University and College Union

LIBERATING THE NHS: DEVELOPING THE HEALTHCARE WORKFORCE

UNIVERSITY AND COLLEGE (UCU) CONSULTATION RESPONSE

The University and College Union (UCU) is the largest trade union and professional association for academics, lecturers, trainers, researchers and academic-related staff working in further and higher education throughout the UK. As the largest union recognised by higher education employers with national collective bargaining rights for health educators, UCU represents over 2,000 health professionals/educators working in the higher education sector.

We undertake a range of activities to support health educators and promote the valuable work they do, e.g.: a UK wide representative Health Educators' Advisory Group composed of our lay members reports directly to UCU's Higher Education Committee; national health educator member conferences are organised, the most recent in November 2010; regular member surveys are carried out to ensure the union is up to date about health educator professional and industrial concerns; and we host a long established health educators' e-network.

UCU welcomes the opportunity to respond to the government's consultation on the future shape of education and training for the healthcare workforce. It contains substantial changes to the way the system of education and training will be organised. The consultation offers a unique opportunity to address the current deficiencies in the way £5 billion funding for education and training is distributed, with a view to improving the quality of NHS education and training provision and achieving the best possible outcomes for NHS patients and service users.

Purpose and scope

(Question 2)

UCU is in no doubt about the scale of the challenge facing the NHS as it seeks to meet the evolving healthcare needs of local communities, including population increases, longer average life expectancy, more complex public health issues and epidemiological transitions, alongside regional variations. We acknowledge that the current framework for education and training has many aspects which are far from ideal in helping to bring about consistently high standards and responsive services. However, health educators have a long history of working with our clinical colleagues to deliver curricula which are responsive to the needs of the service whilst endeavouring to maintain acknowledged high standards of higher education attainment. Curricula are always assessed and evaluated through internal quality mechanisms and higher education systems, such as QAA, and through our external examiners. Curricula are therefore, fluid and responsive.

While UCU commends the stated commitment to deliver the highest possible standard of education for healthcare professionals, we have major reservations about whether the reality of a new education and training structure, driven by and led by local healthcare providers, will bring about the aspirations set out in the consultation document. With regard to the proposal to abandon the outmoded provider/commissioner relationships, our members have voiced disappointment that the opportunity to move towards a system of mutually beneficial partnerships between NHS providers and universities has been overlooked.

Health educators play a crucial role, working alongside NHS employers, in designing and delivering programmes to develop the healthcare workforce. Real partnership embedded throughout all aspects of the new framework would help foster greater transparency and credibility amongst stakeholders, and ownership amongst partners, and generate genuine improvements in patient-focused service delivery.

Vision

(Question 1&2)

UCU believes the stated core objectives for the framework of workforce planning, education and design framework should offer a sound foundation for progress. However, we are concerned that the effectiveness of the approach is undermined by the lack of consideration of the impact of the proposals in Wales, Scotland or Northern Ireland. This includes any impact upon both pre-registration curricula and continuous education coherence across the four nations.

UCU would also contend that several key objectives are missing. These include ensuring that demographic trends are reflected in workforce plans, and deficiencies highlighted and addressed; ensuring that universities and professional bodies are influenced to secure the supply of education and training provision, enabling sufficient capacity and capability within universities to respond to skill and knowledge needs; ensuring security of supply within the health research academy; and securing adequate funding levels for education and training, especially where low levels of participation in education and training exist and where investment levels may not be adequate to increase the proportion of the healthcare workforce which participates in continuing education.

Again, the underpinning design principles should, in theory, bring about an effective approach. However, the key issue, in our view, is how national and local responsibilities are to be balanced. We are concerned that the explicit thrust toward local employer-led systems of organising education and training is not entirely driven by the desire to reform the system for the better, but rather by untested theories about the self-interested actions of local health providers. We have grave doubts about the ability of local employers to manage workforce planning, a key plank of these proposals. There are no mechanisms to ensure that long-term workforce plans will not be drowned out, at local level, by the louder, more immediate demands of short-term targets. And education is often viewed as a 'soft target' when it comes to investment

decisions, as in 2006/7 when Strategic Health Authorities throughout England routinely raided education and training budgets to fund unrelated activities.

