

Evidence from the Council of Deans of Health

Council of Deans of Health written submission to inquiry into implementing the NHS Long Term Plan, August 2019

1. We are grateful for the opportunity to contribute to this inquiry. The Council of Deans of Health represents the 84 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.
2. The Council gave evidence to the Health Committee's 2017 nursing workforce inquiry. It has since worked with the Department of Health and Social Care on its 2018 'deep dive' into the nursing workforce and with NHS England, NHS Improvement and Health Education England (HEE) on the NHS Interim People Plan. The Council has recently met the National Audit Office and the Prime Minister's Implementation Unit about the nursing workforce.
3. This submission focuses on the funding required for education and training to support the Long Term Plan (the Plan). The requirement to increase the supply of healthcare professionals to deliver the Plan is the starting point for this evidence.

Executive summary

4. The Council welcomed the Plan but is concerned that some important decisions to support growth in healthcare education have been postponed. We are calling on the Government to earmark funding through this Spending Review and subsequent settlements to make a real difference to NHS workforce development and to create the conditions for delivery of the Plan's wider objectives.
5. The high costs of healthcare education provision must continue to be met. Should the Government reduce the student contribution to higher education, the Spending Review must guarantee a commensurate increase in public subsidy for healthcare courses to ensure continued provision.
6. Investment in priority workforce areas should ordinarily be channeled through university-based education or through both university-based education and apprenticeship routes.
7. Funding to support placement infrastructure should be made available for the next few years to sustain this year's growth in placement capacity. This year's NHS England/NHS Improvement intervention should be extended to reach more employers and to encompass the allied health professions wherever placement capacity constrains workforce growth.

8. The placement tariff should be increased for healthcare education and specifically earmarked for support of students on placement. It should also be extended to cover paramedic placements.
9. Having evaluated the introduction and impact of the 2017 and 2018 student funding reforms, the Council's position is that changes to funding support for healthcare students are required to support recruitment and retention:
 - healthcare students should be given non means-tested maintenance grants
 - recruitment to healthcare careers could be bolstered by the introduction of tuition loan repayment schemes linked to service
 - postgraduate pre-registration students should receive dedicated support for maintenance costs and tuition fees
 - work is urgently needed to improve timely access to support for placement costs, childcare and hardship.
10. The most effective way of boosting student retention would be to ensure students have access to adequate funding support and to increase funding to support students' experience on clinical placements.
11. The NHS recruitment campaign should be fully evaluated, repeated in future years and extended to encompass the allied health professions.
12. The Spending Review must allow for targeted demand and supply side interventions wherever these are required to ensure sustainable workforce supply.
13. We recommend that funding for the Office for Students (OfS) Strategic Interventions in Healthcare Disciplines (SIHED) programme is extended with sufficient resources, at least until the point that the NHS's own recruitment efforts encompass the allied health professions.
14. The Government should commit firmly now to immediate restoration of previous levels of investment in workforce development (continuing professional development (CPD) funding) with full and earmarked funding through this year's Spending Review.
15. The Government must commit to continue investing in national, European and international health research collaboration and funding, which is essential to improving health and social care delivery and addressing emerging health challenges.

Delayed decision making

17. The Plan failed adequately to address national workforce shortages. The Interim People Plan acknowledged the importance of these challenges, which if unresolved will make it impossible to meet the Plan's wider objectives. Both the Plan and Interim People Plan have postponed some crucial decisions about market interventions in education and training to the Spending Review. Consequently, the healthcare higher education sector and all those concerned about the healthcare workforce are looking to the Spending Review to identify the funding needed to make a difference to the NHS workforce and ensure the success of the Plan.

Funding to support healthcare education

Risks of changes to higher education funding

18. The Council welcomed the Plan's recognition that university-based education is the main source of healthcare professionals and that growth of this route must be accelerated.
19. The single biggest current threat to the education required to support the Plan is partial implementation of recommendations made by the May 2019 (Augar) *Review of post-18 education and funding*.¹ This review recommends meeting the reasonable costs of higher education through continued public subsidy but lowering student tuition fees.
20. Healthcare course costs are high, as demonstrated by a 2017 costing study commissioned by the Higher Education Funding Council for England (HEFCE). The OfS subsidises healthcare course costs using a teaching grant and various additional payments. There is currently a risk that the Government will choose to lower tuition fees without a commensurate increase in public subsidies for high cost courses. This would be disastrous for healthcare education, leading to a reduction in student places and in some cases market withdrawal by universities, which would jeopardise the implementation of the Plan.
21. **Should there be an intention to reduce the student contribution to higher education, the Spending Review should guarantee a commensurate increase in public subsidy for high cost healthcare courses to ensure continued provision.** This subsidy currently falls under education rather than health budgets but joined-up Government thinking is vital to support delivery of the Plan.
22. **Regardless of any decision made based on the Augar Review, the Spending Review must guarantee continued support for high cost subject funding for higher education.**

