



# House of Commons Education Committee: The impact of Covid- 19 on education and children's services

## Council of Deans of Health written submission – May 2020

The Council of Deans of Health is grateful for the opportunity to contribute to this inquiry. The Council represents the 85 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Our responses relate to this part of the higher education sector.

## Impact on healthcare students

### Course structure

The impact of Covid-19 on healthcare students has been profound as nursing, midwifery and allied health students have been moved into clinical practice to expand the NHS workforce. Following agreement between the NHS, universities, commissioning bodies, regulators and unions across all four nations, healthcare courses were rapidly restructured to meet projected patient need while ensuring that the majority of students could continue to achieve their learning outcomes.

- Nursing and midwifery students in the final six months of their programmes were given the opportunity to opt-in to full time clinical placements.
- Nursing and midwifery students beyond their first year are able to spend 80% of their time in practice and 20% in online theory learning.
- Allied health students in their second and third years are typically spending 60% of their time in practice and 40% in online theory learning.
- Some allied health students in their final year joined a temporary register with the Health and Care Professions Council (HCPC) to maximise their contribution to the workforce.
- First year students across nursing, midwifery, and the allied health professions are mainly continuing their studies outside of the clinical setting.

All practice placements are voluntary during this time and students can opt-out at any point. Over 26,000 nursing students opted-in in England and over 5,000 allied health professional students.

## Impact on student progression

Some final year students may not be able to graduate and register as planned this academic year. This is because they have not met the necessary competencies or hours to join the relevant professional register, due to disruption in practice. Some placement providers felt unable to support students in practice or were unable to offer placements following the suspension of normal clinical services, even with emergency supervision arrangements. Certain regions and certain subjects may be affected differently, for example operating department practice students who will likely have been unable to undertake practice placements given the discontinuation of elective surgeries.

Final year students are being supported by universities to complete their studies as quickly as possible. Placement providers are being urged to prioritise these students for placements where hours in practice still need to be completed. However, there will be students who need to return next year to complete their studies. The Council is working with Health Education England and equivalent bodies across the UK to understand the extent of this challenge.

## Financial impact

It was agreed that all healthcare students in clinical practice would be remunerated over this emergency period to recognise the inevitable difference in learning environment and to provide death in service cover.

Any healthcare students unavoidably delayed in graduating will need financial support in the next academic year while they complete their studies. In England, we are calling for final year students who need to return in the next academic year to be given a pro-rata maintenance grant to help support their living costs. There should be a principle of no financial detriment for students who have faced unavoidable delays in course progression.

Student Loans Company regulations can act as a barrier to students returning to interrupted studies. This requires action by the Student Loans Company and Department for Education. The small number of healthcare students who interrupted their studies as a result of Covid-19 must be enabled to return as soon as they feel able to do so.

## Effect of Covid-19 on healthcare apprenticeships

Universities are working in close collaboration with local employers to develop and deliver healthcare apprenticeships and widen access to healthcare careers. Some healthcare apprentices have had to pause their studies and resume their substantive roles with their NHS employer as a result of Covid-19. Others have been able to continue their learning.

There is some uncertainty about when all healthcare apprentices, who have been taken off their apprenticeships by their employers, will be able to resume their studies. Apprentices should be encouraged to resume their programmes as soon as is practicable.

## Impact on healthcare education providers

### Immediate impact on the sector and sector contribution

The contribution of the healthcare higher education sector has been important in the nation's response to the Covid-19 pandemic. This has included the deployment of nursing, midwifery and allied health students and some academic staff within clinical practice to expand the NHS workforce, effective partnership working with NHS colleagues, including hosting a Nightingale Hospital, and delivering on the civic mission of universities in supporting their local and regional communities.

In addition to supporting students and continuing to provide high quality education, universities have been producing PPE, enabling their staff to enter clinical practice to supplement the workforce, providing training to upskill the health and social care workforce, and offering facilities and equipment to NHS services. Healthcare research in universities will be fundamental to informing our response to the ongoing threat of Covid-19. All this work has highlighted the central importance of the healthcare higher education sector to the nation's wellbeing and success, both now and in the future.

Healthcare faculties rapidly modified courses by rebalancing theory and practical components to meet the needs of service and individual students, some of whom were unable to undertake placements for health reasons. The impact on staff workload in healthcare faculties has been significant and not always widely recognised.

The mental wellbeing of healthcare academic staff is important. This part of the academic workforce will continue to face increased pressure in responding to changing national guidance and regulations in light of health service reconfiguration, delivering teaching and student support remotely via online learning technology, and implementing changes to curricula. Supporting the mental wellbeing of staff is also a key concern of universities.

