Council of
Deans of Health

Pandemic Powered Improvements

Best practice in innovative healthcare education placements created during the pandemic

Contents

Council of Deans of Health

The Council represents 103 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Our members educate almost all UK-domiciled healthcare students, over 200,000 nursing, midwifery and allied health professional students at any given time.

Glossary

Allied Health Professions	An overarching term for 15 different career disciplines in healthcare including: Art Therapist, Diagnostic Radiographer, Dietitian, Dramatherapist, Music Therapist, Occupational Therapist, Operating Department Practitioner, Orthoptist, Osteopath, Paramedic, Physiotherapist, Podiatrist, Prosthetist/Orthotist, Speech and Language Therapist, and Therapeutic Radiographer.
Augmented Reality (AR)	An interactive experience of a real-world environment where the objects that reside in the real world are enhanced by computer-generated perceptual information. AR can be used in simulation within healthcare education.
Blended Learning	A method of teaching that integrates technology and digital media with traditional instructor-led classroom activities, giving students more flexibility to customise their learning experiences[1]. Within healthcare education blended learning may be used for parts of a degree or for an entire degree.
Health & Care Professions Council (HCPC)	The statutory regulator of professionals from 15 health and care professions in the United Kingdom.
Health Education England (HEE)	An executive non-departmental public body of the Department of Health and Social Care tasked with providing leadership and coordination for the education and training of the health workforce within England. The organisation will soon merge with NHS England.
Healthcare education	For the purposes of this report healthcare education is defined as the education and training of nurses, midwives, and allied health professionals. This aligns with the representation of the Council of Deans of Health.
Innovation	In this report innovation in healthcare education is defined broadly including blended learning, technological and digital education delivery, new uses of simulation, new types of placements, new pedagogical approaches, and new support provided to students.
Nursing & Midwifery Council (NMC)	The statutory regulator of nurses, midwives, and nursing associates in the United Kingdom.
Placements	Learning environments where students undertake practical experience to develop their knowledge and skills relevant to their role. Can be in real life or simulated environments.
Practice supervisor	An individual supervising a student on placement. They must be a registered health or social care professional and must adhere to the standards for student supervision and assessment.
Service user	Anyone who is a patient, resident or user of health or social care services.
Simulation	An artificial representation of a real world practice scenario that supports student development and assessment through experiential learning with the opportunity for repetition, feedback, evaluation and reflection[2]. This can include both physical simulation such as the use of manikins as well as virtual simulation such as the use of virtual reality.
Standards	Standards are set by the relevant regulator, with relevant standards to this report including proficiency standards, education standards, programme standards, and standards for supervision and assessment.
Virtual Reality (VR)	A computer technology that creates a three-dimensional environment that can be interacted with in a seemingly real or physical way. VR can be used in simulation within healthcare education.

Foreword

Innovation is at the core of the healthcare education landscape. It is through innovation that the quality of learning for students developing their knowledge, skills and values, have continued to be enhanced. Our institutions play an increasingly central role in the healthcare ecosystem throughout the UK and only through innovating can they deliver the future workforce our country needs. Having been first elected as lead of the Council of Deans of Health Education Impact Group in 2016, I have been able to see how this innovation has transformed the sector over the years.

At no time was this innovation more apparent than during the pandemic. Faced with the requirement to reduce face to face learning on university campuses and the possibility of an overwhelmed NHS, our members understood the scale of the task at hand and worked creatively to respond to it. Staff teams at institutions across the country went to work adapting and creating new types and approaches for clinical placements to respond to the realities and ongoing challenges. Universities were supported with the resources and regulatory flexibility to allow the innovative spirit to succeed.

The growing distance from the height of the pandemic creates a risk of modesty and complacency, forgetting the good lessons we learnt. Much of my sector fears a 'new normal' where innovative placements are not appropriately recognised and considered. Addressing that risk underpins this report. The Council's focus is to celebrate achievements and disseminate best practice across the sector, building on lessons learnt from the changes made during the pandemic, and to focus on continuous improvement and innovation in the healthcare education sector.

