August 2015

University and College Union

To **Health Education Joint Liaison Committee**

From **Jenny Lennox, UCU Bargaining and Negotiations Official**

For **Report**

Subject **Results of the survey of health education members**

1. Background to survey

At the February meeting of the Health Education Joint Liaison Committee (HEJLC), it was agreed that UCU would survey its health education members to find out more about this section of the membership and to ascertain issues affecting them. It was hoped that the results of the survey would help to inform the work of the HEJLC and UCU.

A working group from the HEJLC drew up the survey questions. These questions are below, with a breakdown of the responses.

2. Responses and key themes

We had a total of 341 responses to the survey, out of 1739 UCU members who are recorded as working in health education. This equates to a response rate of 19.6%.

Like other academics grade drift; unmanageable workloads; work/life balance; and getting defined time for Continuing Professional Development were highlighted as concerns.

Allied to these issues, but with an extra dimension for members in health education are balancing the different aspects of the job i.e. teaching, research and clinical practice; getting time and funding to achieve higher qualifications; and having clear and achievable promotional pathways. The jump from clinical practice for most working in health education means that they often struggle to get recognition for the experiential learning they have done on the job, and feel the need (or are contractually required) to seek further qualifications to progress in their careers and to get the recognition they feel the deserve. They are trying to do all of this whilst attempting to maintain the clinical knowledge they have built up, and for some the balance seems to be proving impossible to manage.

There seem to be specific issues around staff shortages; staff to student ratios and the number of staff planning to leave health education in the next few years, which hint at a bigger concern around who will educate the future generations of health care workers that the NHS so badly needs and are they getting enough support when our members are so overstretched?

There is some scope for joint press work on the back of these results, particularly around the future NHS workforce. Some of the key themes can be followed up by the HEJLC and others through the wider bargaining and negotiations agenda.

3. Demographics of respondents

Of those who responded to the survey, 74.8% female and 25.2% male. Less people told us their gender identity at birth, but the percentages remained the same.

The age profile of the respondents was as follows:

30 – 39 - 16 people

40 – 49 - 84 people

50 – 59 - 202 people

60 – 69 - 26 people

70 – 79 - 12 people

Didn't say – 1 person

59.2% of respondents were aged 50 to 59, with 29.3% below the age of 50. If the survey is reflective of the rest of our health educator membership, then our members are about 10 years older than the average age of staff working in health education.

4. Roles

98.5% of respondents worked in HE dominated setting, with the rest working in an FE institution. We got responses from pre and post 1992 institutions and from all 4 of the nations to the survey.

The main health care area members were located in was nursing, 52.6% of respondents. There were a total of 33 different health care areas that our members were working in, with groups of members in Occupational Therapy, Physiotherapy, Midwifery and Radiography. 6.4% of respondents reported working in more than one health care area.

The full list of health care areas was as follows:

More than one area – 21

Adult Nursing – 19

Associated Health Profession – 5

Access to Nursing and Health Professions – 3

Advanced Practice Nursing – 2

CPD Health Care – 1

Child Health Nursing – 7

Diagnostic Imaging – 7

Dietetics – 2

Education – 1

Emergency and Urgent Care – 1

Faculty of Health and Science – 4

Health and Social Care – 2

Health Policy Making Process – 1

Leadership and Management – 2

Learning Disability Nursing – 2

Radiography – 11

Medicine – 7

Mental Health Nursing – 13

Midwifery – 30

None – 2

Nursing – 130

Nursing Paramedic ODP – 2

Occupational Therapy – 16

Operating Department Practice and Paramedic Science – 1

Optometry – 1

Pharmacy Biomedical Sciences – 1

Physiotherapy – 18

Post grad HE – 3

Radiotherapy – 5

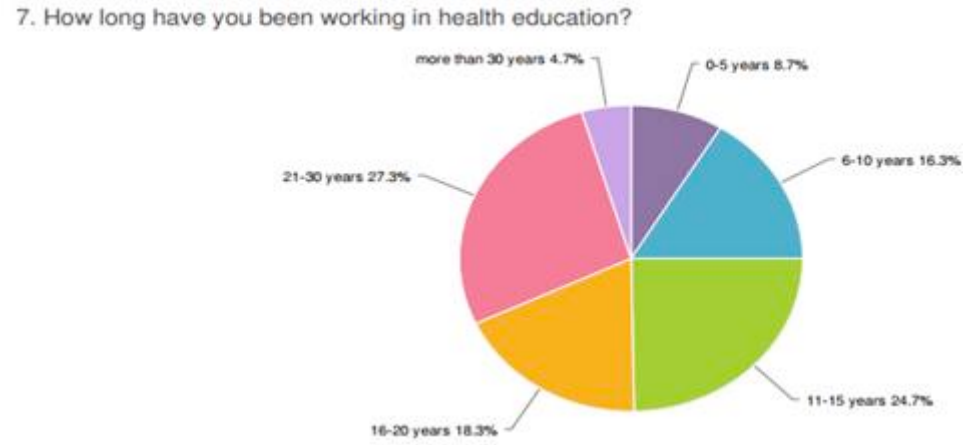
Research – 5

Speech and Language Therapy – 2

Health Promotion – 1

Statistics, Psychology – 1

We asked how long members had been working in health education, and 27.3%, the largest category, have been in the sector for between 21 and 30 years. The pie chart below shows the full set of responses.



0-5 years	8.7%		30
6-10 years	16.3%		56
11-15 years	24.7%		85
16-20 years	18.3%		63
21-30 years	27.3%		94
more than 30 years	4.7%		16
		Total	344

The largest number of respondents were Lecturers, but we got responses from staff at all the different levels. The table below shows the highest level of qualification respondents had achieved.

What is the level of your highest qualification?

	N	%
Bachelors	10	2.9%
Cert Ed.	1	0.3%
Degree teaching qualification with Masters modules	2	0.6%
Doctorate	92	27.0%
Masters	212	62.2%
MPhil	6	1.8%
MRes	2	0.6%
PG Cert	4	1.2%
PG Diploma	9	2.6%
Postgraduate	1	0.3%
Registered General Nurse	2	0.6%
Total	341	100.0%

When asked about their spine point, 84 respondents, 24.6% of respondents said they didn't know the answer. 96 respondents were on grades 8 or 9, with most of those who knew their spine point being on 42 – 51. One person reported being on performance related pay.

Although grade/spine point should indicated the level of pay, we still asked members to report annual salary and got the following responses:

What is your annual salary?

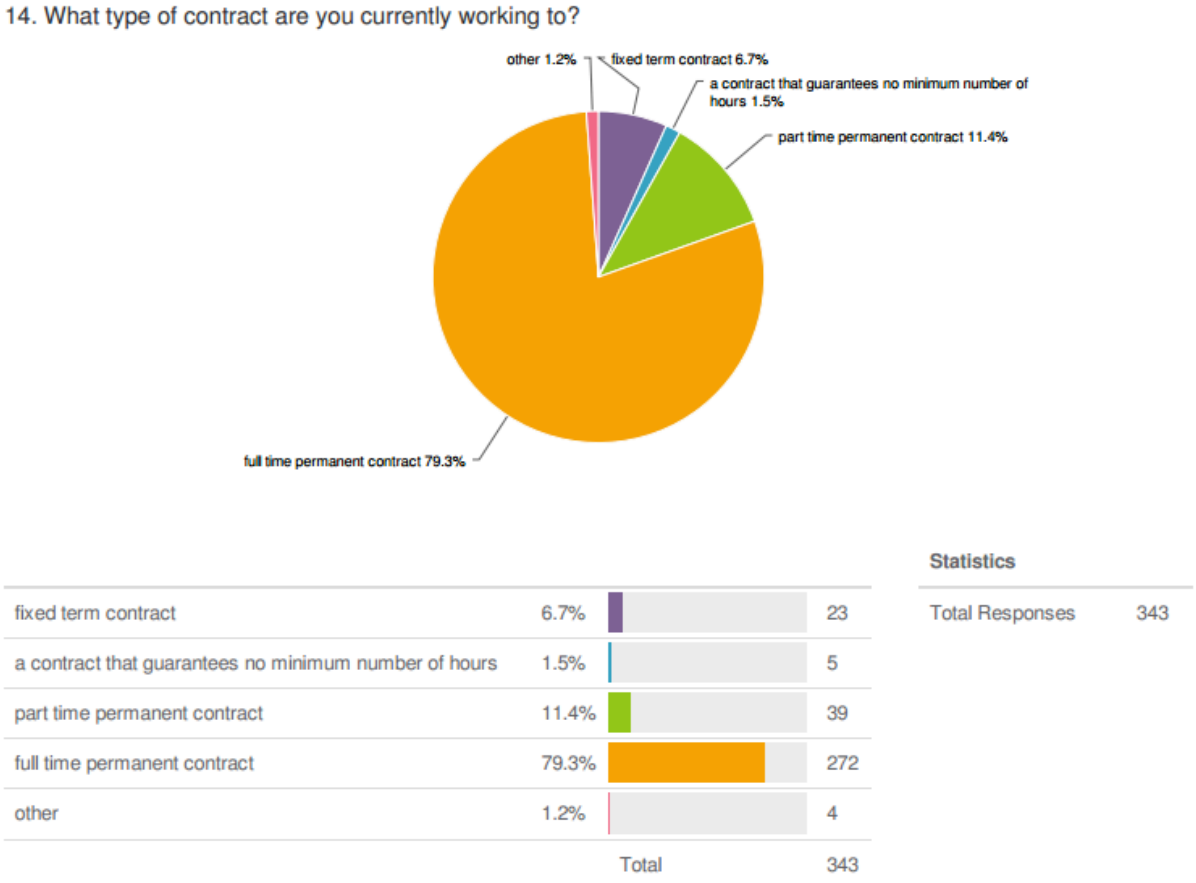
	N	%
£20,000 - £29,999	7	2.4%
£30,000 - £39,999	33	11.5%
£40,000 - £49,999	162	56.4%
£50,000 - £59,999	58	20.2%
£60,000 - £69,999	4	1.4%
£70,000 - £79,999	3	1.0%
More than £80,000	1	0.3%
Didn't say	19	6.6%
Total	287	100.0%

