

Beyond Crisis: making the most of health higher education and research

**At any one
time our
members will
be educating
more than
100,000
future health
professionals,
both in the
UK and
internationally**

Across the UK, staff shortages are putting health and social care services under pressure, with England currently facing one of its most profound and sustained workforce crises in decades. In the 12 months to September 2014 alone the NHS recruited nearly 6000 overseas nurses to fill gaps; shortages of paramedics and prosthetists are so severe that they are now on the UK's Shortage Occupation List.

At the same time, we need to transform services in all UK home nations to meet the future needs of patients: delivering greater integration between health and social care; taking serious steps to prevent ill health; and using IT to transform the delivery of care. This will largely depend not on new structures but on the people who work in health and social care, who will need to adapt to new roles and services and learn new skills in order to make these changes a reality.

There is no quick fix; the challenges we now face will take the best part of a decade to resolve. But there are actions in three areas that the next UK government and devolved administrations can take early in the parliament, even in the context of a challenging Comprehensive Spending Review (CSR), that will set us on the path to a system that will better serve both patients and staff.

1.
Rethink
workforce
planning

2.
Build on the
talents of
the existing
workforce

3.
Protect
and grow
research

Rethink workforce planning

Although the causes of the current crisis in staffing numbers are complex, problems with workforce planning are an underpinning factor. Between 2008/9 and 2012/13 places to study occupational therapy in England were cut by 12%; adult nursing places were cut by 18%; and mental health nursing places were cut by 13% (HEE 2013/14 Workforce Plan and CoDH data). At the same time, demand for places on health professional courses is among the highest of all university courses: across the UK, UCAS recorded nine applications per place for nursing (law has five applications per place). Graduates are unsurprisingly in demand: six months after graduating 91.4% of nursing graduates are employed and a further 3.6% are working and studying (2012/13 graduates, HESA DLHE survey).

In all four UK home nations we need to ensure that there is a longer-term, more strategic approach to workforce planning that is not simply tied to annual NHS budgets. In England, the current crisis cannot be resolved by tinkering with the existing system. For the commitments to increase the number of education commissions to be sustainable, they must be combined with a full review of how health higher education is funded and planned.

In the context of the upcoming CSR, we need to ask the hard questions about whether students and/or employers should make a contribution to funding education; we need to address the boom and bust that has dogged workforce planning for years; and we need to create new spaces for employers, educators, commissioners and regulators to work together on major workforce challenges.



Build on the talents of the existing workforce

Most of the health and social care staff who will be working in the system in 20 years are already in the workforce. Over previous decades, nurses, midwives and AHPs have demonstrated their flexibility: embracing developments in advanced practice and independent prescribing; working increasingly autonomously in people's homes; and leading organisations and service redesign across the NHS and social care.

We already know that positive staff experiences at work are associated with better patient outcomes. Without supporting and nurturing the talents of existing staff it is inconceivable that health and social care services across the four UK home nations will be able to meet their ambitions of greater integration, more care in people's homes and preventing ill health.

Making this happen will not be easy. There have been many examples of career frameworks that have foundered without the investment that is required to embed them. There needs to be a sustained effort to promote advanced practice, and an open debate about how funding can be used more innovatively, for example giving access to all health professions to some of the postgraduate opportunities currently only open to doctors.

Our asks

- Engage universities in strategic workforce discussions from the start, including in the implementation of the Five Year Forward View.
- Review education funding in England to develop a system that is no longer predominantly tied to annual NHS budgets.
- Ensure that the outcomes of the Health Professional Education Investment Review in Wales deliver a greater focus on the future workforce in primary and community care. In Scotland, move to a longer-term, three year workforce planning cycle.
- Explore minimum thresholds for expected workforce need in health and social care, allowing universities with the capacity greater freedom to recruit above this number.

Our faculties educate around 75% of the total future health professional workforce



Protect and grow research



Our asks

- Ensure that every major service redesign is underpinned by an education and training plan showing how staff across the health and social care team will be developed.
- Bring advanced skills forward into initial education and into preceptorship for recent graduates, with excellent practice placements that reflect changing health and social care services.
- Invest in structured career pathways across the health professions, including opening up access to postgraduate education.

The 2014 Research Excellence Framework demonstrated the outstanding work of research in nursing, midwifery and the allied health professions. In the sub-panel that included nursing, midwifery and AHP research, 31% of submissions were rated world-leading and 50% rated as being internationally excellent. The impact of the research was exceptionally high, with 47% rated world-leading and 41% rated as being internationally excellent (REF 2014).

As well as transforming outcomes for those who use health and social care, this research also underpins education. To meet the needs of future patients, the generation of new knowledge and its application in practice must be sustained. Across the UK, this will involve developing more people who are able to work in dual clinical and academic roles. Although these roles make a vital contribution to patient care, the number of clinical academics in nursing, midwifery and AHPs is tiny: as an indication, in the UK there are an estimated 110 AHP professors (0.05% of the total workforce) and fewer than 300 research professors in nursing and midwifery (less than 0.03% of the total workforce) (AUKUH survey, 2014).

Our asks

- Protect the overall levels of research funding in the CSR.
- Target investment to currently underfunded areas where there is evidence from REF 2014 for excellent patient benefit, including mental health, stroke rehabilitation and quality and safety of care.
- Increase the number of clinical academics from allied health, nursing and midwifery through coherent career pathways and boost the number of places for Research Masters courses, the first step on the pathway.

Almost anyone who wants to study in the UK to become a nurse, midwife or allied health professional will study with one of our 85 members

Who we are

The Council of Deans of Health is the representative voice of the 85 UK university health faculties engaged in education and research for nursing, midwifery and the allied health professions. Our members are experts in educating future and current health professionals, both in the UK and overseas. Members also carry out internationally-recognised research, developing new ideas to help solve some of health and social care's most pressing problems.



We estimate that the domestic education activity delivered by our members is worth more than £1.2bn annually



Council of Deans of Health
Woburn House, 20 Tavistock Square
London WC1H 9HD
0207 419 5520
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www.councilofdeans.org.uk
[@councilofdeans](https://twitter.com/councilofdeans)