This report epitomises the centrality of innovation to the Council's values and strategic priorities. I am looking forward to chairing the new Pedagogy & Innovation group and working with members to promote these ideas. I would like to thank the Council of Deans of Health member institutions from across the UK who have submitted their case studies for inclusion in this report and Caleb Meath for his work in compiling and analysing them. I hope you are inspired and have learned as much from this report as I have.

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Executive summary

The Council of Deans of Health undertook a case study collection approach amongst its membership from August-October 2021 to capture innovations in practice learning education that occurred during the Covid-19 pandemic. This report contains 20 case studies across four themes: new placements, Covid-related placements, blended learning, and simulation and technology. The full case studies can be found in Annex A. By highlighting some of the most creative and impactful placements that were created during the pandemic. The aim is to bring together examples of best practice and to ensure the right lessons are learnt going forward.

We have drawn out a thematic analysis from the case studies which highlight the following key themes:

- Benefit to students and educators
- Benefit to service users and supervisors
- Rapid adaptation
- Multidisciplinary and interdisciplinary innovations
- Expansion and flexibility

All the case studies in this report show that we need to learn from the Covid-19 pandemic and continue to expand innovative placements. To ensure innovation is supported, impactful and valuable we have outlined four action areas for the sector, UK and devolved nation governments and their arm's length bodies, and regulators:

- Regulatory support to innovation
- Simulation funding equity
- Sustainable funding for placements
- Policy prioritisation of innovative placements

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Introduction

Some of the Covid-19 pandemic's most difficult circumstances and dramatic changes were seen in healthcare education. In the face of such huge challenges, healthcare educators innovated and some good came out of the worst of circumstances. Good, that with some targeted interventions could rejuvenate the healthcare system.

The sector's innovative spirit has created an ecosystem that has sped up our pedagogical understanding and developed a whole new generation of practice placements. This represents a great gain for the sector and wider society, but it is at risk. With Covid-19 concerns receding it will be easy to revert to the pedagogy, funding patterns, and regulatory frameworks of the pre-pandemic era, forgetting the lessons we learnt from Covid-19 and slowing down workforce growth and NHS backlog clearance along the way.

It is with this risk in mind that this report has come about. By highlighting some of the most critical, beneficial, and cutting-edge placements that were created during the pandemic, the aim is to showcase examples of best practice. The report will be a starting point for those higher education institutions (HEIs) that may be seeking to implement new placements but need inspiration or examples to base on. Combatting the risk will also require a new way of moving forward. We have thus drawn out several themes which extend across the case studies.

Within this analysis is one overarching theme: we need to learn from the Covid-19 pandemic by continuing and expanding innovative placements. This has implications across government priorities including post-Brexit regulation opportunities and building the future workforce. Accordingly, from this thematic analysis we have created action areas for the sector which will directly lead to such continuation, expansion, and progress towards national priorities.

The Council of Deans of Health (the Council) is proud that its membership accounts for almost all domestically educated nurses, midwives, and allied health professionals in the UK. Our members were vital to the Covid-19 effort and should be recognised accordingly. These university faculties are across the UK with a wide range of specialities, institution sizes and programme offerings. The students at these faculties are the future NHS, care sector, private sector, and charity healthcare workforce.

Context

Understanding the context of these case studies is essential to measuring their successes. This includes both the direct effects that the pandemic had on healthcare education placements as well as the policy responses that occurred because of these effects. The initial and most obvious effect was the elimination of a significant portion of clinical placements[3]. Placements are where students undertake practice under supervision and can represent up to 50% of a programme which is necessary to develop competence, graduate and qualify in their profession. This placement reduction was particularly prominent within clinical settings. Other placements too, such as those at universities, were cancelled owing to complete or partial closure of campuses and cautious risk assessments, although healthcare faculties were often the only to maintain a level of face-to-face teaching.

