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# Is practice placement capacity helping the NHS to recruit healthcare professionals?

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## Abstract

Practice placements are a fundamental aspect of preparing students for working in the NHS and will influence where, and in what specialities, students work. Additionally, NHS leaders now consider the issues of recruitment and retention of NHS staff to be as serious as concerns over funding. NHS Providers have outlined the issues although there appears to be little, or no, consideration in terms of plans required for the most immediate future workforce. It is hypothesised that there is link between student healthcare placement capacity and workforce gaps. The policy of increasing training places and of funding practice placements may have a positive effect on practice placement provision and if so contribute to increasing the NHS workforce, but without further detail this impact remains unknown. Along with most aspects of service delivery, planning practice placements using the best available evidence will ensure that the impact on service delivery is minimised while maximising the experience for the next generation of NHS employees.

**Keywords:** NHS funding; Practice placements; Training places; Workplace planning

Practice placements are an integral part of the education of healthcare students. It is during placements that students have the opportunity to put theory into practice, experience the reality of working, learn about professional values and beliefs as well as fulfil statutory requirements for registration with the relevant Professional, Statutory and Regulatory Bodies (PSRBs) and their healthcare programme (NHS Education for Scotland, 2007). It has been long recognised that developing practice-based learning opportunities is essential for the NHS as the best way the future workforce can be produced and sustained. Despite the efforts and loyalty of thousands of dedicated practice educators (or mentors) across the UK, the professions can periodically suffer from a shortage of placements (The Chartered Society of Physiotherapy, 2014). The exact number of placement shortages are largely unknown or, perhaps more accurately, unpublished. This is perhaps unsurprising given the commercially sensitive nature of such statistics and how they might be damaging to Higher Education Institutions (HEIs) looking to attract students to higher education. This article will explore the link between student healthcare placements and workforce planning. The policy of increasing training places and the need for more practice placements, together with the potential effects on the workforce, will be discussed. As academic staff responsible for sourcing Allied Health Profession (AHP) practice placements this prompted discussion around whether there is a connection between the NHS's ability to recruit employees and HEIs ability to provide work based placements? In exploring these topics some of the opinions in this piece are intended, if not to be provocative, to be at least thought-provoking.

## Discussion

In the recent publication 'There for us a better future for the NHS workforce' (NHS Providers, 2017) the issues of recruitment and retention of staff within the NHS have been described by NHS leaders as being as serious as concerns over funding. With specific reference to closing the workforce gap, NHS providers highlight domestic staff supply as being an immediate issue. While recognising the government's pledge to increase training places (and also accepting any impact is a way off), there seems to be no consideration in terms of the more immediate future workforce. Perhaps the assumption is that once in training these students will graduate and take up roles in professions they have trained for, and for many this is the case. However, where they work and how they specialise, is still being influenced by their placements and therefore how they will contribute to workforce shortages is still relevant. It is our assertion that the lack of exposure to some NHS Trust locations, and particularly some specialties, is directly affecting the ability of those Trusts to recruit Band 5 staff for their first destinations.

It is acknowledged that HEIs work closely with their practice partners and do not recruit students without having sufficient placement capacity, in fact it is a necessity as part of the programme approval process (Quality Assurance Agency, 2008). All the PSRBs are explicit about the registrant's duty and responsibility to contribute to the education of future professionals; yet, placement capacity continues to be an issue. In addition to professional responsibility, the changes to job descriptions and personal development planning introduced within Agenda for Change mean that student education has been an explicit part of experienced AHP's job descriptions for over a decade (NHS Employers, 2005). Despite this, our observations are that providing suitable placements for our remaining NHS funded students who are all less than 18 months away from becoming part of the workforce can be an issue.

Despite this, the issue of practice placement provision is something we see replicated across Yorkshire and North Lincolnshire and discussed nationally through professional networks and professional campaigns (The Chartered Society of Physiotherapy, 2014). The lack of placement offers from some sites could be considered at first glance to be well-meaning with practice educators not wanting to, or feeling able to, expose students to certain NHS environments. Moving location, new systems, staff rotations, staff absence and waiting list pressures are some reasons cited for not being able to offer placements. It is acknowledged that there are strict quality assurance mechanisms regarding placement provision, and in some instances it is correct and proper that students are not placed, and no one is suggesting that students are placed in unsuitable environments. It is our experience that increasingly the NHS pressures are being cited as reasons why otherwise suitably staffed, quality assured placement sites are unable to take students.

