

Post-Pandemic Progress

Lessons Learnt in Healthcare Education

May 2024

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Council of Deans of Health

The Council represents 109 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.

2. Glossary

Allied Health Professions	An overarching term for 15 different career disciplines in healthcare: 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. 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)	Health Education England (HEE) was subsumed within NHS E in 2023.
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 is broadly defined to include new ways of thinking, new approaches, as well as new interventions in healthcare education. This includes blended learning, technological and digital education delivery, new uses of simulation, new types of placements, new pedagogical approaches, and new support provided to students.
NHS England (NHS E)	An executive non-departmental public body of the Department of Health and Social Care tasked with leading the NHS in England. Part of this includes providing leadership and coordination for the education and training of the health workforce.
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. 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.

3. Foreword

As we navigate the evolving terrain of healthcare education in the aftermath of the Covid-19 pandemic, it is with a sense of reflection and resolve that we present this follow-up report. Nearly two years have passed since the publication of the Pandemic Powered Improvements report, which documented the innovative responses of our institutions to the unprecedented challenges brought forth by the pandemic. Today, we stand at a critical juncture, tasked with not only revisiting the advancements made during that turbulent period but also mapping a path forward amidst a new set of challenges and opportunities.

The original report underscored the sector's remarkable ability to adapt quickly in the face of adversity, propelling forward the development of modern pedagogical approaches and redefining practice placements. As we revisit these innovations, we are reminded of the need to build upon the progress made and harness the momentum gained during the pandemic. The lessons learnt from these case studies must serve as the foundation for a revitalised approach to healthcare education, one that is attuned to the demands of a post-pandemic world.

The context in which we find ourselves in today is markedly different from that of two years ago. While the immediate challenges posed by the pandemic have subsided, its long-term effects continue to be felt throughout the healthcare sector. The NHS grapples with a backlog of patients and staffing shortages, while universities contend with economic uncertainties and dwindling resources. Against this backdrop, the need to innovate and adapt has never been more pressing.

I am looking forward to chairing the Council's Innovation & Pedagogy Strategic Policy 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 Stella McKernan for her work in compiling and analysing them. I trust that you will find inspiration and insight in this report, just as I have.

Dr Ruth Paterson

Council of Deans of Health Pedagogy & Innovation Chair, Interim Dean of the School of Health and Social Care, Edinburgh Napier University

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5. About the Council of Deans of Health

The Council of Deans of Health represents over 100 university and further education faculties engaged in education and research for nursing, midwifery, and the allied health professions, working across all regions and nations of the UK. Our members teach over 200,000 healthcare students at any one time, accounting for the vast majority of those studying to be future nurses, midwives, and allied health professionals.

6. Introduction

Nearly two years have passed since the publication of the [Pandemic Powered Improvements](#) report¹. It captured the innovations developed in the healthcare higher education sector in response to the challenges of the Covid-19 pandemic. The need to deliver the in-person practical placements necessary to complete healthcare education programmes leading to professional registration was tested by the necessity of compliance with the pandemic restrictions limiting contact between people. This led to our members spearheading innovative approaches that we can continue to learn from today.

The case studies featured in the original report highlighted the sector's ability to adapt quickly, accelerated the development of modern pedagogy and gave rise to new approaches to practice placements. The report's intent was that this innovation should be the basis for a revitalised approach to healthcare education.

This follow-up report revisits some of the innovations conceived and implemented during the pandemic. It provides a review of the original policy proposals and offers an update for these in light of the new context, challenges and demands of a post-pandemic world.

As with the original report, a central theme of this updated report is the need to build on the advances championed during Covid-19. Accelerating these will increase the quality and quantity of the future healthcare professionals needed for a sustainable NHS.

This follow-up report chronicles the advances made, celebrates the achievements, and outlines the path forward in ensuring that the momentum gained during the pandemic is not lost but instead, becomes a springboard for further innovation in healthcare education and practice placements. Our members continue to innovate, but the true test of progress will be how the wider systems our members interact with can further continue to foster this.

7. Context

The Covid-19 pandemic provided the backdrop to the original report. Members responded to the challenge of delivering quality healthcare education during lockdown restrictions through innovating. The *Pandemic Powered Improvements* report highlighted some of the groundbreaking examples of this work, seeking to embed the lessons learnt from this period¹.

While we no longer face those same challenges, the impact of Covid-19 can still be felt in today's context. The NHS is dealing with a post-pandemic backlog and bottlenecks impeding healthcare provision. Demand for services is high, while the significant pressures faced by healthcare staff have contributed to challenges in making healthcare careers attractive – particularly as the pandemic ushered in more flexible working for many other professions.

The economic cost of lockdown, exacerbated by international instability, has spurred on high inflation and a cost-of-living crisis. This has impacted healthcare students and educators while universities face a diminishing unit of resource to deliver the high quality and high-cost courses needed to train nurses, midwives, and allied health professionals.

These challenges are the backdrop to a year-on-year decline in applications to many healthcare courses following the spike in interest in healthcare careers seen during the pandemic, with applications to some programmes now falling below pre-pandemic levels. At the same time, recruiting staff trained overseas—a key component of the UK government's 2019 pledge to add 50,000 more nurses—is increasingly viewed as unsustainable and even unethical².

With workforce shortages, patient backlogs and growing public concern for the NHS, it is little wonder that administrations and parties across the UK are keen to take action to address these recruitment and retention challenges – as shown with approaches like NHS England's Long Term Workforce Plan^{3,4}. The Council reflects the issues facing healthcare higher education in its own General Election 2024 paper⁵.

While the current recruitment picture looks challenging, policy interventions to expand the number of UK-educated nurses, midwives and allied health professionals will be more likely to succeed if the kind of innovations our members championed during Covid-19 are embedded across the system. The expanded placement provision required to accommodate an increase in student numbers will need to embrace the exciting developments in technology we have seen since the pandemic. It should build on the positive steps from regulators towards more simulated placement hours and indications of a willingness to consider wider regulatory reform. Similarly, there are exciting opportunities in utilising the innovations in hybrid and distance learning to support the continued professional development of existing NHS staff. These innovations can also be a route to attracting more prospective undergraduate students if they can see the modern approaches to pedagogy that unlock evolving careers in 21st century healthcare. Despite the challenging post-pandemic picture, significant steps are being made forward.

This report shows how the advancements made in the face of unprecedented challenges during the Covid-19 pandemic can spur on efforts to address some of the current challenges faced across the health and education sectors. It checks in on the progress made by members continuing to innovate and some welcome movement from governments and regulators, while using today's context as a basis for renewed, and updated calls, for further reform with policy recommendations for these challenges.

8. Methodology

In September 2023, the Council wrote to the contributing authors of the innovations featured in the original Pandemic Powered Improvements report inviting them to update their case studies and reflect on progress. The objective was to gather insights into the progression of these case studies since the report's publication, shed light on the challenges encountered by educators and students during the transition to a post-pandemic education landscape, and gather testimonials or feedback on the efficacy of the approaches implemented. Members were also invited to submit any new case studies relating to innovations put in place since the original report was published, to showcase the changes and enhancements to placement provision still arising from this period of immense change.

Throughout September and October 2023, members were invited to submit their contributions to this report. Following this engagement, case studies were collected with analysis undertaken on the progress made since the original report and on emerging themes pertinent to updates in the policy asks originally issued.

The 15 submissions received in response form the basis of the thematic analysis and action areas of this report. The case study updates can be found in Annex A and the new placements in Annex B. The case studies broadly fit into four categories:

1. Pandemic-driven placements
2. Blended learning
3. Simulation and technology
4. New placements

There were 20 innovations featured in the original report. 11 of these now have comprehensive updates. 4 relevant new placements are also covered that have been implemented since its publication. The updates represent a cross section of our UK-wide membership including Scotland, Wales, Northern Ireland and all 7 regions of England. These submissions were collated and organised into structured tables presenting the latest developments, lessons learnt, long-term value and impact, and student and educator testimonials associated with each case study.

A thematic analysis was conducted on these submissions to discern recurring patterns and emerging trends. This process aimed to reflect the collective experiences and insights shared by the contributors. The identified themes then served as the foundation for advising key policy action areas tailored to address the needs and challenges highlighted by our members. To reflect on updates since the original report, we mapped key points from the policy action areas in 2022 and provided an update and renewed recommendations based on the current context in 2024. This work has been undertaken by the Council's policy team in partnership with members, including some not featured in the report, to assess the applicability of the case studies themselves in a wider context as well as the appropriateness of policy recommendations for the wider sector.