Apprenticeship funding

23. Many universities are now delivering healthcare apprenticeships. The Interim People Plan states the NHS' intention to widen access to the professions through apprenticeship programmes and to

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805127/Review_of_post_18_education_and_funding.pdf

support workforce growth in areas of acute workforce shortage such as learning disability and mental health nursing. The Council believes that these two objectives are both worthwhile but should not be conflated.

24. Some recent policy interventions have sought to increase workforce solely through the apprenticeship route. This is a mistake as it neglects the primary and quickest means of workforce growth, which is through the university-based pre-registration programme. The pool of potential apprentices is limited while regulatory obstacles and employer costs constrain growth in this area. In some subjects the number of universities providing apprenticeships is still very limited. **Investment in priority workforce areas should ordinarily be channeled through university-based education or through both university-based education and apprenticeship routes.**

Clinical placement funding

Funding to support placement growth

- The requirement for healthcare students to spend time in the workplace means that student numbers and workforce growth are predicated on placement availability. Capacity to provide placements in practice has been put under enormous strain by:
 - workforce shortages and pressures on service, which limit organisations' ability to devote time to education
 - cuts to funding in recent years for workforce development (CPD) funding, which is critical for the development of clinical educators
 - the rapid introduction of apprenticeships and the nursing associate role, which has drawn on existing placement capacity.
25. The Council has welcomed the Plan's investment in 25% additional nursing placement capacity from 2019/20, with further growth planned from 2020/21. Influenced by intelligence from our membership, NHS England/NHS Improvement has this year provided dedicated funding to chief nurses willing to increase placement capacity. This intervention appears to have had greater success in stimulating placement supply than any other intervention over recent years. This is because it has taken a more strategic and targeted approach to investment by offering additional resources directly to chief nurses to employ individuals to support students on placement. This ensures that funding reaches those working with students on placement, which may also help to improve student experience and support retention.
26. Universities responding to a recent Council survey indicated that most could increase student numbers in the allied health professions from 2020/21 if additional AHP placements were created. This indicates that funding similar investment in capacity for allied health placements could lead to workforce expansion.
27. Investment in placement capacity must be sustained. It takes time and resources to build and maintain quality placements for students. Universities also generally require longer notice of placement

numbers than they had this year in order to recruit additional students and support expansion with adequate staffing and facilities.

28. The 2019/20 investment in placement capacity building may be non-recurrent. Funding should be made available for the next few years to sustain growth in the sector. The intervention should be extended to reach more employers and to encompass the allied health professions wherever placement capacity currently constrains workforce growth.

Placement tariff

29. Since 2013/2014 a 'non-medical placement tariff' has been paid to employers providing placements for students. The tariff for healthcare students is much lower than that for medical students and stands at only £3,270 per FTE student². The tariff has been reviewed in recent years but with no commitment to significantly increasing the overall funding put into healthcare placement funding to help incentivise provision. **We would like to see the placement tariff increased for healthcare education and earmarked for support of students on placement.** Increasing the quantum of this funding and ensuring it directly supports learning in practice would almost certainly increase placement numbers and help to reduce course attrition caused by poor placement experiences.
30. Paramedic placements are not currently eligible for the tariff. We believe they should be covered by the same arrangements as other healthcare programmes. This will need to be funded.

Student support

31. The Council highlighted the risks of student funding reforms before they were introduced and called for detailed impact monitoring and interventions to mitigate these risks. The implementation of the reforms did not meet universities' expectations and around half of the steps we recommended to support the reforms did not materialise.
32. The Council, with other stakeholders, has been monitoring the impact of the 2017 and 2018 healthcare student funding reforms.³ **Changes to funding support for healthcare students are required to increase recruitment and retention.**
33. While most students have more day-to-day support for living costs under the current system, student loans are not well understood and students have difficulty accessing available NHS support for childcare, placement costs and hardship.