Following the Francis report (Francis, 2013), HEIs were charged for the first time with responsibility for training students to be open, transparent and candid. Along with other reforms, the hope was that future NHS performance could be optimised as elements of good and poor practice could be effectively identified. We are training our students to influence practice at all levels, preparing them to positively contribute to an improving culture. However in many areas the risk is they are only being exposed to a sanitised 'ideal' version of the NHS for fear of overwhelming them, or not giving them an optimal learning experience. By not offering students a realistic experience, placement providers are depriving students of this authentic experience, and in some instances it is not

equipping them with the skills required for employment, or exposing them to the NHS staff excelling in often adverse situations.

The benefits of having students on placement are many. Practice educators can engage in continuing professional development, stay up to date in their own practice, and increase opportunities for their own career progression. All this, while enhancing the prospects of recruiting new graduates. Most managers and clinicians recognise the benefits that participating in practice placements bring for the staff, the service, and the students. They create and enhance a culture of learning, making a significant difference to care, experience and clinical effectiveness (NHS Education for Scotland, 2007).

## **NHS Policy**

On the 22 November 2017, Chancellor of the Exchequer, Philip Hammond told a packed House of Commons he was providing £2.8bn in extra funding for the NHS England. £350m immediately to address pressures this winter, £1.6bn for 2018 – 2019 and the remainder in 2019 – 2020 (HM Treasury, 2017). Since 2010, the funding increase has dropped from 4% per year to close to 1% (Lafond et al, 2016) and this extra money does little to redress the balance. NHS managers have been vocal in their assertion that even if there were no shortages of staff with the necessary skills, NHS Trusts may still be unable to afford to employ sufficient staff. Staff they need to meet increasing demand and to deliver high quality services. The £350m for this winter could easily be swallowed up by spending on agency staff alone having no impact on the workforce gap. It is why staff on the front line are still predicting rising waiting times for treatment and key NHS targets continue to be repeatedly missed (NHS Providers, 2017). According to the most recent NHS Quality Monitoring report from the Kings Fund (2017), the NHS is treating more patients than ever before, with hospitals experiencing increases in attendances at A&E departments, emergency admissions, elective admissions, and outpatient attendances. With regards to the workforce, it reports that there were 1300 fewer nurses and health visitors (full-time equivalents) currently employed in the NHS than in July 2016, with concern around staff morale, pay restraint and the future for EU workers.

Academics are also adding their weight to that of the NHS providers warning, that the government must train more nurses and AHPs as there is no longer a reliable recruitment pipeline from the EU after the Brexit vote. The number of EU nurses registering to practise in the UK has fallen by 96% in less than a year. Only 46 EU nurses came to work in the UK in April 2017 compared with 1304 July 2016, according to registration data from the Nursing and Midwifery Council (2017).

The government regularly responds, reminding everyone of their announcement of the biggest ever expansion of training places for doctors and nurses. It has also been clear that the future of EU nationals is a top priority in the Brexit negotiations and that they want their valued contribution to the NHS to continue, with the aim being to ensure the NHS has the staff it needs both now and in the future. The government goes on to say that funding reforms will help to secure the healthcare workforce by enabling HEIs to offer up to 10 000 extra training places on pre-registration healthcare programmes.

There has been much written regarding the abolition of the NHS bursary and the possible motives behind the move, with some academics suggesting this was more about saving money as opposed to

increasing training places. Perhaps unsurprisingly, a lot of the opinions were from Universities keen to secure not only tuition fees but also additional funding to support healthcare students while out on practice placement.