9. Thematic analysis

While each case study update provides insight into the specifics of the expansion of that placement innovation, 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 serve as suitable proxies for extrapolating wider placement innovations, thus making them appropriate representations of broader trends and a basis for policy recommendations.

Themes

9.1 Further expansion of technology and simulated practice learning

After its surge during the pandemic, the use of technology and simulated practice learning (SPL) has proven to be a viable avenue in addressing the shortage of quality placements for healthcare students. Since they were implemented, many of the case studies have demonstrated an expansion of technology and simulation into healthcare education delivery. This includes the evolution of SPL and virtual scenarios in case studies 8 and 12, and the women's health placement in case study 15 also allows students to access simulation related to obstetrics emergencies. Use of digital tools is evident from the telehealth placements in case study 10, and the development of tools like HoloLens for augmented reality experiences in case study 11. These flexible learning approaches, including the use of digital scenarios and the introduction of online tools alongside in-person scenarios, offer students a more versatile educational experience. Retaining an increased number of simulated practice hours has recently embedded this form of learning into the education journey, with students and educators now viewing it as a complement to real-life practice, rather than an add-on.

"Already, there has been a shift in the programme team seeing SPL as 'unmanageable' and as an 'add on', to an exciting opportunity to deliver new activities, that previously they may not have had 'time for' within their modules."

– Case study 12: Simulated practice evolution in nursing programmes: University of the West of England

9.2 Adaptation to the post-pandemic environment

The case studies highlight how healthcare education has adapted to the challenges posed by the Covid-19 pandemic and applied the lessons learnt to their ongoing programme delivery. This includes a hybrid approach incorporating more online and remote learning alongside face-to-face delivery, as well as the development of digital scenarios, such as in case studies 2 and 8. Some HEIs have commented that the shift back to predominantly on-campus teaching has brought some challenges for staff and students. Case studies 1 and 10 identified challenges with the costs and time lost during commutes, environmental impacts, a push for a better work/life balance, and students struggling with a lack of soft skills, such as communication, informal socialisation, punctuality for classes, and placements, which were not adequately developed during the lockdowns. These challenges have been mitigated in a variety of ways for example, in case study 10 by listening to the student request for increased flexibility, timetables were changed to create 'campus days' and 'study from home' days. Learnings from case study 1 show that the successful innovations introduced during the pandemic could be viewed as ongoing solutions to workforce issues, rather than a temporary fix. The continuation of these placements has allowed for more

flexibility for educators and supervisors, as they are able to continue their work through remote and blended learning. An example of this is seen in case study 10's telehealth placements, that could be delivered off campus and alongside health service work.

"We have found that our placement sites have been quick to try to "return to normal" rather than hold onto the innovations we introduced, so we have been working hard to try to present these as ongoing solutions to a depleted AHP workforce, increasing student numbers and a solution to the need for a future-ready, digitally prepared AHP workforce. This has had some effect. Our partnerships and champions in placement sites have been crucial to this."

– Case study 1: Near-peer pilot project: Glasgow Caledonian University

9.3 Student learning and confidence

Several case studies mention the impact of these placements on students' learning, practical skills, and confidence over time. Technology and simulation are used to improve these aspects of education. It is evident from case study 7 that these placements have enhanced students' practical skills and confidence by exposing them to a wider range of patient scenarios, resulting in an increased readiness for real clinical settings. Research conducted since the original report has shown evidence that digital simulated experiences boosted student learning and confidence in case study 5. In case study 6, the placement inspired some students to consider future careers in community and primary care settings, which is needed for an integrated healthcare system.

"In winter 2021, a quasi-experimental study was conducted to evaluate knowledge acquisition and confidence in students participating in clinical versus digital simulation. The study showed that while clinical simulation was more effective overall, digital simulation achieved over 80% in knowledge acquisition and boosted confidence levels pre and post-intervention."

– Case study 5: From crisis management to creative solutions – Transforming healthcare education in the Covid era: Edinburgh Napier University

Since the publication of the original report, many of the case studies have received positive testimonials from students. These testimonials validate the programme's success and serve as evidence of how the placements helped students to grow, develop skills, and make meaningful contributions.

"QAPL placement has offered me a great opportunity to enhance my independent and guided learning, I was able to learn, familiarise myself, build my confidence in understanding NMC and being able to apply NMC Code and Standards to my learning and practice. I was able to achieve all proficiencies required to pass the module despite not being in a clinical setting."

– Case study 7: The creation of a remote quality assurance in placement learning experience: University of Brighton

9.4 Interprofessional Learning and Collaboration

Another key takeaway from the progress seen within these case studies is the shift towards more interprofessional learning approaches. Interprofessional education (IPE) is a pedagogical approach in healthcare education that involves "occasions when members or students of two or more professions learn with, from and about each other to improve collaboration and the quality of care and services"⁶. IPE is deemed essential in equipping future healthcare professionals with the skills needed to deliver optimal

patient care. The case studies emphasise the importance of interprofessional learning and collaboration through working with students from different healthcare disciplines and preparing them for teamwork in clinical settings. Case study 1 is looking to expand their approach to include interprofessional Near Peers in the future, case study 11 is exploring ways to use HoloLens in interprofessional teams, and the flexibility of the PEEP model in case study 9 allows for expansion and teamwork across professions. It is evident that the Clinical Placement Expansion Programme (CPEP) and simulation funding distribution in England across nursing, midwifery and the allied health professions has propelled some case studies to invest further into expanding these placements to include interprofessional learning in simulated and real-life scenarios. This not only benefits the student learning journey but helps to break down silos and build a more integrated and cohesive healthcare system.

“We are currently exploring opportunities for collaborating with community placement partners to use HoloLens in diverse community settings working with interprofessional teams. These will expose students to various healthcare challenges, improving their adaptability and readiness for real-world situations.”

– Case study 11: HoloLens - Hilda's home: Anglia Ruskin University

9.5 Cost-Effective Solutions:

Some contributions reference the cost-effectiveness of certain educational models, such as the use of digital scenarios and blended learning. Since the original report, the cost-of-living crisis has emerged as a pressing issue for student recruitment and retention, with increased costs being a leading reason for students struggling to attend a placement. To mitigate these financial barriers, many students choose remote learning options such as those in case studies 7 and 8, as they prefer the ability to work from home and reduce costs. Future work is being undertaken in this area, with an evaluation being carried out in case study 11 through a cost-benefit analysis. Financial sustainability is also built into the placements themselves, with case study 3 covering all outgoing costs through its indirect supervision and assessment model. This has meant students and educators are able to more easily access and therefore benefit from these innovative learning opportunities and meet their educational requirements.

“This novel placement model offers substantial advantages, particularly during times of financial hardship. It significantly augments placement capacity and substantially reduces secondary accommodation and travel expenses for our students. This approach not only meets the growing demand for healthcare professionals, but also aligns with our commitment to offering a comprehensive and cost-effective education.”

– Case study 8: Virtual Health Placements: UWE Bristol

10. Policy action areas

The themes above served as the foundation for identifying key policy action areas tailored to address the needs and challenges highlighted by our members. The table below presents the context and key policy action areas from the original Pandemic Powered Improvements report in 2022, alongside an update and renewed recommendations recognising the current context in 2024. Below the table, an explanation of the recommendations is set out in more detail. The recommendations are intended to equip our members, decision-makers, and the wider sector with pragmatic actions and to facilitate informed policy development and strategic planning for future healthcare higher education.

