as a second or third career in their lifetimes, flexibility can be a way to make both recruitment and retention more attractive. Through better advanced practice, i.e. the development of staff via academic routes, and preceptorship in welcoming them to the roles, the NHS can better match the best the private sector has to offer staff, while increased movement between different sectors allows a broader range of skills and experience to be harnessed.
26. Ensuring that all levels of healthcare are open to people from different backgrounds, that better reflects the country at large, can be done through this development as well as ongoing work on widening participation and the utilisation of role models and mentorship to attract people to the profession and retain any who risk feeling marginalised once in post.
27. The Council of Deans of Health has contributed to this via an annual Race Equity Month, a fellowship programme rooted in anti-racism work and the placing of Equality, Diversity and Inclusion[2] as one of our strategic priorities.

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[2] 'Council of Deans of Health Race Equity Month', November 2021, https://www.councilofdeans.org.uk/membership/events/race-equity-month