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1. Executive Summary, Key Messages and Recommendations

1.1 Introduction and background

Situation

The Scottish Government commissioned NHS Education for Scotland (NES) to produce a detailed report on the *Provision of Nursing, Midwifery and Allied Health Professions (NMAHP) placements in the 2020-21 Academic Session to explore key issues* because of the growing concern that there will be disruption to NMAHP students undertaking clinical placement in the 2020-21 academic session and beyond.

Background

It is critical that timelines for healthcare education programmes in the 2020-21 academic session proceed as scheduled as far as possible in order that workforce supply be maintained. Placements are a key component of healthcare education programmes and require careful managing to enable students from a range of programmes to gain supported clinical experience in health and care settings.

Disruption is likely to result in a backlog of students waiting to complete placements and therefore to complete education programmes, which would consequently disrupt the supply of newly registered staff into the health and care workforce in the future.

The Scottish Government is aware of two key challenges affecting placement provision in the 2020-21 academic session:

- The legacy of disruption from the 2019-20 academic session, during which some placements were cancelled. Affected students will need to catch up on the required clinical placement time across the remaining period of their education programme.
- Ongoing disruption in the 2020-21 academic session due to restrictions in place as a result of COVID-19, which may reduce placement capacity in health and care placement providers.

Aim of the Commission

The Scottish Government commissioned NES to produce a detailed report setting out:

- a. The key issues affecting placement provision in the 2020-21 academic session for pre-registration Nursing and Midwifery and paramedic science programmes and, as far as is possible, for other pre-registration AHP programmes. It is expected that this will expand on the points noted at (4) above, identifying any additional key issues and providing comprehensive detail on each issue. This should include:
 - Detailed information from each university relating to each programme offered, projected numbers of students affected by the key issues and whether this will be concentrated within programmes / in relation to particular professions.
 - An assessment of student concerns which may impact on placement attendance.
 - Detailed information gathered from health and care placement providers including supernumerary placement availability from September onwards, any placement capacity issues (for example as a result of physical distancing), and the mitigating actions in place to optimise placement capacity. It would be helpful if, when gathering this information, NES could communicate to placement providers the importance of supernumerary placements going ahead in as close to normal a way as possible from September.
 - Any other relevant information captured in gathering a-c. (see Appendix 1).

1.2 Key Messages

- a. The consequences of the disruption of placements for the nursing, midwifery and allied health professions (NMAHP) student journey, combined with the increased demand for placements in the new academic year cannot be quantified at this time but there is consensus across the sector that it will be considerable.
- b. Given the significant amount of both recovery of placements and the practice education needs for NMAHP students commencing or recommencing their programmes in September, it is unlikely the capacity for safe practice education will be sufficient for a normal or near normal approach. Joint working with universities, regulators, professional bodies and practice education providers, would enable exploration of creative solutions to support meeting the learning needs to avoid the risk to workforce supply that these capacity issues represent.
- c. The requirement for rapid restructure of programme flows, theory and placements, to accommodate COVID-19 safeguards (social distancing etc) and the increased demands on placement capacity is challenging and further compounded by uncertainty around service redesign in a rapidly changing landscape and lack of death in service insurance in non-NHS areas.
- d. It is anticipated there will be delayed programme completions beyond 2020, as well as the potential of reduced rates of retention of students, which will ultimately have an impact on projected numbers entering the NMAHP workforce in future years and implications for bursary extensions for nursing and midwifery students this year and beyond.

1.3 Summary of Background to Key Points

NMAHP Student Information

Nursing & midwifery students (except year 1) were invited to 'opt in' to extended paid placement, maintain student status and continue to receive appropriate support and supervision within an appropriate delegation framework. Allied Health Professions (AHP) final year students who had successfully completed all their clinical placements were included on the HCPC temporary emergency register to enable them to be employed in Agenda for Change (AfC) Band 5 posts. Nursing and midwifery students can use additionally accrued clinical placement hours on extended placements to count towards the students' overall programme achievement on most programmes.

Year 1 nursing & midwifery and stage 1,2,3 & AHP students had all placements 'paused' but continued with the theoretical component of programmes, some bringing forward year 2 theory modules. This has resulted in a significant backlog of placements which will need to be recovered over the programme.

Recruitment to pre-registration NMAHP programmes for academic year 2020/21 currently appears healthy but universities are unable to confirm actual recruited numbers yet as deferral/withdrawal rates are still unclear but could be considered +/- 10%. No information about 'shielding' requirements for 2020/21 cohort of students is available yet.

The regulators have been keen to be as flexible as possible to facilitate appropriate changes. However, the NMC adherence to the EU Directive may not provide the flexibility required to reduce the pressure on placement capacity.

There was concern regarding availability of paramedic placements before the pandemic which is compounded now due to competition with other groups.

Approximately 3,889 Year 2 nursing & midwifery students and approximately 1,000 Year 3 students will have placement time to recover. Data are not available for detail of number of weeks.

Approximately 241 nursing & midwifery students on extended programmes will each have approximately 15 weeks placement time to recover. They have been granted extension to bursaries until the end of December.

In September 2020 the overall total nursing & midwifery pre-registration population will have increased by approximately 1,250 (+/-10%) to 11,140.

Only 35 midwifery students opted out of extended paid placements or required shielding however the main concern is for the year 1 students moving into year 2 with as little as 7 weeks placement experience.

There were 220 AHP students, who registered through CARP for AfC Band 5 posts. Some accessed their local NHS Board recruitment mechanisms, but this number is not recorded centrally.

Placement Capacity

There are normally 3,361 active learning environments used for pre-registration nursing and midwifery placements within Scotland, this includes; 340 non-NHS placements: 248 care homes, 12 GP practices, 16 Hospices, 6 Independent or private hospitals, 11 charity placements and 47 nursery or school environments. Comparable information for AHPs is not collected.

It is not clear what the impact of service redesign will be on placements numbers (NHS Board re-mobilisation plans are to be submitted 31st July) however, placement providers indicate that mitigation plans are in progress across Scotland but are cautious that service redesign and reconfiguration is a constantly evolving process. See [section 3.4](#) for the NHS Board specific mitigating actions currently in progress. The following themes identified include:

- Service reconfiguration
- Death in service insurance
- Risk assessment
- Safe and good quality placement experience
- Environmental and safety concerns
- IT access & information governance
- Reduced capacity
- 'Practice-readiness' of students
- Travel.

The impact of COVID-19 precautions has had a significant impact on the reduction of placement capacity for child, mental health and learning disabilities fields of nursing students and access to Third Sector, nursery and school environment placements. In general community placements have also been considerably reduced.

Many of the Allied Health Professions access placements in non-NHS settings such as care homes, schools and Third sector settings and care at home which has experienced a slower recovery post COVID-19.

Sharing the positive experiences of paid placement for nursing students within the care home sector has the potential to provide an avenue for increasing placement capacity. However, there is concern that care homes may not accept students due the cost of PPE.

Articulation from Further Education (FE) to Higher Education has been a key area of work for the [Scottish Government](#) to widen access to pre-registration programmes. Colleges revealed that supportive partnership working is enabling the majority of current FE students to articulate into nursing programmes in the academic year 2020-21. For the AHPs there is one FE course: HNC in Occupational Therapy Support which includes the requirements for clinical placements. Key challenges for all these FE students are similar to those highlighted by pre-registration nursing, midwifery and AHP students:

Student Concerns

The student concerns follow these themes:

- Personal issues and health and well-being including carer roles, shielding, financial, lack of practical hands on experience and key worker status
- Programme delivery and completion
- Practice learning and placements including safety issues such as PPE
- Communication
- International students.

1.4 Recommendations and Next Steps

- a. Universities and placement providers to work at a local and national level, where appropriate for the programme, while remobilisation plans are developed to detail placement capacity and programme flows.
- b. Set up a small rapid action group chaired by Scottish Government and NHS Education for Scotland with Council of Deans Scotland to co-develop mitigating actions for placement capacity management and to advise Scottish Government in the event of a potential second wave of COVID-19.
- c. NES to facilitate discussions with regulators, practice educators, universities and professional bodies to explore flexible and creative solutions to support meeting the learning outcomes.
- d. Priorities for the re-introduction of placements:
 - Final year students on extended programme
 - Students who missed significant placement weeks due to the disruption
 - Consider modification to programmes to allow for social distancing and those with shielding requirements
 - NES to work with placement providers to source and prepare additional placements to make up the significant shortfall, including private, independent and third sector
 - Student safety, managing their expectations and addressing concerns.
- e. Where possible avoid the redeployment of NMAHP students into extended paid placements and maintain supernumerary status with supervision and assessment in line with NMC [Standards for Student Supervision and Assessment](#) or HCPC and professional bodies' standards of education.
- f. Clarification from Scottish Government regarding death in service insurance in non-NHS placement settings.
- g. NES to organise a debrief of the current deployment of NMAHP students and devise action plan for future deployment of students if required, review employment models and make recommendations to NHS Boards.
- h. NES to facilitate development of a national approach to identify the minimum acceptable level of clinical skill development for new student nurses and midwives before going into placement due to limited capacity in skills laboratories due to social distancing.
- i. Work with universities and Boards to develop a national approach to risk assessment process and Occupational Health Review process for students.

2. Introduction

The COVID-19 pandemic has presented significant challenges for pre-registration nursing, midwifery and allied health professions programme provision including disruption to clinical placements which will continue into the 2020/21 academic year and beyond. In order that workforce supply can be maintained it is important that timelines for the 2020/21 academic year proceed as scheduled as far as possible. However, the disruption has resulted in a backlog of students waiting to complete placements to either enable them to progress to the next stage of the programme or graduate, which will consequently impact on the supply of new registrants into the workforce.

The Chief Nursing Officer Directorate (CNOD), Scottish Government commissioned NHS Education for Scotland (NES) to produce a rapid, detailed report to set out the key issues affecting placement provision for 2020/21 for pre-registration nursing, midwifery, paramedic science and other allied health professional programmes where possible using qualitative and quantitative data resulting in recommendations for action ([appendix 1](#)).

Due to the time constraints the quantitative data needs to be considered with some caution as much of it is estimated using indexing data, the Quality Management of the Practice Learning Environment (QMPLE) system and data gathered during the pandemic because universities were unable to provide data at this time particularly for nursing and midwifery programmes. Other information was gathered through meetings and discussions with health and care providers, Council of Deans Scotland representatives and professional bodies. Due to the time constraints we were unable to access students directly.

It has been made clear by all stakeholders that the increased demands on placement capacity is challenging and further compounded by uncertainty around service redesign in a rapidly changing landscape. NHS Boards will be submitting re-mobilisation plans at the end of July however they are keen to point out that they expect ongoing changes over the coming months.

The report is set out three main sections:

- Evidence and findings address the bulk of the request of the commission and covers section 5a-c of the commission request
- Other issues focus on non-NHS issues that are relevant to placement capacity.
- Recommendations for action presents the key observations and recommendations for actions at this time.

3. Evidence and Findings

In the Joint statement on expanding the nursing workforce in the COVID-19 outbreak¹ in March 2020, student nurses and midwives were identified as a group who could ‘*deliver the care that is needed in a way that is safe and effective for all concerned to meet demand*’ in such unprecedented times. In their COVID-19 Position Paper² The Council of Deans of Health also stated their commitment ‘*to their civic mission of supporting the NHS and the public, working collaboratively with their NHS, social care and independent sector partners in their regions*’. Universities and placement providers responded swiftly and effectively to the impact of the pressures associated with COVID-19 on service provision to ensure the continuation of pre-registration programmes, where possible, in line with the [NMC emergency standards](#), Joint Statements¹ and the CNO Scotland request to offer students (excluding year 1) the opportunity to ‘opt in’ to a revised programme structure of extended paid placements.

This was followed by a UK wide joint statement in April by Chief Allied Health Professions Officers, Council of Deans for Health and Health and Care Professions Council (HCPC) on supporting the student Allied Health Professions (AHP) workforce to respond to the COVID-19 outbreak stating AHPs were an integral part of the health and care workforce and at the heart of responding to COVID-19 now and in the weeks and months ahead. Working together with universities, professional bodies, NHS organisations and regulators was paramount to enable students to complete their studies with minimal disruption and join the AHP workforce. Following legislation brought forward in the UK parliament the HCPC established a temporary register allowing final year students who had successfully completed their final placements to practice as registered professionals.

Background to understand the regulation, structure and commissioning of NMAHP Education Programmes in Scotland can be found in [appendices 2- 4](#).

3.1 Pre-registration Programme Arrangements During the Pandemic

This section aims to contextualise the first of the commissions two key challenges: *the legacy of disruption* from the 2019-20 academic session by providing an overview of the arrangements put in place for nursing, midwifery and allied health profession (NMAHP) students during the pandemic and attempts to address the key issues of the ongoing disruption in the academic year 2020/21.

It is important to note that in the early stages a lack of clarity about COVID-19, and prior to the announcement of the state of emergency, some universities closed campuses, face-to-face teaching was suspended and moved to online teaching. In some instances, universities took the decision to remove students from placement or placement areas refused to take students compounding the complexity of organising and managing paid extended placements to support service. Some students moved to their home in other parts of the country and were later recalled and offered placements. Some organised placements in other parts of the country.

¹ <https://www.nmc.org.uk/news/coronavirus/statements/>

² <https://councilofdeans.org.uk/2020/03/council-of-deans-of-health-position-on-coronavirus-Covid-19/>

To enable the arrangements below to be put in place to support service but also keep students on programme, universities had to change programme flow, theory and practice, at great speed and should be commended for this. This has undoubtedly put a strain on universities and there are concerns about staffing levels as this disruption continues and puts additional burden on them.

Allied Health Professions Students

[AHP final year student support guidance during COVID-19](#) outbreak (May 2020) provided information to final year students on arrangements put in place to enable them to support health and care services in response to local requirements, during this time.

Final year students who had successfully completed clinical placements were automatically included on the temporary emergency register to enable them to be employed as a Band 5 AHP, should they wish to do so. Universities worked with the HCPC to ensure that temporary registrants were able to complete their programme of study during or after this period and register fully with the HCPC once all their education requirements were successfully achieved. Students wishing to undertake paid employment were required to register using the COVID-19 Accelerated Recruitment Portal (CARP).

There were 220 AHP students, who registered through CARP. AHP students also accessed their local NHS Board recruitment mechanisms and this number is not recorded centrally.

Stage 1, 2 and 3 Students pre-registration students: If placements had not been completed students continued with academic studies until the current academic term concluded.

Nursing and Midwifery Students

Students in the final six months of the programme were invited to 'opt in' to an extended paid placement (Band 4 AfC) until 30th September (similar to normal timelines for graduation and NMC registration) where they maintain student status and continue to receive appropriate supervision and assessment within an appropriate delegation framework. For all students who 'opted in,' the hours worked² contribute to overall programme requirements (2,300 Practice hours).