Table 1: Summary of policy action areas and recommendations

Policy action area	Original Pandemic Powered Improvements report context (2022)	Original Pandemic Powered Improvements report recommendations (2022)	2024 Context	New Recommendations
Regulatory support to innovation	<ol style="list-style-type: none"> 1. NMC Emergency Standards for Nursing Education (RN6D) implemented in 2021⁷. 2. Introduced HEE-funded project on simulation in nursing education. 3. Regulatory complexity stifling innovation. 	<ul style="list-style-type: none"> • Evaluate SPL hours standards • Continuation of flexible simulated placements • Consideration of regulatory body differences • Undertake review of the sectoral regulatory burden. 	<ol style="list-style-type: none"> 1. Permanent adoption of RN6D by NMC in 2023⁷. 2. CoDH report on simulation in nursing education published⁸. 3. Regulatory overlap from multiple bodies continues to hinder innovation. 	<ul style="list-style-type: none"> • Need for more system-wide evidence and alignment across regulators and professional bodies. • Acceleration of the pursuit of agile and outcome-focused regulation. • Greater collaboration between sectors and government support for regulatory simplification.
Simulation funding equity	<ol style="list-style-type: none"> 1. Significant upfront costs for simulation resources. 2. NHS E opened national education tariff to HEIs for simulation in 2021. 3. Disparities in simulation funding across UK nations. 	<ul style="list-style-type: none"> • Need for sustained commitment to equitable simulation funding. • Need for diverse funding streams for simulation sustainability. 	<ol style="list-style-type: none"> 1. £300,000 made available for HEIs to adopt new simulation standards in England⁴ 2. Variation persists in HEI's ability to access national education tariff for simulation. 3. Continued lack of government financial support for simulation in Scotland, Wales, and Northern Ireland. 	<ul style="list-style-type: none"> • Ensure stakeholders have plans in place that recognise the importance of infrastructure, faculty leadership, accessibility, and resources for effective simulation. • Need for clarity on funding models across all four nations. • Long-term commitment to financial investment for SPL.
Sustainable funding for placements	<ol style="list-style-type: none"> 1. HEE supported placement expansion through the CPEP programme. 	<ul style="list-style-type: none"> • Expansion of placement data sets needed to quantify UK-wide ecosystem. 	<ol style="list-style-type: none"> 1. Increased efforts in placement funding, including financial uplifts in England by DHSC. 	<ul style="list-style-type: none"> • Long-term and sustainable placement funding across the UK.

	<ol style="list-style-type: none"> Persistent pressures on NHS with wait lists and bottlenecks. Issues with placement capacity and quality. Pandemic saw rise in UCAS applications for healthcare programmes. 	<ul style="list-style-type: none"> Need for increased placements to support rise in student numbers. 	<ol style="list-style-type: none"> Shift to focus on quality and diversity of clinical placements. 	<ul style="list-style-type: none"> Data set to support placement growth and quality.
<p>Policy prioritisation for innovative placements</p>	<ol style="list-style-type: none"> Innovation's role in meeting NHS nurse recruitment targets. Impact of DfE policies on innovative placements. 	<ul style="list-style-type: none"> Develop interdisciplinary placements within HEIs. Call for sustained commitment to innovation beyond 2024. Recognise role of innovative placements in levelling up skills across the UK. Call to reduce reliance on overseas healthcare professionals. 	<ol style="list-style-type: none"> Fall in student application numbers and NHS pressures. National commitments to innovation. Role of simulated learning scenarios on promoting equality, diversity, and inclusion. 	<ul style="list-style-type: none"> Government policy support for innovative placements. Joined up health and education plan. Need to further grow evidence base.

10.1 Regulatory support to innovation

Regulation in healthcare education is essential for maintaining high standards and safety but should also facilitate an environment that enables the innovation and flexibility seen in these case studies. Tentative steps have been taken to adapt regulations to the post-pandemic environment. Different regulators are also increasingly willing to discuss join-up between them to avoid undue overlap. Whilst these developments are welcomed, the oversight of health, higher education and increasingly further education regulators combine to make healthcare education among the most regulated of sectors. Overlapping multiple professional, statutory, and regulatory bodies, pose a challenge for HEIs and often even a disincentive for those HEIs looking to enter or expand in this space.

The pandemic prompted innovative changes, such as the expansion of SPL, enhancing training capacity and flexibility. In 2021, in response to decreased placement capacity, the NMC implemented [recovery standards for pre-registration nursing and midwifery education](#) that allowed up to 600 hours of the required 2300 clinical placement hours to be replaced by simulation⁷. These were later permanently adopted by the NMC in 2023 through the [Standards framework for nursing and midwifery education](#) and can now be used by approved HEIs⁹. These changes should be further explored to adapt to evolving evidence and workforce demands. The NMC is leading the way with this through the launch of an independent review of nursing and midwifery students' practice learning requirements, which may inform future regulatory changes in this area¹⁰. The Council of Deans of Health published a report in January 2024 on [simulation in nursing education](#) which provides substantial evidence on the use of SPL in meeting nursing standards and transforming practice learning⁸. To build on this, there is a **need for**

more system-wide evidence including in midwifery and AHP education, that individual HEIs can help develop. The **different regulators across nursing, midwifery and AHP education need to collaborate and align their standards** to ensure equal opportunities for educators to embrace the benefits of SPL.

There is also a **need to understand and consider the differences across regulators** to address these challenges. With diverse regulatory bodies overseeing HEIs across the UK, streamlined processes and avoidance of duplication for example, in reporting, should be pursued. Better communication and data-sharing agreements among regulators can alleviate this burden. For example, the Health and Care Professions Council (HCPC) has committed to working closely with professional bodies and other regulators to establish information sharing agreements for assessments. Understanding the sectoral regulatory overlap is key when developing innovative solutions. The current regulatory environment and administrative burden (stemming from the multiplicity of actors involved including NMC, HCPC, Office for Students, Ofsted, Scottish Funding Council, Higher Education Funding Council Wales, and the Higher Education Division of the Department of the Economy in Northern Ireland) risks diverting resources from core priorities, impacting student experience and hindering innovation through a lack of flexibility. A government review of regulatory responsibilities is necessary to address these issues and help foster innovation. This should be included within DHSC's regulatory reform programme that will next consult on modernising the regulatory regime for both the HCPC and NMC¹¹.

Moving forward, **agile and outcome-focused regulation should be pursued** to adapt to changing needs and technological advancements in healthcare education. Any steps to review the requirements for placements hours and settings for healthcare courses would be welcome. This requires ongoing **collaboration between the health and education sectors, alongside government support in minimising overlapping demands and simplifying the regulatory landscape**. The Council has called for this in its [General Election manifesto](#)⁵.

10.2 Simulation funding equity

Since the pandemic, SPL has been acknowledged as a valuable complement to clinical placements in meeting the proficiency standards set out for future healthcare workers. Providing quality SPL sessions is costly and requires significant financial and material resources from HEIs to deliver. Detailed in the [simulation report](#), there is a commitment from HEIs to SPL and an appetite to embrace its opportunities further⁸. The NHS [Long Term Workforce Plan](#) (LTWP) calls for universities to adopt SPL at pace. To enable this, HEIs can access the national education tariff where simulation training is equivalent to clinical placements. In addition, the LTWP states that NHS England is allocating £300,000 to HEIs to support the development of simulation³.

However, there is inequity in access to funding opportunities such as these across the UK. Funding remains a barrier for many universities wishing to incorporate more SPL, with still no further government funding for SPL in Scotland, Wales, or Northern Ireland putting HEIs in these locations at a disadvantage. Tariff funding remains variable year-on-year and is not seen as a reliable source by many HEIs. It is critical that stakeholders recognise the **essential components of adequate infrastructure, faculty leadership, accessibility, resources, and funding are in place across all regions and devolved nations** for simulation to scale up effectively.

Future work should include **clarity on funding models and availability of tariffs across all four nations** to support the sustainability of simulation-based education. **Reliable financial backing** allows HEIs to expand laboratory space, purchase simulation equipment, invest in faculty education and training, and manage ongoing maintenance and upgrades in a potentially fast-moving technology area. However, there is a challenge in devising fair and inclusive funding models that accommodate differences in institution size, geographic location, and resource availability. Policymakers must engage with stakeholders from a breadth of educational settings to produce adaptable funding models that cater to the needs of both large and small institutions, allowing for equitable access to simulation resources. Future policy initiatives should find a balance between providing overarching guidelines while allowing room for innovation and customisation in simulation methods.

10.3 Sustainable funding for placements

Practice placements are an essential and mandatory component in the journey to registration for all nurses, midwives, and allied health professionals. Sustainable funding models, backed by robust data sets, are needed to support sufficient placement capacity and quality.

Following initiatives such as CPEP and the Strategic Support Fund in 2021, there have been increased efforts to increase placement funding in England. Since the original report was published, there have been three financial uplifts to the Education and Training Tariff in England set by the Department of Health and Social Care. For the 2023-24 financial year it is set at £5,343 following recommendations from NHS England and other stakeholders¹². However, we need to see equitable placement funding streams across all nations of the UK. **Ensuring longer-term sustainable funding in all four nations** would create a system that reliably supports workforce needs across all communities and health services.

If we are to see the growth in the healthcare workforce needed across the UK, including achieving the ambitions set out in the LTWP, then placement capacity needs to grow in line with planned growth for student numbers. **A placement data set which fully quantifies the UK-wide placement ecosystem** would ensure funding is being directed to the right places. It would highlight areas for growth and expansion but also areas of saturation. Robust data would also support ensuring placement quality and diversity. Poor quality placement experiences are an increasing concern for Council members. This not only affects the competency of students achieving the outcomes needed, but also directly effects student retention on programmes. Universities want to support retention through supporting placements to be positive and high-quality experiences for all student demographics and geographies. Our members are also keen to diversify the placement opportunities available to provide students with the breadth of skills and experiences related to health and social care services today. For example, the Allied Health Professions Framework for Wales aims to increase healthcare capacity in primary, community, and social care settings by shifting the workforce into these areas through a service model change¹³. Sustainable funding and robust data would ensure placement quantity, quality, and diversity to support the workforce growth needed in the next 10 years.