Alongside these placement shutdowns were those students struggling to continue their programme or access placements for reasons including student and staff wellbeing, staff returning to NHS work, and variable access to adequate technology and equipment.

In recognition of the immense placement pressures occurring and the possibility of delays to student graduation and becoming part of the registered workforce, stakeholders around the healthcare education sector reacted relatively quickly. This included regulatory flexibility. The Nursing and Midwifery Council (NMC) brought in emergency standards[4] which allowed students to undertake extended placements without the requirement for supernumerary status. This was accompanied by recovery standards[5] which provided increased flexibility in meeting the programme standards including increased simulation. While the emergency standards have already been phased out, the recovery standards remain in place but have been amended[6] to allow additional simulated practice learning.

Arm's length bodies also reacted quickly to the placement pressures. In England, the Clinical Placement Expansion Programme (CPEP) run by Health Education England (HEE) was made available to Directors of Nursing and Midwifery as well as AHP leads in various healthcare and educational institutions across England. This set aside £10m of funding to support the growth of clinical placements. While CPEP funding had existed before the pandemic, the 2020 call made direct reference to the pressures being felt due to Covid-19. This was followed up with £15m in funding in 2021[7] in recognition of even further increased needs for placement expansion.

While most of this funding went towards trusts for their provision of placements, a separate fund was created by the Department for Health and Social Care (DHSC) providing up to £15m for universities[8] to rapidly expand simulated learning for nursing, midwifery, and allied health students by purchasing new training facilities and technology. Additionally, some HEIs bid for, and were awarded, Office for Students (OfS) capital funding to build new simulated learning facilities.

The Council worked with DHSC to ensure that the funds provided corresponded to the number of students. This was matched with £3.8m in Scotland[9] specifically to provide the staff needed for simulated placements, while no similar funding existed in Wales or Northern Ireland. Alongside this was work to quantify the impact of Covid-19 on healthcare students as part of the Reducing Pre-Registration Attrition and Improving Retention' (RePAIR)[10] programme undertaken by HEE which showed that students had concerns about the impact of Covid-19 on their careers and about completing learning outcomes through online learning.

In addition to these changes, healthcare education has been experiencing rapid growth. Applications and acceptances grew rapidly across the UK as potential applicants' desire to contribute to the pandemic response increased and governments sought to expand the healthcare workforce. This included a 24% increase[11] in the number of student nurse acceptances between 2019 and 2021.

While HEIs were already hubs of innovation, these stakeholder developments provided the necessary environment to quickly implement further innovation. Within weeks whole healthcare education departments had been completely reorganised. New placements were created that could be fully managed within an HEI, alleviating the placement bottleneck. Remote placements were set up so that students could continue their learning without the risks of Covid-19 transmission. New organisations were brought into the fold that could provide relevant learning to students. Technologies were utilised to bring simulation to entirely new levels.

Innovation was happening at a grand scale in an unprecedentedly small amount of time within healthcare education. Collectively these placements were critical to the continuation of the workforce pipeline. Without them thousands more students would have faced delays to finishing their programmes and HEIs would have been able to take in thousands fewer students.

Methodology

The Council undertook a case study collection amongst its membership from August-October 2021 to capture innovations in practice placement education that occurred during the Covid-19 pandemic. Initial review of case studies occurred in early 2022 with analysis, writing, and review done through the spring and early summer of 2022.

Innovation was defined broadly including blended learning, technological and digital innovations, new uses of simulation, new types of placements, new pedagogical approaches, and new support provided to students. Simulation has been defined using the NMC's definition[2] as *an artificial representation of a real world practice scenario that supports student development and assessment through experiential learning with the opportunity for repetition, feedback, evaluation and reflection.*

Members were asked to provide an overview of their placement innovations while also looking at what future innovations they are hoping to achieve as well as what barriers to innovation currently exist. The briefing and case study template can be found in Annex B.