Approximately 238 students 'opted out' for a variety of reasons (such as health, carer responsibilities) and therefore are unable to meet the required practice hours for NMC registration.

NMC clarified that students who completed 4,600 programme hours, three academic years, and have met all of the requirements to meet the NMC standards are permitted to move to NMC registration. This is a change to the previous interpretation of the EU directive and would facilitate early registration for some students. However, only one university has been able to take up this option.

Since the beginning of May 2020, a number of pre-registration honours programmes have completed their programmes and students have registered with the NMC and 96 student nurses are ready for employment at AfC Band 5.

Students not in first year or not in the final six months of pre-registration programme were given the opportunity to 'opt in' to extended paid placements (Band 3 AfC) until 30th August 2020, where they are no longer supernumerary but maintained student status and continued to be supervised and assessed. Those who were unable to 'opt in' to extended paid placements were asked to liaise with their Universities to consider options available to them which included continuation of academic studies or interruption to study (in line with HEI existing regulatory processes).

First year students had all placements 'paused' but continued with the theoretical component of the programme, some bringing forward year 2 theory modules³. For some programmes first year students will have accumulated less than 300 practice hours.

Table 1 provides the detail of pre-registration student nurses and midwives numbers who opted in to paid placements on the week commencing 6th July.

Table 1: Student deployment in extended paid placements per board on week commencing 6th July 2020 (from QMPLE)

| Board area | Total number of students | Year 2 (+ some year 3 Honours) | | | Final Year Students | | |
|---------------------------|--------------------------|--------------------------------|------------|------------|---------------------|-----------|------------|
| | | NHS | NonNHS | Midwifery | NHS | NonNHS | Midwifery |
| Ayrshire and Arran | 296 | 120 | 21 | 13 | 120 | 11 | 11 |
| Borders | 71 | 35 | 1 | 4 | 24 | 3 | 4 |
| Dumfries and Galloway | 112 | 42 | 0 | 3 | 63 | 1 | 3 |
| Fife | 196 | 62 | 3 | 6 | 113 | 3 | 9 |
| Forth Valley | 403 | 188 | 31 | 11 | 146 | 17 | 10 |
| Golden jubilee Foundation | 44 | 17 | N/A | N/A | 27 | N/A | N/A |
| Greater Glasgow and Clyde | 1341 | 526 | 71 | 43 | 637 | 22 | 42 |
| Grampian | 514 | 189 | 5 | 27 | 255 | 8 | 30 |
| Highland | 146 | 42 | 6 | 5 | 92 | 1 | 0 |
| Lanarkshire | 442 | 182 | 17 | 10 | 212 | 7 | 14 |
| Lothian | 839 | 342 | 29 | 32 | 393 | 8 | 35 |
| Orkney | 11 | 3 | 0 | 2 | 5 | 0 | 1 |
| State Hospital | 13 | 1 | N/A | N/A | 12 | N/A | N/A |
| Shetland | 14 | 5 | N/A | 1 | 6 | N/A | 2 |
| Tayside | 379 | 95 | 29 | 11 | 227 | 8 | 9 |
| Western Isles | 27 | 9 | 1 | 1 | 15 | 2 | 0 |
| Total Numbers | 4848 | 1858 | 214 | 169 | 2347 | 91 | 170 |

Please note: These figures fluctuate as placement are made.

A number of students were placed out of normal Board areas

³ Any hours accrued as a HCSW on the Bank or voluntary work cannot be counted towards programme hours.

In June 2020, the NMC decided to [remove the emergency standards](#) from 30 September 2020 to focus on supporting current final year students to complete all aspects of their programmes to enable them to register at the time they expected; to provide clarity for students and provide a more predictable and stable learning environment for students in all years of study to continue their learning.

Furthermore, all programmes will transition to the new [Standards for student supervision and assessment](#) (2018) by September 2020 which will increase flexibility and in theory capacity of placements in health and social care. However, there are concerns about the preparation and readiness of staff in health and care for this new role.

Key Messages

- In the early stages and uncertainty about COVID-19, some students were displaced as universities closed campuses, removed students from placement or placement areas refused to take students.
- Requirement for rapid change of programme flows- theory and placements.
- **AHP Final year students** who had successfully completed all their clinical placements to a satisfactory standard were automatically included on the temporary emergency register to enable them to be employed in AfC Band 5 posts.
- **Nursing & midwifery students (except year 1)** were invited to 'opt in' to extended paid placement, maintain student status and continue to receive appropriate support and supervision within an appropriate delegation framework.
- Students wishing to undertake paid employment were required to register through the COVID-19 Accelerated Recruitment.
- **First year N & M and level 1,2,3 & PG AHP students** had all placements 'paused' but continued with the theoretical component of programmes, some bringing forward year 2 theory modules.

In conclusion, approximately 4,848 nursing and midwifery students opted in for extended paid placements, 96 of which have graduated to date (honours students), and at least 220 AHP students registered for AfC Band 5 through COVID-19 Accelerated Recruitment Portal (CARP).

The following section attempts to address the second of the key issues identified in the commission of the *ongoing disruption in the academic year 2020/21*, which will reduce placement capacity however, universities have been unable to provide the detailed data requested for nursing and midwifery students and instead the following information is an estimation of projected numbers based on information gathered over the last four months.

3.2 Academic Year 2020/21

The Scottish Government commission asked NES *to provide detailed information from each university relating to each course offered, projected numbers of students affected by the key issues and whether this will be concentrated within particular programmes / in relation to particular professions*. This section attempts to address the second of the key issues identified in the commission of the *ongoing disruption in the academic year 2020/21*, which will reduce placement capacity however, universities have been unable to provide the detailed data requested for nursing and midwifery students and instead the following information is an estimation of projected numbers based on information gathered over the last four months.

AHP data was initially collated per profession in May 2020. In response to this commission, further data per programme was requested and the five institutions were able to respond within the time scales. Data have also been gathered from profession specific AHP pre-registration networks within NHS Boards in relation to barriers and opportunities to placement provision and professional bodies.

The key issues related to the *ongoing disruption in the academic year 2020/21* are further explored from the health and care placement providers perspective in [section 3.4](#), Health and Care Placement Capacity.

Recruitment

Universities are unable to confirm actual recruited numbers yet as deferral/withdrawal rates are still unclear. Anecdotally, it appears recruitment has gone well, and in some cases, there may be over-recruitment due to a greater uptake of places. Nonetheless there is still concern that students may defer nearer to the time and Council of Deans Scotland have suggested, at this time, that the projected intake numbers for academic year 2020/21 will be variable per provider with an overall range of +/- 10%. Further analysis will be required towards the end of August.

Occupational assessment has not taken place yet, so universities do not have any information about 'shielding' requirements for this new cohort of students.

See [appendix 5](#) for nursing & midwifery Scottish Government target numbers. AHP target recruitment numbers are decided by each university. HCPC approval of Paramedic programmes remain subject to conditions relating to placement provision.

Potential Curricula Mitigations

The NMC have been keen to be as flexible as possible to facilitate appropriate changes, but still meeting the EU Directive, at this time. Some areas that could potentially reduce the burden on placement capacity include:

- For all second and third year students who have undertaken additional practice learning hours on extended placements, all these hours can count towards the students overall programme achievement, as long as all the programme requirements are met and this will include any rebalance of hours to meet the 50:50 split of theory and practice. <https://www.nmc.org.uk/news/coronavirus/frequently-asked-questions/>.
- Practice learning may be undertaken through simulated learning up to 300 hours (pre-registration nursing education, 2010) or in a proportionate way (standards for pre-registration nursing programmes, 2018). Approved education institutions must ensure that simulated experiences involve direct contact with a healthy or sick individual and/or community for adult nursing to comply with Article 31(5) of Directive 2005/36/EC.
- AHP programmes are rephasing timetables and delivering academic study first. Some programmes are reducing placement hours and providing these hours through simulated learning and considering virtual placement experiences to meet learning hours required. Other flexible approaches to providing placements include part time, full time, longer blocks, adjusted /staggered start times and weekend shifts and for diagnostic imaging night shifts for level 3 as well as level 4 students.

Allied Health Professions

At the point of writing this commission, there are no AHP placements occurring in Scotland. The majority of placements were paused in response to the pandemic, and then the lack of death in service insurance restricted any provision. Regular placement provision during the disruption would be highly challenging due to the COVID-19 precautions in practice, without the additional challenge of the current backlog of placements to be recovered to ensure that students can graduate on time. It is suggested that for some professions, the recovery of placements could take several years and require collaboration across all stakeholders.

There is wide variation across AHP programmes in regard to the total number of hours/placement weeks that each profession and each programme expects. Paramedics asks for 2500 hours over the 3 year programme, physiotherapist and occupational therapists have a minimum of 1000 hours over 4 years whereas speech and language therapist students typically undertake approximately 450 hours over 4 years.

The total number of AHP recovery weeks required (not including Arts Therapies) is approximately 11,462 weeks.

Table 2 below presents a summary of the indicative data received about the impact of COVID-19 upon placements per profession. The final column enables an understanding of the scale of recovery weeks required within each profession, relative to the size of the profession, and therefore enables comparison in terms of the size of the loss. However, other factors influence the potential to recover lost placements in time to enable students to graduate at planned periods. All professions are affected by disruption from COVID-19 but their restrictions on placements vary and are mentioned below. A more detailed breakdown of Information received to date per programme is presented in [appendix 6](#).

Table 2: Indicative Recovery Weeks Required per Profession

| Profession | No. Placements Cancelled | Total Recovery Weeks Needed by Profession | Bands 5-7 in NHS Scotland (WTE) | Ratio of Recovery weeks/ WTE |
|---|--------------------------|---|---------------------------------|------------------------------|
| Paramedics* | 380 | 1177 | *** | |
| Dietetics** | 171 | 1542 | 607 | 2.5 (<13 days) |
| Orthoptics | 43 | 152 | 75 | 2.0 (10 days) |
| Physiotherapy | 930 | 3624 | 2198 | 1.6 (8 days) |
| Diagnostic Radiography | 388 | 2192 | 1481 | 1.5 (<8 days) |
| Therapeutic Radiography | 133 | 272 | 262 | 1.0 (5 days) |
| Occupational Therapy | 297 | 1563 | 1688 | 0.9 (<5 days) |
| Speech & Language Therapy | ** | 189 | 721 | 0.3 (<2 days) |
| Podiatry | 135 | 451 | 520 | 0.9 (<5 days) |
| Prosthetics & Orthotics | 35 | 300 | *** | |
| Arts Therapies** | | | *** | |
| *This relates only to paramedic students at GCU and does not include SAS academy students whose needs are captured in Table 4 below **incomplete/ further clarification needed ***placements often supported by non-NHS employees or another profession | | | | |

Programme adaptations to support the different levels of students varies across universities and AHP programmes and is captured in [appendix 7](#).

Paramedics include both SAS employed Diploma Higher Education students of the SAS academy and students enrolled in the only university programme currently running at Glasgow Caledonian University. Both these programmes have students where recovery placements are required. There are a further 284 students expected to be enrolled in programmes across Scotland and requiring placements for the first time.

Further explanation about AHP profession specific placement recovery requirements and existing mitigations to address the deficit are detailed in Table 3 below.

Table 3: Outline of AHP Placement Issues and Mitigations

| Profession | Issues Highlighted | Enablers to recovery/ Mitigations |
|--------------------------------------|---|--|
| Arts Therapies (Music, Art and Play) | <ul style="list-style-type: none"> Limited information received about these programmes. They have a large percentage of their placements in non-NHS areas, and will be affected by the restrictions and slower recovery in the independent and third sectors. | <ul style="list-style-type: none"> These programmes are only delivered by QMU who are looking at very different approaches to all placements for these groups. A solution for death in service insurance across sectors required. |
| Dietetics | <ul style="list-style-type: none"> The three universities collaborate to centrally coordinate placement allocation. Mixed information has been received about the recovery weeks for this profession so further clarification is needed following this report. The profession has lost 1542 placement weeks, if the data above is accurate this profession is the most significantly affected in terms of lost placements per student. Recovery will be facilitated by the collaboration between universities and NHS Boards and the small number of programmes. | <ul style="list-style-type: none"> Scotland-wide discussions between universities and placement providers commenced in May 2020 about recovering placements. Contingency plans for satisfying their nationally agreed learning outcomes within the context of COVID-19 are underway to reduce pressure on placement providers. Virtual placement experiences are being adopted. |
| Diagnostic Radiography | <ul style="list-style-type: none"> Three universities run pre-registration programmes. The loss of placement for this profession has been considerable with 2192 weeks lost. This profession is significantly challenged by risk assessments and social distancing reducing the potential for the usual number of students to be in the practice setting. It will be a challenge for the QMU pre-registration MSc programme to recover required placements prior to graduation date. This profession is restricted in its ability to seek experiences across other sectors that other professions can access. | <ul style="list-style-type: none"> This profession does not have the stipulation of 1,000 hours of placement which enable different options to address the deficit in lost placement experience. Greater use of night shifts and weekend experiences considered. Compensatory measures that focus on assessment of competencies enable some reduction of this deficit as assessment such as “clinical staged assessments” can be undertaken in different formats and at different times when the student is ready. Length of placement periods can be adjusted across all year levels to accommodate lost experience. Staggering timings and numbers going out. |
| Therapeutic Radiography | <ul style="list-style-type: none"> This profession has continued to provide services throughout COVID-19 and services are supportive of the resumption of placements once death in service insurance is addressed. Two universities run pre-registration programmes, with compensatory measures the recovery weeks required are 272 alongside the regular placements for 2020/21. This profession is restricted in its ability to seek experiences across other sectors and there are only six NHS Boards that have centres that provide these placements. | <ul style="list-style-type: none"> This profession does not have the stipulation of 1000 hours of placement which enables different options to address the deficit. The GCU programme has compensated for lost placements through different assessment formats and replacing elective placement from the programme, therefore the loss of placements to be recovered is reduced. Staggering timings and numbers going out. |