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791560/education-and-training-tariffs-2019-to-2020.pdf

³ In 2017 undergraduate pre-registration healthcare student bursaries and commissioned courses were replaced with student loans and tuition fees. The same arrangements were introduced for postgraduate pre-registration students in 2018.

34. Healthcare courses are unique, so students require more financial support than most to access and complete their studies owing to course length and intensity and placement requirements. Students have higher contact hours in both academic and practice settings to meet professional regulatory requirements. Extended programme length over the academic year, irregular placement working patterns and time spent traveling to placements and working away from home all inhibit students from taking on paid part-time employment. Those that do undertake paid employment add significant pressure to an already high-intensity programme, impacting on retention rates. Financial difficulties contribute to other reasons for student attrition, such as stress, feeling overwhelmed and chronic mental health challenges.⁴
35. The number of applications to nursing courses across the UK declined by almost a quarter between 2016 and 2018.⁵ There have been particularly steep drops in mature student applications, which has particularly affected subjects with a high proportion of mature students such as learning disability and mental health nursing. According to OfS data, the number of new starters on undergraduate learning disability courses in England decreased by 45% between 2016/17 and 2018/19. In those two years, the number of new starters on undergraduate adult nursing courses in England decreased by 10% with a particularly sharp fall in the East of England (-36%) and the South East (-29%).⁶
36. Recent work commissioned by the OfS on mature students and healthcare programmes found that finance is a key issue deterring potential mature students from applying. This is important as healthcare students, particularly in some subjects, are on average older than other students and more likely to have caring responsibilities and other financial commitments.
37. Financial hardship is known to be a major cause of student attrition. HEE's October 2018 RePAIR report on student retention provides clear evidence of the impact of student support on retention.⁷ It found that finance was the 'most significant concern' to students and the major reason why students considered discontinuing their studies. We know that healthcare students are still experiencing financial hardship, significantly contributing to attrition rates at some universities. Our members report a high take-up of hardship funds by healthcare students.
38. Having evaluated the impact of the 2017 and 2018 student funding reforms, the Council's position on student funding is that:
- **healthcare students should be given non means-tested maintenance grants** to recognise that the length and intensity of healthcare degree courses limit opportunities for part-time work. This would also reflect healthcare student demographics and encourage mature student participation. We believe, at the right level, that this additional support could have an impact on student attrition by easing financial hardship. We think this would be the single most effective intervention to support recruitment and student retention and therefore to increase the number of registered staff.

⁴ Health Education England, 2018, [RePAIR: Reducing Pre-registration Attrition and Improving Retention Report](#)

⁵ UCAS, [End of cycle report 2018 – Summary of applicants and acceptances](#)

⁶ Office for Students, HESES and HEIFES healthcare data relating to academic years 2016/17 to 2018/19

⁷ Health Education England, 2018, [RePAIR: Reducing Pre-registration Attrition and Improving Retention Report](#)

- recruitment to healthcare careers could be bolstered by the introduction of tuition loan repayment schemes linked to NHS service post-registration
 - postgraduate pre-registration students⁸ should receive dedicated support for maintenance costs and tuition fees in recognition of pre-existing debt and to support recruitment of able graduates onto these fast-track courses
 - work is urgently needed to improve timely access to support for placement costs, childcare and hardship.
39. The Interim People Plan commits to reviewing and improving the financial support available to students through the Learning Support Fund. We strongly support this intention. Students find the application process to the fund complex and time consuming. They must also apply for university hardship funds before accessing the Exceptional Support Fund. Some improvements may simply be administrative or a matter of better promotion, but it may be that some additional investment is also required to help students with childcare costs, hardship and travel and accommodation costs.

Non-continuation and retention

40. Many factors affect student non-continuation. Universities and employers have a responsibility to ensure students have a positive experience whilst training, meet regulatory requirements and proceed to successful careers. The Council is fully supportive of the NHS's efforts to improve staff retention and working conditions. It is also engaged with HEE's RePAIR programme which is looking at improving retention both pre- and post-registration. Ensuring adequate staffing in practice will also help to create supportive learning environments in which students and staff can flourish for the benefit of patients.
41. The Council believes that **the most effective way of boosting student retention would be to ensure students have access to adequate funding support and to increase funding to support students' experience on clinical placements.**

Attracting people to the healthcare professions

42. The Council has consistently recommended sustained, high-profile national recruitment campaigns demonstrating the potential and importance of modern careers in healthcare and the diversity of career pathways and progression opportunities available. Research indicates that low application rates to some healthcare subjects (notably the smaller allied health professions and learning disability nursing) are partly explained by a low understanding and awareness of the careers available.