The survey asked about contractual hours. Most respondents (over one third) told us that they were contracted to work between 35 and 37.5 hours a week. We then asked how many hours a week members actually worked, and got the following responses:

How many hours a week do you actually work?

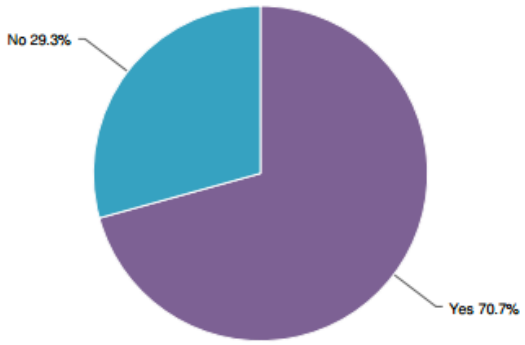
	N	%
0 to 10 hours	5	1.6%
11 to 20 hours	5	1.6%
21 – 30 hours	14	4.6%
31 to 40 hours	77	25.2%
41 to 50 hours	143	46.7%
51 to 60 hours	50	16.3%
61 to 70 hours	11	3.6%
71 to 80 hours	1	0.3%
Didn't say – 2	306	100.0%

Most respondents, 79.3% were on a full time permanent contract. The pie chart below shows the full breakdown.



Although 70.7% of members had time in their contract for research or self-managed scholarly activity (see chart below), many report struggling to get the time allocated to them because of the demands of the job or other workload pressures.

15. Do you have any time within your contract for research or self-managed scholarly activity?



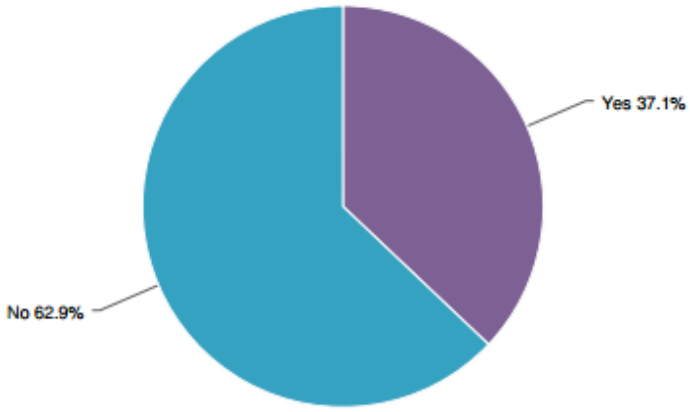
				Statistic
Yes	70.7%		239	Total Re
No	29.3%		99	
		Total	338	

The actual time staff got for research and SMS varied greatly, with some have weekly allocations of time, some monthly and some annual. A cluster of respondents reported have 24 or 25 days a year, and a similar cluster reported having 1 or 2 days a week. Over 10% reported that the time they had varied because of work pressures, or they never got to take it.

37.2% of respondents combined their role with clinical practice either as link lecturers or tutors; via honorary NHS contracts or were working as NHS bank staff; or they were in private practice. Of the 62.8% who weren't able to combine the two, they told us it was incompatible with the workload of their role or that their university wouldn't facilitate it, and some had lost professional registration as a result.

62.9% of respondents reported being unhappy with their current workload (see pie chart).