| Profession | Issues Highlighted | Enablers to recovery/ Mitigations |
|---------------|--|--|
| Physiotherapy | <ul style="list-style-type: none"> • This profession has pre-registration programmes provided across four Universities, with a range of programmes from BSc (Hons) to Doctoral (pre-registration), and students require to achieve 1,000 hours of placement. Whilst this is the largest profession, the deficit is serious with 930 cancellations and over 3600 placement weeks to be recovered. This issue is heightened by all four universities running the two-year MSc Pre-registration programmes, which due to their intensity have limited ability to accommodate reduced placements whilst meeting arranged graduation dates, compared with the four-year BSc (Hons) or Integrated Masters programmes. Over recent years this profession has increasingly accessed placements in different sectors and will be affected by issues and the slower pace of recovery in these areas. • The largest provider of physiotherapy students in Scotland only has 13% of offers for placements in September. Some students require specific placement experiences and hours to meet Irish and Canadian requirements as well as those of HCPC. Another institution reports 140% of placements are required in the coming academic year to manage the outstanding placements and the ‘usual’ placement requirements. To date there are less than 50% of placement requests with a positive return. Programme leaders within this profession state that it is likely to take three years to recover placements. • A further challenge within this profession is that Edinburgh Napier University staff state that not having agreed placement weeks within their AHP Practice-based Learning Partnership Agreements with Boards inhibits securing placements even more difficult for this new programme. • In feedback to this commission, the Chartered Society of Physiotherapy highlighted the Scottish Government policy need to increase the number of physiotherapists working within musculoskeletal Primary Care settings and point out the challenge to workforce supply. | <ul style="list-style-type: none"> • University staff have been engaging with NHS Board profession-specific meetings. • The Chartered Society of Physiotherapy (CSP) is actively promoting the urgent need for physiotherapy placements with practitioners in Scotland. • A joint webinar between NES and CSP was held in June to raise awareness of the need for placements and to promote virtual experiences for students. • As with the other professions, there has been a shift to online (and asynchronous) learning to allow programmes to place students more flexibly across the academic session. • Requests for placement provision in 20-21 are now more flexible with staggered start dates, shorter/longer placement blocks, part-time placements over a longer duration. • Students on MSc pre-reg programmes: these students have had the biggest loss in hours and had re-phased teaching and academic work over the period to allow for as much time as possible to pass, before recovering placements in the remainder of 2020. These students require to be prioritised in the provision of placements over other years/levels and the undergraduate programmes, in order to allow the progression and completion of the award by February 2021. Given the need to retrieve a large volume of placement weeks (and in the absence of any further taught modules required), placement providers have been requested to consider an extended placement through the “residency” style approach for these students. |

| Profession | Issues Highlighted | Enablers to recovery/ Mitigations |
|---------------------------|--|---|
| Occupational Therapy | <ul style="list-style-type: none"> This is the second largest Allied Health Profession, with pre-registration programmes provided by four universities, and this profession requires to have 1,000 hours of placement experience. The most recent provider is Edinburgh Napier University, and again staff in this programme report an increased challenge to secure placements due to no placement weeks being recorded within their existing agreements with NHS Boards. There have been 297 cancellations and a total of 1563 weeks cancelled. This profession embraces a wider range of placement and supervision models compared with the other Allied Health Professions and has historically accessed placements across sectors. Therefore, restrictions and slower recovery in different sectors will restrict options for placements. A further restriction is that all universities run two-year pre-registration MSc programmes with reduced flexibility to compensate for delayed placements. | <ul style="list-style-type: none"> A solution for death in service insurance across sectors required. As with the other professions, there has been a shift to online (and asynchronous) learning to allow programmes to place students more flexibly across the academic session. Requests for placement provision in 20-21 are now more flexible with staggered start dates, shorter/longer placement blocks, part-time placements over a longer duration. One programme has reduced placements by 150 hours and aims is to absorb this through simulated learning. Students on MSc pre-reg programmes: See above for adaptations and mitigations taken for these students. |
| Orthoptics | <ul style="list-style-type: none"> Orthoptics is a small profession, with one pre-registration programme in Scotland. This profession accesses placements in other parts of the UK, and requires recovery of 152 weeks of placement, this is a large amount relative to the size of the workforce. Scottish Orthoptic services remain largely closed which prevents placements. | The Scottish programme is working with the other two English-based programmes to explore options for recovering placements. |
| Podiatry | <ul style="list-style-type: none"> Limited information has been received about these programmes. This profession has a significant amount of placement provision provided through two national centres. These centres will be restricted by social distancing requirements and single chair clinic rooms. Significant concerns regarding podiatry placements have one university looking at alternative provision. | |
| Prosthetics and Orthotics | <ul style="list-style-type: none"> There is only one education provider in Scotland, and these students can access placements across the UK. Thirty-five placements have been lost with a total of 300 weeks. These professional services remain limited at present restricting placement opportunities. Social distancing measures and small clinics will inhibit placement provision in some centres. Some educators have reservations about different placement models. | <ul style="list-style-type: none"> Placements have been delayed till second semester in the hope of more clinical activity within prosthetic and orthotic services. HEI staff are considering more virtual and part-time attendance at sites. Students may only attend for specific appointments/ activities to reduce footfall, and alternating weeks that students attend sites. |

| Profession | Issues Highlighted | Enablers to recovery/ Mitigations |
|-----------------------------|---|---|
| Speech and Language Therapy | <ul style="list-style-type: none"> • There are two education providers in Scotland. Following contingency plans 189 placement weeks have been lost. This profession will be particularly affected by restrictions across sectors and within children and young people services and schools. The students on the two-year programme within QMU have lost a third of their planned placement experience so far. | <ul style="list-style-type: none"> • A solution for death in service insurance across sectors required, including Education. • Some weeks have been reduced through different approaches to assessment. |

Paramedics

For the new paramedic programmes due to commence in September 2020, risks regarding non-SAS placements were already being expressed prior to COVID-19 and the implications for additional pressures on practice educators and placements that would volunteer to provide paramedic placements. Over the 3 year programme each paramedic student (284) is required to complete in region of 2,200 placement hours and 50% of this is required in non-SAS settings. Over 3 years this equates to 639,000 placement hours required across SAS and other boards with the 2020/21 cohorts requiring in range of 106,500 hours in non-SAS placement hours.

NES is planning to increase the AHP practice education infrastructure to provide some additional resource over the next 6 months. This may mitigate some risks to establishing placements but recognising that new paramedic student practice education opportunities will be competing with both existing programmes and completing backlog of student placements in similar practice settings brings additional challenge. The concerns that boards may prioritise backlog of existing placements offered and prioritise offering placements to student nurses, midwives and AHPs other than paramedics have been heightened by the impact of COVID-19 on NMAHP placements. There are 4 cohorts of students studying the Diploma in Higher Education with the SAS academy who all require 200 hours of non-SAS placement totalling 3,760 hours- see table 4 for further detail.

Table 4: Diploma in Higher Education in Paramedic Practice

| Programme | Level of study | Students in training | Number of placements lost | Number of placement weeks lost | Number of students affected |
|---|----------------|--|--------------------------------------|--|-----------------------------|
| Diploma in Higher Education in Paramedic Practice | SCQF Level 8 | Cohort 1 n=44 Cohort 2 n=46 Cohort 3 n=47 Cohort 4 n=51 | All non ambulance service placements | each student requires 200 hours of non ambulance service placement | All Cohorts |

Nursing and midwifery

Table 5 summarises key student nurse and midwife programme concerns and mitigations. Further detail about placement issues and mitigations can be found in [section 3.4](#).

Table 5: Outline of Student nurse and midwife Programme Concerns and Mitigations

| Year of Programme | Programme Issues | Mitigation |
|----------------------------|--|--|
| New intake- Year 1: | <p>Scottish Government made the decision for the September 2020 student nursing and midwifery intake numbers in 2019 and universities commenced recruitment prior to the pandemic.</p> <p>Target numbers for nursing are 3,936 and midwifery 270. Appendix 5 provides detail of the target numbers by university and field of nursing and midwifery.</p> <p>There could be up to 10% over-recruitment in some universities</p> | <p>Nursing and midwifery curricula are different at each university however the majority have reorganised programme flows so that placements for new student cohorts do not commence until semester 2 to free up placement capacity in semester 1.</p> |

| Year of Programme | Programme Issues | Mitigation |
|-------------------------------------|--|--|
| Students moving into Year 2: | In Year 1 this cohort of student had all placements 'paused' | Some programmes continued with the theoretical component of the programme, some bringing forward year 2 theory modules to free time in year 2 to recover placements. |
| | Based on indexing figures in 2019, appendix 5 identifies the number of students moving into year 2 as 3,889. We do not have the data from universities to identify how many weeks each cohort of students in each university must recover over the remainder of the programme to meet NMC requirements or how many students will have shielding requirements. Anecdotal evidence suggests some students will have accumulated less than 300 practice hours out of the 2,300 over the whole programme required to meet NMC Standards. | Universities and Placement Providers are currently reviewing programme flows but waiting for re-mobilisation to be completed before they will have an accurate picture of placement capacity. |
| Students moving into Year 3: | NES has been able to access through QMPLE and estimates approximately 66.3% (2,295/ 3,462) of students moving into year 3 in 2020 had opted into extended paid placements during the pandemic. This means >1,000 will have placement time to recover. Universities were unable to provide accurate detail at this time so caution must be taken with these figures however anecdotal information predicted the figure for these students would be considerably higher than for final year students. | Universities and Placement Providers are currently reviewing programme flows but waiting for re-mobilisation to be completed before they will have an accurate picture of placement capacity. For students who undertook additional practice learning hours on extended placements, all these hours accrued on extended placement can count towards the students overall programme achievement, as long as all the programme requirements are met and this will include any rebalance of hours to meet the 50:50 split of theory and practice. https://www.nmc.org.uk/news/coronavirus/frequently-asked-questions/ |

| Year of Programme | Programme Issues | Mitigation |
|---------------------------------------|---|---|
| Honours students | All year 3 honours students who opted in will complete paid placements by the 30th August and move into year 4 of the honours programme. | <p>For students who undertook additional practice learning hours on extended placements, all these hours accrued on extended placement can count towards the students overall programme achievement, as long as all the programme requirements are met and this will include any rebalance of hours to meet the 50:50 split of theory and practice. https://www.nmc.org.uk/news/coronavirus/frequently-asked-questions/.</p> <p>There are variations across programmes and final numbers are awaited.</p> |
| Students on Extended Programme | There were approximately 3,023 final year students who opted in to paid placements and are on trajectory to complete their programmes as expected. However, approximately 241 students were unable to 'opt in' and will need to recover approximately 15 weeks placement each (=3,615 weeks). | <p>Placement providers have agreed to prioritise this group of students.</p> <p>Eligible students will continue to receive the nursing and midwifery student bursary and any allowances which they are currently receiving until they are able to complete their required practice hours with a maximum extension of up until 31 December 2020. Exceptional circumstances will be considered by CNOD on individual basis.</p> |

Midwifery (specific issues)

Very few midwifery students opted out of extended paid placements or required shielding (see table 6) however the main concern is for the year 1 students moving into year 2 with as little as 7 weeks placement experience. Lead Midwives for Education (LMEs) have expressed concern about this group and transition to the new programmes on top of the recent disruption and lack of practice experience because there is a potential risk to student experience and ensuring that they have support throughout each change to minimise attrition or any suspension requests.

The main areas where placement capacity has been of concern to date has been community/ clinics due social distancing. However, the universities and placement providers are working closely to ensure students can access appropriate placements to successfully achieve the programme outcomes/ EU requirement. These community midwifery services are also likely to be required for some paramedic students.

Table 6: Number of midwifery students who need to recover placements/ number of weeks

| University | Current year 1 | | Current year 2 | | | Current year 3 | | |
|------------|---------------------|---|--------------------|---------------------|---|--------------------|---------------------|---|
| | <i>No. students</i> | <i>Placement recovery weeks per student</i> | <i>No. Opt out</i> | <i>No. Shielded</i> | <i>Placement recovery weeks per student</i> | <i>No. Opt out</i> | <i>No. Shielded</i> | <i>Placement recovery weeks per student</i> |
| ENU | 91 | 16 weeks | 8 | 6 | 16 weeks | 1 | 3 | 14 weeks |
| RGU | 63 | 10 weeks | 11 | 0 | 7 weeks | 0 | 0 | 0 |
| UWS | 100 | 14 weeks | 8 | 0 | 8 weeks | 1 | 0 | 8 weeks |
| UHI | N/A | - | 0 | 0 | 0 | 0 | 1 | 0 |

[Appendix 8](#) provides more detailed information from each university about each cohort and recovery plans.

Key messages

- Recruitment to pre-registration NMAHP programmes currently appears healthy but universities are unable to confirm actual recruited numbers yet as deferral/withdrawal rates are still unclear with a potential for over-recruitment at 10% which will impact on placement capacity.
- No information about 'shielding' requirements for 2020/21 cohort of students.
- The NMC have been keen to be as flexible as possible to facilitate appropriate changes, but still meeting the EU Directive, at this time.
- All AHP placements in Scotland paused in response to COVID-19 and then subsequently death in service insurance issues. There was also considerable reconfiguration of the service which impacted on capacity of placements.
- Dietetics, Orthoptics, Physiotherapy, BSc Paramedics Science and Diagnostic Radiography are the most significantly affected Allied Health Professions in terms of cancelled placements.
 - AHP MSc pre-registration programmes are in critical need of commencing placements due to all academic modules having been re-phased and nearing completion, some programmes state that graduation will be delayed even if placements start now.
 - Concern regarding availability of paramedic placements before the pandemic which is compounded now due to competition with other groups.
 - Most universities have reorganised programme flows so that placements for new student cohorts do not commence until semester 2 to free up placement capacity in semester 1 for the backlog.
 - Approximately 3,889 year 2 nursing & midwifery students and >1,000 year 3 students will have placement time to recover. Data not available for detail.
 - Approximately 241 nursing and midwifery students on extended programmes will have approximately 15 weeks each placement time to recover.
 - The overall total nursing & midwifery pre-registration population will have increased by approximately 1,250 (+/-10%) in September 2020 to 11,140.
 - Only 35 midwifery students opted out of extended paid placements or required shielding however the main concern is for the year 1 students moving into year 2 with as little as 7 weeks placement experience.

In conclusion, as the final year students complete, register with the NMC and move into AfC Band 5 employments in September 2020 (n=>3,000), approximately 241 will have to recover approximately 15 weeks placement each (=3,615). The number of recovery placements for the remaining students is unclear but we do know that >1,000 year 3 students will have placement time to recover and approximately 3,889 students will be moving into year 2 with very limited placement hours/weeks. In addition, the overall total pre-registration population will have increased by approximately 1,250 (+/-10%) in September 2020 to 11,140 and whilst most universities plan to delay placements for year 1 cohort until semester 2, there will still be considerable strain on placement capacity as year 2, 3 and 4 students are either continuing the normal placement programme and for some, in addition to this recovering placement hours within a reconfigured service where placement capacity will be reduced- see [section 3.4](#) for further details on mitigation plans to support placement capacity.

Currently there are no AHP placements occurring in Scotland and concern continues about non-NHS death in service insurance. It is suggested that for some professions, the recovery of placements could take several years and require collaboration across all stakeholders. There is wide variation across AHP programmes in regard to the total number of hours/placement weeks that each profession and each programme expects and therefore each profession/ programme needs to be considered individually. The total number of AHP recovery weeks required (not including Arts Therapies) is approximately 11,462 weeks.

The following section provides an overview of concerns about forthcoming placement experiences reported to clinicians, universities and professional bodies.

