



Council of
Deans of Health

The voice of UK university
faculties for nursing, midwifery
and the allied health professions

Forging a New Settlement

The Council's Strategic Plan: 2015-2018

February 2015



Introduction

The Council of Deans of Health is the representative voice of the UK's university faculties engaged in education and research for nurses, midwives and allied health professionals. Set up in 1997, the Council has gone from strength to strength over the past two decades and now has 85 institutional members and three associate members; virtually full coverage of the sector we represent.

As we reflect on our previous five years, we have much to celebrate. We now have strong international evidence that degree level education for registered nurses is associated with decreased mortality rates in hospitals, providing the evidence base for the confidence that many of us have long had as we see the committed, capable students coming through our programmes. We are also increasingly reaping the benefit of our cross-disciplinary composition as a Council. Since the significant challenges facing health and social care in the UK home nations cannot be solved in professional silos, we need the constant challenge to look beyond our own boundaries for conversations with other professions and beyond.

There is, however, much still to do. We need a new settlement for health higher education, built on a recognition of the value of universities, not only in educating the current and future workforce but also as drivers of change and innovation in meeting future health and care needs. We need to see greater investment in the research and scholarship with which our members are engaged: work that the UK Research Excellence Framework 2014 has conclusively demonstrated transforms outcomes for people experiencing health and social care. We need to consider the Council's contribution to promoting the global reach of health higher education and influence international frameworks that set the context for much of our work, particularly those at EU level. We need to invest in a new cadre of creative, resilient leaders who are able to work strategically with policy makers, lead change and influence partners in health and social care.

Achieving this is no easy task. It will require new strategic alliances: with service users and carers, with social care, with students and with colleagues overseas to name but a few. It will require us to have a stronger voice on behalf of our members, promoting and protecting the unique contribution of universities without being protectionist. It will require us to make difficult choices about our priorities as a Council. But whatever the next few years hold, we are convinced that in setting a bold ambition we chart a course that will strengthen health higher education and research, for the good of both the students and the patients that we serve.



Professor Dame Jessica Corner
Chair, Council of Deans of Health



Elisabeth Jelfs
Director, Council of Deans of Health

1. Why Health Higher Education Matters

Higher education underpins the provision of good health and social care

Universities are vital enablers of effective, evidence-based health and social care. At any one time, our members will be educating more than 100,000 future health professionals, preparing the next generation of the health workforce to work across all settings, from people's homes to schools, public health roles, prisons, GP practices and large hospitals. Almost anyone who wants to study to become a nurse, midwife or allied health professional in the UK will study with one of our 85 members. In total our faculties educate in excess of three quarters of the total future health professional workforce. Our graduates are in demand: 96 per cent of nursing graduates and 91 per cent of physiotherapy graduates are employed in graduate level jobs six months after graduation.

Health professionals who have already qualified and are looking to develop their knowledge and skills also study with our members. Courses range from leadership programmes, to formal postgraduate qualifications, bridging programmes for support workers and short courses equipping professionals for specific areas of clinical practice. The education contracts for pre-registration qualifications alone are worth more than £720m per year in England. Put into the mix the post-registration and CPD education delivered by our members and across the UK, we estimate that this activity is worth over £1.2bn annually.

Universities drive research and innovation

Research and scholarship are foundational to the development of evidence-based health and social care. As the 2014 UK Research Excellence Framework has demonstrated, world-leading academic research undertaken by nurses, midwives and AHPs is transforming the lives of people experiencing health and social care. This is research that results in older people falling less; fewer pressure ulcers after surgery; people with disabilities having access to community based rehabilitation; safe access to medication for millions of people from specially trained nurses, midwives and physiotherapists; and better rehabilitation for stroke survivors. It is this research that underpins the development of evidence-based practice and education.

As well as those in research roles, our members also work in partnership with the NHS to create clinical academic posts: staff who have a unique role in both generating and applying knowledge. A clinical academic has a foot in both camps: carrying out research but also working in clinical practice. This means that clinical academics can both apply research to clinical situations and also use clinical experience to generate new research questions.

Members are also innovating in education. Whether this is through clinical simulation, encouraging students' entrepreneurship, creative inter-professional learning or new ideas about how to best involve service users in designing curricula, universities are at the forefront of new ideas in education. Educational innovation benefits not only the learning experience for students but also helps them be as ready as possible for their careers when they graduate, whether working in direct patient care, in research or in another role.