10.4 Policy prioritisation for innovative placements

Since the original report, there has been wider recognition of and a drive for innovation across the UK in improving public services and growing the economy. Innovative placements will be essential to meet government ambitions for healthcare workforce expansion and sustainability. To increase the quality and

quantity of future healthcare professionals needed to adequately address the growing NHS patient care backlogs left over from the pandemic, there is a need to expand and diversify placement opportunities across a broad range of settings. Innovative placements play a central role in providing students with the skills necessary to supply the NHS with an integrated and future-proof domestic workforce.

Government policy support including better coordination across the healthcare and education sectors is required to grow and maintain the broad range of placement types and settings needed to educate a workforce equipped to deliver effective modern healthcare. This must be underpinned by sustained funding streams and adaptable regulatory frameworks to ensure universities and placement providers are properly supported to deliver these placements.

Universities are central to driving innovation, from knowledge exchange to developing new skills, technologies, and ways of learning. It is critical that there is **a plan which has clear join up between health and education sectors and departments at both a national and local levels** to enable the benefits of innovative approaches to placements to be realised. The Council and its members are on hand to support this and are keen to work more effectively with partners to ensure that high quality placement opportunities are available for all those wishing to study towards a career in healthcare.

Another important factor in realising the benefits of these innovative approaches is through developing **an evidence base supporting the effectiveness of the diverse range of placement opportunities**. Council members are expanding their use of digital teaching methods, blended learning approaches and diversity of placement opportunities as evidenced in the case studies in this report. Many HEIs are seeking feedback and undertaking evaluations of how innovative approaches are working in terms of student experience, skill acquisition, and readiness for practice. The Council's 2023 report, [Anti-Racism in AHP Education: Building an Inclusive Environment](#), showed the impact of scenario-based simulated learning when equipping students with the skills needed for employment, particularly in the case of addressing discrimination towards themselves, colleagues, or patients¹⁴. Going forward, there remains a need for policymakers to build a research base around the value of face-to-face versus blended learning, to ensure innovation is grounded in evidence.

11. Conclusion

This follow-on report marks a significant milestone in the ongoing efforts by the nursing, midwifery, and allied health profession higher education sector to innovate following the challenges posed by the Covid-19 pandemic. This report has acknowledged the continuation and expansion of these innovative placements since the original report and showcases the new placements that have emerged in the time since.

Through showcasing the updates of key case studies from the original Pandemic Powered Improvements report, five key themes emerged that underscore the pivotal role of these placements in enabling students to build their skills and seamlessly transition into the workforce. These themes formed the basis for key policy recommendations, and with consideration of the healthcare education context in 2024, it provides updated recommendations on the four policy action areas aimed at continuing this progress.

By advocating for streamlined regulatory support for innovation, embracing technology, expanding interprofessional education, and advocating for sustainable and equitable funding for simulation, we can ensure that healthcare education remains at the forefront of innovation.

While this report offers an up-to-date snapshot of our current analysis and understanding on placements, it represents just the beginning of our ongoing commitment to innovation and excellence in healthcare education. If the current challenges around student recruitment remain, innovative lessons from the pandemic may yet provide some answers in the form of distance and hybrid learning and inspiring interest through exciting new technologies and approaches. The Council looks forward to further engagement with stakeholders to continue to build upon and safeguard the progress achieved thus far.

12. Annex A: Updates on case studies from 2022 report

Case study 1: Glasgow Caledonian University – Near-peer pilot project: Occupational Therapy

Targeted audience discipline/profession	Occupational Therapists
University and placement partners country	Glasgow Caledonian University, Scotland
Original case study	Pandemic Powered Improvements, p.20
Update	The initiative involving Near Peer approaches has been repeated with the involvement of two Health Boards. Feedback from pilot sites emphasised the importance of thoughtfully pairing students to avoid potential "personality clashes." The goal remains transitioning to a fully integrated model of Near Peer, and efforts are underway to better prepare and support the Health Boards for this shift. Evaluation of the initiatives, particularly the Near Peer approaches, is ongoing, and results are pending. There is a desire to expand the approach to include interprofessional Near Peers from different professional groups.
Added value and impact	Interest in the Near Peer approach has extended to another Health Board, which aims to pair it with a Project Placement. Particularly noteworthy is the fact that this Health Board was introduced to the Near Peer approach through positive word of mouth, underscoring its effectiveness in pairing students of different year groups. While the numerical impact might be small, the ripple effect of this method through word of mouth illustrates its potential to bring about change.
Transition to post-pandemic teaching environment	The transition to a post-pandemic teaching environment has presented various challenges. Students are facing difficulties with softer skills such as communication, informal socialisation, punctuality for classes, and placements, which were not adequately developed during the lockdowns. Mental health and general well-being among students post-pandemic have notably declined, making university life, classroom learning, and placement sites more overwhelming. Although a return to fully on-campus teaching has occurred, there is a preference among many students for a hybrid or partially online model, contrary to initial assumptions. Consequently, the focus has shifted towards addressing health and well-being, communication, social skills, and time management in preparation for placements before delving into practice-specific skills. The effort to maintain introduced innovations in placement sites is challenged by the urge to "return to normal" after the disruption of the pandemic. Advocating these innovations as ongoing solutions to address a depleted AHP workforce and the need for a digitally prepared workforce has yielded some positive results, facilitated by partnerships and champions in placement sites.
Contact	Anita Volkert, Lecturer, Glasgow Caledonian University anita.volkert@gcu.ac.uk

Case study 2: Leeds Beckett University – Working Together – Student SLTs running an aphasia communication group

Targeted audience discipline/profession	Speech and Language Therapy students
University and placement partners country	Leeds Beckett University, England
Original case study	Pandemic Powered Improvements, p.24
Update	The initiative involving Online student Speech and Language Therapy (SLT) communication groups for individuals with aphasia have shown significant growth. Since the success of setting up and running student led online speech and language therapy groups for people with aphasia in Covid-19, LBU have been able to establish an onsite speech and language therapy clinic. The clinic welcomes clients with acquired speech, language, and communication difficulties, and provides a range of group and one to one therapy options, both in-person and online. The online format has been maintained based on feedback from group members with aphasia, who prefer this mode of interaction. All therapy sessions are delivered by speech and language therapy students as part of their clinical placements, which are overseen by a registered speech and language therapist.
Added value and impact	Group members with aphasia have become proficient in using technology, showcasing their adaptability through digital communication. Student SLT participants are honing hybrid working skills, combining online and traditional methods effectively. Resources such as aphasia-friendly instructions have been developed to facilitate accessibility for individuals new to video conferencing. Expansion efforts include the introduction of online writing groups tailored for individuals with aphasia and dysgraphia, broadening the scope of support provided. LBU have continued to provide placements with a 4:1 student to educator model which is contributing to placement expansion. The faculty is eager to work collaboratively and have innovative ideas to continue to grow placements so that student and client needs are met. The focus remains on continuously enhancing online group offerings to cater to the evolving needs of individuals with communication difficulties.
Transition to post-pandemic teaching environment	The continued emphasis on online communication groups signifies a smooth transition to the post-pandemic placement environment at LBU, acknowledging the efficacy and preference for online interaction among clients in these speech and language therapy clinics. Integration of hybrid working skills among students aligns with the evolving landscape of healthcare delivery, preparing them for future roles in clinical practice settings. The expansion of online groups, including technology enhanced writing groups for people with aphasia, demonstrates a commitment to researching and developing technology to address communication challenges, reflecting a forward-focused approach to healthcare education and clinical practice.
Contact	Naomi De Graff, Senior Lecturer, Leeds Beckett University N.De-Graff@leedsbeckett.ac.uk sltplacements@leedsbeckett.ac.uk

Case study 3: University of Chester – Indirect model enabling student placements where there is no suitably registered professional

