

Educator Workforce Strategy

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1. Introduction

The demand for health and care services in the UK continues to increase. Although we now have the highest staffing levels in the history of the National Health Service (NHS), as well as more staff in training¹, demands for and expectations of this workforce have never been greater. A growing ageing population that has an increasing prevalence of chronic health problems, continuous improvements in our ability to diagnose and treat ill health² and changing societal expectations, means that there are increasing workforce shortages, both in the UK and globally, despite associated staffing increases.

In the context of ever-increasing demands on the NHS, education and training are increasingly important because of the inextricable link between securing a future workforce, retaining our current workforce across clinical, practice and research roles, and maximising productivity of the current workforce through education and training to optimise capability and confidence at every level. Delivering our future workforce is ultimately dependent on a sustainable and high-quality educator workforce to support education and training, both in practice and in academic settings³.

However, across the healthcare education sector and amongst service providers, concerns are consistently being raised about the capacity of the educator workforce to meet current and future demands.

- Providing education and training is rewarding and enjoyable, but service pressures have eroded the time available for both supervising learners and supporting their wellbeing, at a time when there are increasing numbers of students and trainees across healthcare professions.
- The time to maintain and develop the knowledge and skills needed to develop and be an effective educator is being squeezed, yet there are rapidly evolving teaching and training methods and changing curricula. For some professions, there is no recognised time available for education and training.
- As the need to expand education and training continues, there is an ageing demographic in the educator workforce. Pressure on academic roles and the pressures of balancing educator responsibilities with service commitments are recognised by younger clinicians, so fewer younger people want to take on the responsibilities. Plus, for many there is a lack of clear career pathways, rewards and opportunities for development.

1 [C1466-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf](#) (england.nhs.uk)

2 Facing the Facts, Shaping the Future (2017) <https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf> page 6

3 The AHP Educator Career Framework <https://tinyurl.com/24uhrg9v>



With the urgent need to increase the supply of the healthcare workforce, including apprenticeships, new and advanced practice roles requiring associated educator capacity, the development of a sufficient appropriately skilled educator workforce is now recognised as a significant challenge internationally. Support and development for current educators, as well as succession planning, must be a priority if we are to meet the challenge to educate future healthcare professionals⁴. A consistent culture of valuing education and training needs to be embedded in order that this becomes a core component for all.

The aim of the Educator Workforce Strategy is to set out actions that will lead to sufficient capacity and quality of educators to allow the growth in healthcare workforce that is needed to deliver care, now and in the future. An Implementation Plan will be developed by the new Workforce, Training and Education function, in conjunction with other functions, in NHS England.

This Educator Workforce Strategy complements the Long Term Workforce Plan for the NHS and presents an opportunity to rethink our approach to enabling and sustaining high quality healthcare education and training. It calls for a re-evaluation of the roles of educators across healthcare professions to ensure that we maximise evidence-based benefits and efficiencies in opportunities to both learn inter-professionally and learn from one another.

We owe it to our educators, our learners who benefit from their support, the patients they care for, and the people and communities they serve, to work together to deliver this Strategy.



⁴ The AHP Educator Career Framework <https://tinyurl.com/24uhrg9v>



2. Developing the Strategy

Stakeholder feedback and co-design has been key to developing an Educator Workforce Strategy. Working with educators, healthcare education partners, learners, regulators, patients, service users and staff, and utilising HEE's Professional Leads to access their partnership networks, this provided opportunities to gain views across professions and organisations to help inform and shape the Strategy.

A multi-professional webinar held in October 2022 also provided a valuable feedback opportunity, utilising an electronic app to survey and collect views from the educator community.

Campaigns through social media, stakeholder meetings, literature reviews and responses to our call for evidence have all been part of the development of this Strategy.

Terminology

As terminology varies across professions, we are using the word 'Educator' as an umbrella term denoted to all roles involved in the education and training of the healthcare workforce, in all settings.

