Health Education England: Strategic Intent Document
Council of Deans of Health Response

Council of Deans of Health

The UK Council of Deans of Health is the representative voice of the 85 UK university health faculties providing education and research for nursing, midwifery and the allied health professions. The Council seeks to play an influential leadership role in improving health outcomes through developing an expert health workforce and utilising its collective expertise to inform innovative educational practice and translational research.

The Council welcomes the opportunity to respond to Health Education England’s Strategic Intent Document. We are committed to working together with HEE to strengthen health education and training and look forward to ongoing dialogue over the coming months. We have structured our response around the five questions posed in the SID and have used these to both comment directly on the SID and also raise issues that we believe will merit further discussion and debate as HEE begins its work.

HEE’s purpose and remit

We welcome HEE’s clear focus on the improvement of patient outcomes: this is a core purpose with which all organisations involved in health education can align. Responding to the CNO in England’s consultation on the 6Cs we said: ‘a clear focus on high quality of care for patients should be the overarching goal of both health education and health services. This is the plumb line against which education programmes should be judged and outcomes measured’. We still hold to this view. However, in enacting this core purpose effectively in a complex system there are a number of issues on which we would welcome further reflection and discussion.

Clarifying the respective roles of HEE and the regulators

Clarity on the remit and relationship between HEE and the professional regulators, in our case the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC), is crucial if HEE is to deliver its core purpose effectively. Higher Education Institutions have a primary accountability to the
professional regulators as the arbiters of the educational standards required for public protection. Although HEE has financial levers and a mandate through the Education Outcomes Framework to push for excellence in education, it is crucial that its role is set within the context of the professional regulators and that it complements rather than duplicates their work. For example, the NMC 2010 Standards for Education make specific requirements for student recruitment to which all HEIs must adhere for programme approval. Work undertaken by HEE on recruitment should therefore take these into account and be clear on the added value that further stipulations would bring. As the SID is developed into a strategy, the respective responsibilities and relationships with the professional regulators must be clearly understood and articulated if the system is work together coherently.

This complex matrix of accountability also applies to an extent to the relationship between HEE and the higher education regulators. HEIs sit within a higher education regulatory landscape that sets the context in which health education programmes are delivered, with responsibilities to the Quality Assurance Agency for Higher Education (QAA), UCAS, the Higher Education Statistics Agency (HESA), the Higher Education Funding Council for England (HEFCE) and the Office for Fair Access (OFFA) (depending on the funding of a programme). This has an impact in a number of areas, including information for prospective students (the Key Information Sets vis-à-vis NHS Careers); student feedback (NSS vis-à-vis proposals for new mechanisms developed through HEE to allow students to give feedback on student placements) and the data burden on HEIs (reporting to HESA and other agencies as well as LETBs). Recognising the role of the wider higher education landscape, taking opportunities to align functions and avoid duplication should be an important element in future discussions on HEE’s strategy.

Serving both the current and the future patient: aiming for workforce transformation

In setting its strategy, HEE must find the balance between serving the current and serving the future patient/public. The SID rightly acknowledges this as dual responsibility, since Health Education England must do both. Although the SID is clear on HEE’s role in shaping the future workforce, the balance between priorities that resolve immediate concerns and those that look ahead to future patient need and the transformation that this will require in the workforce is, in our view, worth further reflection.

At present, the SID strategic priorities emphasise a number of fairly immediate issues. This is understandable: there are many issues that require immediate attention. However, as the SID is developed into a strategy it is important that longer
term difficult questions, such as multi-professional workforce planning, the embedding of clinical academic careers for nursing, midwifery and AHPs and the development of career pathways across all professions (and non-professional roles) are woven into HEE’s planning.

**Striking the right balance between central and local decision-making**

Although the LETBs are described as sub-committees of Health Education England, the drive to involve service providers that lies behind their formation and HEE’s commitment in the SID to be driven by local needs and decision making enshrines a level of independence and local ownership in their identity; without this service providers will quickly disengage. However the LETBs’ horizons are likely to be both geographically smaller and more time-limited than HEE’s central, national perspective, notwithstanding cross-LETB cooperation. There is therefore a risk that LETBs will plan more for present challenges than future workforce transformation, and that the aggregation of local workforce plans may not serve future patient need most effectively (for example decisions on whether to meet primary care workforce shortages by investing in GPs or to consider the overall skill mix of the workforce and how other professions can be used to support primary care services). Scrutiny of local workforce planning decisions and judicious application of checks and balances will therefore be important if HEE is to deliver its purpose effectively.

