

# **Survey of health educators**

# Respondents

There were 34 respondents to the survey, from 19 institutions (18 HEIs and one NHS trust). The survey was conducted in 2007.

### 1. Job cuts

'Has your institution cut lecturer posts in 2007?'

Respondents said lecturer posts had been cut at the following universities:

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Bradford	'No redundancies of permanent staff but vacancies not being
	readvertised - mainly in nursing (6 - 10 posts) but other areas
	marginally affected'
City	Between 30 and 60 staff in nursing & midwifery, and also
	administrative staff
Oxford	'All disciplines Midwifery, Adult Nursing, LD Nursing, Mental
Brookes	Health Nursing, OT, Physio, Children's Nursing and all post reg
	courses. Significant cuts but not sure how many'
Plymouth	'Any nursing lecturers who have left have not been replaced.
	More jobs in the School of Nursing & Community Studies and the
	School of Applied Psychosocial Studies to go in 2008 when our
	Exeter campus closes and we lose 100 pre-reg nursing students -
	A total of 9.4 FTE academic posts are to go in these Schools.'
Portsmouth	'Health/continuing professional development (including post-
	qualifying nursing and midwifery)'
Southampton	'11.9 posts to date with a further 6 to go. Occupational therapy and physiotherapy staff'
	and physiotherapy stain
	'in Southampton's School of Nursing & Midwifery there has so far
	been no redundancies but there is a "freeze" on new
	appointments so people who leave are not being replaced unless
	a particular case can be put forward for their replacement'
Surrey	'Posts have not been filled when staff have left and 2 posts cut
	But a restructuring resulting in 20 more job losses has just begun
	Nov 2007'
L	I .

A respondent said Brighton had also cut posts, but added that this was difficult to establish.

A respondent said Northumbria had not cut posts, but: `... when people leave jobs are not advertised. We reduced our midwifery posts by 2 wte last year as people moved to fractional contracts in order to cope with workload stress. These hours have not been filled by new posts.'

### 2. Redeployment

'Have you experienced redeployment in your subject area?'

'Yes':	`If so, what was the total Whole Time Equivalent that was
	redeployed?'
Brighton	`Learning disabilities X 5 posts have been redeployed into other
	and more generic areas'
Northumbria	`Four wte from a base of 12 wte The reason why there are no
	redundancies is that we have a large school and reductions have
	been absorbed through re-deployment, cuts in curriculum hours
	and natural wastage (people not replaced and vacancies frozen).'
Plymouth	`Loss of the Specialist Community Practitioner programme has
	meant the redeployment of approximately 4 FTE staff to pre-
	registration programmes who previously taught on the community
	programme.'
Portsmouth	`1.0fte. I have evolved from 1.0 fte lecturer in midwifery
	(completed in 2000) to supporting run-out nursing/CPD (until
	2005) to varied roles with other new and emerging health
	professionals (2004/5 to date).'

## 3. Compulsory redundancies

'Are you aware of any compulsory redundancies?'

'Yes':	'If so, how many?'
Southampton	'x 1 due to take effect 31.12.07'
Surrey	'2 compulsory redundancies but others may result from
	restructuring'



## 4. Student numbers

'Has there been an increase or reduction in student numbers?'

### **Increase:**

Bedfordshire	
Newcastle	'Increase in student numbers rolled out over the last four years in
	response to shortage in the profession - speech & language
	therapy.'

### **Decrease:**

Bradford	'Poor press about the NHS and job prospects has deterred students
	from applying'
Brighton	`for pre-registration we had a 10% cut in budget. for continuing
	professional education the reduction in numbers is driven by the
	Strategic Health Authority budget and this has been reduced. this
	area is also affected by staff not being release for CPE as there is
	no budget to cover their absence from practice'
King's College	Due to budgetary pressures
Leeds	'Almost certainly! The local Strategic Health Authority has cut back
	on commissioning of Continuing Professional Development student
	places, hardly surprising. However, to its credit the same body has
	funded those Advanced Diploma students who were unable to
	obtain work, on graduation, to top up their qualifications to
	degrees.'
Northumbria	`10% reduction in student nurses. From 600 to 540 a year. In
	midwifery from 55 to 52 a year.'
Nottingham	'Contracts cut, intake dates changed leading to serious recruitment
	probs. All these imposed externally by SHA/Deanery'; '10% cut in
	contract from NHS'
Oxford	'Due to decreased funding from NHS purchasing groups.'
Brookes	
Plymouth	'100 pre-registration places have been lost on our Exeter campus
	due to the SHA cutting student numbers, this campus is now
	closing. For the post-registration contract, over the last 12 months
	this has fallen by two-thirds. There is no provision for the specialist
	training of District Nurses and other specialist community nurses
	e.g. practice nurses, community MH and LD nurses, community
	children's nurses at the current time. Many post-registration

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	modules on the health studies scheme have not been purchased
	for the last 2 academic years. NHS funding for all Master's
	programmes except the Advanced Nurse Practitioner programme
	has been withdrawn, leading to reduced numbers of M-level
	students.'
Portsmouth	
Sheffield	'SHA reductions'
Hallam	
Southampton	'Loss of NHS contracts from 2 SHA's and 10% decrease by main contracting SHA'; 'Post registration nursing education course portfolio reduced due to trusts having insufficient funds to pay for courses/ replace staff during study leave. Move to more work based learning courses with lecturers marking assignments but less involved in teaching. Work based learning units cheaper to
	purchase'
Surrey	'Both in Pre registration nursing and Pist [?] reg'

Respondents from Teesside said both increase and decrease.