3.3 NMAHP Student Concerns

This section of the paper was informed by views of colleagues from universities, boards, care homes, RCN, RCM and AHP professional bodies from the experiences shared with them by students. As such this information is limited due to the timescale requirements for completion of commission. Key issues are worthy of further exploration.

Key Messages

- Students would welcome greater clarity and consistency in communication and information sharing.
- The student concerns follow the following themes:
 - Personal, health and well-being issues including: carer roles, shielding, financial concerns, lack of practical hands on experience, anxiety and key worker status.
 - Programme delivery and completion.
 - Practice learning and placements including safety issues such as PPE.
 - Communication.
 - International students.
- [Section 3.4](#) provides mitigating actions in place to optimise placement capacity and addresses many of the concerns highlighted by the students.

In general students have enjoyed their practice learning experience but would have welcomed greater clarity and consistency in communication and information sharing. Their 2020 experience needs to be viewed through the lens of a unique set of circumstances, which sets them apart from other students.

The information has been grouped into the following themes:

Personal issues and health and well-being

Personal issues: Concerns were expressed about personal responsibilities, including caring roles of older dependants and children and pressure of personal demands against the need to complete academic work and overseeing home-schooling whilst completing placement requirements. In addition, students were concerned about gaining **key worker status** to enable them able to be eligible for childcare, travel or hospital accommodation.

Shielding/deferral: There was with a perceived lack of clarity on options available for those continuing to shield. Students that are shielding are worried about their learning and future prospects. In addition, this could impact on student completion, registration and graduation.

Well-being: There is a general concern associated with personal health and that of their family whilst students are on placements. In addition to coping with the placement disruption, there is also uncertainty associated with restarting placement and lack of clarity about the type of placements that will be available which adds a degree of anxiety. This uncertainty also prevents students from planning and budgeting in terms of accommodation for placement, as they will lose financially if the experience is cancelled. The potential delay to graduation and associated impact on transitioning into employment has also been highlighted. Some students report losing jobs during the pandemic.

Mental health: Students also reported potential strains on their mental health while coping with ongoing disruption, financial challenges and isolation from support networks and face to face contact with university staff and fellow students.

Finance and Accommodation: Financial concerns are a particular focus for AHP students, specifically for those on the two-year pre-registration programmes as they pay tuition fees, living costs, and will have additional costs associated with recovering lost placement experiences. AHP students can generally be allocated to placement anywhere across Scotland with the burden of associated travel and accommodation costs. The additional financial hardship for some students means that they cannot travel far for placement which thereby increases demand in the central belt area. Some professions, Orthoptics, Prosthetics and Orthotics access placements in other parts of the United Kingdom- also without financial support.

Programme delivery and completion

With the move towards blended and virtual learning there is an expectation that all students will have the required digital facilities and ability to support this mode of delivery. Issues such as use of shared devices, access to reliable internet connections and anxiety about significantly reduced person and face to face contact were reported.

A need for appropriate technology and training to support virtual placement models and access to systems such as 'Near Me' were also raised ([see section 3.4 for mitigation arrangements](#)).

Due to social distancing requirements, simulation laboratories may be unable to be used to maximum capacity which could impact on the learning and practising of skills to support students. This clinical skills learning is perceived as essential preparation and there was some concern shared on their perceived preparedness and confidence for placement ([see section 3.4 for mitigation arrangements](#)).

Students are also concerned about the potential of delayed graduation and the disruption and costs associated with this. Some students have voiced concerns about being disadvantaged for future employment following graduation.

Profession specific issues: Specific concerns were raised by *music therapy students* about how they could deliver music therapy sessions online. And *orthoptics* and *prosthetics and orthotics* report significant restrictions to their professional services with limited access to patients (see [section 3.4 for mitigation arrangements](#)).

Practice learning and placements

Questions have been raised about how pre-placement mandatory training that has face-to-face components will be managed. Students at other stages in their programmes who opted out of placement are unclear about what options would be available (see [section 3.4 for mitigation arrangements](#)).

There is also a feeling of being disadvantaged due to a perceived limited scope of placement experience, reduced patient/interpersonal interaction, reduced practical skills development and having different types of practice experiences from those they anticipated during their programme of study. There are concerns about sufficient placements being available and some question how they can recover cancelled experiences. Students have also mentioned about feeling a burden upon a tired workforce that does not want to provide placements.

Placement capacity remains a concern for all students and assurances are sought for resumption of placements (see [section 3.4 for mitigation arrangements](#)).

Safety

Providers of placements must ensure safety of users, staff and students, and as such a key priority is to reduce 'footfall' in practice settings. This is a concern for students, feeling that they may not achieve learning outcomes. There is also a sense of 'missing out' on practice learning opportunities as a consequence of COVID-19 and disruption to services. Having access to personal protective equipment was an essential element of personal safety (see [section 3.4 for mitigation arrangements](#)).

Alongside the associated risks of using public transport to travel potentially long distances across Scotland, social isolation is an issue for AHP student on placement in rural areas. Students often do not have a car for community placements and rely on public transport. Questions about being able to car share have been highlighted, although for nurses and midwives in community settings, guidance is in place (see [section 3.4 for mitigation arrangements](#)).

Placements have been deferred awaiting confirmation on death in service cover arrangements (see [section 3.4 for mitigation arrangements](#)).

Communication

Communication was not specifically reported but was implicit in some of the reported comments. There was an expressed need for clarity on areas such as: bursary extension; changes to placement arrangements; shielding options; financial support: and death in service. There was also sense of some variation and inconsistency of the messages they were hearing from different sources, which added to their feeling of uncertainty.

International students

The AHP two-year pre-registration programmes (such as Dietetics, Occupational Therapy, Physiotherapy, Speech and Language Therapy), and some nursing programmes, usually have a percentage of non-UK domiciled students. These students have uncertainties associated with their visas in terms of when to start them if programmes may be extended or graduation delayed. These students have additional concerns about being allowed to fly and potential quarantine requirements here or back home.

Additional concerns for this group related to the consequences of the amended delivery to programmes and changes to placement in case it affects registration/ credentialing in their home country.

In conclusion, many of the issues raised by students about the legacy of the disruption in their programmes due to COVID-19 in recent months and the continuing disruption moving into the new academic year resonate with those raised by universities and placement providers. The following section details information gathered from health and care placement providers regarding placement availability and capacity issues (for example as a result of physical distancing), and the mitigating actions in place to optimise placement capacity which addresses many of the concerns highlighted by the students.

3.4 Health and Care Placement Capacity Issues

This section of the paper was informed by providers of health and care placements but it must be noted that due to the timing of this request the health and care placement providers have not been able to give the level of detail requested as they are still developing their re-mobilisation plans (for 31st July). However, it is clear from the discussions and information provided by placement providers that there will be increased demand for clinical placement for the increased number of students requiring placements, including from other professions such as medicine, and that capacity is a challenge due to impact of service redesign and social distancing measures at all levels.

For nursing and midwifery placements information was gathered through discussion with the COVID-19 Clinical Education Leads group and more detailed information was requested, from the 16 boards (14 territorial boards and two of NHS Scotland's special boards) that provide the majority of pre-registration placements across Scotland, regarding the availability of supernumerary placement availability from September 2020 onwards and the mitigating actions in place to optimise placement capacity. Replies indicate that plans are in progress across most boards, but respondents cautioned that mitigating actions were difficult to quantify as their board mobilisation plans were not yet finalised and that service redesign and reconfiguration was a constantly evolving process. See appendix 9 for the NHS Board specific mitigating actions currently in progress.

An AHP Practice Based Learning (PrBL) recovery group was established with representation from all 5 universities, NES and Practice Education Leads (PELs) engaging with practice educators and university staff to explore and generate ideas and resources to support recovery of PrBL experiences (placements) following cancelled experiences.

Universities are engaging with placement co-ordinators and educators about placement options, providing a great deal of support and flexibility to optimise placement provision and keeping them informed of university developments. AHP Practice Education Leads will be working with educators through practice education networks to consider the local application of these principles and develop solutions to safely provide student PrBL.

Overall it is evident that there is a willingness between universities and health and care placement providers to work together at a local level to address the challenges, and to reach a position which supports student learning/completion/ theory and practice programme requirements to ensure maintenance of the flow of new registrants into the workforce. This is demonstrated in the case studies on page 37.

Table 7 identifies some of the key placement issues common to all NMAHP placements and some solutions that are either ongoing or planned.

Table 7: Placement Capacity Issues and Mitigation

| Placement Capacity Issues | Mitigation |
|--|---|
| <p>Service reconfiguration:</p> <ul style="list-style-type: none"> • Reduced capacity particularly for community, out-patient, mental health and learning disability (possibly by half in some areas) placements as services have been closed or reduced. • On-going uncertainty of current roles and redeployment of permanent staff from services. • Services prioritising reducing their waiting lists. • Some services largely providing virtual support, so students will get less practical experience. • Ongoing restrictions on clinical activity in some services meaning some centres are unable to accept students; this is likely to also limit experience gained by students who can go on placements for some time to come. • Staff concerns about their ability to provide a good quality experience. • Lack of workforce readiness to provide placements whilst adjusting to new ways of working and uncertainty about where services will be provided. • Very low offers from NHS Boards to provide AHP placements. • Ongoing uncertainty around the trajectory of COVID-19. • Some boards currently unable to commit to September restart of AHP placements. • The current status of care homes and other non-NHS sectors, which would have previously provided placements, and are taking longer to recover. In addition, sports and leisure centres remain closed. | <ul style="list-style-type: none"> • All boards have been asked to include “plans how the provision of clinical placement and training activity will be adequately prioritised to minimise the longer-term risk of a disruption of workforce supply” in the next iteration of remobilisation plans for August 2020- March 2021. • As can be seen from Appendix 7 ‘NHS Board Mitigation Plans for student nurses and midwives’ all of the Boards across Scotland that provide practice learning experiences are in discussions with their respective Universities who provide nursing and midwifery placements to keep them informed of service reconfigurations and the impact on the availability of practice placements. • Working with professional bodies and stakeholders to champion a broad range of experiences. • Guidance and FAQs to reassure staff and consider new options for providing a good quality experience. • Explore blended learning to compliment the physical site experience. • Raise awareness of need for AHP placements and work with stakeholders including AD SG and professional bodies to encourage engagement with placements. • Promoting the benefits of offering practice-based learning opportunities and emphasise the value students can add to services e.g. digital knowledge and skills. • Within orthoptics consider peer assisted learning, virtual clinics and utilise labs on campus to teach basic skills from level 1 and 2 students. • Care homes have increased capacity for 3rd Year nursing students during this COVID-19 period. |

| Placement Capacity Issues | Mitigation |
|--|---|
| <p>Shielding: Concerns in relation to: “shielded” student’s ability to:</p> <ul style="list-style-type: none"> • progress through clinical placements. • availability of suitable reduced ‘risk’ placements for such students. • potential inconsistency in occupational health review criteria and risk assessment across the country causing programme delays and impact on workforce. | <ul style="list-style-type: none"> • Potential to capitalise on virtual placements for shielding students. • Potential to utilise NHS Louisa Jordan national clinical skills facility to set up an interprofessional “simulated” ward/ clinic environment to prioritise Year 3 & 4 students who have been unable to undertake clinical practice to accrue simulated clinical hours • A subgroup of the National Strategic Group for Practice Learning (N&M) will be responsible for developing national principles for the educational and wellbeing support for nursing and midwifery students shielding due to COVID-19 and subsequently progressing to placement. • National guidance to support BAME students available as guidance. |
| <p>Death in service Insurance:</p> <ul style="list-style-type: none"> • Once N & M employment contracts finish and students resume placements/ supernumerary status they do not have life assurance cover. • Some placement areas have stated they will not resume placements until death in service insurance is provided. • Concerns whether death in service insurance will cover social care, education placements and private practices. • HEE student death in service provision does not follow the student to Scotland therefore unable to offer placements for these students at present. Further HEE guidelines are expected. • As AHPs on placement are supernumerary, life assurance cover has not been applied and universities and professional bodies have highlighted this as a concern. <p>NB resolved for NHS placements in Scotland on 15th July but non-NHS still an issue.</p> | <p>Awaiting Scottish Government update to clarify NHS and non- NHS death in service coverage but last update by Universities Scotland 26th June reported:</p> <p>NHS Placement Cover</p> <ul style="list-style-type: none"> • In a letter from CNO to Council of Deans Health Scotland 15th July <i>Cabinet Secretary for Health and Sport has agreed to offer temporary COVID-19 linked death in service cover to students undertaking clinical placements in NHS Scotland. A one-off payment of £60,000 will be made to the next of kin of any student who dies where COVID-19 is a documented factor, while undertaking NHS clinical placements.</i> • There are still some concerns as to whether critical illness is included. <p>Non-NHS Placement Cover</p> <ul style="list-style-type: none"> • With regards to non-NHS placements for students (i.e. social care and teaching placements): the SG recognises that this is a wider issue. The Social Care team are currently considering this but across the piece COVID-19 has shown a light on the difficulties/uncertainties around death in service cover for all student placements. • In light of the above point - the SG Higher Education Team are keen to work with Universities Scotland to resolve this wider issue. • The only caveat with the non-NHS placement work is that’s there is no additional funding factored into this to consider COVID-19 as an additional risk. SFC will need to be kept in the loop. • SG group convened with Universities, Board and other relevant representation. |

| Placement Capacity Issues | Mitigation |
|--|--|
| <p>Reduced capacity impacting on good quality placement experience:</p> <ul style="list-style-type: none"> • Change to the delivery of services and ability to work closely with supervisors, assessors, practice educators and across teams to see whole patient journey and undertake practical skills. • Lack of face to face interventions impacting on ability to assess patients, establish therapeutic relationships and develop clinical skills. • Traditional learning models not applicable impacting on learning experience. • Lack of 'hands on' learning for AHP students, low number of consultations, reduced range of patients, seeing emergencies only therefore limiting practical skills opportunities. • Not all AHP students considered as essential key workers so placement access will be restricted in some settings. • Stretched resilience of the workforce. • Reduced confidence of AHP practice educators about providing different models of placements and supervision using different models or undertaking less traditional practices e.g. remote consultations. • The current status of care homes and other sectors, which would have previously provided placements, and are taking longer to recover. In addition, sports and leisure centres remain closed. | <p>Consideration being given to:</p> <ul style="list-style-type: none"> • Different Practice based learning models e.g. project placements, peer assisted learning to enable more students to be supervised, other supervision models e.g. long reach supervision and assessment. • Delivering an alternative to the traditional placement e.g. digital learning. Some universities are promoting virtual placement experiences and considering piloting remote consultation placements. • Requirements including provision of AHP practice educator training and Near me clinics. Webinars being delivered on Near me consultations. • New flexible approaches to NMAHP programme flows and delivery i.e. for AHP programmes e.g. part-time, full-time, longer blocks, adjusted/staggered start times and including weekend shift patterns, i.e. diagnostic imaging considering night shift placements for level 3 students as well as level 4. • Reducing placement hours and providing these hours through simulated learning (dependant on regulatory agreement). • Universities exploring moving their academic teaching to accommodate placement provision and delaying placements until semester 2 as potentially there will be more clinical activity. • Consideration being given for Boards to employ final year AHP students as healthcare support workers until they demonstrate competence and accrue hours to meet requirements for registration. This could resolve many issues relating to death in service, information governance and reducing the turnaround of students in practice settings. This also could help with retention of students in hard to recruit AHP areas. • A national directive on requirement to provide placements and increase awareness of impact on future workforce provision. • Promoting the benefits of offering practice-based learning opportunities and emphasise the value students can add to services e.g. digital knowledge and skills. • Within orthoptics consider peer assisted learning, virtual clinics and utilise labs on campus to teach basic skills from level 1 and 2 students. • National NMAHP approach for all students to be key workers. • Re-established clinical supervision processes for virtual delivery to ensure staff support. • Ongoing board support for care home sector. • Care Home practice education network/ development of education resources for sector. |