18. Are currently happy with your workload as an educator?



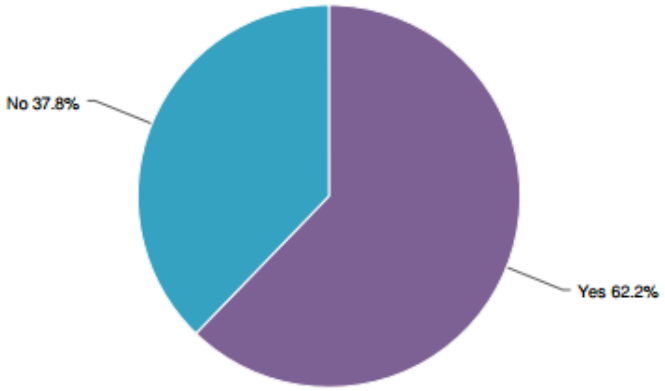
Yes	37.1%		126
No	62.9%		214
		Total	340

The who were unhappy found the workload was unmanageable. They described the causes of this as a large teaching caseload and increased student support requirements and the longer teaching year in their area which the university doesn't make any allowance for. Some talked about not having specified hours on the contract; being given excessive workload/additional tasks and having too much admin. They also found it difficult to balance professional demands with funding demands. Many felt that they didn't have adequate time for research or to keep up with the changing curriculum and felt stressed or that they had a poor work/life balance.

Many respondents, 45.6%, felt pressurised to regularly take on the roles and responsibilities of a more senior post. Members reported grade drift; staff shortages and the desire for career progression as the reasons they were taking on this work.

We asked if members had been asked to get more involved in forging links with local trust hospitals and got the following response:

21. Have you been asked to get more involved in forging links with local trust hospitals?



Yes	62.2%		211
No	37.8%		128
		Total	339

Respondents report that they are involved in promoting CPD; meetings/forums; networking and generating increased practice placements. They often undertook this work because they had the clinical link role or it is part of their job.

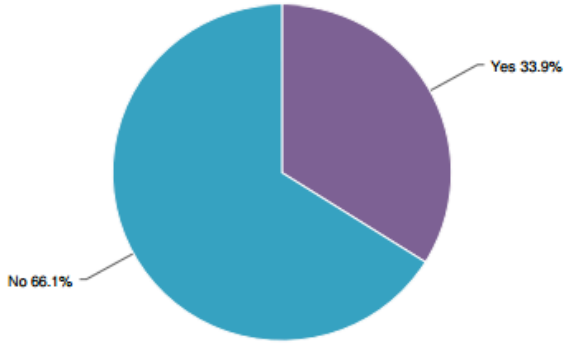
Some told us that they had to ensuring that the Trusts were happy with the curriculum, level of education and student support provided and felt that they were marketing/pitching for business on behalf of the HEI.

Some report that it is difficult to forge links because Trusts are permanently in flux (some say chaos); that they enjoy working with them, but that it adds to their workload pressures.

5. Personal and professional development

Asked if they had defined continuing professional development support from their employer, 44.4% told us they did, although 2.4% didn't know what they had. Over a third of respondents were planning to undertake further study (see pie chart below).

24. Do you have plans to undertake additional study to gain further qualifications within the next 12 months?



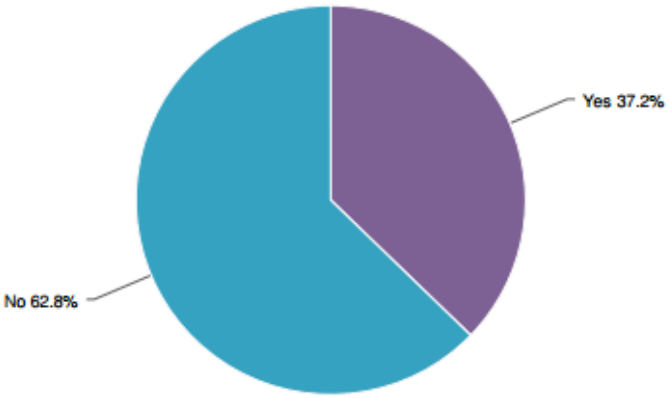
Yes	33.9%		114
No	66.1%		222
		Total	336

Statistics	
Total Responses	33

Many were motivated by a desire to get a higher level of qualification, but some told us the employer expected it, and this was the only way for them to achieve promotion.