### Longer term impact

The changes that had to be made to the structure of healthcare courses in response to Covid-19 will have longer term implications. Some student placements have been postponed putting additional pressure on placement capacity in the coming academic year. These pressures could be compounded by future peaks in pressure on the NHS caused by Covid-19 or the backlog of routine work. Placement providers must be encouraged to host healthcare students over the coming months to normalise student progression.

The sector continues to plan intensively for the new academic year 2020/21, including working to ensure students can progress, putting in place social distancing arrangements on campus, moving theory learning online and looking for ways to increase healthcare student numbers in line with Government policy.

### Regulatory flexibilities

The pandemic has led to some regulatory flexibility on behalf of healthcare professional regulators. This has included the introduction of emergency standards of education by the Nursing and Midwifery Council (NMC) and the establishment of a student temporary register for finalists who have completed all their

practice placements by the HCPC. The Council is working with Health Education England and regulators to agree which temporary changes will need to be extended to support the recovery period or could usefully be made permanent.

There will be a need for continued regulatory flexibility from both higher education and healthcare professional regulators in 2020/21, but we must ensure that we do not modify courses in a way that compromises the quality of the education students receive. Regulatory flexibility to enable students to progress, complete, and join the professional register in a timely way is necessary. This may include the greater use of simulation and online practice placements for students who cannot access clinical settings due to underlying health reasons.

The pandemic has also raised questions about some parts of the EU Directive for nursing and midwifery education. Regulatory flexibility regarding the time span of these programmes has already been granted. Questions about the exact hours requirements necessary to achieve occupational competency will need to be addressed, particularly in light of Brexit.

### Financial implications for universities

The high cost of healthcare higher education and its centrality to our collective national wellbeing and economic success must feature in national recovery plans. Covid-19 has placed increased financial burden and risk on the healthcare higher education sector.

The Council is working with universities to understand the financial impact of Covid-19 on healthcare education. There is likely to be increased pressure on clinical environments in addition to social distancing requirements in universities. This may lead to students needing to work in smaller groups, as well as higher costs of technological support, software, simulation equipment, actors and facilities. Sufficient support and resources are needed to sustain and ensure the resilience of the sector. This will also be key in responding to future peaks and any future national emergency.

From the Council's Academic Staffing Census, we know that many HEIs already find it difficult to recruit teaching staff.<sup>1</sup> Providers need to employ occupationally competent and qualified professionals to deliver healthcare programmes and often find themselves in competition with the NHS for staff. Additional pressures on the sector therefore come at a time when staff are already in short supply. Sustaining healthcare programmes and increasing healthcare student numbers in the future will only be possible if HEIs are able to recruit the right academic staff to deliver these courses.

## Sector support for healthcare students

### Student mental wellbeing

The mental wellbeing of healthcare students is a principle concern of universities and their practice partners at all times, but particularly during the Covid-19 pandemic. Healthcare students have obviously

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<sup>1</sup> The Council of Deans of Health, 2020, [The academic workforce in health faculties](#)

faced different pressures compared to other students due to supporting the health and social care sector during the emergency.

University mental wellbeing support services continue to be available to students whilst they undertake practice placements. Healthcare educators already deploy a variety of initiatives to support mental wellbeing, including specialist training, access to psychological support, facilitating reflective practice and peer-to-peer support, and developing apps for students to access help remotely and in real time. Universities are committed to ensuring that during the pandemic healthcare students continue to benefit from these services.

### **BAME students**

Universities have a commitment to widening access to and progression from higher education, including to applicants and students from BAME communities. Universities also have a responsibility to ensure adequate risk assessments both in universities and practice placements. The Department of Health and Social Care has asked Public Health England to undertake a national review and investigate data that indicates people from BAME backgrounds are being disproportionately affected by Covid-19. The university sector awaits the findings of this review.

A student's HEI remains the primary point of contact for information and support for BAME students during this time. Placement options are voluntary and if a student feels they should opt out, for whatever reason, then they are able to do so. All students continue to have access to university mental wellbeing support services whilst they undertake practice placements.

## **Contingency planning for sector resilience**

While the wider higher education sector is working tirelessly to adapt programmes and try to promote resilience in a difficult environment, the Council is working with other national bodies to plan the healthcare education sector's response to future peaks in Covid-19 infection. We will want to consider carefully how we approach key issues such as placement availability, student contribution and status, learning from what worked well and less well during Spring 2020.

### **Critical workers policy**

Healthcare students were designated as critical workers during this pandemic to allow them to access childcare while in clinical placements. It is important that this critical worker status continues to ensure adequate childcare and priority access to vaccinations and testing.

## **For more information contact:**

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