In selecting the case studies for inclusion it was important to capture the breadth of innovations that occurred. Innovations occurred across our member institutions and 38 case studies were submitted in total but the 20 case studies included represent a cross section including Scotland, Wales, and all regions of England. The 20 case studies form the basis of the thematic analysis and action areas of this report. The full case studies can be found in Annex A and have been organised across four categories:

NEW PLACEMENTS

COVID-RELATED PLACEMENTS

BLENDED LEARNING

SIMULATION AND TECHNOLOGY
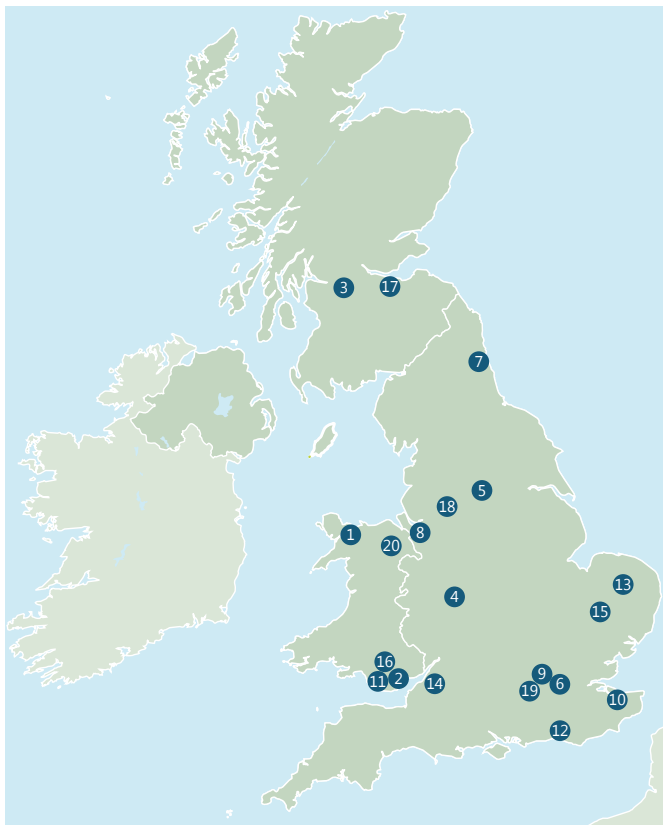
Map of the locations of the Universities featured in this report

1	Bangor University	11	Cardiff Metropolitan University
2	Cardiff University	12	University of Brighton
3	Glasgow Caledonian University	13	University of East Anglia
4	University of Birmingham	14	University of the West of England Bristol
5	Leeds Beckett University	15	Anglia Ruskin University
6	London South Bank University	16	Cardiff University
7	Northumbria University	17	Edinburgh Napier University
8	University of Chester	18	University of Salford
9	University of Roehampton	19	University of West London
10	Canterbury Christ Church University	20	Wrexham Glyndŵr University

Thematic Analysis

Introduction

While each case study provides insight into the specifics of that particular placement innovation, recurring similarities across case studies can be used to draw out themes and conclusions which are useful in uncovering shared successes and pathways forward. Given the breadth of nation, region, profession, and innovation type the case studies may also be representative of wider placement innovations making these case studies appropriate proxies. The report analysis has lessons that apply to the whole sector. This should prove useful for Council members, placement providers, the NHS, governments across the UK and other key stakeholders.