Targeted audience discipline/profession	Nursing students
University and placement partners country	University of Chester, England
Original case study	Pandemic Powered Improvements, p.29
Update	<p>In 2020, The University of Chester introduced an Indirect supervision and assessment model to provide the registrants for the practice areas. This is provided by the University using a dedicated team of visiting practice lecturers. The University now has a bank of over 40 Indirect supervisors and assessors working on a flexible basis to meet the needs of the student and the practice areas paid for using NHS England tariff accrued from internal University practice learning placements. We have had a very successful growth within Private, Voluntary and Independent Organisations (PIVOs) and social care areas.</p> <p>Many HEIs now use in-direct supervision and assessment using their current academics; our more financially sustainable model allows full coverage of PIVOs without additional permanent staff. The In-direct model has been exported successfully between Higher Education Institutions (HEIs) in the UK, in addition to having expanded to cover the North-West region. It has been presented in Scotland, the South East and South West, Midlands and West Yorkshire regions, and many HEIs have now adopted the same model.</p>
Added value and impact	<p>By investing in this model, we ensure that PIVOs are receiving the full HEE placement Tariff, establishing clear reputational and cooperative benefits for all parties. Therefore, the in-direct model stimulates an upskilling feedback loop, via its investment in practitioners. By using the In-direct team to supervise and assess during simulated placements internally, this covers all the model's outgoing costs. Externally, this ensures an ability to not only re-grow social care placements to re-balance health and social care experience, but also to grow the circuit. This makes the In-direct model a morally and financially sustainable model of placement provision.</p> <p>The overall impact has been that PIVO placements that have been unused since the implementation of the SSSA have been re-opened, along with opening over 200 new placements — students are gaining the expertise from these areas. The future is exciting as more of our Indirect supervisors and assessors are supporting practice in our communities allowing more placement capacity. The model itself has attracted both national and international attention, and its success has been recently reflected in the establishment of the NMC's expanded guidelines on placement provision. Its aims also closely align with the new NHS Long Term Workforce Plan; by championing clinical placement capacity expansion, instigating reform to adopt innovative and accessible modes of tuition and supervision, and stimulating more diverse and integrated clinical placements. In particular, the model has enabled rapid PIVO, social prescribing and social care placement expansion.</p>
Contact	Dr Victoria Ridgway, Associate Dean, School of Nursing and Midwifery, University of Chester v.ridgway@chester.ac.uk

Case study 4: Northumbria University – Facilitating regional SSSA prep during the pandemic

Targeted audience discipline/profession	Nursing students
University and placement partners country	Northumbria University, England
Original case study	Pandemic Powered Improvements, p.28
Update	The use of the online Practice Education Website hosted by Northumbria University continues to be used and developed to facilitate access to the required Practice Supervisor (PS) and Practice Assessor (PA) training for clinical staff. Through recent engagement with local practice placement partners, the University has now adopted the NHS England eLearning for Health Practice Educator and Assessor Preparation (PEAP) that consists of 3 eLearning programme that have the combined aim to support allied health professionals, nurses and midwives in educating, supervising and assessing students and learners. The website hosted by Northumbria University is used to signpost practice staff to this learning and staff are required to complete a short Northumbria University online module that addresses local information and ensures that students are registered correctly for both practice and university governance requirements. The online delivery model is supplemented by weekly online facilitated drop-in sessions hosted by Northumbria Universities, Practice Learning Tutors. All HEI and practice staff and all students can attend weekly session as required and without the need to preregister to ask question or get support from the university in relation to any aspect of SSSA and how it is operationalised.
Added value and impact	To date 10,013 staff have registered and completed the required training from across the Northeast Region. The benefits are clear, practice staff are able to undertake the required training at a convenient time to fit around service and personal commitments. Practice staff and organisations also have immediate access to this training to facilitate rapid upskilling of teams and individuals if needed. As well as this approach facilitating the planned routine development of staff and services it has on many occasions supported and allowed practice placement capacity to be met and even grown to facilitate capacity at short notice.
Transition to post-pandemic teaching environment	Feedback from NHS partners showed disinterest in returning to the pre-pandemic approach of accessing this training (face to face and for PA training via a full application process). All NHS and PIVO partners wanted their staff to be able to access this learning through the website hosted by Northumbria University.
Contact	James Wade, Faculty Director of Practice Placements & Assistant Professor, Adult Nursing, Northumbria University, James.Wade@northumbria.ac.uk

Case study 5: Edinburgh Napier University – From crisis management to creative solutions: Transforming healthcare education in the Covid era

Targeted audience discipline/profession	Nursing and Allied Health students
University and placement partners country	Edinburgh Napier University, Scotland
Original case study	Pandemic Powered Improvements, p.44
Update	In winter 2021, a quasi-experimental study was conducted to evaluate knowledge acquisition and confidence in students participating in clinical versus digital simulation. The study showed that while clinical simulation was more effective overall, digital simulation achieved over 80% in knowledge acquisition and boosted confidence levels pre and post-intervention. The study has been submitted for publication and is currently under review. Building on these results, we have embedded the COVID-19 scenario into one of our critical care in nursing modules to support decision making and skills development when assessing and treating a person who is critical ill and in respiratory distress. This project led to NES commissioning six additional scenarios which Edinburgh Napier University and University of the West of Scotland won a grant to complete. The project has now been completed and is now with NES for dissemination, and will thereby be hosted on a nationally accessible online platform for all health professionals in Scotland.
Added value and impact	Recognising that immersive digital learning is a valuable adjunct to more traditional approaches, a PhD student is developing and testing a digital scenario for medicines optimisation which will support students who are offering medicines discharge advice. Reflecting on how digital scenarios can support the diverse learning needs of health care it needs to be acknowledged this is a method that does not replace placement learning or simulated practice but is an additional flexible approach to learning. In the future, increasing numbers of healthcare students will be joining the university community and development high quality academic programmes using a variety of methods to support learning are essential. Digital scenarios and simulation that are evidence informed and demonstrate a positive impact on student learning are central to meeting the needs of healthcare education.
Transition to post-pandemic teaching environment	The integration of the COVID-19 scenario and embracing digital scenarios and simulations reflects an adaptation to the post-pandemic teaching environment, addressing critical care needs in the context of respiratory distress through offering flexibility and effectiveness in delivering healthcare education.
Contact	Ruth Paterson, Interim Dean, School of Health and Social Care, Edinburgh Napier University r.paterson@napier.ac.uk

Case study 6: University of Roehampton – Covid-19 vaccination centres as placements for pre-registration nursing students

Targeted audience discipline/profession	Nursing students
University and placement partners country	University of Roehampton, England
Original case study	Pandemic Powered Improvements, p.30
Update	Following closure of the Covid-19 vaccination centres, the University of Roehampton no longer offer placements in these settings. Students who attended them at the time still reflect on the unique learning experiences that they gained through these placements and recognise the skills and knowledge that they gained as a result. The university is continually evaluating and adapting its placement opportunities to ensure they align with current healthcare needs.
Added value and impact	Placements in the Covid-19 vaccination clinics inspired some students to consider future careers in community and primary care settings. This exposure has broadened students' perspectives on healthcare delivery and increased their interest in specialised areas of nursing.
Experience of transitioning to post-pandemic teaching environment	<p>Following the pandemic, the University of Roehampton have transitioned back to campus based teaching. The university has used the knowledge and skills developed throughout the pandemic in relation to online learning strategies to enhance teaching sessions and their use of technology. This has been positively evaluated by the students.</p> <p>Students are continuing to attend clinical placements. The clinical areas in which they are allocated have also been through a post-pandemic transition and the university has worked closely with their practice partners to ensure that students continue to have a high-quality experience in their placement throughout this transition period. The transition back to campus has allowed for more face-to-face interactions and hands-on learning opportunities, which students have found beneficial.</p>
Contact	Jane Hopping, Associate Professor and Head of Nursing Programmes, University of Roehampton jane.hopping@roehampton.ac.uk

Case study 7: University of Brighton – The creation of a remote quality assurance in placement learning experience

