University Alliance Submission to the 10 Year Workforce Plan Call for Evidence

Executive summary

University Alliance (UA) represents the UK's leading professional and technical universities, educating one-third of all nursing students in England, a significant share of allied health professionals, and a growing number of doctors. Our members are delivering high-quality, innovative education that supports NHS transformation and produces practice-ready graduates.

The challenges facing the healthcare workforce are not rooted in education quality but in systemic issues such as recruitment, retention, funding, and planning. Universities are ready to scale solutions and lead change in partnership with government and the NHS.

To deliver the ambitions of the 10-Year Workforce Plan, we call for **four key enablers**:

1. **Policy coordination and partnership working**
   Align health and education policy across government and embed universities in workforce planning at every level.

2. **Strengthened recruitment pipelines and retention**
   Invest in student support, expand clinical placements, and reform apprenticeship funding to grow and sustain the workforce.

3. **Regulatory reform**
   Modernise professional standards and enable flexible, competency-based education to accelerate workforce supply.

4. **Clearer community roles and career pathways**
   Define and promote health careers in community and social care settings, supported by infrastructure and training.

Universities are ready to help lead this transformation and deliver a sustainable, skilled, and future-ready healthcare workforce. We can go further and faster with the right policy alignment, investment, and regulatory flexibility.

Introduction

University Alliance (UA) welcomes the opportunity to contribute to the development of the NHS 10-Year Workforce Plan. Our members are already central to shaping the future healthcare workforce—educating a third of all nursing students in England, a significant proportion of allied health professionals, and an increasing number of doctors. Alliance universities are not just training the workforce; they are driving innovation and transformation in health education.

The UK's health education system is performing well and evolving rapidly. Alliance universities deliver competent, compassionate, and practice-ready graduates across nursing, midwifery, allied health, and medicine. In recent years we have responded to workforce pressures with agility—expanding degree apprenticeships, continually creating new pathways, and embedding leadership and digital skills into curricula. The challenges facing the NHS workforce are not rooted in education quality but in systemic issues such as recruitment, retention, funding, and planning.

To deliver the ambitions of the 10-Year Plan, universities must be recognised as strategic partners in workforce reform. Implementing the three shifts will require deeper collaboration between the NHS, government, and higher education. We are ready to innovate and scale solutions—but this will only succeed if policy, funding, and regulation enable universities to play their full role.

This submission sets out **four key enablers**, supported by examples and actionable recommendations, to unlock universities' capacity to deliver the future healthcare workforce in partnership with government and the NHS:

- **Policy coordination and partnership working**
- **Strengthened recruitment pipelines and retention**
- **Regulatory reform**
- **Clearer community roles and career pathways**

Enabler 1: More policy coordination and partnership working

Rationale

The development of the Workforce Plan should actively involve universities and the wider education sector at national, regional, and local levels. In the earlier Long Term Workforce Plan (LTWP), the sector was only nominally engaged. To date, there has been limited effort to involve universities in workforce planning and a notable lack of coordination between the Department of Health and Social Care (DHSC) and the Department for Education (DfE). For instance, the withdrawal of funding for Level 7 apprenticeships by the DfE contradicts the broader push for apprenticeship expansion and advanced practice within the NHS. We urge government departments to work collaboratively and align policy levers to support the workforce strategy.

Despite having a world-leading higher education sector, the UK has historically relied on immigration to fill workforce gaps in health services. With the government committed to reducing net migration and growing a homegrown workforce, a radical shift in approach is essential. To succeed, the new Plan must be underpinned by guaranteed long-term funding and a credible implementation roadmap—two elements absent from the previous iteration.

A critical enabler will be stronger partnerships between universities and Integrated Care Systems (ICSs). While all ICSs have developed workforce plans, engagement with

education providers varies significantly. With no requirement for ICSs to consult universities or other education institutions, universities remain unclear about their role within the ICS structure. ICSs need clear guidance on how to collaborate with education providers. Tri-partite partnerships between ICSs, NHS providers (hospital trusts), and universities should be encouraged to ensure local workforce capacity can be grown and adapted to meet changing demands. Improved strategic alignment will allow the priorities of all three partners to be met.

Recent changes to NHS England and ICS/ICB structures, alongside shifts in commissioning and funding responsibilities, have created uncertainty. The current landscape is in flux, and this is slowing progress.

UA case studies

• The Oxford School of Nursing and Midwifery
This is a partnership between Oxford Brookes University, Oxford University Hospitals NHS Foundation Trust, and Oxford Health NHS Foundation Trust. Together, they jointly fund the Director of the School of Nursing and Midwifery—a shared leadership role that enables and facilitates joint strategic planning, policy development, and implementation across the partnership.