Themes

Benefits to students and educators

Perhaps the single most striking theme that emerges from these case studies is how the quality of these types of placements can actually surpass those of the pre-existing ones. As seen in case studies 15 and 19 the use of virtual reality (VR) has expanded massively and even moved into augmented reality (AR). VR and AR allow students to experience settings and conditions for the first time in a controlled environment where they can fail safely and practise repeatedly. This leaves them better prepared when they do experience something clinically for the first time. Case studies such as 4, 12, and 18 where students were able to gain experience in leadership, performing quality assurance, and using digital skills, are all examples of knowledge that is crucial to the day-to-day workflow of healthcare professionals. Students throughout the UK could benefit from these placements such as case studies 7 in Northeast England and 20 in North Wales, areas that have not traditionally received high investment. Overall, these placements represent a superior way for students to meet education standards rather than a mere replacement.

Benefits are not limited to students but also to educators. First, educators benefitted from professional development. These placements provided experience with new methodologies giving them new skills going forward. The blended learning section of the case studies (10-14) indicate another benefit. Staff with health conditions or concerns, which would have prevented them from teaching in person, were able to continue to participate in the education process. This does not however mean these placements are not resource intensive for staff and HEIs.

CASE STUDY 15 – HoloLens: Hilda's home

At Anglia Ruskin University, educators are using Microsoft HoloLens augmented and mixed reality to bring students directly into the service user's home. The educator wears the HoloLens and then a secure first-person view feed is sent to students learning from a distance. Interactive projections such as videos or diagrams can also be viewed by both the wearer and student extending HoloLens' functionality.

Benefits to service users and supervisors

These benefits extend to the service users and practice supervisors and assessors. In case study 16 students created online resources that could be freely used by service users to make them more comfortable in accessing healthcare services during the pandemic. In case study 5 students helped provide support groups for individuals with conditions that may have increased isolation during the pandemic. Both provided immediate benefit to local service users. Certain placements were in line with the increased focus on health and supporting the local community brought on by the pandemic such as the vaccination placement outlined in case study 9. Innovative placements also allowed practice supervisors and assessors to continue their educational work through remote and blended learning, such as case study 11's telehealth placements, that could be done off campus and alongside health service work.

CASE STUDY 5 – Working Together: SLT students running an aphasia communication group

At Leeds Beckett University, educators set up an online group with 12 people with aphasia and 6 speech and language therapy students. Conversations and facilitated learning were interspersed with various group activities. Students were able to practise working with people with aphasia while the service users were able to socialise during a highly isolating period of lockdown.

Rapid adaptation

Just as the onset of the pandemic was quick and dramatic so too was the adaptation by HEIs in responding. Whereas high quality placements may have traditionally taken months or even years to organise, those featured in these case studies were created in just weeks with case study 17 developed

and launched in just 15 days. Positive outcomes and student feedback suggests that this speed was not at significant cost to quality, owing to sectoral diligence and innovative capacity. Case studies that came online later in the pandemic are evidence of a maintained aptitude for rapidness by highlighting HEIs' ability to adopt other placements or respond to gaps that became apparent over the course of the pandemic. Our members are used to adapting quickly but the scale of this pace was made possible by the resource provision made available to support placements.

Multidisciplinary and interdisciplinary innovations

Another takeaway has been that innovative placements have been developed across the range of nursing fields, midwifery, and allied health professions. Rather than an abundance of innovation clustered within specific professions it has been dispersed. CPEP and simulation funding distribution across nursing, midwifery and the allied health professions undoubtedly contributed to this.

As well as being multidisciplinary, many of the innovations were interdisciplinary or were about to become interdisciplinary. In case study 14 students have been able to gain experience within a different profession, while in case study 2 placements occurred across different organisations. In case study 1 students from different university departments were involved, as drama students took part in public health scenarios.

Alongside this disciplinary breadth a vertical integration exists too. In case study 10 placements were made available to students across all three years of a programme while case study 3 brought together students at different stages of their programme. With innovative placements occurring across programme years as well as across disciplines, such innovative placements may represent a better value for money and ensure buy-in from across the university.

CASE STUDY 1 – Public health scenarios

At Bangor University simulation is being used across disciplines. Student midwives were provided with public health scenarios related to key learning objectives. Students from the university drama department were briefed by a midwifery lecturer before acting in the scenarios that midwifery students practised with. By working across departments, a larger section of the university was involved in simulation than otherwise would have.