Targeted audience discipline/profession	Nursing students
University and placement partners country	University of Brighton, England
Update	The quality assurance in practice learning placement is continuing. To date, over 300 students have undertaken the placement with an extensive range of project leads and practice assessors. Fortunately, despite the very challenging financial situations all HEIs are in, the University of Brighton can provide a team of 20 lecturers who support this placement as practice supervisors, practice assessors, project leads and all nursing lecturers support learners as academic assessors.
Added value and impact	As part of the summer QAPL, students have been engaged with the SimCom Academy, undertaking simulations that have enabled them to develop their communication and professionalism skills. These experiences have been evaluated extremely highly, with students now arguing that these simulations should be available to all students. With the focus now on developing the 4 pillars of practice, the placement has grown in popularity as students have seen the success of the placement and been offered wider project opportunities with practice partners and other members of the school team to develop their leadership and research skills.
Transition to post-pandemic teaching environment	Many students choose this placement as it is fully remote, this has enabled those with complex health needs and pregnancy to particularly attend when COVID makes placement attendance difficult but many students like the ability to work from home and reduce costs. However, we are realising that some students would like to undertake the placement with more in person activities and we are able to facilitate those now too, so many of the NHS E workforce, training and education projects were in person and our national nutritional project NUTCAP was ward based.
Feedback and testimonials	<p><i>"QAPL placement has offered me a great opportunity to enhance my independent and guided learning, I was able to learn, familiarise myself, build my confidence in understanding NMC and being able to apply NMC Code and Standards to my learning and practice. I was able to achieve all proficiencies required to pass the module despite not being in clinical setting."</i></p> <p><i>"This was by far the most learning-oriented placement that I had. I could learn so much for my upcoming nursing job that I feel less anxious about it. I realised there is so much more to nursing than just nursing patients and that I need to keep an open mind to other opportunities. The lecturers were so enthusiastic that it made me want to learn more, something that I have not experienced in the last (3rd year) at university."</i></p> <p><i>"I would recommend introducing a mandatory part time QAPL placement before or after each other type of placement"</i></p>
Contact	Theresa Corkill, Principal Lecturer, University of Brighton T.K.Corkill@brighton.ac.uk

Case study 8: University of the West of England Bristol – Virtual Mental Health Placements

Targeted audience discipline/profession	Adult Nursing students Physiotherapy students
University and placement partners country	University of the West of England Bristol, England
Update	<p>Since the original report, UWE Bristol have a new offer of virtual placements with an external provider. Initially, there was an examination of pure virtual placement options, drawing inspiration from similar initiatives at other universities during the pandemic. The particular focus was on determining the feasibility of implementing a Peer Enhanced e-Placement (PEEP) model. The intention was to learn from this and develop an enhanced model which could be utilised for the duration of a placement, with sufficient depth and quality.</p> <p>The timing of the project differed from the early days of the pandemic when completely virtual models were needed. The attention shifted towards the NHSE guidance, emphasising the importance of virtual wards, telehealth, and home-based patient care, to alleviate winter pressures and reduce hospital admissions. Considering this guidance, a hybrid placement experience was established through an online clinic platform, where students had responsibilities like conducting NHS Health-checks.</p>
Added value and impact	<p>In addition to fostering adaptability among our learners in an ever-changing field, this novel placement model offers substantial advantages, particularly during times of financial hardship. It significantly augments placement capacity and substantially reduces secondary accommodation and travel expenses for the students. This approach not only meets the growing demand for healthcare professionals, but also aligns with our commitment to offering a comprehensive and cost-effective education.</p>
Transition to post-pandemic teaching environment	<p>It is recognised that the landscape of health and social care provision is in a constant state of flux. Post pandemic there has been sustained and increased pressures on the healthcare service and shifting workforce requirements. In this environment, it is imperative that education keeps pace with the transitions occurring in the field and that we prepare learners well for the changing future of healthcare.</p> <p>The pandemic led to unprecedented interest in health and social care professions and increased undergraduate recruitment for some health professions. With increased recruitment comes the challenges for placement capacity. Clinical departments faced significant challenges in managing existing student numbers, which was further exacerbated by the rising pressure on healthcare services following the pandemic. The aim was to develop a project to address the need for rapidly expanding placement capacity for the university's health and social care programmes.</p>
Student feedback and testimonials	<p><i>"During this placement, I have acquired valuable knowledge, improved my communication skills, and honed my abilities in self-learning. Additionally, I have gained proficiency in conducting both subjective and objective assessments in a professional and independent manner."</i></p> <p><i>"It is a good way to build team communication, task delegations, setting SMART goals, improving understanding of technology and most importantly being able to communicate to patients and the group."</i></p>

	<p><i>"If the student has any kind of issues with confidence or has struggled to learn anatomy the informal nature of the educator sessions allowed me personally to become reinvigorated about physiotherapy namely MSK after a challenging time in the course."</i></p> <p><i>"I think it should be a learning opportunity offered to all healthcare students."</i></p> <p><i>"Virtual learning empowers students like me to take more ownership of their learning journey. I have improved valuable skills like time management, self-discipline, and self-motivation, which are essential for lifelong professional success."</i></p> <p><i>"Virtual learning offers flexibility making education accessible to a broader audience. Students from different regions can participate in courses which bring new ideas and experiences to a learning experience. The online platform incorporated adaptive learning technologies, which enabled me to focus on areas where I needed more help. The placement was highly interactive, including real-time discussions, video lectures, and group projects; this fostered a collaborative and engaging learning experience."</i></p>
Contact	<p>Ben Whistance, Associate Director of Practice Learning, UWE Bristol Ben.Whistance@uwe.ac.uk</p> <p>Neil Ramdhun, Head of Clinical Governance, Health Academy neil.ramdhun@healthacademyonline.co.uk</p>

Case study 9: University of East Anglia – Peer-enhanced E-placements

Targeted audience discipline/profession	Operating Department Practitioner students
University and placement partners country	University of East Anglia, England
Update	The Peer Enhanced e-Placement (PEEP) model has achieved widespread dissemination and adoption across the UK and globally through numerous presentations and publications. Over 80 placement teams involving 20 professions and disciplines have engaged in the PEEP acquisition experience, benefiting over 1800 students. The core pedagogical principles of the PEEP model have made it applicable beyond health disciplines, proving its robustness and evidence-based design. Lisa and Gilly have collaborated with numerous placement teams to expand the PEEP across professions and implement it successfully in allied health professions and nursing, offering a quality, sustainable, evidence-based placement option.
Added value and impact	The PEEP model challenges the necessity of physical presence in workplace settings for work-based learning, emphasising future digital workplaces. It encourages collaboration between higher education providers and employers to design authentic learning events for employability skill development. The PEEP's adaptability offers accessible work-based learning placement models, catering to various students' needs and contributing to employability. Lisa Taylor's PEEP model has received and been nominated for numerous awards, including the Chief Allied Health Professions Officer Award, recognising its impact on practice-based learning, leading to increased placement capacity and preparation for graduate employment. There are ongoing collaborations and projects aimed at expanding the PEEP across multiple universities and placement providers.
Transition to post-pandemic teaching environment	The original PEEP model has been a catalyst for reimagining placement provisions, addressing ongoing placement capacity challenges. The adaptation of the PEEP model aims to maximise quality and sustainability in placement, contributing to graduate employment preparation.
Feedback and testimonials	Students and placement teams consistently report positive feedback regarding the usefulness of the PEEP acquisition experience. The quality of learning achieved through the PEEP has led to its recognition as a sustainable work-based learning placement option beyond the COVID emergency phase. Evaluations show high pass rates, meeting learning outcomes, and a positive student experience. An evaluation of the PEEP for physiotherapy students indicates a positive experience, with students feeling well-prepared for placement. Participants' comments: <i>"Such a valuable tool, so many ideas to individualise and implement across all three years of the ODP programme"</i> <i>"...I think virtual placements could be effective in exposing ODP students to non-traditional roles, such as working as a practitioner in ED [emergency department] or transferring an intensive care patient to a different hospital"</i>
Contact	Professor Lisa Taylor, Professor of Employability and Learning Innovation, School of Health Sciences, University of East Anglia Lisa.Taylor@uea.ac.uk

Case study 10: Cardiff Metropolitan University – Speech and Language Therapy telehealth placements

Targeted audience discipline/profession	Speech and Language Therapists
University and placement partners country	Cardiff Metropolitan University, Wales
Original case study	Pandemic Powered Improvements, p.34
Update	Nearly two years following the initial virtual placements, most areas of speech and language therapy have transitioned back to in-person, face-to-face appointments, reflecting in the SLT placements. In teams where telehealth appointments continue, students attend the base and conduct these appointments alongside therapists instead of working from home. Telehealth placements are part of the suite of placement opportunities for students. Online placement days serve as backup if isolation is required for either practice educator or student. Microsoft Teams supports sharing documents, policies, and communication for multiple practice educators and students in a common space.
Added value and impact	In Wales, Microsoft Teams has become the primary tool for team meetings and training. This reduces travel time and improves access to training, setting clear expectations for participation. Academic staff's skills in producing online and asynchronous learning materials have supported the new mixed-mode curriculum. Future directions include an increase in the use of simulation and virtual reality for developing clinical skills on campus.
Transition to post-pandemic teaching environment	While some clinical teaching remained on campus throughout the pandemic, the shift back to predominantly on-campus teaching posed challenges, particularly in commuting. Timetable changes were made to create 'full' days on campus where possible, balancing days for studying from home. Addressing commute concerns improved the University/work/life balance, and having students on campus facilitated better dialogue, reducing feelings of loneliness and isolation. The transition was based on listening to the student voice and considering environmental impacts due to commuting needs.
Feedback and testimonials	Telehealth placements had unexpected benefits, enabling any student to access placements irrespective of geographical locations. Online meeting platforms like Microsoft Teams and Zoom are regularly used for pre-placement contact, aiding in building rapport ahead of the first day. Students find video calls more beneficial than phone conversations. However, working from home during placements was perceived as less enriching due to the absence of spontaneous learning opportunities, such as informal conversations and exposure to clinical cases.
Contact	Ria Bayliss, Programme Director, Cardiff School of Sport and Health, Cardiff Metropolitan University Rbayliss@cardiffmet.ac.uk

