



DELIVERING THE
**HEALTHCARE
WORKFORCE
OF THE FUTURE**

INTRODUCTION

Our NHS is facing a workforce crisis, with over 130,000 vacancies in England. The most recent data showed over 46,000 vacant nursing posts – a record high. This is despite the fact that the Government is on target to meet its 2019 manifesto of 50,000 more nurses by March 2024.

Due to several factors – not least the impact of the Covid-19 pandemic – demand for nurses is increasing more quickly than supply.

Alliance Universities are some of the largest providers of healthcare training in the UK: they train approximately 30% of all nursing students in England and a considerable proportion of allied health professionals.

Therefore, we are well-placed to be part of the solution to the NHS workforce crisis.

This briefing highlights some of the ways universities can work with the Government and the NHS to deliver the healthcare workforce of the future.

Solutions



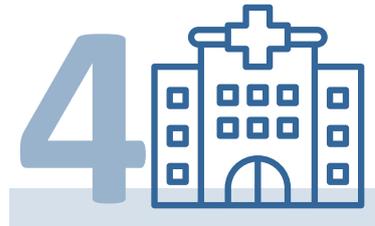
Involve the higher education sector in long-term workforce planning



Reform placement tariffs for nursing students



Fully embrace simulation in nursing training



Look toward a new model and framework for nursing education

Involve the higher education sector in long-term workforce planning

It was positive to see the Chancellor commit to increased transparency in NHS workforce planning in the 2022 Autumn Statement, with the publication of an independently verified plan for the number of doctors, nurses and other professionals needed in 5, 10 and 15 years' time.

To ensure a truly joined-up approach, workforce planning at the national, regional, and local levels needs to involve universities and colleges.

Increasing capacity on healthcare training courses takes years of preparation and requires long-term investment in new buildings, facilities and staff. However, all too often education providers are excluded from workforce discussions.

Our members hope to collaborate and play a much more strategic role in workforce planning going forward, especially in relation to the development of new roles.

We welcome the newly commissioned independent review by Patricia Hewitt, which will explore how Integrated Care Boards (ICBs) can work with appropriate autonomy and accountability.



Recommendation 1: Higher education providers should play a key role in the newly created Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs).



Recommendation 2: The Department for Education and the Department for Health and Social Care should convene a joint working group of officials and higher education sector representative bodies such as University Alliance. The group should be tasked with finding immediate and long-term solutions to meet NHS training and skills needs.

Reform tariffs for nursing students

Every year Alliance universities must turn away thousands of high-potential applicants to nursing courses. A lack of additional clinical placements is the single biggest barrier to increasing course capacity. There are a finite number of placements, and many NHS Trusts and other placement providers are reluctant or unable to take more students on.

Workforce shortages mean it is increasingly difficult to find staff with capacity to supervise students.

The fact that the tariff that placement providers receive for nursing students is a fraction of what they receive for trainee doctors is a further disincentive.

In 2022–23, the undergraduate medical tariff is £30,750 for an undergraduate medical student, and £5,000 for a nursing, midwifery, or pharmacy student.



Recommendation 3: A fairer tariff for nursing students should be introduced, to enable NHS trusts and other placement providers to invest in the resource required to deliver clinical nursing placements.

Fully embrace simulation in nursing training

Recent reforms by the Nursing and Midwifery Council (NMC), which permit up to 600 hours of clinical placement to take place in a simulated setting, have relieved pressure on NHS trusts and other placement providers.

The reforms have allowed Alliance universities to draw on their cutting-edge facilities- including simulation units and virtual and augmented reality training suites- to deliver simulated placements, providing students with a broad range of training scenarios.

These innovations enable students to practice rare or risky procedures, and everyday skills, in safe but highly realistic environments, before using them on real patients. The burden on the NHS is reduced by cutting the number of hours of 'live' clinical placement that providers need to host students for.

Simulation does not just mean using advanced pieces of kit: in 'virtual hospital wards', nursing students learn practical, hands-on skills like defibrillation, managing beds and ward capacity, along with people skills like discussing bereavement and loss with actors. Their work is monitored, and performance-reviewed, to allow for insights and detail, so students can learn from mistakes in real-time.

Further support in ensuring these facilities and training provision continue to grow is needed- taking pressure off NHS trusts in the process.

Recommendation 4: Continue to provide capital funding for simulation through the Office for Students (OfS) and others, and a long-term guarantee from the NHS that universities will continue to receive a proportion of the tariff to provide simulated practice hours. This will support them to invest in the staff and equipment required to scale up their simulated training provision.



Look toward a new model and framework for nursing education

Nursing training is becoming increasingly sophisticated and high-skilled – and we think moving towards a modern framework that keeps pace with these developments is sensible.

Currently, the NMC follows an approach, set out in EU law, which requires nursing pre-registration programmes to total 4,600 hours. Half of these (2,300) must be practice hours in a clinical setting such as a hospital or GP surgery.

Time spent in live clinical settings such as hospitals and GP surgeries is essential to put students' learning into practice. However, during this time, nursing students will not necessarily experience every scenario they need to prepare for. Time served on live placement does not necessarily correlate with competency, and the significant number of hours required places a strain on the NHS, who host the majority of clinical placements.

Overseas countries have different requirements. Australia stipulates 800 hours and New Zealand requires between 1100 and 1500 hours. Canada and most US states do not require a minimum number of hours at all, opting for a competency-based approach.

We accept nurses trained in these jurisdictions and many others to work in our health service, with [nearly half of newly registered nurses in 2022 trained overseas](#).

Universities could train significantly more nurses if the NMC moved to a regulatory framework based on competency rather than time served. For instance, the NMC could consider the [model and framework for nursing education using a competency-based approach](#), recently developed by the American Association of Colleges of Nursing (AACN).



Recommendation 5: Now that the UK has left the EU, we have the opportunity to design a new regulatory approach to nursing training with quality and efficiency at its heart, that emphasises proficiency rather than time served.

We recognise the complexity of this issue, and any changes to regulation would need to be developed in consultation with a wide range of stakeholders.



Conclusion

The combination of the exciting developments in simulated settings alongside regulatory and funding reforms would enable universities to train larger numbers of competent and confident nurses without compromising on quality.

Ensuring universities have a seat at the table during national, regional, and local discussions on workforce planning is also crucial to growing the domestic workforce. If we cannot train more NHS staff in the UK, the only alternative is to continue to recruit large numbers from overseas.

There is huge potential for the Higher Education sector to help alleviate the strain on trusts, provide solutions to longstanding issues, and deliver a workforce fit for the future of the NHS.

For an overview of Alliance universities' nursing simulation facilities, visit: unialliance.ac.uk/nhs-workforce

ABOUT UNIVERSITY ALLIANCE

University Alliance unites the UK's leading professional and technical universities: the places where the knowledge and skills that will power the UK's future are built. We are always looking for new and exciting ways to teach and research, and working hand in glove with business, industry and public services to keep the UK at the cutting edge.

Alliance universities promote the best of British higher education worldwide, with campuses and partnerships across the globe, while remaining rooted in their local communities. The Alliance is committed to driving regional prosperity and social mobility, and our universities have the power to deliver growth across the UK.