Expansion and flexibility

These themes suggest that innovative placements are of immediate significant benefit to students, educators, and service users across years, disciplines, and health needs but they should also be understood within the Covid-19 context. Twin dilemmas of significant reductions in placement numbers and increased student numbers meant that healthcare education was under immense strain. It was only through the creation of numerous innovative placements including those found in case studies 6 and 8 that a fast enough expansion of placements was possible. As a result, there have been only minor delays to student graduation and registration. Workforce expansion targets such as 50,000 nurses have stayed on track[12] despite pandemic stresses. The healthcare education sector has continued to produce despite the significant hurdles that had to be overcome. While some lost placements may return, the case studies included in this report are mostly intended to continue and even expand. Some already are such as case study 13 which has expanded to 20 health and social care professions. Maintaining these placements would provide flexibility in the system to deal with unexpected changes or further disruptions to learning that may occur in the future.

CASE STUDY 8 – Oversight of students undertaking practical placements where there is no suitably registered professional

At the University of Chester Faculty of Health and Social Care, a long arm supervision and assessment model was set up to provide registrants in line with Standards for Student Supervision and Assessment (SSSA). There are currently 11 long arm supervisors who have been critical for providing specialist placements during the pandemic. This has re-ignited the ability of the university to provide innovative placements and bring in new placement providers.

Action Areas

Overview of Action Areas

The case studies and themes in this report are indicative of a need to learn from the Covid-19 pandemic and continue to expand on the innovative placements. To ensure innovation is supported, impactful and valuable we have outlined four action areas for the sector, UK and devolved nation governments and their arm's length bodies, and regulators.

Regulatory support to innovation
● Continuation of simulated placements
● Consideration of regulatory body differences
● Understanding of the sectoral regulatory burden

Simulation funding equity
● Maintain funding for simulation
● Expand simulation funding eligibility to staffing and staff training
● Simulation funding for all devolved nations

Sustainable funding for placements
● Continued progress in placement expansion
● Adjustments to placement expansion programmes
● Maintenance of innovative placements

Policy prioritisation of innovative placements
● Placement consideration within the wider sector
● Ongoing commitment to innovative placements

Regulatory support to innovation

Early in the pandemic, stakeholders aimed to create an environment with flexibility for HEIs to respond to their individual circumstances. While some of the immediate pressures of the pandemic are fading, the need to remain innovative has not and some of the changes introduced could remain or be built upon.

Within NMC nursing programme standards a maximum of 300 hours[13], out of 2300 practice learning hours, can be with simulated learning. The recovery standards however currently allow[6] for 600 hours of simulated, virtual or digital learning, if approved. Proposed changes[14] to the NMC's Standards for pre-registration nursing programmes are currently being consulted on and include plans to allow for 600 hours of simulation, however these plans are subject to the consultation outcomes and final NMC approval. The removal of these simulation standards could result in immense numbers of placement hours being lost due to regulatory backflow and further innovative placements never being created. Meanwhile programmes such as midwifery do not permit any simulation to count towards qualification. It will thus be crucial for regulators to explore the possibilities and implications of expanding or contracting simulation within standards reviews.

Given the importance of this topic, the Council is working on a HEE funded project on the use of simulation in nursing education. This project is currently starting and is set to publish its results in 2023. This work will provide substantial evidence on the use of simulation in meeting nursing standards, however system wide evidence will be critical in shifting regulatory outcomes. Individual HEIs will be essential in developing this critical mass of evidence.