**The relationship between service and higher education – co-responsibility for the student**

Higher education and service providers share an equal responsibility for students: the delivery of excellent health education is only possible where higher education and service providers work together. Acknowledging and strengthening this partnership is crucial for developing both the current and future workforce. This is particularly important for addressing many of the questions around quality of care, including mentorship for students in practice, student feedback, and ensuring that higher education is meeting employer needs. Although the SID acknowledges the multiple stakeholders involved in health education (and the LETB system is predicated on service provider involvement), we would welcome a more explicit statement on the centrality of this partnership in a future strategy.

**Aligning planning processes: Using the planning cycle to deliver HEE’s purpose**

The workforce planning cycle is a crucial element in the delivery of a well-functioning health education system. At present, the planning cycle is fragmented, both in terms of the timing of decisions and by whom the decisions are taken. Bringing together the
workforce planning processes under one roof in HEE will have inherent advantages in enabling a more coherent decision-making process. We have however also outlined below a number of principles to support a stronger planning process:

**Whole workforce planning decisions taken in the round**
We strongly agree with the recommendation from the HENSE-sponsored review of undergraduate medical and dental numbers that future workforce planning decisions on medical and dental numbers should be made in the context of other professions, that ‘future reviews of medical and dental student intakes and continued modelling of future demand and supply must, as far as possible, be placed in the wider workforce context; taking account of developments and further analyses of workforce trends’ (HENSE, 2012, p. 49). It is unacceptable that decisions with such significant ramifications for the whole education and training budget are taken independently without any responsibility to consider their overall financial impact.

**Appropriate lead-in times**
The adjustments required to deliver high quality education require time to develop new provision. Although HEIs have a key role in developing responsive and flexible models, HEE’s planning processes should also take into account the timeframes required by HEIs to design and deliver courses and the existing regulatory burden in higher education. For example, to be compliant with student recruitment through UCAS, universities must send responses by the end of March to all prospective students that have applied before the end of January.

**Transparency and Scrutiny**
The SID has been clear that HEE intends to work transparently with its stakeholders. This needs to be carried through to the planning cycle, so that it is clear how and why decisions have been made. Appropriate scrutiny must be built in to the workforce planning processes so that risks of over or under supply can be mitigated.

**HEE’s Values and Principles**
We welcome the values and principles set out in the SID. We particularly support the intention to base decisions on evidence about the needs of current and future patients, the principle of openness and transparency, the intention to promote a multi-disciplinary workforce and the duty to promote research and innovation.

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It is clear that there will be significant challenges to putting these principles into practice. The section on drivers for change (pp. 17-23) is therefore significant. We suggest that this section needs further development as the SID is developed into a strategy, with particular regard to the financial context of health education.

**Refining the problem definition – the critical role of financial pressures.**

The overall financial context of the NHS is noted within the SID, which states: ‘the NHS is going to have to deliver higher quality care with less money’ and ‘we are going to have to account very clearly for every pound invested in the workforce... and deliver higher quality care with less growth than before’. However, the SID does not give detail on the financial unsustainability of current models of education and training or explore in detail the challenges that this will pose to the delivery of the values and priorities that HEE sets.

Published in December 2012, the HENSE-sponsored review of undergraduate medical and dental numbers has projected particular financial challenges from a projected 64 per cent rise in trained hospital doctors. The report states: ‘It is doubtful that the cost burden of a 64 per cent increase in trained hospital doctors could easily be accommodated within projected NHS England budgets. An increase of this magnitude, were it to occur, may necessitate substantial offsetting cost savings to be made in other areas’. The report makes a number of suggestions on rebalancing the mix between trained hospital doctors and GPs. However, the report also concludes that: ‘The combined medical baseline supply is projected to increase by 48 per cent over the forecast period, which is also above the CfWI’s central budget projection. This suggests that the NHS may encounter difficulties in seeking to fund all of the projected growth in baseline supply of doctors over the forecast period’.² Factoring in the potential cost pressure of plans to extend GP training to four years (which could exceed £200m) will create even greater financial pressure on the system.