The definition is purposefully inclusive, recognising that education and training occurs across a broad range of settings including universities, in both regulated and non-regulated healthcare professions, pre and post registration. Whilst healthcare professions use different terminology and titles, (workplace supervisors, assessors, practice educators, clinical supervisors, higher education institution faculty, preceptorship leads, educational supervisors, raters, designated supervisors, etc), these individuals all share an important and essential responsibility: providing education and training, workplace supervision and assessment to support the development of the healthcare workforce, ensuring patient safety.





3. Problems we are trying to address... aligned to the Long Term Workforce Plan

Continuing to increase our workforce, including educators, in order to meet the current and future needs of patients and the public is a priority. Through our engagement to develop this strategy, academic evidence and insight provided by our stakeholders, there are common issues compounding the challenges across all sectors of the educator workforce that need to be addressed.

- Successful development of a future workforce requires planning for, valued recognition of and investment in, an educator workforce.
- Enhancing and expanding the capacity of our workforce is essential both to address the backlog of care and to meet future need. There is an opportunity to build workforce and team productivity now by increasing capability, confidence and understanding across teams.
- In many professions education, teaching and training were significantly impacted by the COVID pandemic. Addressing this requires a greater focus on education and training and an expanded, engaged and motivated educator workforce.
- Evidence shows that support for education and training can create a positive environment to improve retention and encourage staff to return.
- Educators and would be educators in the clinical environment are reporting burn out and insufficient time due to increasing service pressures.
- Having time available to support learners may reduce the risk of burnout and attrition.
- Those involved in education and training are increasingly reporting feeling undervalued.
- Appropriate access to and capacity of workplace supervision is a challenge across all healthcare professions.
- Digital technologies can transform the support for learning, but the educator community needs to have access, the capabilities and capacity to support learners to use these.
- Educators need to feel confident in equality, diversity and inclusion to be proactive in changing culture.
- Addressing this challenge requires us to explore new models of education and training support as more of the same will not be sufficient.
- Multi-professional educator development accelerated the development of different models of healthcare during COVID.
- Rebalancing clinical and educator workload, especially of our more senior workforce, can reduce burnout and maximise the available educator workforce.



4. Strategic priorities that underpin the Educator Workforce Strategy

Seven strategic priorities have emerged from our engagement with educators, learners, healthcare education and training partners, patients, staff, regulators and professions.





Priority 1: The educator workforce must be a key consideration in integrated workforce and service planning

Integrated planning seeks to set out how workforce planning can best be integrated with population health, service and financial planning. Currently, planning takes place at different levels (eg provider, place, Integrated Care Systems (ICSs), regional, national); over different timeframes (eg in year, annual, multi-year) and through different lenses (eg place, programme, pathway, profession). The 'levers' for these planning units have historically been held by different and disparate parties involved in strategy, planning, delivery, improvement and oversight. Triangulating workforce demand and supply in and across these units - 'all levers, all levels' - to make decisions about what interventions will be carried out to meet supply requirements is necessary to ensure identification of a comprehensive set of solutions as possible.

It is also recognised that the role of workplace learning is key to NHS delivery and workforce priorities.

ICSs in collaboration with regional teams of the new NHS England have a unique opportunity to align and coordinate planning, evidence and resource for delivery of service activity and development, workforce and finance to meet population need across these levers. This should cover all roles from support workers and upskilling, to student placements, postgraduate trainees, staff development and advanced practice roles. Importantly, the educator workforce must be a core consideration in these plans in order to make integrated plans meaningful and deliverable.

Priority 2: Establishing and protecting educator time and resources to support the implementation of Integrated Care Board workforce plans

The aim of education should be to facilitate the provision of the most effective, person-centred and integrated care for people. **Without educators, we do not have a future workforce.**

We heard that COVID and workload pressures in general have had a significant impact on education and training delivery, yet educators report that the service implications for 'lost' education and training opportunities are not fully understood by the wider system. As illustrated in the #NoTrainingTodayNoSurgeonsTomorrow campaign, if we don't train now and recover lost training, there will be continued disruption to our planned surgeon pipeline, creating gaps in the consultant workforce, reducing future service delivery and further demoralising trainees with a risk to retention⁵. Whilst this reference is specific to surgery, the impact and implications are relevant to all learner groups.

