

# Educating and training the future health professional workforce for England



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL  
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# summary & recommendations

- 1** The NHS faces significant shortages of nurses, midwives and other healthcare staff such as physiotherapists and radiographers, referred to for the purposes of this Report as the health professional workforce. There are a number of measures that can be taken to overcome these shortages of which a key one is through educating and training new staff. The NHS also has to continue to train and develop existing staff if it is to meet the Government's objective that healthcare services should be of a consistently high quality and that the way that these services are delivered should be modernised.
- 2** Together, we and the Audit Commission have taken stock of the education and training provision available to new and existing health professional staff. The Audit Commission's report<sup>1</sup>, also published today, examines the planning and provision of education, training and development to existing healthcare staff in NHS Trusts in England and Wales. Our report looks at the effectiveness of the current arrangements for educating and training new staff (pre-registration education and training) in England. It is published simultaneously with the Auditor General for Wales' report on pre-registration education and training in Wales<sup>2</sup>. Taken together, the three reports provide a comprehensive picture of education, training and staff development and make significant practical recommendations for improvement.



- 3** Ensuring that the NHS trains the right numbers and types of health professions and that these staff are fit for practice is extremely complex (see Box A). It requires good workforce planning, a more strategic approach to the development of the entire NHS workforce and effective commissioning and delivery systems. It also depends on close co-operation between NHS organisations, separately and as part of Education and Training Consortia (and their successors, the Workforce Development Confederations which will be operating from April 2001), higher education institutions, and the statutory and professional bodies.

**Box A: Key Facts**

Since 1994-95 there have been annual increases in the number of health professional students on NHS funded pre-registration education and training programmes. For example, in England, the numbers of new nursing and midwifery student entrants each year has grown by 50 per cent (from 12,480 in 1994-95 to 18,707 in 1999-2000) and are set to grow still further under the NHS Plan.

In 1999-2000, the NHS spent £705 million on pre-registration training places and student bursaries for some 50,000 nursing and midwifery students and 14,000 health professional students. This training is provided under some 100 or so NHS pre-registration contracts, by 73 higher education institutions and leads to degree and, in the case of nursing and midwifery students, degree or diploma level professional qualifications.

Thirty-nine NHS Education and Training Consortia determine the number of places to be commissioned, based on workforce development plans from NHS Trusts, health authorities, social services and other employers of healthcare staff. From April 2001 Consortia will be replaced by 24 Workforce Development Confederations which will take on a wider role for developing the existing and future NHS workforce.

The availability of practice placements is one of the key factors in determining the number of students that can be trained and influences the quality of outcomes.

Not everyone who starts the training programme will complete it and some will choose not to work in the NHS.

A number of stakeholders are involved in assuring the quality of NHS funded health professional education leading to registration: the statutory and professional bodies, the Quality Assurance Agency, the Higher Education sector and NHS employers. Existing processes for quality assurance in England are being developed with a view to closer integration.

- 4 During 2000, in its consultation paper "A Health Service of all the talents: Developing the NHS workforce"<sup>3</sup> the Department of Health (Department) acknowledged problems with its current system of workforce development and planning. In July 2000, the NHS Plan<sup>4</sup> acknowledged that the biggest constraint the NHS faces today is staff shortages. The Plan proposed a number of staffing initiatives to increase the supply of qualified staff to the NHS. In particular, the Plan proposed an increase in the numbers of new health professional staff being trained. At the time of the Plan there were 50,000 nurses and midwives and 14,000 therapists and scientists on NHS funded pre-registration education and training programmes in England. The Plan stated that by 2004 there will be a further 5,500 nurses and midwives and 4,450 therapists and other health professional staff entering training programmes each year to help, over time, address the staff shortages and raise the quality of NHS services.
- 5 In the last two years the Department has put in place a package of measures to meet increasing demand for staff, including 'Return to Practice' programmes, increased recruitment from overseas and a range of recruitment and retention initiatives aimed at improving the working lives of staff. However, educating and training new health professions is the core way of meeting demand in the longer term, and the one over which the NHS has the closest control in relation to numbers and quality. As part of the overall package to meet demand, the Department will need to ensure that the increased numbers of commissions are delivered and also work with the NHS and higher education institutions to reduce the numbers of students who do not complete their studies.
- 6 The Department has now set the NHS a number of challenging objectives, including significant changes to workforce planning and development, increased targets for the number of pre-registration education and training places commissioned from universities and the introduction of a new model for nursing and midwifery allied health professional education. In this report we examine the effectiveness of the current arrangements for educating and training the future NHS health professional workforce and identify a number of issues that need to be addressed if the NHS is to achieve the challenges it has been set by the Department.