Financial pressure will therefore be both an immediate problem and a long-term strategic question that will drive significant choices about the future of health education. Although we welcome HEE’s commitment to seeing the funds ring-fenced for education spent on education, with LETB allocations for 2013/14 cut from 2011/12 allocations by up to five per cent, the pressure will immediately be on to make cuts in less protected areas of expenditure.\(^3\) There is a significant risk that these cuts will be felt most acutely in CPD for nurses, midwives and allied health professionals, since monies spent on medical salaries are difficult to unlock. This will challenge some of HEE’s core principles. In particular, it may impact on the principle of promoting a multi-disciplinary workforce, since nursing, midwifery and AHP education funding is more vulnerable to cuts. In addition, as evidence suggests that the greatest workforce needs lie in developing the existing workforce but it is CPD funding that is most likely to be squeezed, it may also bear on the principle of putting patient need first.

This financial context, alongside the changes in technology, patient expectation and other spheres that the SID rightly highlights, calls for workforce transformation. HEE’s strategy will need to identify how its governance structures, planning processes and activities will support this. It will take difficult strategic choices to not only safeguard

\(^3\) Figures taken from HEE Board papers
existing investment but to reallocate funding to serve the core principles that the SID outlines.

**Refining the problem definition – quality of care**

There is also scope to hone the problem definition around quality of care and its links to education and training. The persistent bias in health education policy has been to focus on pre-registration or undergraduate education and nursing education in particular. There are doubtless many areas in which pre-registration education can be improved and developed and we will work with HEE and the professional regulators to do this. However, initiatives that HEE supports to improve quality of care must be multi-professional in scope and place increased weight on the existing workforce. We would therefore welcome a more detailed discussion of where the education and training issues for the existing workforce impact on quality of care and the strategic emphasis that HEE will place on this. In particular, although we support the proposed priority of championing multi-professional CPD it is important for HEE to differentiate between the post-registration education and training that will be required for nursing, midwifery and AHP staff to develop beyond registration to deliver high quality care as part of a structured career pathway and CPD which keeps staff up to date and includes employer and individual professional responsibility to supporting development (which may be linked to revalidation).

**HEE’s Priorities**

In the context of HEE’s purpose and the challenges it faces, a number of the strategic priorities currently identified in the document could be more ambitious. At present some read more as operational initiatives rather than strategic priorities (there is no evidence we are aware of, for example, that part time degrees offer a particular solution to widening participation; teaching genomics may be valuable but should be weighed against other technological or societal developments). We do however strongly support the priority of recognising training students as a badge of honour and the priority of supporting and championing multi-professional CPD, with the caveat that investment in post-registration education and training should be a central part of HEE’s strategy.

For a number of the priorities listed the Council has on-going work that could contribute to meeting these priorities and that we would be pleased to share with HEE. These include:

- Innovation in teaching and learning: We are currently running a UK-wide project (sponsored by the Higher Education Academy), to pull together and share innovation in teaching and learning for nursing, midwifery and AHPs
across the student journey (including WP, recruitment, assessment and clinical placements)

- Caring well for older people: We are currently considering actions we need to take in light of the Francis Inquiry report, in particular how we can promote best practice in putting the older person at the heart of education (for example through person-centred or relationship-centred education and user engagement across the education cycle).

- Support workers: We are currently running a joint project with Skills for Health and an on-going working group is looking at the HE contribution to support worker education, making recommendations on the future education for this workforce.

- Recruitment and selection: We are committed to recruiting the best possible students who will go on to make a career-long contribution to patients. We are already making on-going contributions to projects across the four UK home nations to share best practice in student recruitment and selection. We will be doing further work with our membership to look at current practice in values-based recruitment and how to strengthen the evidence base for what works.

We would also suggest an additional emphasis on the following areas:

- Excellent education: structured career pathways and post-registration education for nurses, midwives and AHPs will be crucial in growing the existing workforce and ensuring the highest quality care possible for students.

- Ensuring a workforce with the right numbers, skills and behaviours: Skill mix and overall workforce balance should be a focus, particularly in the context of a projected shortfall in nursing numbers and pressure for safe staffing levels from CQC.

- Flexible workforce responsive to research and innovation: Embedding and growing clinical academic research careers for nurses, midwives and AHPs should be a priority; reaching critical mass of these staff will provide an essential underpinning to developing a research-led culture of healthcare and improving patient outcomes.

Future strategy

HEE begins its work at a challenging time for health and health education. We welcome the openness demonstrated in the SID to work with stakeholders in education and practice and the care that has been taken to consult widely on it. We look forward to working with HEE across all five domains of the EOF to promote both a pre- and post-registration education system that serves patients well.