Case study 11: Anglia Ruskin University – HoloLens: Hilda’s home

Targeted audience discipline/profession	Nursing students
University and placement partners country	Anglia Ruskin University, England
Original case study	Pandemic Powered Improvements, p.40
Update	<p>The School of Nursing at HEMS currently possesses three HoloLens, integrated into Microsoft Teams using proprietary software Dynamics Assist and in-house programming. This integration allows students and educators to engage in simulated practice learning sessions, view scenarios in augmented reality, and interact with holographic patients. Dynamics Assist enables real-time communication, feedback, and data sharing, enhancing the learning experience. This tool allows for the use of files, including video, audio, images, and documents uploaded to OneDrive in the ARU ecosystem, opening them as holographic objects within the HoloLens environment.</p> <p>HoloLens has been successfully used for community simulated practice learning experiences for student nurses, including scenarios within service users' homes. Furthermore, the integration of Holohuman within Microsoft Teams enables multiple students to engage in deteriorating patient scenarios simultaneously, offering realistic clinical scenarios in a virtual environment.</p>
Added value and impact	<p>The use of HoloLens replicates a realistic community placement experience, allowing students to apply their knowledge and skills in a community setting. Explorations into collaborating with community placement partners using HoloLens in diverse settings aim to expose students to various healthcare challenges, enhancing their adaptability and preparedness for real-world situations. The GigXR Holohuman platform, leveraging AR and MR technologies, provides immersive learning experiences for healthcare students. Integrating this tool into MS Teams facilitates seamless collaboration among students and educators regardless of their physical location.</p> <p>The future focus involves evaluating the project using a mixed-methods approach:</p> <ul style="list-style-type: none"> • Quantitative Data: Analysing assessment scores, student surveys, and usage statistics to measure performance and satisfaction. • Qualitative Data: Gathering insights through focus groups and interviews with students, academics, and service users. • Technical Performance: Continuous monitoring of HoloLens functionality and Microsoft Teams integration. • Cost-Benefit Analysis: Evaluating the project's cost-effectiveness in improving healthcare education.
Transition to post-pandemic teaching environment	<p>As educational settings adapt to remote or hybrid learning, HoloLens allows replication of practical experiences in virtual settings, ensuring students gain realistic experiences while physical access to clinical environments might be limited. This integration offers a safe, flexible, and engaging alternative for students to practice in diverse simulated scenarios, fostering collaborative learning regardless of physical location. Ongoing evaluation and monitoring of these immersive tools post-pandemic</p>

	<p>will encourage innovation, tailoring the technology to diverse educational needs and ensuring its technical reliability, cost-effectiveness, and substantial impact on the healthcare education landscape.</p>
<p>Feedback and testimonials</p>	<p>Students reported enhanced practical skills, increased confidence, exposure to diverse patient scenarios, and increased readiness for real clinical settings. Academics found improved teaching effectiveness through immersive technology, enhanced assessment and feedback mechanisms, and increased student engagement and motivation. Service users acknowledged better-prepared healthcare professionals, contributing to safety and quality of care.</p> <p>This innovation with HoloLens and immersive learning technologies shows promise in transforming healthcare education, preparing students for diverse and challenging real-world scenarios, and fostering collaboration among students and educators. The feedback across stakeholders underscores the positive impact and potential of this technology in healthcare education.</p>
<p>Contact</p>	<p>Dr. Mary Edmonds, Deputy Dean in Practice Learning and Simulation, Anglia Ruskin University Mary.Edmonds@aru.ac.uk</p>

13. Annex B: New Placements

Case study 12: University of the West of England Bristol – Embarking on a blended midwifery programme – a student testimonial

Targeted audience discipline/profession	Midwifery students
University and placement partners country	University of the West of England Bristol, England
Programme	In September 2022, the University of the West of England welcomed the first cohort of learners onto the BSc (Hons) Blended Midwifery Programme, developed with support from Health Education England. This is a 3-year programme, mirroring the on-campus provision while allowing access to learning remotely and flexibly. Online study constitutes around 80% of theoretical hours, with placements across local maternity services.
Added value and impact	New placement partners have presented benefits and challenges. New placement areas improve access for those further from campus and foster new university partnerships. Reflecting on this, further development could integrate placement patterns within the programme, akin to the flexibility of theoretical study - feedback provided to the programme team. An integrated approach would aid learning assimilation and maintain connection to the programme, enhancing access to university support during placements.
Future focus	Moving forward, programme evolution will respond to evaluations and feedback. Increased engagement with NHS Trusts, especially in areas facing recruitment challenges, is desired. As future workforce contributors, our insights could aid recruitment strategies and attract students benefiting from blended provision. Closer collaboration among universities, particularly across traditional boundaries, facilitates best practice sharing and enhances student practical experiences.
Feedback and testimonials	“All of us enrolled in the programme are women embarking on a second career or transitioning to midwifery after raising children of our own, bringing a wealth of diverse lived experiences and professional backgrounds to the group, including accountants, teachers, physiotherapists, and civil servants. Our collective journey into midwifery is fuelled by various inspirations, whether through personal experiences of exceptional midwifery care, supporting friends and family during pregnancy and birth, or being influenced by relatives with esteemed careers in midwifery. The blended learning approach of the program has afforded us the flexibility needed to balance our studies with other life commitments, catering to the needs of those with young children or preferring to study closer to home. Through predominantly online theoretical components and on-campus sessions focused on skills and simulation, we've cultivated essential skills in a supportive environment while forming strong bonds with both peers and program staff. Utilising platforms like WhatsApp, MS Teams, and OneDrive, we've fostered a close-knit community, offering mutual support and encouragement amidst the rigors of study, placements, and personal lives. Despite limited in-person interactions, the program's organization has facilitated ample opportunities for connection, supplemented by virtual channels for communication and accessing university services, ensuring an inclusive and enriching learning experience for all.”
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Case study 13: University of the West of England Bristol – Simulated practice evolution in nursing programmes

<p>Targeted audience discipline/profession</p>	<p>Adult Nursing students Physiotherapy students</p>
<p>University and placement partners country</p>	<p>The University of the West of England Bristol & The Health Academy Online, England</p>
<p>The challenge</p>	<p>During the COVID pandemic, significant challenges arose with providing meaningful placements for students to help them achieve and exceed nurse registration requirements. Following this 'crisis' period approaches the end of the recovery phase.</p> <p>To address placement challenges, SPL was initially increased to 300 hours, later extended to 600 hours over two years with NMC approval. Over the past year there have been reviews of delivery and student feedback, questioning the integration and efficacy of SPL within the curriculum.</p> <p>Previously, SPL was delivered as separate learning blocks for two years, creating a disjointed learning experience. Constructivist alignment in programmatic design, is crucial for a seamless and effective student experience. The 'add on' model of SPL delivery inadvertently created a '3rd way' of learning for students. Students now had theory, placements, and SPL. SPL was seen by students as 'something else they had to do', which was likely further compounded by having to focus on hours, as opposed to focusing on enhancing practice learning and thus achieving proficiency. To deliver the increased quantity of hours, with large student numbers (cohorts of 500), much had to be delivered virtually or blended and to all four fields of nursing, resulting in innovative, but generic experiences.</p> <p>This rapid increase in SPL (in part due to necessity, rather than a pre-determined need), meant the focus was often turned to how to provide these hours; how to meet the NMC's criteria for simulation; and how to organise and deliver a colossal amount of new activity. This necessity was a distraction and affected the delivery of quality and constructively aligned learning experiences.</p>
<p>The solution</p>	<p>A decision was made to reduce the delivery of SPL hours and embed them into module delivery and spread them throughout the year, ending the 'block' delivery model. A variety of modules were selected, that would be enhanced by introducing SPL as a pedagogy and modules where simulation would help support the successful achievement of the summative assessment of those modules.</p> <p>Simulation leads were utilised and embedded into the relevant fields of nursing to ensure that the SPL designed was far more targeted and outcomes focussed. The module leads were given additional responsibility, to work alongside the simulations leads and create simulations, linked to all aspects of their module teaching and learning. Already, there has been a shift in the programme team seeing SPL as 'unmanageable' and as an 'add on', to an exciting opportunity to deliver new activities, that previously they may not have had 'time for' within their modules. Where additional hours are delivered workload is provided and resource is drawn down from tariff income related to the activity. The activities are currently being designed and the innovation and creativity is exciting to see. With this approach</p>