- 7 Our main findings are in Box B and our conclusions and recommendations for improving the education and training of the future health professional workforce follow.

### Box B: Key Findings

#### On meeting demand:

In the past, underestimates by NHS Trusts have led to insufficient numbers of training places being commissioned which has contributed to staff shortages.

Since 1994-95 the commissioning levels have increased annually. However, prior to the NHS Plan, many Consortia were concerned that their current level of commissioning was unlikely to meet demand.

Following the NHS Plan, Consortia have been given additional resources and are working with higher education institutions to increase commissioning levels.

To date the higher education institutions have provided the education and training places to meet the NHS's increase in commissions while maintaining the overall quality of training provision.

Many higher education institutions believe that, if they are to continue to expand student numbers, there will need to be investment in the capital infrastructure.

The 1999 and 2000 NHS recruitment campaigns have increased applications for NHS funded programmes, although some places for nurse training remain unfilled.

There are wide variations in student attrition between institutions and limited understanding as to the reasons for variation. On average, our survey found that 20 per cent of nursing students (against 17 per cent found by the English National Board for Nursing, Midwifery and Health Visiting) and between 7 and 18 per cent of allied health professional students fail to complete the programme. Whilst these average attrition rates are comparable to attrition from other higher education programmes they represent wasted resources. The Department has set attrition targets of 13 per cent for nursing and midwifery students and 10 per cent for allied health professional students starting with the September 2000 intake. These present a challenging target for many institutions.

#### On costs and price:

The NHS does not have the information to understand or compare institutions' costing policies because some contracts between higher education institutions and Consortia have clauses that maintain commercial confidentiality.

There are wide variations in the price per student for the same qualification. The NHS has reduced its costs through reductions in average price paid per student in real terms. However, the scope for further gains needs to be offset against the fact that the contribution to overheads in NHS funded contracts is much less than for non-NHS funded contracts. Variations in the relationship between price and cost may not have led to the best allocations of resources.

There are no common contract and standard benchmark prices and a lack of consistent application of benchmark standards in assuring quality.

#### On developing more effective partnerships:

There is wide variation in the size and capabilities of Consortia and their management teams with scope for efficiency improvements, which are being addressed as part of the guidance on setting up Confederations.

There are many examples of improved partnership working but there is scope for more widespread improvements, identification of good practice and acknowledgement that education and training is a shared responsibility, particularly in relation to recruitment, retention and practice placements.

## On better planning, commissioning and delivery of health professional education and training

- 8 During the early 1990s, when responsibility for nursing and midwifery education and training was transferring from the NHS to the higher education sector, the number of training places commissioned, for these and other health professionals, was reduced. Since 1994-95 the Department has increased significantly the numbers of student places year on year. Until now, these increases have been accommodated effectively by the higher education institutions concerned. However, there are indications that many of the institutions are beginning to reach full capacity. Investment in teaching and placement staff and in teaching accommodation, and more innovative approaches to identifying and using practice placements and other resources, are necessary if the expansion in numbers proposed in the NHS Plan are to be met.



- 9 The Department's recommendations in their wide ranging workforce development review, and the subsequent publication<sup>5</sup> which sets out plans for taking forward the review's recommendations (Appendix 1 refers), are a good foundation on which to base revised workforce development, education and training arrangements. However, if the new systems are to be effective:

**The Department, in particular, needs to:**

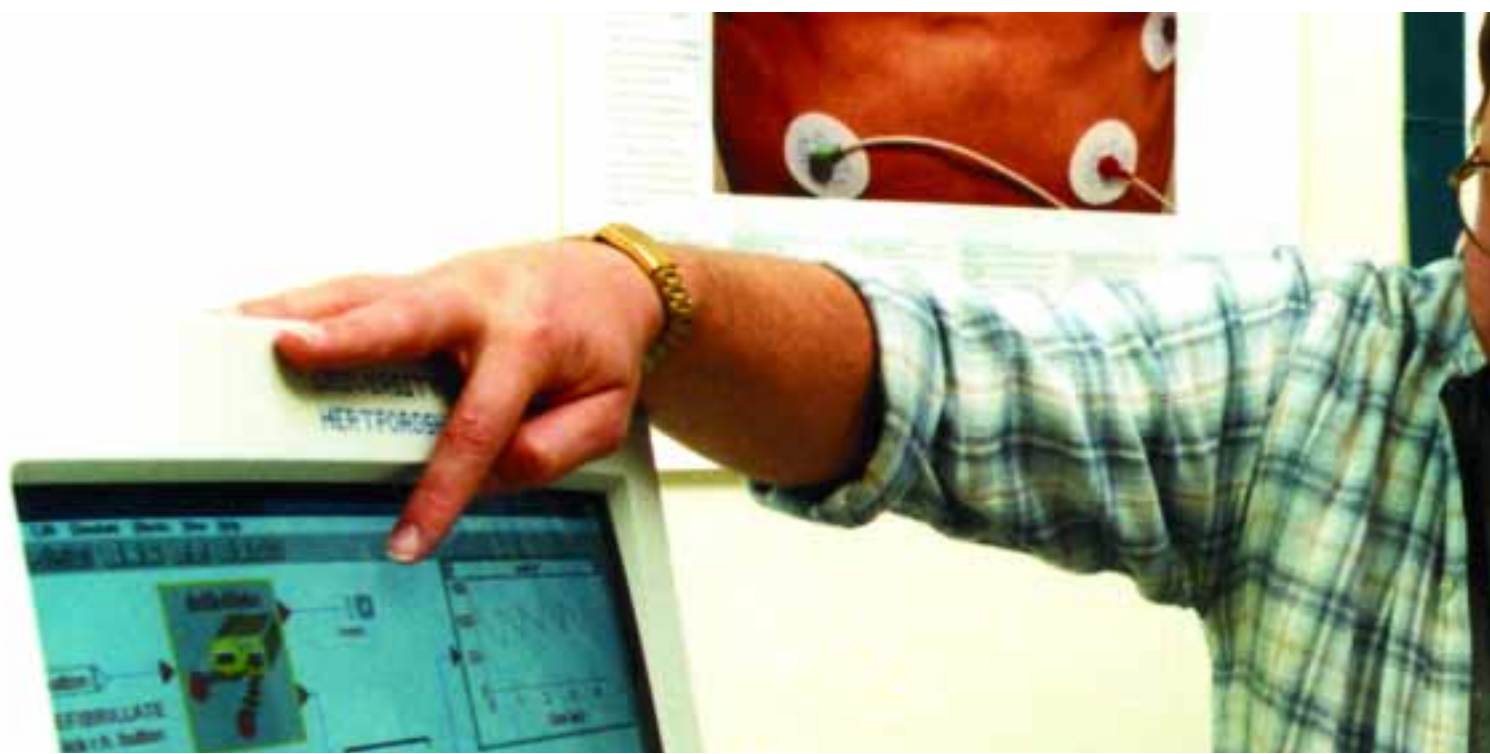
- standardise the guidance on workforce development information requirements in order to improve forecasting of education needs; and
- work with the Workforce Development Confederations, which will replace Consortia, to promote integration between top down strategic NHS developments and local workforce development planning. This means developing clearly defined roles and responsibilities for the Department's Regional Offices, Confederation management teams and their constituent members. It also requires skilled personnel, common data and planning systems to be put in place.

**The NHS and higher education institutions need to:**

- agree a set of guidance to facilitate the collection of consistent information on attrition, including a definition of attrition that recognises the scope for stepping on and off programmes; and
- improve attrition rates through evaluating and disseminating the lessons from national research on the reasons why NHS students join, drop out or transfer from programmes, adopting good practice developments from this and from the work being done in individual Consortia and higher education institutions.

**Workforce Development Confederations need to ensure, in particular, that they:**

- work with health authorities and employers to ensure that the staffing requirements of Health Improvement Programmes and other service development strategies such as National Service Frameworks are taken fully into account in determining the Confederations' commissioning plans;
- involve higher education institutions at all levels in planning education and training, both strategic and operational, and adopt a joint approach including shared responsibility for recruitment, selection and retention;



- liaise with higher education institutions to ensure that planned expansion in education and training places is achieved without diluting quality and standards of achievement. This includes the NHS working with institutions to provide support for students to ensure they meet quality standards, agreeing differential targets for attrition for higher education institutions where necessary and ensuring that information is collected in a way which is consistent with the national definition; and
- work with higher education institutions to develop and implement joint strategies to address the problems in arranging good quality practice placements, identifying alternative suitable placements in the NHS and the wider health economy but taking care to ensure that students obtain sufficient experience of working in an acute environment, the first destination of many students.