The NHS recruitment campaign

⁸ Postgraduate students can undertake shortened courses, often two years in length, leading to registration.

43. The Plan committed to national recruitment campaigns to recruit staff, attract returners and help retention. We welcome the current investment in the *We are the NHS* marketing campaign, which this year focuses on nursing and particularly targets students going through the UCAS application process.
44. The NHS recruitment campaign should be fully evaluated, repeated in future years and extended to encompass the allied health professions.

The Office for Students SIHED programme

45. In 2017, HEFCE agreed the allocation of £1m per year for three years to support small and vulnerable specialist allied health profession subjects (therapeutic radiography, orthoptics, prosthetics and orthotics and podiatry). This responsibility now falls to the OfS, which is working collaboratively with professional and sector bodies to run the programme known as the SIHED Programme. This programme aims to support demand for and improve retention on these courses. It now encompasses a communications campaign, website and employment of dedicated outreach officers for recruitment to these professions.
46. As this programme comes to an end a decision needs to be taken about its resources and the future of its outreach and communications staff. Some professions, including therapeutic radiography and podiatry remain very vulnerable. **We would strongly recommend that the programme is extended with sufficient resources, at least until the point that the NHS's own recruitment efforts encompass the allied health professions.**
47. **The Spending Review must allow for targeted demand and supply side interventions wherever these are required to ensure workforce supply.** These should focus on the undergraduate and postgraduate university-based degree routes to the healthcare professions and not be limited to apprenticeships.

Continuing professional development

48. In our 2017 written evidence to the Committee, we called for significantly increased investment in CPD to support service quality, training capacity and staff retention. We were pleased that the Committee's report following the nursing inquiry stated that HEE must reverse cuts to nurses' CPD budgets, and that funding allocated to trusts should be specifically ringfenced for this purpose. Unfortunately, this has yet to happen.
49. The Plan recognises that CPD or workforce development 'has the potential to deliver a high return on investment' by offering progression, boosting retention and equipping staff with the skills required to operate at advanced levels and meet patients' needs. It states that it would expect to increase investment over the next five years following agreement of the HEE training budget in this year's Spending Review.
50. The Interim People Plan went further, highlighting the drop in workforce development spending from £205m in 2013/14 to around £120m in 2018/19. It commits to reviewing how to increase both national and local investment 'with the aim of achieving a phased restoration, over the next five years, of

previous funding levels for CPD.' These statements, which fall short of concrete commitments, come long after the Committee's January 2018 call for a reversal of cuts to CPD.

51. **The Government should commit firmly now to immediate restoration of previous levels of investment in workforce development with full and earmarked funding through this year's Spending Review.** Actual levels of spend may need a few years to reach previous levels as universities rebuild their post-registration education programmes and recruit specialist staff.
52. We would like the Spending Review to ensure funding for buoyant provision of university post-registration education provision including advanced practice master's degrees, clinical academic training, prescribing, chronic disease management and education in specialist areas such as health visiting, district, practice, school and occupational health nursing. Investment in workforce development is particularly important considering the introduction of new nursing standards by the Nursing and Midwifery Council (NMC), which place new responsibilities on approved education institutions and practice learning partners. Post-registration education supports both staff recruitment and practice-based education of the future workforce.

Funding to support research

53. **Investment in health research is essential to improving health and social care delivery and addressing emerging global health challenges.** Nursing, midwifery and allied health professionals' research has a strong link with and impact on practice and positive patient outcomes
54. The Government should enable UK universities, including health researchers, to continue close partnerships and cooperation with their European colleagues through Horizon 2020/Horizon Europe.
55. A large proportion of health research is derived from public research funding sources. We would like to see continued commitment to the Government target of 2.4% of GDP invested in UK research and development by 2027 and the longer-term goal of 3%.
56. Many healthcare professionals want to continue practising as well as contributing to the evidence base of their professions. Therefore, clinical academic careers are an important component of the research landscape. The proportion of nurses, midwives and allied health professionals in clinical academic position is still below 0.1%. We would like to see more research projects led by nursing, midwifery or allied health researchers, strong programmes for continuing professional development, earmarked research funding for specific disciplines and institutions, and more recognition of the contribution that health research is making to the wellbeing of the population and the quality and efficiency of the health and care system.

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