| Placement Capacity Issues | Mitigation |
|---|---|
| <p>IT Access & Information Governance:</p> <ul style="list-style-type: none"> • Not all students in all practice placement areas will have access to IT systems when supernumerary status returns. • Boards do not have adequate IT equipment to enable students to access digital clinical services through NHS encrypted hardware, thereby preventing students from participating in provision of virtual consultations. • Practice educators concerned about governance aspects of students working remotely. • Practice educators require to develop skills in virtual clinics whilst also having a student. | <ul style="list-style-type: none"> • NES currently collating an overview of this situation and will be addressed with CNOD to find a national solution. • NHS Orkney students have had the opportunity for experimenting and envisioning new models of technology-enabled learning, teaching and assessment. Consequently, there are now many opportunities to consider, for a range of delivery modes, as digital services are transformed. • NHS Orkney have started to consider additional IT resources that may be required and will consider the allocations and number of students in this process. • For telephone consultations ensuring technology such as split headphones are available to allow students to participate. • Strong leadership is required from N&M and AHP Directors and line managers to assist practice educators/ by working differently the students can still have a good experience. |
| <p>'Practice readiness' of students:</p> <ul style="list-style-type: none"> • Limited capacity in university skills laboratories to facilitate skill/ mandatory skill development due to social distancing. • Concern from placement providers about minimum acceptable level of clinical skill development for new student nurses and midwives before going into placement. | <ul style="list-style-type: none"> • A sub-group of the Strategic Group for Practice Learning (includes representation from all health and care placement providers, universities and national Boards) will develop national approach to identify the minimum acceptable level of clinical skill development for new student nurses and midwives before going into placement. • Universities have been given contact details for the CSMEN Clinical Skills Lead at NHS Louisa Jordan. It may be possible for some local universities to use the facilities to increase capacity. • Students will be encouraged to attend any clinical skills sessions that are delivered locally, and protocols have been compiled on face to face clinical skills sessions, as well as the size and locality of rooms being currently discussed. • Universities are working with professional bodies to provide flexibility in how learning outcomes are met. • Facilitated online learning during placement may help with clinical reasoning development. • Universities are asking about TURAS hosting all AHP pre-placement online learning and this is being explored. |

| Placement Capacity Issues | Mitigation |
|---|---|
| <p>Travel including rural and remote/ on & off Island</p> <ul style="list-style-type: none"> • Restrictions on public transport availability. • Lack of accommodation for placements away from home, particularly Islands. | <ul style="list-style-type: none"> • In allocating placements universities will consider the guidance on transport, advice on how to travel safely and other guidance both in considering the implications for student travel to placement. • Universities and placement partners will work together to place students as near to home as possible and negotiate shift patterns to accommodate any travel plan difficulties. • NHS Shetland are exploring bed and breakfast (additional cost), considering only taking local students with home address in Shetland. • NHS Orkney does have a staff accommodation block and processes are currently being put in place considering COVID-19 restrictions and recommendations. Students will be able to access this accommodation and processes will be reviewed regularly to ensure national guidance is followed. • A letter from the Cabinet Secretary to Professor Nolan, GCU, dated 17th June stated that whilst there were no plans to expand the current list of key workers, she did believe the definitions to be broad enough to cover healthcare students to be categorised as key workers. • CNOD requested that any additional costs relating to travel to be directed through them in the first instance. |

See [Appendix 9](#) further detail from individual NHS Boards

Case study 1: NHS Grampian approach to education recovery

The remobilisation of education for all learners together with supporting continuing professional development for NHS Grampian staff is a complex landscape. It requires consistency and cohesiveness to achieve a safe and positive learning environment for all. To ensure success, this can only be achieved through those closely multi-professional system wide working across primary and community care, health and social care partnerships. To drive this, NHS Grampian's Executive Nurse Director and Medical Director commissioned the establishment of an Education Recovery Cell. The agreed objectives of the cell are to:

- Provide strategic direction for multiprofessional clinical and practice education recovery across all services in line with Grampian re-mobilisation plan and Board recovery objectives.
- Ensure a cohesive and co-ordinated approach of single system approach to placement capacity and the safe re-introduction of undergraduate students into the workplace.

Recognising the complexity, the multi-professional team has developed an education mobilisation plan to ensure the preparedness and resilience of the workforce COVID-19 remobilisation. Within this plan and through working collaboratively with services and education partners, the team is reviewing placement capacity in its entirety including safe working practices, enhancing the use of inter-professional learning through simulation and innovative approaches to learning.

Case Study 2: NHS Lothian and Borders recovery actions for practice learning experiences for nursing and midwifery students

NHS Lothian and Borders have planned a workshop with the universities on Wednesday 29th July. Universities are being asked to share predicted student nurse and midwife programme flows and to include:

- Number of nursing and midwifery students currently shielding who require retrieval of placement learning (broken down by year of Programme).
- Number of existing first year students who require to retrieve placement learning and not shielding.
- Number of second/third year students who require to retrieve placement learning and not shielding.
- Number of final year nursing students who require to retrieve placement learning and not shielding.

Also, predicted numbers of nursing and midwifery students commencing studies September 2020 and the proposed patterns for placement learning, plus placement requirements for those students continuing on current programmes.

NHS Lothian & Borders will explore:

- Achievable and sustainable plans for return of supernumerary student nurse and midwife PLEs within NHS Lothian and Borders.
- Options for potential virtual practice learning experiences for shielding students.
- Placement capacity and priority plan.
- Options for students who have opted out of paid placements for a variety of reasons.

Case Study 3: NHS Orkney approach to practice placement recovery for nursing and midwifery students

While remobilisation and reconfiguration plans associated with service delivery will have some impact on practice placement capacity, the COVID-19 pandemic has afforded us the opportunity to implement the elements of the NMC Standards for Student Support & Supervision (SSSA) early and this has highlighted the benefits of the wider range of learning opportunities available locally. There are also plans to audit other practice learning environments soon. Going forward this exposure will enhance the students learning experience and increase our capacity. Additionally, we do have a relatively small numbers of students in placement in Orkney at any given time; therefore, supernumerary status of students does not cause us concern regarding increasing the footfall in clinical areas in hospital (single rooms), patient's homes or other shared areas. All processes that have been put in place with transitional plans and any new changes, will be included in student induction.

NHS Orkney does have a staff accommodation block and processes are currently being put in place considering COVID-19 restrictions and recommendations. Students will be able to access this accommodation and processes will be reviewed regularly to ensure national guidance is followed.

During the pandemic, students have had the opportunity for experimenting and envisioning new models of technology-enabled learning, teaching and assessment. Consequently, there are now many opportunities to consider, for a range of delivery modes, as digital services are transformed.

NHS Orkney have started to consider additional IT resources that may be required and will consider the allocations and number of students in this process. We are working closely with our colleagues in Universities during this period to support plans moving forward.

4. Other issues

Placement Provision in non-NHS placement

Most pre-registration nursing and midwifery practice learning experiences are undertaken by pre-registration nursing and midwifery students within the 14 territorial boards and two of NHS Scotland's special boards namely, NHS Golden Jubilee National Hospital and The State Hospital. For many, but not all, AHP professions this same situation applies. The setting for practice learning for AHP students is unique to the professional group so for example where radiography students have almost all their placement in an NHS board, occupational therapy students may access 50% of their placements in non-NHS settings and many Arts Therapies students access most or all practice learning in non-NHS settings.

Normally there are 3,361 learning environments used for pre-registration nursing and midwifery placements within Scotland. Of these there are 340 non-NHS placements used as practice learning environments: 248 care homes, 12 GP practices, 16 Hospices, 6 Independent or private hospitals, 11 charity placement and 47 nursery or school environments. Therefore, non-NHS placements normally account for 10% of nursing and midwifery placements used in Scotland.

While the impact of COVID-19 has resulted in redesign and reconfiguration of NHS Boards' acute clinical services reducing usual pre-COVID-19 placement capacity numbers, another significant impact on the provision of placement provision for, in particular, child, mental health and learning disabilities fields of nursing students has been the reduction in access to Third Sector, nursery and school environment placements. This is also likely to have significant impact on specific allied health professions including occupational therapy, arts therapies and speech and language therapy where many placements take place in non-NHS settings.

A positive aspect of the COVID-19 period has been the engagement of the care home sector with regards to paid pre-registration nursing placements. Activity commenced prior to COVID-19 (see case study 4) and the positive experiences of paid placement nursing students within the care home sector (see case study 5) has the potential to provide an avenue for increasing placement capacity in the academic year 20/21 and beyond. However, concern has been expressed that Care Homes may refuse to take any students moving forward because of the significant cost of PPE which they are currently struggling to pay for.

Case study 4 - Scottish Care Pilot with University of the West of Scotland to increase placement capacity in the care home setting for nursing students

With the aim of raising the profile of care home nursing and exploring increased placement capacity for pre-registration nursing students within the wider health and social care arena, a webinar was held with Scottish Care members on the 17th January 2020 (<https://scottishcare.org/uws-pre-reg-webinar/>). This was hosted by Tom McEwan, Practice Learning and Partnership Lead at UWS, with support from Dr Margaret Brown, Senior Lecturer & Depute Director of the Alzheimer Scotland Centre for Policy and Practice, School of Health and Life Sciences. This provided attendees with information on the Standards for Student Supervision and Assessment (NMC, 2018) and the 'Once for Scotland' approach to their adoption, as well as the exciting opportunities this provided for health and social care registrants other than NMC registrants (i.e. SSSC) to actively support practice learning for students.

Following this successful webinar, invitations were sought from care homes in proximity to the 4 Scottish UWS campus to participate in a further VC discussion on the 11th February 2020. In total, 15 care homes had representatives at these sessions with additional care homes unable to participate on the day contacting UWS directly for more information. Engagement during this session was outstanding. All attendees identified varied learning opportunities that could be supported, as well as the potential benefits that supervising pre-registration students could have on their workforce. No significant barriers were expressed, with some general discussion regarding the release of staff to attend development training to be prepared for the role of practice supervisor. All identified that a registered nurse, who could act as a practice assessor, was either available within the care home or remotely. This reinforced that residential environments without a registered nurse within the workforce were not excluded from this activity, but further discussions would be required to identify from where the practice assessor support would arise. Due to COVID-19 this pilot activity was suspended but is anticipated to recommence in the coming months to increase placement capacity in the care home and residential settings.

Case study 5 - Student Feedback, Care Home NHS Fife

I am currently on placement within a care home, the experience of this so far has been one of great enjoyment and fulfilment. I have been made to feel welcome by not only the staff but by the residents in their own home. During this difficult period, they are looking to staff in a different light, to provide comfort and reassurance in the absence of seeing their loved ones. It is a pleasure to help and assist them through these trying times but it also apparent that I look to them for comfort too – seeing their smiles, hearing their stories and assisting them with activities they enjoy and perhaps taking their mind off the outside world for a while. These experiences have helped me too and have given me a great sense of achievement and purpose during what are unfamiliar times for us all.

Working within the home is rewarding and provides a sense of fulfilment. It is also a privilege to be able to build up a relationship with the residents, learning of their needs and wishes and delivering person centred care. I feel fortunate to be part of such a hard-working team whose goal is apparent, to ensure the residents are content and feel supported and safe.

Further Education College

When considering the disruption to NMAHP students undertaking clinical placement in the 2020-21 academic session and beyond cognisance also has to be taken of the College sector and the role it plays in recruitment to nursing, midwifery and AHP programmes and the constraints many of its programmes have in relation to placement needs in order for candidates to successfully articulate to NMAHP programmes of study within the University setting. Therefore, further education programmes with a clinical placement component require to be considered within this commissioned report.

Articulation from Further Education (FE) to Higher Education (HE) has been a key area of work for the [Scottish Government](#) and is a mechanism to acknowledge students prior learning and facilitate entry to Undergraduate programmes. Widening participation enables a more diverse student population within the University setting.

A request was sent via the College Development Network asking for input to this SG commissioned report. A summary of the key points are below:

- The information received from Colleges revealed that supportive partnership working is enabling many current FEI students to articulate into nursing programmes in the academic year 2020-21. Only two Colleges of the eight who replied reported some possible interruption to progression.
- Key challenges for students and placements are similar to those highlighted earlier in this report in relation to nursing, midwifery and AHP students: caring responsibilities for older adults or young children in their own home, IT access issue, lack of access to childcare provision, possible delays in processing of PVGs, students in at risk groups with health issues who cannot attend placement, transport issues if public transport still socially distance,

- Key challenges unique to the colleges are: one university planning on charging for FEI to access placements- £15 per student, vaccinations costs, possible priority being given to local universities for their 1st and 2nd year nursing students.

A point of note raised by FEIs: HNC Healthcare Practice students have always been financially disadvantage compared to university students who receive additional funding to attend placement and undertake nursing study (bursary and travel). HNC students are doing year 1 of Nursing degree equivalence need to spend more of their own money to undertake fulltime study and placement. This has never been resolved by the SFC.

Key messages

- Currently non-NHS placements account for 10% of nursing and midwifery placements used in Scotland.
- There has been significant negative impact on placement capacity for child, mental health and learning disabilities fields of nursing students and access to Third sector, nursery and school environment placements.
- Sharing the positive experiences of paid placement for nursing students within the care home sector has the potential to provide an avenue for increasing placement capacity.
- Concern that care homes may refuse to take any students in future because of the significant cost of PPE which they are currently struggling to pay for.
- Articulation from Further Education (FE) to Higher Education (HE) has been a key area of work for the [Scottish Government](#) commission to widen access to undergraduate programmes. Colleges revealed that supportive partnership working is enabling the majority of current FEI students to articulate into nursing programmes in the academic year 2020-21. FE programmes including HNC Occupational Therapy Support also require placements.
- Key challenges for FE students and placements are similar to those highlighted earlier in this report with relation to nursing, midwifery and AHP students:

Rapid Literature Review

A literature search was undertaken as part of this commissioned report to source relevant publications, from either a UK or international perspective, that could illuminate student experiences/concerns, availability of placements/capacity as we move into the new academic year 20-21. [Appendix 10](#) provides details of the results of the rapid literature review.

