



Senedd Children, Young People and Education Committee – Tertiary Education and Research (Wales) Bill

Council of Deans of Health Wales

Cyngor Deoniaid Iechyd Cymru/The Council of Deans of Health Wales welcomes the opportunity to respond to this consultation. The Council of Deans of Health represents the 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Our nine member institutions in Wales work together with policy makers to help shape the education and research of the future healthcare workforce in Wales.

Key messages

1. The Council of Deans of Health Wales welcomes the Bill and acknowledges the consistency between the strategic duties of the new Commission for Tertiary Education and Research (the Commission), the ambitions of the Bill and the focus of the Council in Wales.
2. Healthcare higher education is regulated by both professional healthcare regulators and higher education regulators. Regulation should be agile and risk-based. We are concerned that the new Commission increases the potential for unnecessary duplicative burden for the healthcare higher education sector in Wales.
3. The Commission should be required to work collaboratively with education providers to enable flexibility and innovation in education, increase student choice and enhance career pathways. Effective partnership working with key stakeholders, regulators and statutory bodies will better enable the Commission to deliver effective regulation.
4. The quality of healthcare higher education in Wales is extremely high and already robustly assured via a range of healthcare professional and higher education regulators and professional bodies. This includes the Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC), healthcare professional bodies and the Quality Assurance Agency (QAA). Existing healthcare regulation by the NMC and HCPC, which is UK-wide, must take precedence over the Commission for pre-registration healthcare programmes, as these regulators control entry to professional registers.

5. The Welsh Government needs to make a strategic decision about the delivery of degree-level healthcare apprenticeships in Wales. Only then can relevant stakeholders properly engage with proposals. Apprenticeships can serve to complement workforce growth and create more flexible career pathways. However, university-based programmes are the fastest and most effective way to develop the workforce at scale and pace. Investment in priority workforce areas should ordinarily be channelled through university-based education.
6. Healthcare higher education is expensive and resource intensive. For some healthcare disciplines the current commissioned price is inadequate, particularly for high-cost programmes in the allied health professions, making delivery unattractive to education providers. This is even with the high-cost subject allowance. The Commission should work with partners such as Health Education and Improvement Wales (HEIW) to develop a more sustainable funding model which considers the true cost of delivery.
7. The Council does not support the introduction of Outcome Agreements in Wales. We are concerned that any Outcome Agreement would be based solely on quantitative metrics and not consider relevant contextual factors.
8. We support the Commission's statutory duties regarding funding and promoting research and innovation activities in Wales. Once established, the Commission should ensure that its strategic focus and investment priorities include healthcare research.

Response

The Commission

Healthcare higher education is regulated by both professional healthcare regulators and higher education regulators. Regulation should be agile and risk-based. We are concerned that the new Commission increases the potential for unnecessary duplicative burden for the healthcare higher education sector in Wales. Intelligence-led regulation is key to reducing regulatory burden. We recommend that the Commission deploys a data-driven approach to understanding risk and informing its regulatory interventions. This should include both quantitative and qualitative data.

The Commission should be required to work collaboratively with education providers to enable flexibility and innovation in education, increase student choice and enhance career pathways. Effective partnership working with key stakeholders, regulators and statutory bodies will better enable the Commission to deliver effective regulation.

The Council in Wales welcomes the statutory duties placed on the Commission to promote life-long learning, equality of opportunity, participation in higher education, continuous improvement in tertiary education and research, collaboration and coherence in tertiary education and research, the contribution to a sustainable and innovative economy, tertiary education through the medium of Welsh, a civic mission and a global outlook.

We continue to remain concerned about the independence of the Commission in relation to the powers of Welsh ministers. For example, there is a risk of unnecessary interference with ministerial powers to make changes to the Commission's strategy. Welsh ministers should not be able to modify the Commission's strategy without its consent and engagement with key sector stakeholders.

Quality

The Commission will have powers to quality assure and monitor Welsh universities and designate a quality body to undertake this function. The quality of healthcare higher education in Wales is extremely high and already robustly assured via a range of healthcare professional and higher education regulators and professional bodies. This includes the NMC, the HCPC, healthcare professional bodies and the QAA. Individual HEIs also provide quality assurance via internal university regulations.

The remit of the Commission in relation to HEIW, which commissions Welsh healthcare education, and UK-wide healthcare professional regulators is not directly addressed by the Bill. HEIW has a central role as an arm's length body of the Welsh Government and must be able to work effectively with the Commission. Neither organisation should duplicate work. This relationship will need to be resolved prior to the Commission's establishment. Existing healthcare regulation by the NMC and HCPC, which is UK-wide, must take precedence over the Commission, as these regulators control entry to the professional register. Future Commission regulation must be proportionate and must not conflict with healthcare professional regulation or lead to unnecessary and duplicative regulatory burden.

Apprenticeships

The Welsh Government needs to make a strategic decision about the delivery of degree-level healthcare apprenticeships in Wales. Currently, there are no higher-level healthcare apprenticeships in Wales.