	comes a move to a position where SPL enhances the student experience and supports practice learning in the real world.
Added value and impact	<p>Whilst many HEI's are continuing to deliver large quantities of SPL in Nursing programmes, paring it back and having time to be more focussed on the design and genuinely explore student evaluations, feels like the right approach. It will provide space to review and appraise the approach and ensure that student needs are met, and that this method of delivery, is constructively aligned within the programme and that it 'adds value'.</p> <p>Regardless of the pressure to deliver large amounts of SPL, one of the positives to have emerged is that innovation and new learning approaches have come to the fore. This could not have been achieved without the financial support of HEE which enabled the development of designated roles to drive this innovation.</p> <p>Delivery of SPL around understanding differences, increasing empathy, exploring lived experiences, and reflecting nursing values have moved focus away from a 'proficiency checklist' model of delivery, to a curriculum that embraces technology and explores different ways of learning.</p>
Future focus	Future plans are to take stock, listen and evaluate. It may be decided at some point to increase delivery of SPL and this will be based on what is right for students and their learning. This approach will also enable the faculty to grow the resource required to support this additional activity in a more sustainable way.
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Case study 14: Oxford Brookes University – Foundation Trust: Preparing undergraduates to deliver collaborative, patient-centred care for those with mental health difficulties

Targeted audience discipline/profession	Nursing, physiotherapy and occupational therapy students
University and placement partners country	Oxford Brookes University, Oxford University and Oxford Health NHS Foundation Trust, England
The challenge	<p>The intervention focused on the development of an innovative interprofessional simulation experience, which nursing students were able to count as practice based learning hours. This initiative was developed collaboratively with another HEI and a key practice partner, enhancing collaborations and investing in staff development. The NMC have recently approved 600 simulated practice learning hours to count towards the 2300 hours required for nursing registration. The use of simulation for practice-based learning hours varies across other health care professions, however the pedagogical benefits of interprofessional learning are well established. High quality simulation can provide healthcare students with placement hours as well as preparing them for the future workforce.</p> <p>For prequalifying healthcare students to experience working in an interprofessional manner that prioritises and encourages person-centred care for those presenting with mental health difficulties. Interprofessional simulation was chosen as it has been shown to improve teamwork, communication, and collaborative care, while also promoting person-centredness.</p>
The solution	<p>A half-day simulation course delivered 18 times for 367 students was designed with representation from each professional group. Actors trained in the portrayal of patients with mental health difficulties by service users were workshopped into three scenarios (see example images below). A facilitated and structured debrief following each scenario allowed for interactive group discussions and learning. Effective interprofessional collaboration was role-modelled by a diverse multiprofessional faculty.</p> <p>“Buy in” was important from organisational leaders, and this investment in the project enabled successful implementation. Some of the challenges included: logistical difficulties of timetabling different cohorts of students; coordinating room bookings; sharing of information across organisations; faculty training and development in simulation methods. Many of these were resolved by having a key stakeholder group to streamline communication and appointing a simulation coordinator to support administration and scheduling.</p>
Added value and impact	<p>The course was anonymously evaluated by students following each half day session (63% response rate). The results showed that the course was innovative and well-received, with 89% of respondents rating the course at 8/10 or higher, 78% stating it was “very useful” and 74% that it was “very relevant” to them. High scores relating to improved confidence to work with multidisciplinary team members, as well as teamwork skills demonstrated that the key learning objectives were met. Utilising bespoke case scenarios that involved actors and closely replicated an authentic interprofessional clinical working environment meant that nursing students were given simulated practice learning hours for their participation.</p> <p>An anonymous staff evaluation was collected once all courses were complete. 92% of respondents believed that this was a valuable learning experience for students, with</p>

	<p>100% willing to facilitate the next iteration of the course. Running this course has helped to drive staff development within simulation across the faculty. As staff were able to practise debriefing one scenario several times, their self-reported confidence scores with debriefing significantly improved. The number of staff requesting to attend faculty simulation training has also increased.</p>
Future focus	<p>The course has been formally incorporated into the curricula for final year medical students at the University of Oxford and Mental Health nursing students at Oxford Brookes University. Future iterations of the course include ongoing collaborations with other allied health professional student groups and the possibility that this might also count for placement hours for those students in the future.</p>
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Case study 15: Queen’s University Belfast – Encapsulating midwifery students’ experience of holistic, women-centered care

<p>Targeted audience discipline/profession</p>	<p>First year undergraduate midwifery students</p>
<p>University and placement partners country</p>	<p>Queen’s University Belfast, Northern Ireland</p>
<p>The challenge</p>	<p>A key aspect of midwifery education is to challenge our students to learn about women-centered care from a holistic perspective. Women enter maternity services with multiple experiences that can affect their overall wellbeing. For example, they may have a history of infertility treatment, experienced a traumatic birth, or been for surgery for a condition completely unrelated to maternity care. Yet, women still bring all their experiences with them into a complex, maternity care system where midwifery students are challenged to facilitate their holistic wellbeing.</p> <p>Up until 2021 the midwifery curriculum included a 4 week ‘<i>core caring placement</i>’ that was designed to broaden the midwifery students’ understanding of holistic care. Some students, for example, were placed in general theatre, a medical ward or a gynae ward. Although all students learnt about core caring, there were key limitations to this placement:</p> <ol style="list-style-type: none"> 1. Learning was restricted to an allocated area. For example, a student was in general theatres for 4 weeks. 2. The focus of caring was on the general population and not necessarily women. 3. Many of the midwifery students struggled to see the relevancy of their core caring experiences; especially in relation to their understanding of holistic care and their future as a midwife.
<p>The solution</p>	<p>In collaboration with the five Health and Social Care Trusts, a new ‘<i>Women’s Health Placement</i>’ was designed and implemented in 2022. The vision for this new placement was that it would enable students to gain a broader, systems level approach to understanding the provision of holistic, women-centered care. Even though the implementation differs according to the specific Trusts, in principle:</p> <ol style="list-style-type: none"> 1. Each student gets to experience a combination of learning opportunities across their 4-week placement. In most instances, the first two weeks are constant, with the last two weeks being developed with the students’ interests in mind (bespoke). 2. Each placement experience available is directly relevant to women’s sexual, reproductive health. For example, students can experience caring for women attending the Breast Clinic, the Gynae Clinic (including coloscopy), Mommy MOT Physio (pelvic health), fetal monitoring, obstetric and gynae theatres (including recovery), sexual and reproductive health clinics, perinatal mental health and parent preparation sessions. In addition, students can access on-site simulation related to obstetric emergencies, which in some Trusts includes one-to-one teaching about policies and escalation processes. 3. In some Trusts the students act as buddies to each other, supporting each other on the same ‘women’s health’ journey.

<p>Added value and impact</p>	<p>The 'Women's Health placement' offers several benefits to students. Firstly, it provides them with increased autonomy, allowing them to have more control over their placement experience. Secondly, the placement opportunities are tailored specifically to their future role as midwives, ensuring direct relevance and practical learning. Thirdly, students gain insight into the broader system surrounding maternity care, enhancing their understanding of women's health holistically. Additionally, this exposure kick-starts their development as systems thinkers. Finally, by the end of the first year, students are encouraged to prioritise promoting excellence in their practice, solidifying their commitment to providing high-quality care.</p>
<p>Feedback and testimonials</p>	<p>In 2023, students were asked to evaluate their experience of the Women's Health Placement. The overall results showed that students were either satisfied or very satisfied with the placement. The following comment summarises their thoughts:</p> <p><i>"I loved the exposure to the broader women's health and the varied experience gained in each week which aided me in looking at the health of the woman in a holistic way, understanding the challenges and issues she may face in her overall health not just in maternity,"</i> (BSc Sept 22 Midwifery student).</p>
<p>Contact</p>	<p>Janine Stockdale. Lead Midwife for Education, on behalf of the Midwifery Education Team j.stockdale@qub.ac.uk</p>

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