LONDON HIGHER
Promoting & Advocating London's Higher Education

London Higher: response to recent Government proposals affecting education provision for the health professions

Summary

1. The purpose of this paper is to set out issues and questions arising from the recent Government policy announcements (White Paper *Equity and excellence: Liberating the NHS,* the Browne Review and the CSR) as they pertain to the provision of education for medicine and the health professions in London.

2. The key issue is that **the proposals should recognise the unique environment in which university providers of medical and healthcare education operate within London and the interdependencies between universities and the wider system of health care and the NHS.**

3. In addition, there are other issues and questions which relate to specific areas of HE (higher education) healthcare provision in London, including:

    - Education commissioning
    - Workforce planning
    - Funding
    - Clinical academics
    - Diversity of providers

4. In this paper we look at these issues in more detail and suggest ways in which London's HEIs can work with the Department of Health to inform the development of its policies.

Approach

5. The views expressed in this paper have been formulated from discussions with: a) members and stakeholders from two of *London Higher's* advisory groups, the *Healthcare Education Group* and *London Medicine*; b) through a Breakfast Briefing held in September with Dr Anna Dixon (Director of Policy, King's Fund) and; c) *London Higher*'s ongoing analysis into the nature of healthcare education in London.

London: the city for healthcare higher education

6. There are 18 HEIs (higher education institutions) in London delivering medical and a range of healthcare education and research. These include globally recognised research intensive colleges, multi-faculty research and teaching-led universities and colleges specialising in a certain field.

7. London teaches a full range of programmes for medicine, dentistry, nursing, midwifery, pharmacy and allied health professions – and it teaches more of these students than anywhere else in the country.

London Higher: London Medicine and the Healthcare Education Group

8. *London Higher*, the body that represents HEIs in London, has for over ten years now focused its efforts on helping its members meet the challenges of a rapidly changing world. Particularly those that lie outside of the core teaching and research missions of HEIs.

9. *London Medicine* brings together the Heads of London's schools of medicine, dentistry and associated clinical academic disciplines; the *Healthcare Education Group* is a broader group with representation from those schools in *London Medicine* as well as the Deans of London's faculties of nursing, midwifery and allied health professions. The groups seek to promote their institutions' successes, regional and international contributions and, to identify and work together on areas of common interest.

Our position on new policy directions and the White Paper *Equity and excellence: Liberating the NHS*

10. With such a diverse HE membership each London healthcare HEI will have its own take on what the implications of current funding policy for HEIs and the NHS White Paper will mean for them.

11. However, there is one concern that affects all the London healthcare HEIs that we feel compelled to raise with Government. This is **the proposals should recognise the unique environment in which university providers of medical and healthcare education operate within London and the interdependencies between universities and the wider system of health care and the NHS.**

Medical and healthcare education and service delivery in London

12. London has a wealth of resources and facilities to treat patients. This sustains specialisations and provides training opportunities that would not otherwise exist in the country. It is this concentration that allows London to deliver world-class healthcare, not just to the very diverse population of Londoners, but to people from all over the UK and overseas.

13. Healthcare service delivery in London is interdependent with London's HEIs. These institutions conduct the cutting-edge research that, due to their proximity to extensive healthcare and business sectors, can be rapidly introduced into patient care or, be commercialised, thus contributing to improved health outcomes.

14. London's healthcare HEIs:

    - benefit from **collaborations in teaching and research** established easily across London,
    - have developed a reputation for **successfully widening access** into the health professions,
    - provide much of the continuous personal and professional development and postgraduate education necessary to **enhance workforce skills** and,
    - enable **transformation of service delivery** through research, continuous professional development and using training interventions as a lever to improve the quality of care.

15. We are concerned that the unanticipated consequences from new models of funding and some of the proposals set out in the NHS White Paper may jeopardise London's ability to continue to provide access to opportunities for learning, excellence in healthcare education and a world-class healthcare system.

Issues and opportunities arising from new policy directions

16. Differing institutions will have identified their own issues and opportunities arising from new policy and the NHS White Paper. We have drawn out some of these issues and questions below, which are raised for consultation.