Universities contribute to UK PLC and wider international agendas

Higher education is one of the UK's major exports. In total, higher education is projected to contribute £10.4bn to the UK economy in 2015. The nursing, midwifery and AHP education provided by our members is world-leading: sought after by governments and individuals across the globe.

Many universities deliver major contracts in other countries and the UK is also a leading destination for students from overseas. It is estimated that for each international (non EU) student, output of £46,071 is generated in UK industries, resulting in a contribution to UK GDP of £24,028. Our members are also often engaged in programmes overseas to support countries that are looking to develop the roles of nurses, midwives and allied health professionals, exchanging knowledge to build a new professional cadre. Members are active all over the world, working with almost every professional group, from researchers working with midwives in Malawi to the delivery of radiography education in Singapore.

2. The Environment in Which We Work – the Next Five Years

Pressure on health and social care services

Challenges from the UK's changing health and social care needs are significant. 29 per cent of the population already have a long-term condition and this is expected to continue to rise in the coming years. There are over 10m people in the UK already over 65 and this is expected to rise to 15.5m by 2030. The number aged over 80 is expected to double from 3m to over 6m in the same period. The UK has one of the higher levels of obesity in Western Europe. Responses include imperatives for greater integration between health and social care, delivery of more care outside hospitals, supporting patients and service users to manage their own care, and re-orienting towards prevention and early intervention, all set in the context of an increasing gap between demand and funding.

As expectations continue to shift, nurses, midwives and AHPs will be expected to work with greater autonomy across the full scope of their roles: managing patients with complex conditions in their own home; working across hospital, primary care and community settings and across organisational boundaries, often integrating fragmented systems; redesigning pathways and services; able to utilise new technology as it emerges. Nurses, midwives and AHPs will also continue to make up a large part of the management and leadership cadre in health and social care services and will need to be equipped for these pressured and complex roles.

Universities' approaches to education and research will need to continually evolve as they educate flexible professionals equipped to meet these challenges, as well as generating new knowledge to underpin practice. We will need a new generation of researchers, including those who span clinical, research and teaching roles and a new generation of faculty, ready to educate students to work in changing health and care systems. Since the majority of health professionals that will be working in 2030 are already part of the workforce, this is as much about arguing for strengthened education pathways for the existing workforce as for the future workforce. As a Council we have an opportunity to lead these debates, working together with employers and those who are using health and social care services on common goals.

A continued squeeze on public spending

Despite signs of economic recovery, we can expect a continued squeeze on public expenditure and a tough comprehensive spending review in 2015. Higher education will be expected to continue to become more efficient and spending in the NHS is likely to continue to be under pressure as demand

outstrips supply. In this context, we will need to make the case for public investment in education and training for the health workforce and to lead the development of new models that will safeguard quality and workforce supply

Increased devolution across the UK

Changes to the UK's constitution will also set the context for our work. The increased divergence of both higher education and health policy across the UK has been one of the most significant features of the past four years. With Scotland poised to gain more devolved powers, this divergence is only likely to continue. As a Council we will need to draw together common themes and connect very different policy discussions across the four home nations, demonstrating the value of a UK-wide organisation as well as increasingly supporting members to influence policy in their home nation context.

Changes in higher education

UK higher education has seen rapid change over the past five years and there is no indication that this will slow, as changes to funding, governance and regulation reshape the definition and role of universities. Students' expectations are also changing, with improved data designed to support more informed choices about university courses and students increasingly actively involved in their education as co-creators and innovators. The opportunity to see students as critical, engaged contributors, who often enter higher education with previous experience of healthcare, has the potential to reshape education both within universities and within the practice learning environment. As the role of universities evolves, those in health higher education will need not only to influence politically in relationships with external organisations but also internally: leading change, developing staff and making the case for the health disciplines.

Our global context

As in the past five years, increased globalisation will bring many opportunities for universities to expand their international work and reach as other countries look to invest in health higher education, both through transnational education and through educating overseas students in the UK. Since international work is a core part of our members' activity, we will need to advocate for policy frameworks that support international investment and growth, particularly if the UK is to keep pace with countries such as the US and Canada.

3. Our Aims

The Council of Deans of Health is the representative voice of the UK's university faculties engaged in education and research for nurses, midwives and allied health professionals.

We are the voice of nursing, midwifery and AHP higher education and research. Operating across the UK at the heart of policy and political debate, we aim to lead policy at national and UK level, promoting the essential contribution of our members to health and social care.