• NCL CAN
NCL CAN is a collaboration between the North Central London Integrated Care Board (ICB) and its health and care system (NCL ICS), working closely with Middlesex University. Its mission is simple yet powerful: to create an inclusive environment where clinical and academic professionals collaborate, innovate, and inspire. Through this partnership, the ICB, the university, and system providers have worked together to raise the profile of nursing in social care and highlight the contributions of ICB complex care nurses. Social care nurses have received bespoke training to strengthen skills in key risk areas such as hydration, constipation, catheter care, and end-of-life care. This initiative has increased awareness and appreciation of nurses' roles in social care, boosted staff confidence, and led to measurable improvements—including fewer urinary tract infections (UTIs) and reduced A&E admissions from care homes.

Recommendations for government

- **Convene a cross-government health education task force**
  Establish a task force to ensure education and skills policy is fully aligned with the NHS 10-Year Plan. Membership should include representatives from local and central government (including the Department for Education and the Department of Health and Social Care), Skills England, health regulators, professional bodies, and higher and further education institutions. The task force should build consensus on priority interventions and investments required to meet workforce targets—such as strategies for student recruitment and early-career retention incentives—to strengthen the pipeline of talent into the healthcare workforce.

- **Issue guidance to embed universities and colleges in Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs)**
  Provide clear guidance to ensure educators play a strategic role in ICSs and ICBs, particularly in shaping new roles—including non-clinical roles—needed to deliver the future healthcare workforce and transform the NHS and social care.

Enabler 2: Strengthened recruitment pipelines and retention

Rationale

From the perspective of universities, the key barriers to growing the domestic healthcare workforce include declining numbers of applicants and educators, as well as limited clinical placements. To address these challenges, universities must work in partnership with government and the health and social care sectors to increase the availability, quality, and distribution of placements, strengthen the academic workforce, and make nursing particularly an attractive career choice. They will need to collaborate in innovative ways with schools, colleges, and community groups to attract new entrants to healthcare professions. Inclusive recruitment practices, flexible entry routes, and outreach to underrepresented groups are essential to widening access.

Strengthening student recruitment and retention requires recognising that healthcare students are not typical undergraduates and face unique pressures. They undertake intensive placements, often with limited financial support, and are disproportionately affected by mental health challenges, childcare responsibilities, and travel costs. Attrition is frequently misunderstood; many students do not leave their programmes but experience delayed completion due to personal circumstances. Universities are seeing rising demand for non-academic support, particularly mental health services. We urge the NHS and government to acknowledge these realities and invest in tailored support mechanisms that reflect the specific needs of healthcare education.

Apprenticeships are a vital component of the workforce pipeline, offering flexible routes into healthcare careers. Alliance universities are among the largest providers of healthcare degree apprenticeships. Since their introduction a decade ago, delivery models have evolved continuously to meet the changing needs of the health and social care sector. No two programmes are identical—each is tailored to the demands of the profession, learner needs, and regional context. These programmes require significant upfront investment, longer delivery timelines, and sustained employer support. Current funding models are inadequate and bureaucracy is burdensome. Without additional support, apprenticeship provision is at risk. In some cases, successful programmes have been paused due to lack of backfill funding.

To increase the supply of healthcare apprenticeships, low funding levels and high regulatory burdens must be urgently addressed. A range of delivery models—such as consortium approaches—should be considered to ensure viability. Level 7 apprenticeships provide a valuable route for upskilling and reskilling existing healthcare staff and should be retained.

While we support the creation of fast-track routes from registration to specialist roles, the assumption that shorter pathways will accelerate workforce supply is misguided. Many of these routes require prior experience and foundational qualifications, making them longer and more complex than they appear. We caution against simplistic solutions and advocate for evidence-based workforce planning.

UA case studies

• T level and degree apprenticeship alignment

In partnership with Wiltshire College and University Centre and Coventry University, North Warwickshire and South Leicestershire College (NWSLC) launched a pioneering initiative to strengthen the NHS workforce pipeline by aligning Health T Levels with higher-level healthcare apprenticeships. Supported by the Office for Students (OfS), the collaboration targets six critical NHS professions: nursing, midwifery, diagnostic radiography, biomedical science, occupational therapy, and operating department practice. The aim is to create a seamless progression route from technical education to frontline roles. Through expert teaching, industry placements, and cutting-edge facilities, students gain both academic and practical experience. This integrated approach—bringing together regional colleges, universities, and NHS partners—demonstrates how education and healthcare sectors can collaborate to address workforce shortages and empower young people to make meaningful contributions to the health sector.

• The Foundation Programme for Professions in Health and Social Care

Delivered by City of Bristol College in partnership with the University of the West of England (UWE Bristol), this programme provides a vital entry point into healthcare education. Applicants are interviewed for entry by UWE admissions leads, and those who successfully complete the foundation programme can automatically progress to Level 4 degree programmes. This initiative has significantly increased access to higher education within local communities and raised aspirations in areas where university admission was previously seen as a major barrier.