City said 'no change'.

# 5. Working conditions

#### 5.1 Workloads

91% of respondents said they had experienced increased workload over the last 12 months.

#### 5.2 Student: lecturer ratios

68% of respondents said they had experienced increased student:lecturer ratios over the last 12 months.

### **5.3 Contact time**

47% of respondents said they had experienced decreased student contact time over the last 12 months.

#### 5.4 Stress

81% of respondents said they had experienced increased levels of stress among staff over the last 12 months.



### **Working conditions: comments**

'We currently run with extremely high stress levels and this is added to by the University's poor timetabling leading to out of Uni teaching with no facilities such as email, phone, photocopier. I personally have had to find suitable rooms out of the university my self. Some students don't even have tables to lean on.'

'Reduced contact time with students and having to redesign sessions for maximum learning with reduced resources is very stressful. The working week is well over 50 hours. Colleagues are reducing their hours to try and cope with the stress and this just puts more stress onto others. There is no time to meet up and discuss/evaluate working conditions but the general feeling is that things are getting much worse.'

'Experiencing a redundancy process in my Institution has been a de-humanising and depressing experience for me and my colleagues. To be honest it has made me ill. My whole relationship with work has now changed. Everything about my Institution feels uncertain - any sense of job security that I once felt has gone forever.'

'Although our student numbers have decreased, my teaching workload increased last year, number of allocated modules have risen and numbers of students per module have risen ... staff leaving or seconded to other areas have not been replaced. Redeployment has meant that allocated modules do not always reflect the expertise/specialist areas of staff: being asked to teach outside your area of expertise is not good for staff or students and can be very stressful/ result in lecturers giving lectures in areas they are not familiar with; however, it can be difficult for staff to refuse if the alternative is redundancy! For many staff, research and scholarly activity has become impossible.'

'there has been a restructure of admin support and provision which has increased academic staff work-load due to a reduction in admin support'

'Less time to see students in practice and no opportunity to keep personal credibility as professional up to date. Student contact time is less with more lectures delivered as e learning, interactive workbooks and online activities with less face to face teaching.'



### 6. Impact of changes on health education

'In your view, how do these developments affect the delivery and the quality of health education in the NHS?'

#### **Comments**

'Subjects such as anatomy and physiology are taught very superficially and some topics are omitted altogether - such as social policy/sociology and psychology (not valued).'

'It is also getting harder to assess students progress and students appear only to learn what they need in order to pass assessments (many say because of time constraints).'

'Many students accessing degree level and above, struggle, even with the basics. Many reasons for this including the lack of time given from employers to study and lack of funding.'

'Some small discipline specific courses (and essential) have disappeared due to low numbers, such as advanced neonatal practitioners and some midwifery courses. This will lead to a major skill shortage'

'There is a lack of support for education in general in the NHS and this has a direct and indirect effect upon patient care. It has an effect upon the moral of staff, the development of subject knowledge and the professional basis of the disciplines. When ever I go into the clinical area there is an atmosphere of negativity towards education/education staff'

'We are unable to maintain quality of intakes so increasing the likelihood of student attrition as well as putting an increased threat over our posts.'

'So far quality has not been reduced - our courses did very well in both the recent QAA major review and an HPC approval event. This has been at the expense of research time however and we are concerned about not maintaining our high research profile in the field ... This also has implications at a personal level for promotions.'

'Currently there is a lack of provision of specialist community nursing education in the SW. This is affecting the provision of high-quality care in the community and NHS Trusts are beginning to realise that the lack of funding from the SHA for community nurse education is affecting provision of care.'

'The cutbacks in education funding across all health professions is leading to a reduction in the number of highly skilled health educators which will impact on the



ability of HEIs to respond to any increases in student numbers that will be wanted when the current funding crisis eases: it takes 3 years to train a health educator and once gone, this expertise will take years to replace.'

'In the local area provision is excellent. However, due to difficulties in NHS organisations staff often are not released for study. This has a resultant impact on their morale, development & patient care.'

'The downside is, with population demographics as they are, there are going to be fewer qualified youngsters to replace those retiring in the near future and, of course, training takes a 3-5 year period. It's nonsensical but...'

'Staff/mentors are not being seconded onto courses so their professional development/morale suffers. Staff without development do not feel valued, are more likely to leave the NHS creating more pressures on those left, which includes the junior staff.'

'It diminishes the support that we as academics need to provide to our Personal students with respect to face to face contact. However, I have examined other ways to provide formative feedback and pastoral support to my students by increasingly relying on the phone and email systems.'

'Sessions that may have been delivered in smaller groups requiring a number of facilitators are now delivered to the whole group. This inevitably affects the quality as activities and student feedback is impossible to a group of students numbering between 100-250.'