5 <https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.TB2020.4>



Following the House of Lords Science and Technology Committee's findings of its short inquiry into clinical academics in the NHS, a key recommendation stated that NHS trusts and hospitals must set out a plan as to how they will meet the statutory commitment to allow consultants to spend an average of 25% of their time on supporting professional activities on average⁶.

Within HEE's Quality Framework, there is a requirement for providers to ensure that 'formally recognised educators are appropriately supported, with allocated time in job plans/job descriptions, to undertake their roles' (Standard 4.2)⁷. According to the General Medical Council (GMC) National Training Survey 2022 results, completed by over 18,000 educators (entitled 'trainers' within the survey), 55% were not able to use all the training time allocated for that purpose, due to conflicting workload pressures, rising from 53% in 2021⁸. In some professions, there is currently no clear job planning that makes the contribution to education identifiable and transparent. The planned NHS England educator survey will aim to capture all those with educator responsibilities, even if these are not yet formally recognised.

There is a need to establish and protect educator time and resources to support the implementation of Integrated Care Board (ICB) workforce plans. This should be multi-professional, across all professional groups, recognising the unique challenges for each, and building educator activity explicitly into job plans and timetables. Appropriate planning and education strategies and incentives and adequate investment in the healthcare workforce are required to provide community-based, person-centred, continuous, equitable and integrated care⁹.

Priority 3: Introducing career frameworks for educators of all professions

Educators in both our universities and in clinical practice deliver a vital role. Through our engagement we have heard that there is a need to set out clear career pathways to support those looking to a professional role in education and to support those in educator roles to progress in their careers, anticipate next steps and continue their development (and remain up to date). In turn, career frameworks will also support the planning, talent-management and succession planning of our educator workforce.

All professions require a defined and inclusive career structure or framework which will promote the role of educators and will include opportunities for continual educational development, academic opportunities and support for digital delivery.

Career framework development would best be done in collaboration between professions, to harness commonalities and shared areas of interest that could be developed and delivered more collaboratively.

⁶ UK Parliament Committees https://committees.parliament.uk/committee/193/science-and-technology-committee-lords/news/175630?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=13751917_NEWSL_HMP%202023-01-31&dm_i=21A8,86R1P,6KW8YM,XKFS2,1

⁷ HEE Quality Framework from 2021 <https://www.hee.nhs.uk/our-work/quality>

⁸ National training survey 2022 results ([gmc-uk.org](https://www.gmc-uk.org))

⁹ Global strategy on human resources for health: Workforce 2030, World Health Organization <https://www.who.int/publications/i/item/9789241511131>



Priority 4: Supporting the development and wellbeing of educators

Ensuring that educators feel valued, are supported to look after their health and wellbeing, and are supported to develop in high quality learning environments is not only vital to keeping educators well and reducing absence, but also to empowering educators to innovate and improve both training and services for patients¹⁰.

Our educator communities report feeling that there is pressure on them to put service needs before education and training. Recognising that we do not have a future workforce without educators, and that educators' prime responsibility is to manage education and training rather than service management, we need to enable and protect our educator communities to support and champion education and training, and the resultant patient safety benefits. A culture change is needed to recognise education and training as essential elements of service, not as something to be sacrificed.

According to the General Medical Council (GMC) National Training Survey 2022, completed by over 18,000 educators, 52% of trainers are at a moderate or high risk of burnout. Despite these workload pressures, trainers from all regions and specialties continue to be very positive about their educator role, with 90% of doctors saying that they enjoy their educator role¹¹. All professions need educator development opportunities and local strategies need to reflect this. Where specific educator skills are required for smaller professions, these resources should be deployed most efficiently across a region or even nationally.

Initiatives will be established which provide coordinated educator support and development and emphasise the importance of educator wellbeing.



¹⁰ [C1466-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf](#) (england.nhs.uk)

¹¹ [National training survey 2022 results \(gmc-uk.org\)](#)



Priority 5: Supporting improvement through defined standards and principles

Common principles will be developed which illustrate ‘what good looks like’ and define what both education providers and learners need from educators.