Some points worthy of note from the rapid literature review articles included in this report were:

- That anxiety levels vary amongst students in relation to the disruption caused by the COVID pandemic with some students potentially displaying moderate to severe anxiety
- The dissonance/anxiety for those students who were unable to go on placement
- The need to care for students' psychological state in a timely manner

- The increased use of simulation, telehealth, and virtual reality during the COVID pandemic
- The loss of the sense of connectedness with peers and the possibly resulting diminishment of workforce - ready communications skills and professional identify
- The need for strong partnership working between academia and practice providers
- The need for regular clinical supervision to support students who are working in practice, and pastoral support from academic staff moving forward
- That normal preceptorship support for qualifying 3rd year students may be negatively impacted upon.

The key recommendations drawn from the literature reviewed was the need to:

- Acknowledge and manage NMAHP student concerns
- Recognise and support NMAHP students with moderate and severe anxiety
- Recognise and manage post COVID traumatic stress disorder in student nurses and midwives
- Consider how students who did not go to paid placement are supported moving forward,
- Provision of, and access to, psychological counselling
- Reinforcement of professional identity for those students who were unable to opt in to paid placement
- Consider and strengthen the preceptorship needs of new NMAHP registrants transitioning during this COVID period
- Strengthen workforce - ready communications skills may need to be compensated for within the curriculum and within future practice placement experiences
- Increase use of simulation, telehealth, and virtual reality while being sensitive to regulatory requirements.

5. Recommendations for Action

Given the significant amount of both recovery placement and the practice education needs for NMAHP students commencing or recommencing their programmes in September, it is unlikely the capacity for safe practice education will be sufficient for a normal or near normal approach. Working jointly with universities, professional bodies and practice education providers, NES could explore creative solutions to support meeting the learning needs to avoid the risk to workforce supply that these capacity issues represent. However, there are a number of actions that could enhance the numbers and quality of the learning experiences available. The lack of certainty has been a key theme emerging from the gathered information. A clear decision on the quantity of realistic availability of safe and quality learning experiences that the universities can expect from practice providers, and in particular from Boards, even if significantly less than would be available under pre-COVID-19 situation would be welcomed by universities partners to inform any necessary changes to programme delivery.

Recommendations and Next Steps

- a. Universities and placement providers to work at a local, or national level where appropriate for the programme, once remobilisation plans are confirmed to detail placement capacity and programme flows.
- b. Set up a small rapid action group chaired by Scottish Government and NHS Education for Scotland with Council of Deans Health Scotland to co-develop mitigating actions for placement capacity management and to advise Scottish Government in the event of a potential second wave of COVID-19.
- c. NES to facilitate discussions with regulators, practice education providers, universities and professional bodies to explore flexible and creative solutions to support meeting the learning needs.
- d. Priorities for the re-introduction of placements:
 - Final year students on extended programme
 - Students who missed significant placement weeks due to the disruption
 - Consider modification to programmes to allow for social distancing and those with shielding requirements
 - NES to work with placement providers to source and prepare additional placements to make up the significant shortfall, including private, independent and third sector
 - Student safety, managing their expectations and addressing concerns.
- e. Where possible avoid the redeployment of NMAHP students into extended paid placements and maintain supernumerary status with supervision and assessment in line with NMC [Standards for Student Supervision and Assessment](#) or HCPC and Professional Bodies standards.
- f. Clarification from Scottish Government regarding death in service insurance in non-NHS placement settings.
- g. NES to organise a debrief of the current deployment of NMAHP students and devise action plan for future deployment of students if required and review employment models and make recommendations to NHS Boards.
- h. NES to facilitate development of a national approach to identify the minimum acceptable level of clinical skill development for new student nurses and midwives before going into placement due to limited capacity in skills laboratories due to social distancing.
- i. Work with universities and Boards to develop a national approach to risk assessment process and Occupational Health Review process for students.

6. Further Information

Council of Deans Health <https://councilofdeans.org.uk/Covid-19/>

Council of Deans Health FAQs <https://councilofdeans.org.uk/Covid-19/Covid-19-frequently-asked-questions-healthcare-students/>

Health & Care Professionals Council <https://www.hcpc-uk.org/Covid-19/advice/advice-for-students/>

NHS Education for Scotland <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/nursing-and-midwifery/practice-education.aspx>

NMC Information and advice <https://www.nmc.org.uk/news/coronavirus/>
Royal College of Midwives <https://www.rcm.org.uk/student-qa-during-the-crisis/>

Royal College of Nursing <https://www.rcn.org.uk/get-help/rcn-advice/students-Covid-19>

Scottish Government <https://www.gov.scot/publications/student-support-guidance-scotland-during-Covid-19-outbreak-medical-nursing-midwifery/>

Scottish Government <https://www.staffgovernance.scot.nhs.uk/coronavirus-Covid-19/guidance/>

Scottish Government <https://www.gov.scot/publications/coronavirus-covid-19-guidance-for-universities/pages/key-principles/>

Scottish Government <https://www.gov.scot/publications/cno-commission-widening-participation-nursing-midwifery-education-careers/pages/7/>

7. Appendices

**Provision of NMAHP placements in the 2020-21 Academic Session
Commission for NES to explore key issues**

Situation

There is growing concern that there will be disruption to NMAHP students undertaking clinical placement in the 2020-21 academic session and beyond. This has been raised by a range of stakeholders and was brought to the attention of the Cabinet Secretary for Health and Sport by David Garbutt, Chair of the NHS Chairs, who indicated there has been some push back from Boards concerning placements in the upcoming academic session.

Background

It is critical that timelines for healthcare courses in the 2020-21 academic session proceed as scheduled as far as possible in order that workforce supply be maintained. Placements are a key component of healthcare education programmes and require careful managing to enable students from a range of courses to gain supported clinical experience in health and care settings. Disruption is likely to result in a backlog of students waiting to complete placements and therefore to complete education programmes, which would consequently disrupt the supply of newly registered staff into the health and care workforce in future.

The Scottish Government is aware of two key challenges affecting placement provision in the 2020-21 academic session:

- The legacy of disruption from the 2019-20 academic session, during which some placements were cancelled. Affected students will need to catch up on the required clinical placement time across the remaining period of their education programme;
- Ongoing disruption in the 2020-21 academic session due to restrictions in place as a result of COVID-19, which may reduce placement capacity in health and care placement providers.

Commission of work to NES

The Scottish Government is commissioning NES to produce a detailed report setting out:

- The key issues affecting placement provision in the 2020-21 academic session for pre-registration Nursing and Midwifery and paramedic science courses and, as far as is possible, for other pre-registration AHP courses. It is expected that this will expand on the points noted at (4) above, identifying any additional key issues and providing comprehensive detail on each issue. This should include:

- detailed information from each university relating to each course offered, projected numbers of students affected by the key issues and whether this will be concentrated within particular courses / in relation to particular professions;
- an assessment of student concerns which may impact on placement attendance;
- detailed information gathered from health and care placement providers including supernumerary placement availability from September onwards, any placement capacity issues (for example as a result of physical distancing), and the mitigating actions in place to optimise placement capacity. It would be helpful if, when gathering this information, NES could communicate to placement providers the importance of supernumerary placements going ahead in as close to normal a way as possible from September;
- any other relevant information captured in gathering a-c.

Considering NES analysis of the above, and taking into account our most up to date health and care workforce information, recommendations for action including how healthcare placements be prioritised in the coming academic session if necessary.

Sources of data

The Scottish Government expect that the data underpinning the analysis presented in the report will be collected from a range of sources including but not limited to: working groups in which NES is represented such as the Strategic Practice Learning Group; HEI monitoring information; direct communication with placement providers.

Timeframes for completion of work

This is urgent, high priority work with potential implications in the short, medium and long term if not appropriately managed. Timelines may be open to some negotiation, however it is expected that a draft report will be provided to the Scottish Government by 10th July and a final draft submitted by 17th July at the latest.

Resource

The work identified in this commission crosscuts a number of outcomes in the NES Outcome Agreement. It is expected that this work will be appropriately resourced by a team comprising of analysts, policy officers, administrative staff and professional advisors.

Chief Nursing Officer Directorate
22 June 2020

Appendix 2: Background to NMAHP Education Programmes

Allied Health Profession

A UK wide joint statement in April by Chief Allied Health Professions Officers, Council of Deans for Health and Health and Care Professions Council (HCPC) on supporting the student Allied Health Professions (AHP) workforce to respond to the COVID-19 outbreak stated AHPs were an integral part of the health and care workforce and at the heart of responding to COVID-19 now and in the weeks and months ahead. Working together with universities, professional bodies, NHS organisations and regulators was paramount to enable students to complete their studies with minimal disruption and join the AHP workforce.

Following legislation brought forward in the UK parliament the HCPC established a temporary register allowing final year students who had successfully completed their final practice-based learning experiences (placements) to practice as registered professionals.

HCPC regulate fourteen AHP professions within Scotland: art therapies (art, music and drama therapists), podiatrists, dietitians, occupational therapists, orthoptists, paramedics, physiotherapists, prosthetists, orthotists, diagnostic and therapeutic radiographers and speech and language therapists.

Paramedic education is in a transition phase. The HCPC Council changed the threshold entry for paramedics to ordinary degree level with effect from 1st of September 2021. In effect from that date any educational provider seeking to educate paramedics would require the programme to meet the new threshold. Currently approved programmes can continue to enrol students until 31st of August 2021.

Within Scotland this means that there are paramedic students at both Glasgow Caledonian University and enrolled on the Scottish Ambulance Service (SAS) academy education Diploma programme and current students from both programmes are affected by COVID-19 and the implications for placements required. From September 2020, 6 new degree programmes have been commissioned by NES to commence paramedic students. These students will have approximately 50% of their placements within SAS services and the remaining 50% of placements will be in non-SAS settings. Set alongside the requirements for practice placements for nursing, midwifery and allied health professions (NMAHP) students, the new paramedic placements required will add a significant demand on existing practice educators as it is expected that NMAHP practice educators are likely to also be providing placement support for paramedic students without additional practice education resource..

The following provides an overview of Allied Health Professions education provision in Scotland and current arrangements that have been put in place in response to COVID-19.

Pre- registration Allied Health Professions Education

AHP professions are regulated on a UK wide basis by the Health and Care Professions Council (HCPC). All AHP courses must demonstrate that they meet the requirements set out within their profession specific [Standards of Proficiency](#) (2013/2014 with review consultation currently open) and [Standards of Conduct and Ethics](#) (2016). This translates into the [HCPC Standards of Education and Training](#) (2017) which defines the level of educational qualification required for registration and the standards all practice based learning experiences require to meet.

Academic Level

The minimum academic level for pre-registration education for paramedics is SCQF level 9 Bachelor degree and for all other AHP pre-registration programmes is level 10 Honours degree. Universities also provide undergraduate integrated Masters level programmes and postgraduate Masters and Doctoral (SCQF Level 11 and 12) pre-registration programmes. In addition, there are 4 final cohorts of paramedic students studying the Diploma course as part of the SAS academy.

Control, Commission and Funding

In Scotland student places on AHP programmes are not controlled by government, which means that the number of places is determined by the interaction of the supply of places by universities and the demand for places by students. The availability of placements is a key factor influencing the supply of places by universities. Where eligibility criteria are met, places on programmes taken by Scottish domiciled and European Union (EU) students are funded by the public sector via the Scottish Funding Council (SFC), assuming that it is their first degree. Undergraduate Scottish students are eligible to apply for Scottish Awards Agency Scotland (SAAS) loans and bursaries. Other UK students are required to apply from their home country.

Students studying the two-year pre-registration Masters or Doctoral programme are required to pay their fees. Fee is dependent on the course they are studying, the University and the category of student e.g. International, home (Scotland), UK or EU. Scottish students can apply to [SAAS](#) for a postgraduate loan up to £10,000 per year.

Practice placement expenses are available through [SAAS](#) for Scottish domiciled students. If they must travel to a practice placement, they will receive funding for travel, if they are unable to travel daily, travel and accommodation expenses are available. Funding is also provided for uniform, health check immunisation and PVG requirements for Scottish students. Some professions, Orthoptics and Prosthetics and Orthotics, are reliant upon placements provided in other areas of the UK which have additional costs for students which are not funded.

University Programmes

There are five Higher Education Institutions (HEI) that provide preregistration education programmes to the Allied Health Professions in Scotland. An outline of Higher Education provision of AHP pre-registration programmes is captured in appendix 3. From September 2020 five universities will also be providing an additional AHP programme: paramedic science. This includes GCU, RGU, QMU who are existing providers of AHP pre-registration programmes, along with UWS and Stirling who are new to providing AHP programmes.

In contrast to nursing, the AHP student figures (with exception of new paramedic programmes) are not commissioned, and therefore universities decide their cohort sizes on an annual basis. NHS Education for Scotland does not have a formal governance role in quality assuring AHP pre-registration programmes and there is no designated resource within NES specifically for pre-registration education. NES fund the AHP Practice Education Programme, which funds 11 WTE AHP Practice Education Lead (PEL) roles that are distributed across 14 territorial Health Boards and two Special Boards. One of the five workstreams of this programme is to support capacity and modernise student practice education across Scotland, and this is progressed in partnership with university leads for AHP placements. Through working in partnership, a common and shared approach to governance arrangements between universities and NHS Boards has been introduced through the AHP Practice-based Learning Partnership Agreements. The agreements also contain a commitment per profession to a certain amount of student placement provision per year. This commitment was being reviewed prior to the COVID-19 pandemic commencing, informed by data analysis of historical placement provision and workforce size in each NHS Board. The Practice-based Learning agreement will also apply to the new paramedic programmes.

AHP Director roles have a professional leadership responsibility for student placement provision, which is a devolved responsibility to services within each NHS Board. The AHP PELs facilitate AHP Placement Steering Groups per NHS Board, which consist of the chairpersons of profession-specific student placement networks. These networks have distributed leadership responsibility to support quality assurance and the amount of student placement provision across the NHS Board area. NES is currently recruiting to provide additional resource to support both the AHP PEL and the NM PEF networks in supporting the identification of suitable placement settings and practice educators for the new paramedic placements.

Nursing and Midwifery

In the Joint statement on expanding the nursing workforce in the COVID-19 outbreak⁴ in March 2020 student nurses and midwives were identified as a group who could *'deliver the care that is needed in a way that is safe and effective for all concerned to meet demand'* in such unprecedented times. In their COVID-19 Position Paper⁵ The Council of Deans of Health also stated their commitment *'to their civic mission of supporting the NHS and the public, working collaboratively with their NHS, social care and independent sector partners in their regions'*. Together, universities, NHS, Private & Independent sector, Scottish Government and the NMC collaborated to make this happen at a national and local level. However, there has been consequences for the student journey and ultimately for the future nursing and midwifery workforce.

