

June 2015

University and College Union

Meeting of Health Educators Forum

Location UCU, Carlow Street Head Office

Date 17 April 2015

Notes from Forum

Chair Paul Errington, Teesside University

1 Health unions panel with Louise Coleman SOR, Carmel Lloyd RCM and Dr Stephanie Aiken RCN

- 1.1 Louise Coleman from the Society of Radiographers talked about two key issues for her members in HEIs - employers and practice placements.
- 1.2 She felt the employers found it difficult to recruit educators because of the cost of employing experienced staff; the heavy workloads associated with teaching health professionals because and the lack of fixed hours in comparison to the NHS. LC said that she felt HEIs don't really understand health professionals; they find small teams of staff with small student intakes difficult to cope with; and that there wasn't enough imaging research going on in HEIs.
- 1.3 In practice placement departments, LC felt there was a communication barrier between them and HEIs, with junior staff asked to take on the liaison role and a lack of support for this work. The Education and Training tariff was not being used by trusts to employ staff, but on other areas such as pay down the deficits. Practice Managers don't seem to have much awareness of educators, and many Clinical Practitioners think lecturers are out of date in their approach to radiography.
- 1.4 The other speakers shared many of LC's concerns about practice placements and employers.
- 1.5 Carmel Lloyd from the Royal College of Midwives highlighted that there were lots of reviews happening on regulation. The next one was the NMC's evaluation and review of pre-registration education which was due in 2015 but had no fixed timeline. The review would look at the student experience including entry criteria, attrition rates and length of programmes.
- 1.6 CL said that there was minimal support for post-registration CPD, which meant that many courses weren't viable because of a lack of students.

- 1.7 CL talked briefly about the profile of the midwifery workforce, with many aged 51 years or above. She said there wasn't a clear pathway into education and research, and pay for midwives in education was lower than in clinical practice.
- 1.8 Dr Stephanie Aiken from the Royal College of Nursing emphasised the opportunity presented by the Shape of Caring Review. It has 4 country implications because the NMC were a partner in the review. The RCN are keen to know what their role will be in the consultation.
- 1.9 SA reported that the RCN is planning to do some research on the greying workforce in health education.
- 1.10 During discussion it was felt by attendees that the curriculum was too employer-led, and did not create a thinking graduate. We needed to campaign to bring forward the role of education and research in the NHS, and get better recognition of the professional voice within HEIs. Attendees believed that there was a focus by LETBs and HEE on training rather than education, and no real thought was being given to producing the future workforce.

2 Shape of Caring Recommendations – how should UCU respond?

- 2.1 The Forum broken down into smaller groups and the following points were reported back to the plenary:
 - What is the evidence base for the review? Members highlighted APEL as an example.
 - The opportunity for educators to back into practice was queried because of workload.
 - Mentors – will there be enough people taking on this role if it becomes optional?
 - Preceptorship – who would accredit it?
 - More support should be provided for educators to get PhDs – how many professionals on register in HEIs?
 - Health Care Assistants – is widening access possible when selecting the best students?
 - Where will future educators come from? This is completely missing from the report. Who is taking on the succession planning?
 - The funding model is unstable, with health profession students costing HEIs money.
 - The fundamentals need to be solid, i.e. getting the right educators.
 - Specific issues in London and the South East.
 - Will health education be delivered in different settings?
 - Welcome regulation of the role of Care Assistants.

- Higher Care Certificate – how will this be provided? Will it be part of pre-registration training? If so, what will the quality assurance be around this?
- Currently the curriculum is employer-led.
- Issues regarding how you get the workforce trained – still working on 18 month course.
- How do you get high quality training in current NHS environment?
- It is important to track health care placement money – what is it actually being spent on?
- Welcome public and patient involvement, but how do we support and embed it?
- Health Care Assistant and Nursing role needs to be clarified in public perception. We need to spell out clearly what HCAs do.

2.2 It was suggested during this discussion that a press release in the run up to the General Election re. health educators would be a good idea. All political parties were talking about increasing the number of health professionals in the NHS, but none were talking about how to get more health educators to support this, which is becoming a more pressing problem with the shift in age profiles of health educators.

3 Big issues for the year ahead – Lizzie Jelfs, Council of Deans of Health (CoDH)

3.1 Lizzie’s presentation is an appendix to these notes.

3.2 Lizzie was asked by attendees about the following issues:

- Initial Teacher Training – this could happen in health.
- Funding worries – Is there a role for UCU and CoDH to work together to raise public profile around this issue?
- Is what is happening in health education driven by ideology? - LJ felt that in part it was, and that there might be a drive towards an apprenticeship route, although it was a myth to say that training in the workplace was quicker and cheaper.
- Could trusts go for degree awarding status? – LJ said that Heart of England trust had tried to do this, but others haven’t tried even though they have been able to do this for some time. She thinks there is a view that HE do health education well.
- How are partnerships not working? LJ said that some relationships weren’t working some times because of complacency, i.e. there was a geographical match so no need to try. She felt the Director of Nursing was key to the partnerships.
- Private training providers – LJ felt that pre-registration training was too

expensive for private providers to bother with, but that CPD was of more interest, although HEE didn't seem to be backing the idea.

- Good to hear CoDH recognition of research and its impact on teaching – could HEI's do more? – LJ said that there was a possible agreement in the pipeline on data sharing with HEE.
- Would asking students to pay for a nursing degree actually help investment in health education? – LJ felt that we may be forced to have this conversation once a new government was in place (between June and September) and that there would be a push towards the HEFCE model.

4 What are the key issues for health educators?

4.1 The Forum broken down into smaller groups and the following points were reported back to the plenary:

- Recruitment of health educators
- Succession planning
- Workload and hours
- Non-registered educators – need to be mindful of this issue
- Stress
- Annual leave – educators need to take responsibility for using this
- UCU can help empower health ed. members – help to know and understand contracts
- Scholarly time – varies between HEIs and post/pre 92's
- Use Health Education Joint Liaison Committee to lobby – use voice and work with others
- Recruit health ed. members – specific health ed. leaflet and support to get more health ed. reps. What is UCU's membership density amongst health educators? Need to promote joint memberships and run recruitment drives focussed around health & safety, representation and using professional body newsletters
- Recruitment and retention payments and promotions from HEIs – can cause problems, but properly implemented could be useful to health educators
- Need more recognition from HEIs of health ed. work
- Pay and terms & conditions are better in the NHS – pay needs to be more attractive
- Need to look after ourselves as we look after others
- Funding model – risks & benefits, but need to have an evidence-based conversation

- Expand Forum to include those in social care and allied workers

Forum closed at 16.30