Context

(Questions 3 &4)

UCU recognises that certain aspects of the workforce planning system currently in place have made a useful start in developing multi-professional approaches – a key challenge for future care packages. UCU fears that this progress will be put at risk as the responsibilities of the Nursing and the Allied Health Professional Advisory Boards become subsumed within the new Health Education England (HEE). There is a worrying lack of detail about the representation of healthcare professionals on HEE which compounds these concerns. It is essential that the voice of the non-medical professions is retained and strengthened in any new system.

Developing a new framework

(Questions 11 & 12)

The consultation does not specify which or how particular healthcare professions would benefit from local solutions as opposed to regional or national solutions. UCU believes that there a need to maintain current mechanisms for planning and managing training programmes as there is no clear means for getting individual NHS providers to follow central workforce plans, with short-term goals and targets likely to undermine longer-term workforce plans. It is essential that evaluation (and measurement) is included in any framework. The link between theory informing practice and practice informing theory (cyclical approach) is integral to any new framework.

Smaller, more vulnerable professional groups, such as neo-natal intensive care nurses or midwives, for example, may be viewed by local employers as too costly to educate/train and employers tempted to recruit from overseas.

Many universities have user groups which are an invaluable in curriculum development and many users contribute to the delivery in some sessions. It is crucial that we build on and develop this as good practice.

Increased Autonomy and accountability for healthcare providers

(Questions 8, 9, 10, 11 & 12)

UCU is deeply concerned about the plans for skill networks. We are puzzled by the apparent contradiction in the consultation, which states that the key objective of the new system is to achieve value for money but fails to include mechanisms to prevent a proliferation of local skills networks each with their own approach to education and training commissioning, which would greatly increase the bureaucratic burden on universities and NHS providers. There is a woeful lack of clarity on the skills networks' remit and responsibilities for training of healthcare professionals. The potential for duplication and waste is unacceptable, especially as the entire plan appears to be motivated purely by a fixation on disbanding the Strategic Health Authorities, rather than a rational concern for improving the way NHS workforce needs are met.

UCU has grave reservations about the plan to make NHS foundation trusts solely responsible for funding the Continuing Professional Development (CPD) of their existing staff. Our members have reported on the detrimental impact on the post-registration training system generally. Universities are witnessing this already. Our members have predicted the loss of accreditation and validation activity, and questioned the transferability and academic worth of future CPD programmes should the proposals be implemented. CPD will become superficial and of poor quality in response to wider short-term priorities outweighing long-term educational goals.

The prospect of the entire disintegration of post-registration training in universities is a widely expressed fear amongst our members as CPD budgets have had drastic cuts already. And given the financial climate, there is a real risk to the development of the existing workforce. It is essential the NHS providers are put under a duty to deliver CPD to their workforces and that HEE is given a remit to monitor and review the CPD of existing staff. The NHS Commissioning Board will also need to ensure there is sufficient funding to

resource the modernisation of healthcare skills and practice during the coming period of rapid transition and transformation, and beyond.

Sector-wide oversight and support in developing the future workforce

(Questions 13, 14, 15, 16, 17, 18, 19, 22, 24 & 25)

UCU believes there must be must be a clearer remit for HEE, with better defined responsibilities and power over local skill networks to ensure wider workforce objectives can be met.

The consultation does not address the need to ensure a sustainable clinical and research workforce to develop the wider workforce. Our members are committed to providing the same high standards for teaching support, research skills and expertise to the next generation of nurses, midwives and allied health professionals as they do to the current generation. Universities will need a sufficient and stable clinical academic staff to allow them to create a sustainable future workforce. These issues must be part of the initial agenda for HEE going forward if we are to ensure a sustainable clinical academic workforce and associated career structures, in particular to nurture leaders in the research and development workforce.

The impact of the Browne review, the Research Excellence Framework, research priorities and other research funding streams is not clear in the proposal. Overall, the financial outlook for most universities is extremely volatile, and will be for the foreseeable future. This poses significant risks for the health education commissioning environment going forward, which is likely to impact on the achievement of the objectives within the consultation.

There is concern about the proposed reduction of qualified professional trained staff, such as nurses and midwives and professionals allied to health. This requires much more discussion and evidence to support the proposals in the consultation document to compensate for this reduction by increasing the responsibilities of staff at levels 1-4. This is despite a rise in the population, a rise in the birth rate and increasing complex health care needs at all ages.