The following section provides an overview of nursing and midwifery education provision in Scotland and moves on to describe the emergency arrangements that were put in place to support the health and social care workforce while continuing their studies.

Pre-registration Nursing and Midwifery Education

Pre-registration Nursing and Midwifery Education is regulated on a UK-wide basis by the Nursing & Midwifery Council (NMC). The education standards were updated and published between [2018 and 2020](#). Currently universities in Scotland have successfully reappraised the pre-registration nursing programmes or will do in the coming months, originally with a view to implementation in September 2020, and for pre-registration Midwifery approval and implementation in 2021 (see appendix 4).

These Standards identify the required outcomes for registration in four 'fields of nursing practice': Adult, Mental Health, Learning Disabilities and Child Nursing, and for the separate profession of Midwifery.

Academic Level

The minimum academic level for pre-registration education for nurses and midwives is degree level (SCQF level 9) but a number of universities also provide pre-registration nursing and midwifery programmes at honours and masters level (SCQF level 10 and 11) (see appendix 3)

⁴ <https://www.nmc.org.uk/news/coronavirus/statements/>

⁵ <https://councilofdeans.org.uk/2020/03/council-of-deans-of-health-position-on-coronavirus-Covid-19/>

Control, Commission and Funding

All pre-registration nursing and midwifery places at Scotland's universities are 'controlled', funded and commissioned by Scottish Government. The funding for the commissioned nursing and midwifery provision is directed through the Scottish Funding Council (SFC). Scottish Government also provides funding through the [Student Awards Agency Scotland](#) (SAAS) for a bursary for all Scottish domiciled students on a nursing or midwifery programme leading to registration. The CNOD set the target number of pre-registration nursing and midwifery student places to be commissioned each year based on workforce projections and advice from stakeholder organisations including NES. NES further supports this process through expert advice and data on nursing and midwifery student numbers, progression and completion. Due to the changing workforce projections and demand the number of student nursing and midwifery places commissioned by Scottish Government has steadily increased in recent years adding to the increasing demands on appropriate placement availability.

University Programmes

There are currently twelve Higher Education Institutions (HEI) providing pre-registration nursing and midwifery education in Scotland, commissioned by Scottish Government to provide pre-registration nursing programmes across the four fields of practice (adult, mental health, learning disabilities and child), these are outlined in appendix 3:

Further Education Institutions (FEI) do not deliver pre-registration nursing and midwifery programmes but provide programmes that enable direct access to year 2 of some nursing programmes and provide an established vehicle of recruitment to some of the year 1 nursing, midwifery and AHP programmes across Scotland. Therefore, the challenges the COVID-19 pandemic has presented for FEI programme provision and which will continue into the 2020/21 academic year also needs to be considered and are addressed later in this report - see section 8 for further detail.

Placement Provision

Most pre-registration nursing and midwifery practice learning experiences are undertaken within the territorial boards. There are currently 3361 approved N&M practice learning environments across health (n=3021) and social care (n=340). From January 2019 until March 2020 approximately 21,971 pre-registration nursing and midwifery students practice learning experiences were undertaken.

The following section provides further detail about the specific arrangements for students and pre-registration programmes during the pandemic.

Appendix 3: Higher Education provision of AHP pre-registration programmes and academic level

| Profession | GCU | Napier | QMU | RGU | Strathclyde |
|---|-----|--------|-----|-----|-------------|
| MSc (pre reg) Art Psychotherapy | | | * | | |
| BSc (Hons)Dietetics | * | | * | * | |
| MSc (Pre-reg) Dietetics | | | * | * | |
| MSc (UG) Dietetics | | | | * | |
| MSc (pre reg) Music Therapy | | | * | | |
| BSc (Hons) Orthoptics | * | | | | |
| BSc (Hons) Occupational Therapy | * | | * | * | |
| MSc(pre-reg) Occupational therapy | * | * | * | | |
| MSc (UG) Occupational Therapy | | | | * | |
| BSc Paramedic Science | * | | | | |
| BSc (Hons) Physiotherapy | * | | * | * | |
| MSc (pre reg) Physiotherapy | * | * | * | * | |
| MSc (UG) Physiotherapy | | | | * | |
| Doctor (pre reg) Physiotherapy | * | | | * | |
| BSc (Hons) Podiatry | * | | * | | |
| BSc (Hons) Prosthetics and Orthotics | | | | | * |
| BSc (Hons) Diagnostic Imaging | * | | * | * | |
| MSc (UG) Diagnostic Radiography | | | | * | |
| MSc (pre-reg) Diagnostic Radiography | | | * | | |
| MSc Diagnostic Imaging | * | | | | |
| BSc (Hons) Radiography and Oncology | * | | | | |
| BSc (Hons) Radiography and Oncology | * | | | | |
| BSc (Hons) Therapeutic Radiography | | | * | | |
| BSc (Hons) Speech and Language Pathology | | | | | * |
| BSc (Hons) Speech and Language Therapy | | | | | |
| MSc (pre reg) Speech and language Therapy | | | * | | |

Appendix 4: Higher Education provision of Nursing and Midwifery pre-registration programmes and academic level

Appendix 4.1 Programmes offered by field of practice/ midwifery across universities

| Programme/ Field of Practice | Abertay University BSc/ BSc (Hons)* | University of Dundee BSc/ BSc (Hons)* MSc | University of Edinburgh BN/ BN(Hons) | Edinburgh Napier University BN | University of Glasgow BN(Hons) | Glasgow Caledonian University BSc/ BSc (Hons)/ MSc |
|---|--|--|--|--------------------------------------|-----------------------------------|---|
| Adult Nursing | | * | * | * | * | * |
| Mental Health Nursing | * | * | | * | | * |
| Learning Disabilities Nursing | | | | * | | * |
| Child Nursing | | * | | * | | * |
| Dual Field – Child and Learning Disabilities | | | | | | * |
| Midwifery | | | | * | | |

| Course Field of Practice | University of Highlands and Islands BSc | Open University BSc(Hons) | Queen Margaret University * BSc, BSc (Hons) | Robert Gordon University BSc/ BSc (Hons) | University of Stirling BSc (Hons) | University of the West of Scotland * ** BSc/ BSc (Hons)/ MSc |
|---|---|------------------------------|---|--|--------------------------------------|--|
| Adult Nursing | * | * | * | * | * | * |
| Mental Health Nursing | * | * | | * | * | * |
| Learning Disabilities Nursing | | * | | | | |
| Child Nursing | | * | | * | | |
| Dual Field – Child and Learning Disabilities | | | | * | | |
| Midwifery | * | | | * | | * |

Appendix 4.2 Transition of nursing programmes across universities

| University | NMC approval complete | Implementing new programme this academic year | Transitioning current years to new programme | Exceptions to transition |
|-------------------------------------|-----------------------|---|--|--|
| Edinburgh Napier University | Yes | Yes | No | |
| Glasgow Caledonian University | Yes | Yes | No | |
| Open University (Scotland) | Yes | Yes | Current Year 1 | Current Year 2 & 3 will not transition and complete programme on previous education standards. |
| Queen Margaret University | Yes | Yes | Current Year 1& 2 | Current Year 3 BN Honours cohort will not transition and complete programme on previous education standards. |
| Robert Gordon University | Yes | Yes | Current year 1&2 | Current Year 3 BN Honours cohort will not transition and complete programme on previous education standards. |
| University of Abertay | Yes | Yes | No | Potential for some current year 1 students to transition the new programme after resit boards |
| University of Dundee | Yes | Yes | No | |
| University of Edinburgh | Yes | Yes | Current year 1&2 | Current Year 3 BN Honours cohort will not transition and complete programme on previous education. |
| University of Glasgow | Yes | Yes | No | |
| University of Highlands and Islands | Yes | Yes | Current Year 1 | Current Year 2 will not transition and complete programme on previous education standards. |

Appendix 5: Intake Targets for Pre-Registration Nursing and Midwifery in Academic Year 20-21

Appendix 5.1 Intake Targets for Pre-registration Nursing and Midwifery Education 2020/21

| University | Adult | Children & Young People | Learning Disability | Midwifery | Mental Health | Total | Intake Target for 4 Years Honours Degree |
|-------------------------------------|--------------|-------------------------|---------------------|------------|---------------|--------------|--|
| Abertay University | | | | | 58 | 58 | 58 |
| University of Dundee | 377 | 56 | | | 80 | 513 | |
| University of Edinburgh | 56 | | | | | 56 | 56 |
| Edinburgh Napier University | 395 | 100 | 55 | 81 | 99 | 730 | |
| Glasgow Caledonian University | 466 | 102 | 89 | | 80 | 737 | 65 |
| University of Glasgow | 55 | | | | | 55 | 55 |
| The Open University in Scotland | 55 | 5 | 7 | | 35 | 102 | |
| Queen Margaret University | 78 | | | | | 78 | 78 |
| The Robert Gordon University | 255 | 54 | | 74 | 60 | 443 | 40 |
| University of Stirling | 257 | | | | 76 | 333 | 55 |
| University of Highlands and Islands | 123 | | | 13 | 27 | 163 | |
| University of the West of Scotland | 696 | | | 102 | 140 | 938 | |
| Total | 2,813 | 317 | 151 | 270 | 655 | 4,206 | 407 |

Appendix 5.2 – Nursing and Midwifery Student Numbers by University and Field of Practice: Year 1 2019/20

| University | Adult | Children & Young People | Learning Disability | Midwifery | Mental Health | Total |
|-------------------------------------|-------|-------------------------|---------------------|-----------|---------------|-------|
| Abertay University | | | | | 57 | 57 |
| University of Dundee | 352 | 50 | | | 61 | 463 |
| University of Edinburgh | 46 | | | | | 46 |
| Edinburgh Napier University | 323 | 108 | 43 | 90 | 90 | 654 |
| Glasgow Caledonian University | 442 | 115 | 85 | | 78 | 720 |
| University of Glasgow | 58 | | | | | 58 |
| The Open University in Scotland | 61 | | 4 | | 25 | 90 |
| Queen Margaret University | 42 | | | | | 42 |
| The Robert Gordon University | 202 | 62 | | 62 | 59 | 385 |
| University of Stirling | 225 | | | | 68 | 293 |
| University of Highlands and Islands | 101 | | | 13 | 22 | 136 |
| University of the West of Scotland | 662 | | | 115 | 168 | 945 |
| Total | 2,514 | 335 | 132 | 280 | 628 | 3,889 |

Source: Scottish Government student numbers from Universities for mobilisation 15/3/20

Appendix 5.3 - Nursing and Midwifery Student Numbers by University and Field of Practice: Year 2 2019/20

| University | Adult | Children & Young People | Learning Disability | Midwifery | Mental Health | Total |
|-------------------------------------|-------|-------------------------|---------------------|-----------|---------------|-------|
| Abertay University | | | | | 36 | 36 |
| University of Dundee | 307 | 48 | | | 51 | 406 |
| University of Edinburgh | 38 | | | | | 38 |
| Edinburgh Napier University | 321 | 82 | 38 | 69 | 79 | 589 |
| Glasgow Caledonian University | 391 | 112 | 58 | | 74 | 635 |
| University of Glasgow | 37 | | | | | 37 |
| The Open University in Scotland | 57 | | | | 22 | 79 |
| Queen Margaret University | 58 | | | | | 58 |
| The Robert Gordon University | 158 | 34 | | 58 | 42 | 292 |
| University of Stirling | 205 | | | | 66 | 271 |
| University of Highlands and Islands | 110 | | | 18 | 19 | 147 |
| University of the West of Scotland | 619 | | | 83 | 172 | 874 |
| Total | 2,301 | 276 | 96 | 228 | 561 | 3,462 |

Source: Scottish Government student numbers from Universities for mobilisation 15/3/20

Appendix 5.4 - Nursing and Midwifery Student Numbers by University and Field of Practice: Year 3 2019/20

| University | Adult | Children & Young People | Learning Disability | Midwifery | Mental Health | Total |
|-------------------------------------|-------|-------------------------|---------------------|-----------|---------------|-------|
| Abertay University | | | | | 37 | 37 |
| University of Dundee | 274 | 40 | | | 45 | 359 |
| University of Edinburgh | 35 | | | | | 35 |
| Edinburgh Napier University | 289 | 69 | 35 | 57 | 42 | 492 |
| Glasgow Caledonian University | 344 | 88 | 56 | | 63 | 551 |
| University of Glasgow | 36 | | | | | 36 |
| The Open University in Scotland | 20 | | | | 3 | 23 |
| Queen Margaret University | 42 | | | | | 42 |
| The Robert Gordon University | 206 | 34 | | 47 | 38 | 325 |
| University of Stirling | 164 | | | | 45 | 209 |
| University of Highlands and Islands | 88 | | | | 17 | 105 |
| University of the West of Scotland | 607 | 143 | | 81 | | 831 |
| | 2,105 | 374 | 91 | 185 | 290 | 3,045 |

Source: Scottish Government student numbers from Universities for mobilisation 15/3/20

Appendix 5.5 - Nursing and Midwifery Student Numbers by University and Field of Practice: Year 4 2019/20

| University | Adult | Children & Young People | Learning Disability | Midwifery | Mental Health | Total |
|-------------------------------------|------------|-------------------------|---------------------|-----------|---------------|------------|
| Abertay University | | | | | 2 | 2 |
| University of Dundee | | | | | | |
| University of Edinburgh | 28 | | | | | 28 |
| Edinburgh Napier University | | | | | | |
| Glasgow Caledonian University | 20 | 15 | 3 | | 9 | 47 |
| University of Glasgow | 31 | | | | | 31 |
| The Open University in Scotland | | | | | | |
| Queen Margaret University | 35 | | | | | 35 |
| The Robert Gordon University | 27 | | | | | 27 |
| University of Stirling | 20 | | | | 3 | 23 |
| University of Highlands and Islands | | | | | | |
| University of the West of Scotland | | | | | | |
| Total | 161 | 15 | 3 | | 14 | 193 |

Source: Scottish Government student numbers from Universities for mobilisation 15/3/20