It is perhaps notable that the simulation discussion exclusively covers the NMC rather than the Health and Care Professions Council (HCPC), which regulates the allied health professions. Given their clinical nature, similar standards might be expected across these professions. Instead, the HCPC was not forced to issue any standards akin to the emergency and recovery standards. This is because of flexibility within the HCPC standards[15] that allows HEIs to adapt without needing approval from the regulator. This represents a huge gulf in the style of regulation between the two regulators. Supporting innovative education environments will require an understanding of what outcomes have resulted from these differences and what grounds there are for changes going forward including the potential for EU legislation divergence.

Healthcare education sector regulation goes even further than the NMC and HCPC. The OfS regulates the higher education sector in England with the Scottish Funding Council, Higher Education Funding Council Wales, and the Higher Education Division of the Department of the Economy in Northern Ireland, taking this role in the devolved nations. Healthcare apprenticeships in England have brought upon Ofsted regulation. Other stakeholders including professional bodies and HEE (and equivalents) which HEIs engage with for quality assurance and funding also act as unofficial regulators. This overall regulatory complexity may impact negatively on innovation by reducing flexibility. Our members strongly support proportionate regulation that upholds high standards and quality while it embraces innovation and flexibility. A comprehensive review of the regulatory burden in healthcare education would be a transparent way to address these issues and offer a chance to rebalance the situation creating innovative environments beyond even those seen during the pandemic.

Simulation funding equity

When HEIs are appropriately equipped with the correct staffing and equipment resources there is huge capability to implement new simulation. Behind these resources is a need for adequate funding. It is only then that HEIs can appropriately allocate staff time and gain assurances that the necessary tools will be in place for these projects to succeed. Upfront costs however can be immense, such as manikins costing more than three full years of tuition[16], but are required before simulation can be appropriately used for placements.

To address this major funding need, in England HEE has provided funding for simulation over the last two years. It is important that a commitment to funding simulation is maintained. This would allow any HEIs still hesitant on simulation to dive fully in, help to reduce gaps in simulation facilities between HEIs, and maintain cutting edge equipment. Also critical is ensuring that a wide array of funding streams are available for simulation. Aspects of simulation such as additional staff, further staff training, and ongoing equipment costs mean that simulation is not just a one-time purchase. Eliminating tariff funding or excluding staffing costs from eligibility could lead to longer term difficulties by reducing the long-term viability of simulation and preventing the full utilisation of simulation facilities.

This funding however was only available in England. In Scotland, initial funding in 2021 was not followed up with a renewed offer for 2022. Additionally, eligibility was limited to staff costs rather than equipment costs creating a mismatch. In Wales and Northern Ireland no equivalent funding mechanism has existed in recent years. This disadvantages HEIs who are unable to expand their simulation offering and face competition across borders, as well as students who are unable to access simulation. The regulatory regimes for simulation are no different in the devolved nations than in England and there should be parity in funding to reflect this.

Sustainable funding for placements

Most of the work undertaken in shifting placements was undertaken internally within universities. HEE did however support efforts through the CPEP programme as outlined in the context. This funding was critical to supporting placements, but longer-term sustainable funding would create a system that reliably supports workforce needs and continued growing numbers of students within nursing, midwifery, and the allied health professions. A few additional areas would propel this ambition even further. First, placement data sets will need to be expanded to fully quantify the UK wide placement ecosystem, while continued analysis of the CPEP programme[17] is used to understand CPEP's impact. This will help to guide future iterations of CPEP or equivalents. Additionally, tariff equalisation between professions and expansion of CPEP eligible placements to include simulation would both dramatically increase the number of placements available to students.

Sustainable funding will also mean keeping the innovative placements that did occur during the pandemic. While there may be some expectations that placements return to pre-Covid realities, this is not likely and would be unwise. To begin with, pressures within the health service are still immense as evidenced by growing care backlogs[18]. Placement provision will thus not return as quickly as hoped. Student number increases also suggest that more placements will be needed than ever. Finally, the placement landscape was not great before the pandemic either. 40% of nursing programme providers suggested that placement provision capacity was a major issue back in 2017[19] with 57% saying quality of learning environment was a problem, indicative of a placement bottleneck that pre-dates the pandemic. Given this reality, an environment where recent placements continue would be of significant benefit.