David Green, vice-chancellor of Worcester University says, 'I don't believe the policy intention with scrapping bursaries was to expand places; I think it was just to save money...' He then further explains: 'We can give student nurses all the theory, but they need to actually work on a ward. There's no money for training and we can't take people on with a false prospectus. That's the story across the country.' (Fazackerley, 2017). The government responded in August 2017 to this growing discourse by stating their intention to fund clinical placements for the extra 10 000 student nurses, midwives and AHPs between now and 2020 with Health Education England taking a lead to implement the provision of placement funding for the extra students and writing to HEIs to explain how the additional funds would be allocated. While encouraging, this falls a little short of involving all the partners that the NHS Providers' coherent and credible approach suggests is necessary for workforce planning at a national level.

There remain unanswered questions about whether the number of clinical placements can or will be increased at the same rate as the number of places offered. Care providers across all settings are less able to provide extra training places than universities are to provide academic places. Teaching hospitals need to have staff able to oversee and assist students, not just provide them with clinical work. It is suggested that there may well be a gap between what universities would like to offer and what NHS providers feel can be offered with a safe level of oversight (Maguire, 2017). This certainly mirrors our experience.

The increased funding for placements is to be welcomed but needs to be met with a degree of caution in terms of how it might relate to increased placement capacity. As with a lot of these headlines the devil is often in the detail, or currently lack of it, with no exact breakdown of placement numbers and therefore funding available to particular professions. Observers have called for the detail of the arrangements for the increased funding and how it will be distributed to be made explicit quickly and linked directly to training places (The Chartered Society of Physiotherapy, 2017). Our own experience, however, paints a slightly different picture with regards to the issue of funding and its impact on placement capacity. The mention of funding while trying to secure extra placements is not always seen positively by practice educators who are often frustrated at being unable to access training money or see payments only being used to contribute to managing deficits.

It is acknowledged that providing placements does provide a challenge for busy services. Managers and clinicians are under increasing pressures from a variety of sources and it can be difficult to balance these while prioritising patients. Health services across the UK face increasing pressures and it can be tempting to focus purely on clinical work as a result. For some, this inevitably might mean cutting placement offers to students. The hope is for others (those who can), it might mean looking at alternative, evidence-based placement models; to try and find solutions to maintaining or even increasing placement capacity (NHS Education for Scotland, 2007). The aim of this article is to discuss the issues; however, it is to be acknowledged that there are lots of areas of good practice and those who have successfully increased placement capacity. There is increased use of role emerging placements, 2:1 models, 'hub and spoke' models, to name a few, as well as completely different ways of training students, e.g. apprentice schemes. Feedback we have is that anecdotally many of

these sites are seeing the benefit that increased student practice placements brings to the recruitment of staff.

If placement capacity does not keep up with the training requirements, the wider implications of this could be far reaching. Our student feedback is that placement experience has a significant impact on their first work destination. This is in keeping with studies highlighting the key role of practice placements in the career choices of student nurses and doctors. It shows that students are likely to apply for posts in the placement areas they experienced and found to be most supportive and developmental (Alberti et al, 2017; Wareing et al, 2017). As we increasingly have to turn to non-NHS environments to place our students, the potential impact is clear.

## **Conclusion**

The issue of practice placement provision is not straight forward and it would be remiss to suggest it is. It is also acknowledged that a number of NHS Trusts have made good progress and see the arguments outlined; others certainly have a way to go. Some of the issues of the workforce gap could in our opinion start to be met by local Trusts thinking a little more closely about exposing more students to their Trusts through appropriate practice placements. Quality practice placements can maximise the learning of students leading to well trained and prepared future practitioners who are well prepared when they graduate. NHS placements are crucial for ensuring that there is a steady supply of new graduates to take up roles within its service. The fact remains that the single biggest risk to the continuing increase of training places both locally and nationally is practice placement provision. Adequate finance for placement appears to be important for HEI's, and indeed, for Trust finances, but in our experience it is not necessarily influencing placement provision on the ground and will not unless staff are able to tangibly see a benefit from training budgets. We acknowledge that there will be a need for extra practice educators otherwise areas will have students with nobody to guide and help them and students may leave the NHS totally disillusioned. Equally we would ask that NHS Trusts consider the role practice placements play in securing the best graduates to start affecting the workforce gap now and not necessarily wait for the extra training places to take effect. Like most aspects of service delivery, planning placements using the best available evidence will ensure that the impact on service delivery is minimised.

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