Healthcare Commission reports on such as the investigation into Mid Staffordshire NHS Trust[1] and Clostridium Difficile at Maidstone and Tunbridge Wells NHS Trust[2] stated that low levels of qualified nurses, alongside poor training, contributed to substandard care and subsequent avoidable deaths. In midwifery, the Royal College of Midwifery called attention for some years now to the shortage of midwives, which is still running at anywhere from 3,000 to 5,000. The West Midland Perinatal Institute Study[3] showed that low numbers of midwives contributed to an above average increase in maternal deaths.

There is concern on staffing levels from 2011. We also seek reassurance that the smaller and most vulnerable specialist professional groups of staff, such as neo-natal intensive care nurses, midwives, etc., are not overlooked at local levels, and that a national overview is taken.

The Public Health Workforce

Question 26

The plan to develop a separate workforce strategy for public health raises many questions and concerns, given the complexity and interrelated nature of many health problems. In the future it may become increasingly unclear which healthcare professionals belong in which category, where the interface of the two sections of healthcare meet and how care will be organised. There will undoubtedly be implications for education curricula and delivery.

Funding and incentives to support equity and excellence

(Questions 28, 29, 30 & 35)

UCU is concerned about the proposal to confine the Multi-Professional Education and Training Budget (MPET) to the funding of clinical staff only. We firmly believe that a multi-professional approach should be reflected in the funding arrangements for the MPET on the basis of equitable funding related to

[1] http://www.cqc.org.uk/_db/_documents/Investigation_into_Mid_Staffordshire_NHS_Foundation_Trust.pdf
[2] http://www.royalfree.org.uk/doc/081107/Appendix%20I.pdf
[3] http://www.pi.nhs.uk/pnm/clinicaloutcomereviews/Report_on_perinatal_mortality_deprivation_community_midwifery_2008-9.pdf

future workforce commissioning. Therefore HEE, in allocating funding for medical placements and training, should also extend coverage for non-medical training and for placements to all healthcare professions, particularly those in the primary care setting.

UCU has called for MPET monies to be ring-fenced for many years now. There is no mention of protecting money for education at pre-registration level. We are also concerned that money for CPD development will be further eroded.

The stated principle of security of supply can only be achieved by a sustainable funding stream for education and training. The plan to establish a levy to fund education and training in the future must be fully tested and trialled before it is rolled out into the system.

As noted in the consultation document, the Department is committed to finding £20 billion savings in the NHS budget by 2015. We are very concerned about the impact of this target on the education and training framework, whatever form it takes.

Transitional Arrangements

(Questions 41 & 42)

UCU is concerned about the level of risk associated with these proposals and believes a comprehensive risk assessment should have been published alongside the consultation document. Unless the new system is introduced carefully, the security of supply will be endangered, heralding a return to the boom and bust approach to workforce commissioning that has characterised recent times. Yet the consultation suggests a wholesale change which may occur as early as April 2012. There is no clear transition plan to ensure that the current functions (such as the funding element of HEFCE) are not disrupted, with consequences for the ongoing provision of NHS care.

UCU believes that due to the level of change proposed in the consultation, and the uncertainly this will cause, the government should commit to maintaining, in real terms, the level of education and training commissioning, for at least the next full cycle of contracts.

Equality and Diversity

Whilst the initial equality screening suggests there is limited evidence, at this stage, to indicate negative impact across the range of protected characteristics, UCU believes the importance and scale of the changes proposed and their relevance to equality make a compelling case for a full equality impact assessment to be carried out following the consultation.

Summary

Overall, UCU has huge concerns on the proposals put forward within the consultation document and urges the Department to think again. The recommendations will lead to major restructuring of the current system of NHS education and training, with little accountability and responsibility for the new authorities to be created. The crucial role of the academic, clinical and research workforce has not been fully recognised and the contribution of universities as essential partners in the development of the future healthcare workforce has been effectively sidelined. The consultation also implies the diminished importance of a multi-professional approach to the education and training system, a move which would be regretted by the NHS in years to come. The plans for CPD fall into this category, as universities and academic staff forecast the wholesale dismantling of post-registration training. UCU is troubled by the government's insistence on the abolition of SHAs and PCTs; the development of a market provision of NHS education and training; and employer dominance in the identification of education needs, above the genuine need to make improvements to the NHS education and training system. Regrettably we believe many of the large-scale changes proposed will prove to be costly but not cost-effective. UCU will continue to raise its concerns both with the Department of Health and the Government, together with other key stakeholders in NHS education and training.