• The Healthcare Education Apprenticeship Consortium

Comprising six Alliance universities, this consortium has received OfS funding to boost apprenticeship starts, pool resources, and create a coordinated strategy for local, regional, and national provision—driving efficiencies and innovation. A current project focuses on optimising progression routes through the standardised use of Recognition of Prior Learning (RPL), particularly prior experiential learning. New guidance will highlight how RPL can accelerate advancement for mature workers and improve access for underrepresented communities.

• Medical Doctor Degree Apprenticeship (MDDA) – Anglia Ruskin University (ARU)

East Anglia, and Essex in particular, has long faced challenges in recruiting and retaining doctors, especially in acute Trusts serving rural and coastal communities. When the MDDA standard was announced, ARU partnered with local Trusts to explore offering this route to a small, locally based cohort—ideally from underrepresented groups—to strengthen the local workforce. A key innovation was guaranteeing students a home Trust not only during the funded apprenticeship but also for their foundation programme. This required significant reform to the existing system, where graduates are typically allocated a Trust anywhere in the country.

Through strong partnership working and extensive discussions with regulators, ARU launched the first MDDA in the UK—the first course guaranteeing where students complete their foundation programme. However, shortly after the first cohort began, government funding for Level 7 apprenticeships was withdrawn, limiting eligibility to one additional cohort

and preventing expansion to other Trusts. ARU is now exploring alternative funding mechanisms for Trust-specific cohorts and continues to offer guaranteed local foundation programmes to a small group of students. Further reform is needed to address the workforce challenges faced by remote communities.

Recommendations for government

- **Invest in nurse recruitment and retention**
  Increase support through uprating the Learning Support Fund (LSF) and introducing a student loan forgiveness scheme in exchange for service in the NHS. Nurses are the backbone of an effective health system, yet applicant numbers are falling, and many registered nurses leave soon after qualifying. A recent UA poll found that 85% of the public support government measures such as loan forgiveness, grants, or bursaries for students training to work in the NHS.

- **Increase flexibility in the new Growth and Skills Levy**
  Allow levy funds to cover essential costs such as backfill, supervision, and other related expenses for healthcare organisations. Employers should also be able to use levy funding for Level 7 healthcare programmes for all ages. Employer feedback shows this is a crucial mechanism for widening access to professional roles and upskilling the workforce—providing the NHS with the advanced skills needed to improve productivity.

- **Simplify the regulatory system to reduce costs**
  Providers should not have to manage multiple regulatory frameworks. Higher and degree apprenticeships should be overseen by the provider's main regulator (e.g., OfS for universities and Ofsted for colleges). Higher education and healthcare regulators should work together to avoid overlap and duplication.

Enabler 3: Regulatory reform

Rationale

The future healthcare workforce must be defined by the skills required to deliver care—not by traditional professional boundaries. While the NHS needs more doctors, it also requires advanced clinical practitioners, pharmacists, allied health professionals (AHPs), and nurse consultants. The integration of new roles must be carefully planned and supported. Recent experience with physician associates (PAs) illustrates the risks of poor implementation: without proper integration, valuable professions can be undermined.

We advocate for a skills-first approach to workforce planning—evidence-based and informed by educators and regulators. This includes reviewing professional standards to ensure they reflect contemporary practice and future needs. Universities are already delivering these standards in innovative ways, but there is scope to modernise and personalise provision further.

Alliance universities strongly support the 10-Year Plan's ambitions for curriculum reform. However, true transformation will require a far more agile and flexible regulatory system than currently exists. The present framework—particularly its rigid adherence to hour-based

requirements—is outdated and misaligned with modern competency-based education. We call for a review of professional standards to ensure they reflect evolving healthcare needs, including genomics, digital literacy, and community-based care. Regulatory bodies must engage meaningfully with educators to enable innovation and flexibility in programme design.

Currently, changes to these standards can take years. During the pandemic, the NMC introduced emergency education standards that allowed greater flexibility in programme delivery—a welcome and pragmatic approach that spurred innovation in simulation and digital training. Alliance universities invested in cutting-edge facilities such as simulation units and virtual and augmented reality training suites, enabling students to practise rare or high-risk procedures, as well as everyday skills, in safe but highly realistic environments before working with real patients. Simulation reduces pressure on clinical placements and enhances training quality. Capital funding and regulatory support are essential to expand simulation provision and integrate AI and digital health into curricula.

