



Professional Standards Authority – Learning Review from Covid

Council of Deans of Health written submission – December 2020

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents over 90 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. This response will focus on the impact of Covid-19 on healthcare higher education and associated themes.

Written response

The impact of Covid-19

The impact of Covid-19 on healthcare higher education has been profound as nursing, midwifery and allied health students were moved into clinical practice to expand the NHS workforce during the first wave. 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 were able to spend 80% of their time in practice and 20% in online theory learning.
- Allied health students in their second and third years were typically able to spend 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 mainly continued their studies outside of the clinical setting.

All practice placements were voluntary during this time and students could opt-out at any point. Over 24,000 nursing students opted-in and were deployed in England and over 5,000 allied health professional students. These arrangements were developed because of excellent partnership working and collaboration between key stakeholders across the sector. This took place on a four nations and multi-professional basis.

There is a need for continued regulatory flexibility from both healthcare professional and higher education regulators in 2020/21. This is necessary to support students to progress, complete, and join the professional register in a timely way, because of the disruption to placements for students across all year groups in the first wave of Covid-19. Practice placements were not always able to accommodate students who opted into paid placements, so disruption is not limited to those shielding. Flexibility should include the greater use of simulation and online practice placements for students across disciplines.

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, so programmes can be completed in three academic years rather than three calendar years. The Nursing and Midwifery Council (NMC) has commissioned work to examine minimum requirements for nursing and midwifery education considering Brexit. Questions about the exact hours requirements necessary to achieve competency and learning outcomes will need to be addressed. However, we must ensure that we do not modify courses in a way that compromises the quality of the education students receive.

Student Status

As outlined above, emergency programme arrangements were implemented in Spring 2020 during the first wave of Covid-19. The learning from this period is useful when considering any proposal for paid placements in the future. Though many students were glad to be able to contribute to national efforts during this challenging time, members have reported that student deployment caused confusion for some students.

Full student status confers benefits in terms of a clear role and remit for individual students, continuing access to HEI support services and HEI responsibility for communications. Paid deployment also caused a range of additional operational issues including students experiencing contractual difficulties. Universities often had to step in to support students with contractual issues during the first wave. We are concerned this would become more common in any resumption of paid deployment and that students would face increased difficulties, which could negatively impact on student progression and completion.

The Council's view is that supernumerary student status must be maintained across the full programme duration and in all practice settings for registered nursing and midwifery students. The HCPC's current Standards for Education and Training (SETS) should not be diluted. This will ensure that learning outcomes and programme hours are met in a timely manner and ensure progression to registration and entry to the workforce. Paid deployment and the removal of supernumerary status will not support student progression and could compromise patient safety.

Digital innovation

The Covid-19 pandemic has revolutionised healthcare in the UK, with healthcare professionals 'treating half of patients in outpatients and primary care online.'¹ This has accelerated changes to models of care that were expected to take place across the course of the 2020s. It will be necessary for professional

¹ <https://www.gov.uk/government/speeches/the-future-of-healthcare>

standards of proficiency to encompass a more dynamic understanding of digital literacy and innovation, service delivery, and communication and engagement with patients and service users. This would ensure they are fit for purpose for contemporary and future practice.

UK HEIs introduced extensive use of online and digital learning for academic and theory education to reduce human interactions and conform with government guidelines on social distancing. Online patient consultations were a useful way for vulnerable healthcare students to access practice settings without endangering their health. Immersive technologies have also enabled the development of simulated practice placements, which can develop skills and behaviours without the need for face-to-face interaction with humans in real life.

Regulators, in partnership with educators, service and other stakeholders, should undertake work to understand how technological developments can be integrated into theory and practice education. There is a need for updated definitions and guidance for new technologies in the context of regulated education. Health Education England is already undertaking work on technology enhanced learning² and blended learning³ and developing guidance to extend this methodology into other disciplines across health and medicine. However, the statutory regulators need to increase engagement with this agenda to explore the possibilities in simulated practice and immersive technologies. Their regulation should permit increased use of these technologies where they have high quality learning outcomes and benefits for students. Increased flexibility in this area could reduce pressure on practice placements.

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² <https://www.hee.nhs.uk/our-work/technology-enhanced-learning>

³ Seven blended learning nursing degrees have already been commissioned in England. A report on this work is expected in 2021: <https://www.hee.nhs.uk/our-work/blended-learning>