

Home > News, blogs and events > Blogs > It is clear we are going to have to learn to live with COVID-19 for some time, which means we will need to retain our ability to quickly rebalance our services and the teams who are vital to their delivery.

It is clear we are going to have to learn to live with COVID-19 for some time, which means we will need to retain our ability to quickly rebalance our services and the teams who are vital to their delivery.

Contents

- [Our work \[1\]](#)
- [Online learning \[2\]](#)
- [Health careers \[3\]](#)
- [News, blogs and events \[4\]](#)
- [About \[5\]](#)
- [Contact \[6\]](#)
- [Coronavirus \(COVID-19\) \[7\]](#)

12 June 2020



It is clear we are going to have to learn to live with COVID-19 for some time, which means we will need to retain our ability to quickly rebalance our services and the teams who are vital to their delivery. Temporary or longer-term service reconfiguration to address 'living and working with COVID-19' alongside a significant backlog of elective care and potential new elective care pathways, will also need a workforce to match.

To safeguard our future workforce supply, we need to minimise disruption to training and get it back on track - the innovations developed or utilised over the last three months will need to be maintained and expanded, while planning for service restarts must have education and training restart embedded. For example, maintaining the acceleration of digital training, online simulation as well as place-based simulation

for clinical training, will all be crucial to maintain continued flow of our future workforce in September and beyond. There are processes associated with training doctors that have been delivered in new ways ? skype interviews for recruitment, new examination and assessment techniques, and we need to decide whether these can continue as we plan the next twelve months.

Whilst these are challenging times, I am proud of our collaborative response to date, particularly our efforts to support over 40,000 nursing, AHP and medical students into the NHS front line across England and as we draw learning, innovation and opportunity from this huge task, it is vital we hear the views of these new colleagues. The mobilisation of the student workforce was done very quickly in a matter of weeks, through collaboration with partners nationally, regionally and locally ? including universities, Royal Colleges, NHS England and Improvement, regulators to name just a few. We know, and have demonstrated in these past months, collaboration is the only game in town but seeing the benefits from true collaborative working is a timely reminder that it doesn't just happen. To work with others means listening and learning from each other, showing respect and allowing open discourse despite the urgency of the situation.

Looking ahead, we are keen to identify broad learning from the pandemic, and have been engaging with many stakeholders, as well as holding discussions through national partnership forums, such as the Four Nations Oversight Group, Universities UK, Social Partnership Forum and Royal College Presidents meetings to share emerging thinking and lessons. The lessons from COVID-19, positive and negative, are still emerging and for some only just beginning. We must keep listening, learning and testing our assumptions.

The pandemic has created a lot of uncertainties, one of which was how students would complete their placements. What no one wanted was a ?bottle-neck? of students sitting on the side-lines, unable to complete their clinical placement hours, leaving them unable to progress to the next stage of their journey. Facilitated by new educational standards from the NMC and the HCPC, we supported the creation of new ?paid-placements? that provided opportunities for students to re-enter the NHS to support its pandemic response whilst keeping students progressing on their training programmes.

Our big focus now is to get all our various students, trainees and learners into the right place so that they either move into employment or restart their academic studies by September. We don't know yet what this is going to look like but we do know that universities are and will increasingly be thinking outside the box ? looking at doing things innovatively, perhaps through virtual placements or more use of simulation. Employers are developing plans for the next phase of COVID, this winter and to help patients access treatment deferred by the pandemic as well as those who would normally need care. How we help trusts understand what skills all their workforce have following the surge over the past three months will be pivotal in valuing staff, ensuring we can meet further COVID outbreaks and will cement the effective ways of working in clinical teams exemplified during the crisis.

What we have now is the opportunity to promote and deliver with university and trust colleagues an increase in student starters for the new academic year, following the announcement that healthcare-related courses will be exempt from the DHSC/DfE's recent announcement about capping the number of students that universities can take from September onwards. HEE will be pivotal to attracting what we hope will be an increase of around 15% students in nursing, midwifery, AHP and healthcare science, and HEE will be undertaking a new role helping to assess and broker the bids for increased course places and the required clinical placement capacity.

HEE will have a much bigger role regionally in the clearing process. Working with the Office for Students and UCAS, we will work to marry together prospective students with universities who have bid for additional course places.

As part of the lessons learned work, we are engaging with those who opted into the service to hear feedback on their experiences. We placed the best part of 4,000 medical students in work with over 2,000 more medical students in wider volunteering roles to support the overall effort. Findings from a survey of FiY1

doctors deployed, is that nearly all of those surveyed felt their placement was high quality with excellent support and that they were well prepared to work at the desired level. Furthermore, they felt they had an effective induction, plenty of learning opportunities and a desire for extended placements to continue. This is a tribute to how senior colleagues in trusts valued the contribution from these young doctors and were determined to ensure they were safe and supported.

Over the next three months, we will focus on ensuring future workforce supply and annual recruitment is maintained across all professions, postgraduate activity and support for doctors in training is delivered, as well as any remaining commissioned activity. Some of the core work that will be delivered includes building proposals and plans for how HEE can support the acceleration of workforce supply; promoting adaptable professionals and enhancing generalist training; better support for learner mental health and wellbeing; gaining greater efficiency in training pathways and educational processes; improving skill mix and skills development; and further improving the spread of digital and technology enhanced learning. As an example, HEE's Library and Knowledge Services team has developed a website giving COVID-19 patient information that meets the information needs of specific patient groups, including people who require or prefer information in accessible formats such as easy read, sign language, and Makaton. This enables frontline health and care staff who directly work with patient, clients, and families to find, share and use reliable COVID-19 information.

The way all our students and trainees have coped with this extraordinary situation and our collective response behind the scenes has filled me with confidence for the future. We need to continue working together to get the next phase, the restart, right ? we owe it to all those who have stepped forward as well as all those who are supporting them. HEE's existing policy, reform and strategy across education and training formed a key foundation for some of the concepts coming through the lessons learned and it is helping us refresh our thinking around some of that going forwards.

My personal thanks and respect to all those involved.

Kind Regards,

Wendy

Wendy Reid

Interim Chief Executive

Health Education England

Posted by Professor Wendy Reid

Source URL (modified on 12/06/2020 - 17:53): <https://www.hee.nhs.uk/news-blogs-events/blogs/it-clear-we-are-going-have-learn-live-covid-19-some-time-which-means-we-will-need-retain-our-ability>

Links

- [1] <https://www.hee.nhs.uk/our-work>
- [2] <https://www.e-lfh.org.uk/>
- [3] <https://www.healthcareers.nhs.uk/>
- [4] <https://www.hee.nhs.uk/news-blogs-events>
- [5] <https://www.hee.nhs.uk/about>
- [6] <https://www.hee.nhs.uk/about/contact-us>
- [7] <https://www.hee.nhs.uk/coronavirus-covid-19>