Policy prioritisation for innovative placements

The actions above have been limited to sector stakeholders. However, given the centrality of innovation to current and future placements, the dominant role of placements within healthcare education and the lynchpin that the healthcare education system will play in addressing existing issues within the NHS and wider healthcare needs of the United Kingdom, innovative placements need to be on the radar of more institutions and considered as context for a wider number of policies.

An initial place for this should be within HEIs themselves. Given the potential for healthcare placements to involve multiple departments, HEIs should continue to look at how the provision of interdisciplinary placements can continue to expand. Another striking example of this is at the Department for Education (DfE). The relationship between higher education and further education is evolving as evidenced by numerous consultations following the Augar Review, the introduction of Higher Technical Qualifications and overall Government framing. These shifts have the potential to undermine or promote innovative placements and need careful consideration. Expectations around face-to-face learning vs blended learning is another area where DfE will want to be careful not to stifle innovation.

Another clear example of this is within the Government's target to bring 50,000 more nurses into the NHS by 2024. Innovation in placements can support this target as pressures on placement capacity will continue to exist. Despite movement towards this target, workforce vacancies are not dropping[20]. The need for further workforce growth and targets beyond 2024 will therefore be necessary. To maintain this progress, current and future governments will need to commit to more effective use of innovation and technology as part of their education strategies. While we welcome healthcare professionals from overseas, the UK should not be dependent on this unsustainable route to the workforce. Building on progress in developing innovative placements would provide assurances to the sector that support will not be reduced following 2024 and deliver on producing home grown skills in a way that levels up across the UK.

Conclusion

This report has highlighted examples of best practice that occurred in innovative placements in the nursing, midwifery, and allied health profession education sector during the Covid-19 pandemic. It has revealed five key themes across the case studies indicative of their key role in allowing students to continue their studies and move into the workforce. It has also suggested such innovative placements should be continued and expanded into the future and included four action areas which will support this continuation and expansion.

This report is indicative of the current analysis and understanding of the Council of Deans of Health but only represents the start of ongoing work on innovation and innovative placements. The Council looks forward to continuing to engage with all our stakeholders in this area to build on, and safeguard, the progress made.

References

1. Health Education England, Blended learning for pre-registration and undergraduate healthcare professional education.

2. Nursing & Midwifery Council, Different learning opportunities.

3. Marchant, J. (2021) Understanding the Allied Health Professions Student Experience of Practice Placements during the First Wave of the Coronavirus Pandemic.

4. Nursing & Midwifery Council (2020) Emergency standards for nursing and midwifery education.

5. Nursing & Midwifery Council (2022) Current recovery programme standards.

6. Nursing & Midwifery Council, Recovery and emergency programme standards.

7. Health Education England (2021) Expansion of clinical placements gets a £15m boost from HEE.

8. Department of Health and Social Care (2021) £25 million boost for nurse training.

9. Scottish Government (2021) Over £8 million for healthcare students.

10. Health Education England, Reducing Pre-registration Attrition and Improving Retention.

11. Universities and College Admissions Service, UCAS Undergraduate Sector-Level end of cycle data resources 2021.

12. Department of Health and Social Care (2022) 50,000 Nurses Programme: delivery update.

13. Nursing & Midwifery Council, Standards framework for nursing and midwifery education.

14. Nursing & Midwifery Council, Consultation on pre-registration programme requirements.

15. Health & Care Professions Council, Standards of education and training.

16. Healthy Simulation, How Much Does a Human Patient Simulator Cost?

17. Rethink partners, AHP CPEP Evaluation Findings.

18. British Medical Association, NHS backlog data analysis.

19. Nursing Times (2017) Placement problems still 'posing risk to student nurse learning'.

20. The King's Fund, Is the NHS on track to recruit 50,000 more nurses?

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