Education commissioning

- Medical Education England is responsible for medicine, dentistry, pharmacy and healthcare scientists. Will a separate body be created for nursing, midwifery and the allied health

professions? Or would it be sensible for one overarching body to be responsible for the education commissioning of all professions working in health care, therefore achieving for the first time a coherent and co-ordinated workforce strategy?

- The abolition of SHAs will create a loss of expertise and oversight in the commissioning of nursing, midwifery and the allied health professionals. How can this expertise be preserved? The pressure to increase opportunities for employer influence may suggest the development of locally based models framed around partnership/sector groups building on a version of the Health Innovation and Education Clusters (HIEC) current relationships. This raises questions about the governance and accountability relationships and the optimum membership of such clusters.

- The new funding regime for universities will have major implications for the HE sector and the organisational culture of universities, their financial strategies and perhaps willingness to tolerate boom/bust patterns of education commissioning for the non-medical health professions, which we have seen in the past. How can commissioning practice ensure confidence in the sector, stability of provision, linked to quality, albeit within a framework of contestability?

- General practitioner commissioning of services will encourage more community and primary care, which we welcome as an important policy direction. However, it is not clear yet how general practitioners will become involved in workforce commissioning as a way of shifting service design and delivery. It will be crucial that GP consortia and patients have involvement in oversight of providers educational/workforce plans: how will we ensure that they acquire the skills to do so?

- How will the system work to balance the needs of universities, professional education commissioners, providers of NHS care and funders and commissioners of NHS care and how will this be addressed at a local level?

Workforce planning

- The White Paper introduces the concept of plurality of providers (Foundation Trusts, GP consortia, independent and private sector) and locally led workforce planning.

    - How will workforce planning be managed across this plurality and how will new providers engage with workforce commissioning? Will there be incentives for new providers to invest in training and education or will they try and 'free-ride'?

    - How will local and national workforce requirements be managed in this environment?

- How will the short term vs long term perspectives on workforce requirements be balanced to ensure HEIs remain stable and sustainable, albeit within a framework of contestability, to ensure excellence in healthcare education and research? How will the balance between the commissioning of pre-qualification and continuing personal and professional development be maintained? Could a regional body provide oversight and stability?

Funding

- Significant changes are being proposed through the White Paper within the Department of Health and through the CSR and Browne Review within the Department for Business, Innovation and Skills. What processes are in place to ensure there is communication between these two Departments to ensure there are no negative unintended consequences for education and research?

- How will the current education subsidy be deployed? Will this take place locally or nationally?

- The Browne report raises possible issues about the future funding of medicine, dentistry and pharmacy by HEFCE. Moreover, it is unclear what future student bursaries will look like and what affect any changes might have.

- Continuous personal and professional development and postgraduate education is recognised as a vital lever for change in transforming the workforce in order to deliver services more effectively and productively. How will they be supported and sustained within the future commissioning framework?

- How will the training of the non registered workforce be delivered? The new funding mechanisms following the CSR and the Browne Report could present disincentives for universities to provide training for apprenticeships and deliver foundation degrees for the unqualified/non registered workforce. This potentially could threaten the excellent work delivered by universities on widening participation, enabling skills development, and innovative progression opportunities for less privileged students to contribute to the healthcare workforce.

Clinical academics

- There is a need to build on the recent successful progress in attracting graduates into clinical academic careers and ensure changes do not discourage this. There is an opportunity for the reforms to examine how to improve support for academic trainees.

Diversity of providers

- It is proposed that social enterprises and the third sector are to play a greater role in healthcare delivery. How will the workforce needs of these providers be 'heard' and met? Could these providers be rewarded for providing suitable learning environments?

- As Foundation Trusts diversify and have the private patient income cap removed will these organisations become more selective in who and how they train? Will they innovate and want to introduce new medical and non medical roles (e.g. physician assistants, sub-consultant medical grade)?

Conclusion

London Medicine and the *Healthcare Education Group* are both proactive forums with a wide network into institutions and professional disciplines within the NHS and health sector more widely. They are willing to work with Government to shape the new framework for effective commissioning and provider relationships that will produce and develop a flexible and skilled workforce for the health care system. We believe it is an exciting time of change and opportunity.

Further information

Please contact: Chris Gulik (**E** chris.gulik@londonhigher.ac.uk **T** 020 7664 4846).