UA case studies

• Middlesex University – Virtual and Augmented Reality in Nursing and Midwifery
Within its pre-registration nursing and midwifery programmes, Middlesex University uses virtual and augmented reality tools to build student confidence and competence. For example, an augmented reality mannequin—Lucina—enables midwifery students to practise managing complex scenarios such as hip dystocia. Nursing students benefit from an online virtual simulation platform that allows them to develop confidence in handling a wide range of clinical situations in a safe, controlled environment. Additionally, all nursing and midwifery students use a digital tool to practise and assess drug calculations, ensuring they achieve the 100% pass rate required by the NMC. These innovations combine immersive learning with rigorous assessment to prepare students for real-world practice.

• Oxford Brookes University – Clinical Simulation Suites
Oxford Brookes University's state-of-the-art Clinical Simulation Suites provide immersive, realistic environments where students develop practical skills, confidence, and decision-making for modern healthcare. The facilities include simulated hospital wards, home-care settings, and fully equipped ambulances featuring high-fidelity mannequins that respond like real patients. Integrated digital systems capture and replay scenarios for reflection and feedback, supporting experiential, evidence-based learning. Used across nursing, midwifery, paramedicine, and allied health disciplines, the suites enable multi-professional training and collaboration with NHS and industry partners. Through innovative simulation-based education, Oxford Brookes is preparing future-ready healthcare professionals and advancing excellence in clinical education, research, and patient care.

Recommendations for government

- **Progress reforms to nursing and midwifery education**
  Alliance universities could train significantly more healthcare professionals if the regulatory framework focused on outcomes and competency rather than time served. Reducing overly prescriptive practice-hour requirements would free up much-needed placement capacity. We look forward to working with government, health regulators, and the NHS to ensure education and training requirements are fit for the future.

- **Provide access to additional capital funding for simulated education and training**
  Universities and colleges need investment to scale up simulation-based provision. Recent NMC reforms, which allow up to 600 hours of clinical placement to be delivered in simulated settings, have enabled students to practise rare or high-risk procedures—as well as everyday skills—in safe, highly realistic environments before working with real patients. Continued regulatory flexibility and capital funding are essential to expand simulation capacity and ease pressure on clinical placement providers.

Enabler 4: Clearer community roles and career pathways

Rationale

Community care is central to the NHS's future. However, one of the biggest challenges in shifting care from hospitals to communities is the lack of community and social care infrastructure—eroded over recent decades—and significant shortages in the community nursing and social care workforces.

To address these challenges, Alliance universities are piloting community nursing pathways and embedding social care placements and community practice across their programmes. Student-led services in the community—such as physiotherapy clinics, pulmonary rehabilitation, and social prescribing initiatives—are expanding. These models not only enhance student learning but also directly support NHS goals around prevention and community-based care.

Expanding community-based healthcare education will require additional investment in infrastructure, including more placement opportunities in community and primary care settings. Crucially, it will also require clearly defined career pathways and roles for graduates in community settings to attract and retain professionals beyond acute care. The creation of fast-track routes to specialist roles in community and general practice nursing will further support progression.

UA case studies

• Anglia Ruskin University – Community, Primary Care and Social Care Destination Pathway
Anglia Ruskin University offers a Community, Primary Care and Social Care Destination Pathway for both adult and mental health pre-registration nursing students within its three-year direct entry programme. Supported by NHS England, this initiative provides increased exposure to nursing in community and social care settings. Students who choose this pathway complete most of their clinical placements in community, primary care, and social care environments, complemented by a hospital placement. The pathway equips students with the clinical skills, knowledge, and experience needed for employment in health and social care upon qualification.

The greatest barrier to expanding this pathway—particularly the planned extension to an apprenticeship model—is the shortage of community staff able to provide appropriate supervision and assessment. While alternative solutions, such as long-term supervision from

experienced acute care supervisors, have been explored, a systematic approach to upskilling community staff will be essential to achieve this shift.

• Oxford Brookes University – Community and Older Person Nursing Network (COPNN)
The Community and Older Person Nursing Network (COPNN) at Oxford Brookes University is a research-informed education and practice development initiative that considers the political, professional, and social factors shaping the social care sector. COPNN focuses on three areas: curriculum development, practice development, and research. Examples include the integration of a 'Frailty Sim' for second-year adult nursing students and the opportunity for final-year students to participate in a dedicated community pathway, with placements based entirely in community settings.

Recommendations for government

- **Promote community-based roles and define clear career pathways in non-acute settings.**
- **Ensure nurses and midwives are involved strategically in the design and delivery of neighbourhood care models.**

Conclusion

Universities are ready to lead the transformation of health education and the healthcare workforce. We call on the NHS and government to:

- Recognise that health education quality is high across the board and innovating at pace.
- Align healthcare education policy across government departments and clarify the role of ICSs/ICBs in workforce planning.
- Listen to the student voice and address the causes of declining recruitment and attrition.
- Invest in apprenticeships and reform funding to reflect the actual cost of delivery.
- Adopt a skills-first approach to workforce planning, supported by regulatory reform.
- Support community-based education and practice with infrastructure and career pathways.