When asked about clear promotional pathways, members told us:

26. Are clear promotional pathways available to you?



Yes	37.2%		127
No	62.8%		214
		Total	341

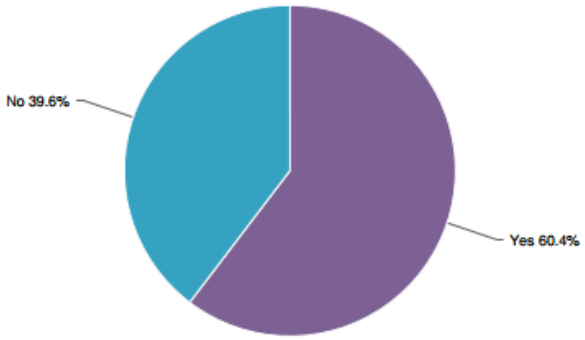
The single biggest reason given for the lack of promotion pathways was the limited

opportunities either because of department restructures, or simply because you only got promotion when someone else left. A number of people talked about the need to get a PhD to progress, or having a research portfolio which were difficult to achieve because of workloads. Some were also critical of the university promotion criteria saying they were confused or being changed regularly. Worryingly some highlighted cultural barriers and that progression was impossible if you worked part time.

6. Personal views

We asked about happiness in their current role, and got the following response:

27. Are you happy in your current role?



Yes	60.4%		204
No	39.6%		134
		Total	338

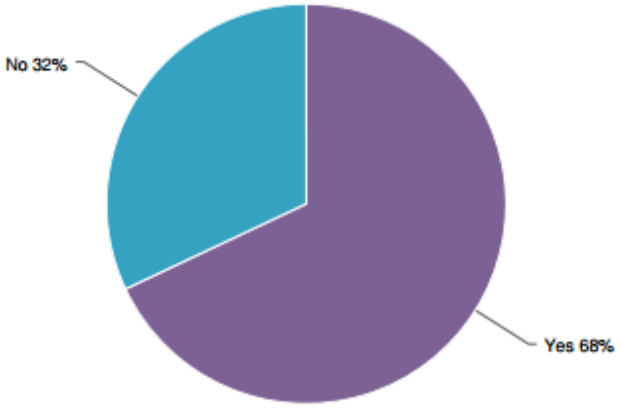
Respondents mainly talk about loving contact with students and taking pride in seeing them progress through their courses. There also many positive comments about being supported by good teams.

The negatives included insufficient support for staff to do research and increased and unsustainable levels of admin. Bullying, high workloads, poor pay and stress were also listed as causes. Many felt undervalued by management for the work they do and felt it was difficult for them to progress in their careers. Some mentioned that teaching was not being valued and they were increasingly pressured to do research, so they no time for innovation/creativity in teaching.

When asked about the challenges they faced as a health educators the cultural differences between health education and the rest of HE were highlighted, in particular 2 student intakes a year and 45 week year; accountability to many stakeholders, which often became the health sector vs HEIs; balancing teaching, research and clinical practice time/registration; funding changes and cuts to NHS and constant change in the curriculum, government and the NHS

68% of respondents would recommend a career in health education (see pie chart).

29. Would you recommend a career in health education?



Yes	68.0%		223
No	32.0%		105
		Total	328

Those who wouldn't recommend a career in the sector told us that their professionalism was being eroded; pay, pensions, workload and professional opportunities were poor and there were better opportunities for development in clinical practice. They felt ever increasing demands made the roles unworkable and they felt undervalued and underappreciated. They said they had no work/life balance and that the expectations of teaching and research felt exploitative. Some felt that they weren't treated the same as other academics within HE and there was a lack of clarity about the future and value of education in healthcare, with a growing gap between the NHS and HEIs.

55% of respondents told us they were planning to leave health education in the next few years. The single biggest reason given was retirement, which is not unsurprising given the age demography of the respondents, but other reasons included workload/long hours; lack of development opportunities; the erosion of academic and professional standards; and poor management and university culture. A couple of people said they would take redundancy now if it was offered.

Of those planning to leave, the largest group talked about returning to clinical practice, with the next largest group talking about changing their career altogether. A number talked about specialising in teaching or research or moving into management.

7. Other comments

A lot of similar themes were highlighted when respondents were asked if there was anything else they wanted to add. Some additional areas were highlighted.

For the HEIs some felt they needed to addresses issues around promotion of BME

colleagues and they needed to think further ahead about recruitment of new staff.

Respondents suggested that UCU need to support Health Educators because Professional bodies don't do this, and it was clear that there needs to be better communication of the joint membership schemes – some members would like UCU to provide them with indemnity insurance!

Members wanted UCU to consider where health education should be located – there are conflicting views on this, but it is clear that our members struggle to balance conflicting priorities in an HE setting and they believe this impacts on the quality of their jobs and the education they provide.

They also felt UCU needs to press government to establish who is responsible for health educators as the lynchpin in the development of the NHS's future workforce. The question of Benchmark Price also needs to be addressed.

More generally UCU should ask for a Technology Allowance in the current pay claim to recognise the tools that staff need for their job and address discrepancies between pre and post 92 pay and conditions.