Whilst professional regulators often outline profession-specific standards for education and training, in this context common, consistent principles and approaches to applying evidence will be developed and be applicable across all professions, regardless of regulation status, and should reduce duplication wherever possible.

It is noted that HEE’s Quality Framework contains eight specific standards on provider organisations’ educational governance and commitment to quality, plus seven standards around how providers are expected to develop and support educators. HEE’s Centre for Advancing Practice publication on Workforce Supervision for Advanced Clinical Practice sets out seven fundamental considerations which underpin supervision in advanced clinical practice, which is an example of fundamentals working across professions and practice settings¹².

These will be a strong guide to set starting points for agreed common principles to support improvement and development.

Priority 6: Promoting the NHS aspirations to improve equality, diversity and inclusion

Tackling inequity and inequality is an urgent priority and shared responsibility. Not only is it the right thing to do, it’s also essential to retain and develop a sustainable workforce for the future.

Over one in five (22.4%) of the NHS’s vast workforce are from a Black, Asian and Minority Ethnic (BAME) background. However, the workforce race equality standard (WRES) [report](#) shows that BAME staff as a whole remain less well represented at senior levels, have worse day-to-day work experiences – including being more likely to experience harassment, bullying or abuse from either colleagues or others – and face more challenges in progressing their careers¹³.

According to the General Medical Council (GMC) National Training Survey 2022 results, more than one in ten (12%) trainees and nearly two in ten (18%) trainers do not agree that their employer provides a supportive environment for everyone regardless of background, beliefs, or identity¹⁴.

Educators will be supported to better understand and support issues relating to equality, diversity and inclusion (EDI) and initiatives will be implemented to eliminate disparity in and through education and training.

¹² <https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2/>

¹³ <https://www.england.nhs.uk/wp-content/uploads/2022/04/Workforce-Race-Equality-Standard-report-2021-.pdf>

¹⁴ https://www.gmc-uk.org/-/media/documents/national-training-survey-summary-report-2022-final_pdf-91826501.pdf



Priority 7: Embedding evolving and innovative models of education

As healthcare professions evolve and reform there is an opportunity to develop a matrix of key areas of shared work and interdisciplinary learning that builds mutual understand and respect and team based skills, which is understood by professions, and will realise the potential of all and enhance the capacity of the educator workforce.

There is an opportunity to explore interdisciplinary learning, building mutual understanding and respecting team-based skills through carefully determined interventions focussed on key team-based knowledge, skills and behaviours alongside clinical learning.

Furthermore, alternative approaches, such as digital and blended learning educational delivery models, can support capacity and provide flexibility, whilst widening access and participation. This includes creating the conditions for successful adoption of evidence-based educational technologies and simulation at scale which are equitable, efficient and sustainable.

Educators will be enabled to adopt more inclusive approaches to education, training and workplace supervision to maximise innovation, learning capabilities and workplace supervision capacity. This will be done in a structured, coordinated way, supported by regular reviews of the evidence base. Governance, accountability and regulatory impact will be clarified as part of this approach.





5. Implementing the Educator Workforce Strategy

The aim of the Educator Workforce Strategy is to set out actions that will lead to sufficient capacity and quality of educators to allow the growth in healthcare workforce that is needed to deliver care, now and in the future. Whilst seven strategic priorities have emerged as part of engagement discussions, stakeholders shared with us many examples of initiatives that have been developed to address some of the challenges relating to educator support and capacity. These examples are available on [HEE's Educator Workforce Strategy repository](#).

To support delivery of the Educator Workforce Strategy, an Implementation Plan will be developed by the new Workforce, Training and Education function, in conjunction with other functions, in NHS England.

A key element of the Implementation Plan will be guidance for regional systems, ICSs and ICBs, and the development of an educator survey and educator communities of practice.

Initiatives developed to support the Implementation Plan will have educational research as a key component, to enable the development of robust evidence to inform the future.

Working across the health and care landscape will be key to implementation of this strategy, and a partnership approach recognises that we are stronger and more effective together.