### On the value for money obtained from health professional education and training

- 10** The current system of contracting is not as effective as it could be, although the Department's 1999 Good Contracting Guidelines<sup>6</sup> have helped introduce a more standardised approach. Many contracts fail to specify outcomes and there is scope to improve contract monitoring. There are variations in the price per student for NHS funded programmes which provide education and training for entry to the same health profession and, as a result of competition, the sharing of information on costs is very limited. We have identified significant benefits in moving towards longer term contracts between the NHS and higher education institutions and in developing benchmark prices in an open and transparent manner. There should be no surprises on either side, and an efficient monitoring system is needed to ensure that both parties obtain good value for money from the relationship. The work being done across the higher education sector on better accountability<sup>7</sup> should help in this respect.
- 11** A great deal of effort has been put into improving the quality of education and training and the work being done by the Department, the United Kingdom Central Council for Nursing, Midwifery and Health Visiting and the Quality Assurance Agency<sup>8,9</sup> should inform improvements in the efficiency and effectiveness of quality assurance. Overall, however, we have identified a number of issues that need to be addressed in taking forward the cost and quality agenda:





**The Department needs to:**

- examine the current policy framework governing contracts with the Higher Education Funding Council for England and Universities UK (formerly the Committee of Vice Chancellors and Principals) especially on the treatment of capital development and research in contracts and consider the need to develop and issue new guidance;
- adopt nationally a consistent approach to setting contracts so that they include a proper consideration of outputs as well as costs. This would also facilitate benchmarking and better performance management of contracts. The NHS may be able to draw useful lessons from developments in this area from both higher and further education and the work being done by the Quality Assurance Agency;
- with the advent of Confederations, reconsider the guidance on contracting and the extent to which the move towards better partnership working will need to be reflected;
- for the longer term, consider whether a common generic pricing approach for core elements with some flexibility for elements such as geographical location, accommodation and staffing differentials should be applied as part of work to secure better value for money;
- agree a standard benchmark pricing formula for NHS funded programmes, similar to that operating for Higher Education Funding Council for England funded programmes; and
- work with the regulatory bodies, the new Confederations, the Quality Assurance Agency and other stakeholders to implement new integrated arrangements for the quality assurance of NHS funded health professional education.

**The NHS and higher education institutions need to:**

- identify the reasons for the significant variations in price per student undergoing the same professional training;
- introduce more collaboration into the contracting process, based on longer term contracts with clearly defined responsibilities for issues such as capital development;
- build on the work of the Department and Higher Education Funding Council for England Task Group on Research in Nursing and Allied Health Professionals in developing strategies for attracting sufficient and appropriate research funding to the higher education institutions which provide health professional education and training; and
- address shared concerns, as a matter of urgency, about the availability and quality of practice placements and teaching staff.

## On developing more effective partnerships

**12** There are many examples of the NHS and the higher education sector beginning to develop better partnership working. The NHS Executive and Committee of Vice Chancellors and Principals "A joint declaration of principles" (1998)<sup>10</sup> and the emphasis given in the Department's recent workforce planning review to developing partnerships are welcome initiatives. Both the NHS and the higher education institutions have agreed that there is scope for a more collaborative partnership approach involving all parties and in particular non-NHS employers and higher education institutions and, where relevant, the appropriate statutory and professional bodies, in determining issues around education and training. There is also a need for the NHS and other healthcare employers to acknowledge that they have a joint responsibility for many of the issues, such as practice placements and student attrition. Our findings and identified good practice point to specific lessons that the Department should take on board in developing the new Confederations:

### **The Department needs to:**

- ensure that its new criteria for determining the membership, resources and technical skill base of the new Workforce Development Confederations (Appendix 1) is applied consistently and monitored fully;
- ensure that its new criteria and job descriptions for Chief Executives and Chairs (Appendix 1) are applied consistently and facilitate effective partnership working (as well as efficient management);
- develop effective arrangements for identifying and sharing good practice across and within the NHS and higher education institutions to avoid re-inventing the wheel and to maximise the effectiveness of education and training; and
- ensure that Confederations are monitored on a consistent basis in order to provide a common national approach to the delivery of outcomes.

### **Confederations will need to extend their partnership working to:**

- work with member organisations to increase the profile and priority given to workforce development, including improving visibility and accessibility of Board members;
- implement and build on the new joint guidance which sets out clearly defined responsibilities for identifying, providing and managing practice placements<sup>11</sup>; and
- actively seek to spread good practice, for example on practice placements and joint appointments.