



Scottish Funding Council – Widening Access and Retention Fund (WARF) Consultation 2019

Council of Deans of Health Scotland written submission – September 2019

The Council of Deans of Health Scotland is grateful for the opportunity to contribute to this consultation. The Council of Deans of Health represents 84 UK university faculties engaged in education and research for nursing, midwifery and allied health professions. Our 12 member institutions in Scotland work with policy makers to help shape the education and research of the future healthcare workforce in Scotland.

Response

9. Should this Fund be separately monitored beyond standard Outcome Agreement reporting?

The Widening Access and Retention Fund (WARF) forms part of the wider Outcome Agreement settlement. The Council has concerns about Outcome Agreements, specifically in relation to the monitoring of nursing and midwifery education in Scotland. From 2019/20 these programmes are now subject to specific targets based on retention and completion, gender balance, access and articulation, and regional collaboration.

Metrics

Most of the nursing and midwifery Outcome Agreement targets are based on percentage increases across universities with nursing and midwifery programmes in Scotland. Rather than relying on percentage change alone, outcomes agreements should take into account qualitative and contextual information including type and size of the provider, its applicant background, local circumstances and work already undertaken to meet these targets. This context is crucial in ensuring the validity and utility of this exercise. Furthermore, some of the targets require annual increases of 1%. However no maximum percentage is outlined, so it is unclear what the end point would be.

Fundamentally, there is insufficient explanation for why these particular metrics have been deployed. An evaluation of this approach to nursing and midwifery education will be needed to understand its success or otherwise.

Retention and completion

The factors behind non-continuation are complex and are personal to an individual student. Whilst it is a student's choice to decide whether to continue their studies or not, it is also the responsibility of both higher education institutions (HEIs) and their practice partners to ensure that healthcare students have a

positive experience whilst training, meet the requirements of professional registration and go on to have successful careers in practice.

Financial hardship is known to be a major cause of student non-continuation. Healthcare programmes are atypical. Students have higher contact hours in both academic and practice settings to meet professional regulatory requirements. 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 non-continuation, such as stress, feeling overwhelmed and chronic mental health challenges. It is hoped that the Scottish Government's planned increase in the bursary to £10,000 per annum by 2020 will help to improve retention rates.

Students' experiences on clinical placements also play an important role in explaining retention. Healthcare students may encounter traumatic experiences whilst on placement which are unique to their programmes. Universities are working hard to support students tackling mental health issues and working in collaboration with practice partners at a local level to develop better models of student care.

Finally, completion outside of the standard programme length should be not viewed as failure. Programme outcomes are the same irrespective of the time taken to qualify. Students decide to spend time away from their education for many reasons, including due to ill-health or to undertake caring responsibilities. A pause in study can often allow a student to come back to the programme better able to succeed. Universities should not be penalised for allowing students this flexibility, especially where this is an issue of equality.

Gender

The Council supports widening access and participation and increasing the gender balance of nursing and midwifery students in Scotland to better reflect the population at large. Gendered notions about different types of work are unfortunately widely held and act as a significant barrier for male applicants to these professions.¹ More needs to be done to increase the visibility and knowledge of healthcare careers amongst school pupils. This is particularly important for primary age pupils as gendered notions about different career roles can be acquired early in life.

It is incumbent on the Scottish Government, universities, and practice to engage in this agenda to ensure that we have a workforce that reflects the population it serves. Universities across Scotland already undertake work to increase the number of male applicants, including advertising campaigns and work in schools.

¹ Scottish Government, 2017, [CNO Commission on widening participation in nursing and midwifery education and careers](#), p38

The Council would also recommend that a more inclusive equality measurement is deployed. This would focus not only on gender but look at other protected characteristics and contextualise the access and participation work of universities to open up healthcare higher education to individuals from a range of different backgrounds.

Articulation

The Council supports the use of accreditation of prior experiential learning (APEL) for individuals to articulate into nursing and midwifery programmes. Individuals will have different experiences that they bring to their studies that may or may not be applicable to the learning outcomes of these programmes. This must be assessed on an individual basis. It should be up to universities to determine entry requirements for individual programmes.

Regional collaboration

Universities across Scotland are working in close collaboration both nationally and regionally. In relation to the implementation of future nurse standards, universities have worked to develop a national practice assessment document (PAD) and are planning to introduce new student supervision and assessment arrangements in collaboration with practice on a regional basis. Universities must also be allowed the freedom and flexibility to deploy an individual institutional approach where necessary.

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