New roles and routes into the healthcare professions have the potential to help reduce current workforce pressure, add to the skills mix in the sector and create more flexible career pathways. However, the experience from England has highlighted difficulties with the implementation and delivery of apprenticeships. This includes insufficient funding for both educators and providers, overburdensome and duplicative regulation and small cohort numbers. University-based programmes are the fastest and most effective way to develop the workforce at scale and pace. Investment in priority workforce areas should ordinarily be channelled through university-based education. If the Welsh Government decides to introduce degree-level healthcare apprenticeships, it is important that the funding and regulation are specified. This includes commissioning, contracting, training requirements and competencies. Support must be given to education providers and employers to introduce new routes.

Any future healthcare apprenticeships must be developed in full alignment with healthcare professional regulation. Only education providers regulated by healthcare professional regulators should be able to deliver and assess these programmes. Additionally, assessment mechanisms must be integrated within programmes. There needs to be close collaboration between universities, further education colleges, employers, the Commission, the Welsh Government, HEIW, healthcare professional regulators, the Wales Advisory Apprenticeship Board and Regional Skills Partnerships for the apprenticeship agenda to succeed.

Furthermore, there needs to be more clarity on whether the Commission or HEIW would be responsible for funding and monitoring the delivery of any pre-registration healthcare professional apprenticeships.

We welcome plans to consult on apprenticeship occupational sectors and the preparation and publication of apprenticeship frameworks. We also welcome the introduction of a register of apprenticeship frameworks, which is important for transparency purposes and will benefit student choice. Work needs to be undertaken to better enable the portability of apprenticeship qualifications across Wales and the UK.

Funding

Further clarity is needed about whether the Commission will fund pre-registration healthcare programmes and how this will link with funding from NHS Wales and HEIW. There is also a need for more information on how the Commission will fund research in Wales and how apprenticeship programmes will be funded.

Healthcare higher education is expensive and resource intensive. For some healthcare disciplines the current commissioned price is inadequate, particularly for high-cost programmes in the allied health professions, making delivery unattractive to education providers. The Commission should work with partners such as HEIW to develop a more sustainable funding model which considers the true cost of delivery.

In England, the Office for Students (OfS) subsidises high-cost education. Subsidies for healthcare programmes were informed by a Higher Education Funding Council for England (HEFCE) commissioned costing study of nursing, midwifery and allied health professional education in England¹, which examined the cost of delivery for these subjects. Wales should commit to covering the full costs of healthcare education.

Universities need clarity about future funding arrangements to plan provision and investment. Only a stable and sufficient funding position will allow universities to create additional student places to meet workforce need. Expansion of the healthcare workforce requires capital investment in higher education and a commitment to increased recurrent expenditure to support domestic supply. Capital investment should include: funding to support digital and simulation infrastructure and to develop digital content, funding for buildings and facilities, funding for equipment, initiatives to expand the teaching faculty and funding for evaluation, centralised resources and sharing good practice.

We would like to see an expansion of education provision in Wales. For example, the commissioning process in Wales does not currently support four-year Masters programmes, yet several providers in England do run four-year Masters programmes, including in nursing, occupational therapy and diagnostic radiography. Increased provision of postgraduate pre-registration education, which recruits those who already have an undergraduate degree and demonstrate the ability to undertake postgraduate level study, is an additional way to develop the healthcare workforce in Wales. This can substantially reduce time taken to qualify and register as a healthcare professional for certain individuals wanting a career change with the benefit of more rapid staffing level improvements in the NHS in Wales. The Council

¹ KPMG, 2017, [*Costing study of pre-registration nursing, midwifery and allied health disciplines*](#)

would recommend developing a mixed economy of provision, including more postgraduate options, that would better cater to service need and applicant demographics.

The Council does not support the introduction of Outcome Agreements in Wales and is keen that the Welsh Government should provide more information on its plans for Outcome Agreements, particularly in relation to healthcare higher education and how they could impact on funding for higher education programmes. We are concerned that any Outcome Agreement would be based solely on quantitative metrics. If Outcome Agreements were to be introduced, they should consider qualitative and contextual information, including type and size of the provider, applicant background, local circumstances and work already undertaken to meet any targets. Outcome Agreements should also take into account wider socio-economic factors, rurality and use of the Welsh language. The Council recommends that an inclusive equality measurement is deployed if Outcome Agreements are adopted.

Research

We support the Commission's duties that it must promote awareness and understanding in Wales of the research and innovation activities it funds, disseminate in Wales the results of the research and innovation activities it funds, facilitate the practical application in Wales of the results of research and innovation activities it funds and encourage the carrying out of research and innovation in Wales.

Once established, the Commission should ensure that its strategic focus and investment priorities include healthcare research. There are too few funded research schemes for nurses, midwives and allied health professionals interested in pursuing a clinical academic research or academic research career in Wales. Current opportunities are small scale and lack sufficient funding and infrastructure to compete with universities in England. Equitable access to research infrastructure for healthcare professionals across the UK is important and requires targeted measures to build research capacity and skills in underrepresented geographical areas and disciplines. This should include student research placements and internships, doctoral and post-doctoral awards and support for transition points.

For more information contact:

Josh Niderost, Senior Policy and Public Affairs Officer, josh.niderost@cod-health.ac.uk