4. Strategic Priorities

A new settlement for health higher education

Although health higher education underpins effective, evidence-based health and social care, it is often only in the background of discussions on future health and care services, workforce development and funding.

The twin challenges of changing patient needs and an increasing public funding gap provide an opportunity to set a vision for both pre-registration and post-registration education that promotes the value and contribution of higher education and looks to build the evidence for the impact of education on outcomes for those who experience health and social care.

Although this will look different across the four home nations, in essence we are aiming for a new relationship between the higher education, health and social care sectors, based on a shared strategic understanding of how health higher education can contribute to solving workforce challenges.

Objectives:

- Set a vision for what patterns of health/care need and service redesign mean for future educational preparation, working with regulators, service users, employers and commissioners.
- Lead debates on sustainable funding models for nursing, midwifery and AHP education across the four home nations.
- Promote structured post-registration career pathways, underpinned by education and training and funded appropriately.
- Push for greater investment in work to understand the impact of education on patient outcomes

Increasing research investment and capacity

Research carried out by our members is foundational to evidence-based practice and education. However, its impact on patient care is sometimes overlooked by policy makers and funders and some areas of research are relatively underfunded. As well as promoting the impact of members' research activity based on the 2014 Research Excellence Framework (REF) results, we have an opportunity to support members to prepare for REF 2020 and advocate with research funding bodies for increased investment in particular research areas. We also need to work towards increasing the number of clinical academics, whose work in generating and applying new knowledge plays a vital role in connecting research, education and clinical practice.

Objectives:

- Promote the impact of members' research activity to policy makers and politicians
- Influence research funding bodies to increase funding for research in areas that have been demonstrated to have high impact in REF 2014, such as stroke rehabilitation and mental health.
- Support members to prepare for REF 2020, strengthening capacity across our membership.
- Advocate for significant increases in the numbers of nursing, midwifery and AHP clinical academics, including growth of Masters level programmes and structured career pathways.

Promoting the global reach of UK health higher education

Although the nursing, midwifery and AHP education that our members provide is in demand across the globe and already forms a substantial part of many members' activities, policy and regulatory frameworks both sector-wide and specifically for health professions could better facilitate its growth. This is a new area of work for the Council, where we will focus initially on building alliances with other organisations to strengthen our collective sector voice and on understanding the specific issues for nursing, midwifery and the allied health professions to which the Council can add value.

International workforce challenges and regulatory frameworks, particularly within the EU, also have a significant impact on our members. We will focus on seeking to build relationships with equivalent bodies at national level, with a particular view to establishing a stronger voice for health higher education at EU level and influencing the EU policy frameworks that set the context for much our work.

Objectives:

- Build policy alliances that will support members' activities in international health education
- Promote policy provisions that enable the growth of international health education specifically focused on areas that present challenges for nursing, midwifery and the allied health professions

- Develop a network of equivalent bodies at EU level to influence relevant policy frameworks

Supporting a new cadre of academic leaders

Leading within health higher education is challenging, with both internal and external politics to influence. To achieve the new settlement we are seeking, increase research investment and promote the global reach of health higher education we need to be investing in and developing a new cadre of creative, resilient leaders who are able to work strategically with policy makers, lead change and influence partners in health and social care.

Objectives

- Invest in initiatives to support aspiring leaders in health higher education, using formal and informal mechanisms to mentor and develop the next generation of our membership.

5. Next Steps

The Council's Governance

Underpinning governance structures are crucial to delivering the intentions of this Strategic Plan. Early in 2015 we are putting proposals before the Council's membership to strengthen and restructure the Executive Team, moving from our current configuration based around professional representation to a model based on portfolios of expertise.

Membership Engagement

As a representative association our strength lies in our membership, both in the wealth of experience and expertise of the named members of Council but also in the wider constituency of researchers and educators in our member faculties. In 2015 and 2016 we will review the ways in which we engage with members, recasting how the Council works to make the most of members' knowledge, networks and expertise.

External Relationships

Delivering this Strategic Plan will mean different relationships with external organisations, building the Council's standing with new organisations as well as strengthening the external relationships we already have. As part of this, we will consider how we can best engage service users and students in the Council's work. We will also seek to develop relationships with equivalent bodies internationally, particularly as we seek to influence EU policy.

The Council's Funding

The Council has historically been in a strong financial position, with an accrued surplus. However, our bold ambitions for the Council's future work have implications for ongoing levels and sources of funding. Having agreed a new future funding model with members, we will now implement this, seeking to grow and diversify the Council's funding streams.

For further information

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