



CoDH Briefing: Health Education England Mandate 2015-16

Introduction

'Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values', A mandate from the Government to Health Education England (HEE): April 2015 to March 2016, outlines the priority areas that have been identified for HEE to take forward over the coming year by the Department of Health in England. HEE will receive a budget of £4.89bn to support delivery of these priority areas.

This mandate replaces the document previously published in 2014/15.

Read the mandate [here](#).

Themes

The mandate is based around six themes which are unchanged from the 2014/15 mandate.

- Early years development (part 2)
- Integrated care (part 3)
- Mental Health (part 4)
- Public Health (part 5)
- Values based recruitment (part 6)
- Funding for education and training (part 7)

A Refreshed Mandate from the Government to Health Education England: April 2015 to March 2016

Publication date: March
2015

Purpose: Building on the publication of HEE's two previous mandates, the newly 'refreshed' mandate sets out the strategic objectives for HEE for the coming year.

Relevance for CoDH members: The mandate will frame the policy discussions between HEE and the health sector over the year. There are a number of key policy developments for the education and training of the nursing, midwifery and AHP workforce envisaged in the document.

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Key deliverables with implications for CoDH members

HEE will (including new deliverables):

- For smaller specialties and professions, workforce planning will be led on a national basis by an individual LETB (6.29). [No list is included but we would expect this to apply to some of the smaller allied health professions.](#)
- Build into contracts with HEIs that student nurses will attain the Care Certificate within the first year of study (if they have not previously achieved it (6.7). [See commentary below.](#)
- Support progression of support workers into nursing, midwifery, the allied health professions and social care (6.45) including consider developing a new bridging programme into professional health and social care training (6.47).
- Improve access to part-time degree courses for support workers and maternity support workers, with new courses introduced by September 2015 (6.48).

HEE will continue to (deliverables carried over from the previous mandate):

- HEE to ensure all pre-registration nursing students undertake a practice placement in a community setting (3.7).
- HEE to work with organisations that set curricula, such as professional bodies and regulators, to 'ensure nurses have the right skills to work with older people'. HEE is continuing their work to ensure that all undergraduate courses include training in dementia by September 2015 (3.11).
- HEE to monitor and act on student feedback and to pass it onto the Care Quality Commission (CQC) where concerns have been raised. (6.15).
- HEE and LETBs to ensure 'educators' and 'trainers' ([in practice](#)) have access to support and professional development to allow them to provide excellent education and training (6.18).
- 'Unnecessary attrition' ([not defined](#)) from education programmes to be reduced by 50% by 2017 (6.19). [This has been increased from a target rate of 30%.](#)
- HEE and NHS England to ensure preceptorship programmes for newly qualified nurses are designed to support the transition from a student to a practising registered professional (6.20).
- HEE to continue exploring the potential benefits of up skilling and developing the paramedic workforce (6.26).
- Support for Clinical Academic Careers and growing the numbers (6.60).
- Monitor equality and diversity recruitment for all NHS-funded courses (6.72).
- Implementation of the shared strategy to promote access to HE (6.74).
- Work with DH to develop proposals for Education Resource Groups to form the basis of the future placement tariffs (7.6).



Conclusions

Many elements of the refreshed mandate are a continuation from the previous mandate published in 2014. One change that may easily slip past unnoticed is that the Education Outcomes Framework (EOF) is now an Annex to the document; rather than being held by DH, HEE will now develop its own indicators and report on progress through its annual report. Although the EOF struggled to get off the ground, the absence of an overarching external framework that holds the system to account for the outcomes of education is a loss. There also continue to be concerns on the length and content of the mandate itself:

- 'Doctors and nurses': The mandate makes more reference to AHPs this year (including the contribution of physiotherapists, speech and language therapists and paramedics to integrated care) which is very welcome. The real preoccupation in the bulk of the document's objectives, however, continues to be doctors and nurses; there is a long way to go for the real contribution and value of AHPs to be properly embedded across HEE's mandate.
- Negative assumptions about pre-registration (nursing) education: The mandate has a very narrow view of nursing education (differing significantly from the Shape of Caring Review), fixed mostly on support workers gaining access to pre-registration programmes and a mistrust of current education programmes. Symptomatic of this is the intention to use the ongoing contract negotiation as a way of making the Care Certificate an obligatory part of pre-registration education for nursing students: something that is inconsistent with HEE's own published guidance (available [here](#)) which specifically states that regulated health professionals 'already gain similar knowledge and skills in their education', so do not need to complete the Certificate.
- Research-related objectives are weak. There is welcome mention of increasing the numbers of clinical academics but (as in 2014) this area is underdeveloped. Work remains to really see connections made between research, education and evidence-based practice.
- Pre-occupation with prescribing curriculum content: introducing or checking the provision of specific areas within pre-registration education continues to be a constant refrain. It is unclear whether HEE can deliver some of these objectives and there seems to be little consideration of the need for change or evidence of the effectiveness of these interventions.
- The overall volume of activity is enormous and highly prescribed, which will continue to limit HEE's ability to work strategically. There continues to be a risk of saturation in projects and working groups and increasing burden for HE in engaging with these initiatives.