Appendix 5.6 - Nursing and Midwifery Student Numbers by University and Field of Practice: Last month's 2019/20

| University | Adult | Children & Young People | Learning Disability | Midwifery | Mental Health | Total |
|-------------------------------------|-------|-------------------------|---------------------|-----------|---------------|-------|
| Abertay University | | | | | 39 | 39 |
| University of Dundee | 274 | 40 | | | 45 | 359 |
| University of Edinburgh | 28 | | | | | 28 |
| Edinburgh Napier University | 271 | 67 | 34 | 53 | 42 | 467 |
| Glasgow Caledonian University | 340 | 86 | 55 | | 72 | 553 |
| University of Glasgow | 36 | | | | | 36 |
| The Open University in Scotland | 20 | | | | 3 | 23 |
| Queen Margaret University | 35 | | | | | 35 |
| The Robert Gordon University | 207 | 34 | | 47 | 38 | 326 |
| University of Stirling | 164 | | | | 45 | 209 |
| University of Highlands and Islands | 88 | | | 18 | 17 | 123 |
| University of the West of Scotland | 607 | | | 81 | 143 | 831 |
| Total | 2,070 | 227 | 89 | 199 | 444 | 3,029 |

Source: Scottish Government student numbers from Universities for mobilisation 15/3/20

Appendix 6: AHP Placements

Glasgow Caledonian University

| Programme | Level of study | Number of students in training | Number of placements lost | Number of placement weeks lost | Number of students affected | Number of final year UG students needing to find a placement to graduate this session | Number of students unable to have placement due to health concern (OH/ self) shielded |
|--------------------------------------|----------------|--------------------------------|---------------------------|--------------------------------|-----------------------------|---|---|
| BSc (Hons) Dietetics | Level 1 | 30 | n/a | n/a | n/a | n/a | n/a |
| BSc (Hons) Dietetics | level 2 | 21 | 21 | 42 | 21 | | |
| BSc (Hons) Dietetics | level 3 | 17 | 16 | 204 | 16 | | |
| BSc (Hons) Dietetics | level 4 | 16 | | | n/a | no students delayed | |
| Total | | 84 | 37 | 246 | 37 | | |
| | | | | | | | |
| BSc Hons OT | Level 1 | 56 | | | | | |
| BSc Hons OT | Level 2 | 64 | 56 | 172 | 56 | | |
| BSc Hons OT | Level 3 | 54 | | | | | |
| BSc Hons OT | Level 4 | 63 | 3 | 9 | 3 | 3 | |
| MSc OT | MSc 1 | 38 | 37 | 259 | 37 | | |
| MSc OT | MSc 2 | 37 | 38 | 266 | 38 | | |
| Total | | 312 | 134 | 706 | 134 | 3 | |
| | | | | | | | |
| BSc Hons Physiotherapy | 1st year | 60 | 60 | 30 | 60 | | |
| BSc Hons Physiotherapy | 2nd year | 64 | 64 | 192 | 64 | | |
| BSc Hons Physiotherapy | 3rd year | 52 | 52 | 208 | 52 | | |
| BSc Hons Physiotherapy | 4th year | 63 | 63 | 252 | 63 | 2 | |
| MSc (Pre-Registration) Physiotherapy | 1st year | 59 | 59 | 236 | 59 | | |

| Programme | Level of study | Number of students in training | Number of placements lost | Number of placement weeks lost | Number of students affected | Number of final year UG students needing to find a placement to graduate this session | Number of students unable to have placement due to health concern (OH/ self) shielded |
|--|----------------|--------------------------------|---------------------------|--------------------------------|-----------------------------|---|---|
| MSc (Pre-Registration) Physiotherapy | 2nd year | 69 | 276 | 1104 | 69 | | |
| DPT Doctor of Physiotherapy (Pre-registration) | 1st year | 13 | 13 | 52 | 13 | | |
| DPT Doctor of Physiotherapy (Pre-registration) | 2nd year | 5 | 5 | 20 | 5 | | |
| DPT Doctor of Physiotherapy (Pre-registration) | 3rd year | 3 | 3 | 12 | 3 | | |
| Total | | 388 | 595 | 2,106 | 388 | 2 | |
| | | | | | | | |
| BSc Paramedics | 1 | 54 | 108 | 432 | 54 | | |
| BSc Paramedics | 2 | 55 | 237 | 535 | approx 50 | | |
| BSc Paramedics | 3 | 36 | 35 | 210 | 35 | 6 | |
| Total | | 145 | 380 | 1177 | 139 | | |
| | | | | | | | |
| BSc Hons Podiatry | level 1 | 45 | 42 | 126 | 42 | | |
| BSc Hons Podiatry | level 2 | 31 | 31 | 31 | 31 | | |
| BSc Hons Podiatry | level 3 | 31 | 28 | 56 | 28 | | |
| BSc Hons Podiatry | level 4 | 20 | | | | No students delayed | |
| Total | | 127 | 101 | 213 | 101 | | |

The Robert Gordon University

| Programme | Level of study | Number of students in training | Number of placements lost | Number of placement weeks lost | Number of students affected | Number of final year UG students needing to find a placement to graduate this session | Number of students unable to have placement due to health concern (OH/ self) shielded |
|---|----------------|--------------------------------|---------------------------|--------------------------------|-----------------------------|---|---|
| Master of Diagnostic Rad (UG) | level 1 | 31 | 31 | 124 | 31 | N/A | TBC |
| Master of Diagnostic Rad (UG) | level 2 | 29 | 0 | 0 | 0 | N/A | TBC |
| BSs Hons Diagnostic Radiography | level 3 | 34 | 34 | 136 | 34 | N/A | TBC |
| BSs Hons Diagnostic Radiography | level 4 | 35 | 35 | 140 | 35 | 0 | N/A |
| Total | | 129 | 100 | 400 | 100 | | |
| | | | | | | | |
| Master of Dietetics (UG) | Level 1 | | 0 | 0 | 0 | N/A | TBC |
| Master of Dietetics (UG) | level 2 | 25 | 25 | 50 | 25 | N/A | TBC |
| BSc (Hons) Dietetics | level 3 | 21 | 21 | 252 | 21 | N/A | TBC |
| BSc (Hons) Dietetics | level 4 | 15 | 3 | 36* | 3 | 3 | TBC |
| Total | | 61 | 49 | 338 | 49 | 3 | |
| * 3 resit placements, max 12 weeks each | | | | | | | |
| | | | | | | | |
| Master of Physiotherapy (UG) | 1st year | 32 | 32 | 128 | 32 | N/A | TBC |
| Master of Physiotherapy (UG) | 2nd year | 37 | 0 | 12 | 4*** | N/A | TBC |
| BSc Hons Physiotherapy | 3rd year | 42 | 42 | 210 | 42 | N/A | TBC |
| BSc Hons Physiotherapy | 4th year | 35 | 35 | 180 | 35 | 1**** | 0 |

| Programme | Level of study | Number of students in training | Number of placements lost | Number of placement weeks lost | Number of students affected | Number of final year UG students needing to find a placement to graduate this session | Number of students unable to have placement due to health concern (OH/ self) shielded |
|--|----------------|--------------------------------|---------------------------|--------------------------------|-----------------------------|---|---|
| MSc (Pre-Registration) Physiotherapy | 1st year | 42 | 42 | 252 | 42 | N/A | TBC |
| MSc (Pre-Registration) Physiotherapy | 2nd year | 33 | 66 | 330 | 33 | 33 | TBC |
| DPT Doctor of Physiotherapy (Pre-registration) | 1st year | 3 | 3 | 18 | 3 | N/A | TBC |
| DPT Doctor of Physiotherapy (Pre-registration) | 2nd year | 3 | 6 | 30 | 3 | N/A | TBC |
| DPT Doctor of Physiotherapy (Pre-registration) | 3rd year | 3 | 3 | 42* | 3** | 3 | TBC |
| Total | | 230 | 229 | 1202 | 197 | 35 | 0 |
| * DPT stage 3s each student has missed an average of 420 clinical data collection hours each since lockdown. This is based on 4 days a week on/attached to a clinical site | | | | | | | |
| ** these students are pre-registration qualified physios they require these hours to complete their doctorate | | | | | | | |
| *** most students completed this placement, 3 require extra weeks to complete the LO and 1 requires a resit | | | | | | | |
| **** 1 student requires a resit to graduate. | | | | | | | |
| | | | | | | | |
| Master of OT (UG) | Level 1 | 47 | 47 | 188 | 47 | N/A | TBC |
| Master of OT (UG) | Level 2 | 34 | 0 | 0 | 0 | N/A | TBC |
| BSc Hons OT | Level 3 | 42 | 0 | 8 | 1* | N/A | TBC |
| BSc Hons OT | Level 4 | 37 | 37 | 222 | 37 | 0 | N/A |
| Total | | 160 | 84 | 418 | 84 | 0 | |
| * 1 student requires a resit, maximum 8 weeks | | | | | | | |

Edinburgh Napier University

| Programme | Level of study | Number of Students in training | Number of placements lost | Number of placement weeks lost | Number of students affected | Number of final year UG students needing to find a placement to graduate this session | Number of students unable to have placement due to health concern (OH/ self) shielded |
|---|----------------|--------------------------------|---------------------------|--------------------------------|-----------------------------|---|---|
| MSc (Pre-registration) Occupational Therapy | MSc 1 | 13 | 0 | 0 | 13 | n/a | 0 |
| MSc (Pre-registration) Occupational Therapy | MSc 2 | 7 | 0 | 0 | 7 | 7x2 | 0 |
| Total | | 20 | | | 20 | | |
| | | | | | | | |
| MSc (Pre-Registration) Physiotherapy | MSc 1 | 16 | 0 | 0 | 16 | 0 | 0 |
| MSc (Pre-Registration) Physiotherapy | MSc 2 | 16 | 0 | 0 | 16 | 15x2 | 2 |
| Total | | 32 | | | 32 | | |

Strathclyde University

| Programme | Level of study | Number of students in training | Number of placements lost | Number of placement weeks lost | Number of students affected | Number of final year UG students needing to find a placement to graduate this session | Number of students unable to have placement due to health concern (OH/ self) shielded |
|--------------------------------------|----------------|--------------------------------|---------------------------|--------------------------------|-----------------------------|---|---|
| BSc Hons Speech & Language Pathology | 1 | 37 | 1 | 4 days | 37 | | |
| BSc Hons Speech & Language Pathology | 2 | 30 | 1 | 8 (2 days per week) | 1 | | |
| BSc Hons Speech & Language Pathology | 3 | 23 | 1 | 8 (2 days per week) | 1 | | |
| BSc Hons Speech & Language Pathology | 4 | 23 | 1 | 10 (2 days per week) | 2 | 2 | |
| Total | | 113 | 4 | | 41 | | |
| | | | | | | | |
| BSc Prosthetics & Orthotics | 1 | 34 | 0 | 0 | 0 | 0 | 0 |
| BSc Prosthetics & Orthotics | 2 | 35 | 0 | 0 | 0 | 0 | 0 |
| BSc Prosthetics & Orthotics | 3 | 35 | 35 | 300 | 35 | 0 | 0 |
| BSc Prosthetics & Orthotics | 4 | 24 | 0 | 0 | 0 | 0 | 0 |
| Total | | 128 | 35 | 300 | 35 | | |

All placements were curtailed to varying extent, none completed but none lost completely. Placement duration is 17 weeks.

Appendix 7: University support and adaptations made within AHP programmes with placements being paused

| University and programmes | Support and adaptations |
|---|---|
| Strathclyde - Prosthetics and Orthotics | <p>Final year students: All placements were completed and were not affected by COVID-19</p> <p>Third year students: All placements were curtailed to varying extents with up to 50% of placement weeks still required. Students will be permitted to carry the credits for placement into final year.</p> <p>First and second year students: No placements required</p> <p>In the longer term the curriculum will require to be restructured as there is insufficient placement capacity for two cohorts (third and final year) to be on placement at the same time. In future both placements will be provided in final year.</p> |
| Strathclyde – Speech and Language Therapy | <p>Final year students: Most students had completed their placements. Two student placements were curtailed and placement experience within service has been arranged.</p> <p>Second and third year students: All placements had been completed.</p> <p>First year students: Four-day placement was due but cancelled and placement hours to be provided in subsequent years.</p> |
| Queen Margaret University | <p>Final year students: Some students were due to complete placements over the summer, but these were cancelled. These students will be prioritised when placements restart.</p> <p>First, second and third year students: Teaching has been rescheduled to enable placements to take place later in the academic year. Third year students will be prioritised.</p> <p>Students on MSc pre-registration programmes: As placements were curtailed these students will require to complete 75% of their placements in one academic year as opposed to over two years.</p> <p>All programmes are being as flexible as possible with teaching modules over the academic year.</p> |
| Edinburgh Napier University - Occupational Therapy | <p>MSc pre-registration Year 2: Plan to go ahead with placements as soon as able.</p> <p>MSc pre-registration Year 1: Placement hours have been reduced by 150 and aim is to absorb this through simulated learning.</p> <p>Currently have made all year 1 and 2 placements conditional.</p> <p>Virtual placements have been planned for all shielded students</p> |

| University and programmes | Support and adaptations |
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| <p>Edinburgh Napier University – Physiotherapy</p> | <p>MSc pre-registration Year 2: placements prioritised for final year students. As placements are normally scheduled August and October no rescheduling has taken place, however restriction for agreements and current situation has become difficult. Focus on year two students in order to enter workplace in February 2021. Some students shielding so further opportunities have had to be explored.</p> <p>Year 1 MSc Physiotherapy: Year 1 student placements have had to be rescheduled as students have not been able to complete mandatory training in preparation for placements (such as MH, CPR and PMVA). The aim is for year 1 students to go on placement at end of November for 4 weeks and in January for 8 weeks. The shorter 4-week placement is a change to the programme, however, still allows the students to meet their 1,000 clinical hours.</p> <p>The lack of availability of placements during the rescheduled dates is of concern and we expect that many students may not be able to undertake placements which could potentially delay their progression through the programme.</p> |

| University and programmes | Support and adaptations |
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| <p>Glasgow Caledonian University - Dietetics, Diagnostic Imaging, Occupational Therapy, Orthoptics, Paramedics, Physiotherapy, Podiatry, Therapeutic Radiography</p> | <p>Final year students who completed placements: Programme teams from all AHP subjects were in consultation with and took guidance from institutional and national academic quality agencies, their respective professional bodies and external regulators. A range of appropriate measures of assessing competencies were put in place to ensure students progressing had met the relevant learning outcomes and required activities as associated with the award. Although some final year paramedic students have completed the minimum hours required, there has been a hiatus of six months since they were last in practice (as they missed the last block due to insurance issues). These students will need some additional transition support on entering service.</p> <p>Final year students who have not completed all their placements: Students who have not had an opportunity to complete either the required number of hours of practice-based learning or demonstrate competency in associated technical practice-based assessments have completed all academic work in anticipation of a return to PrBL placements.</p> <p>Level 1,2 and 3 students: There is no “one-size fits all” approach to this across all levels or all AHP programmes. As a strategy, GCU have focussed on prioritising and re-phasing academic/taught modules to trimester A, with a resulting shift in balance of practice-based learning activity to trimester B, to allow service (and placement offers) to recover from the recent disruption. That said, dietetics anticipate a return to placements in trimester A but with a mix of both face to face and remote/online experiences (eg. using NearMe). Some subject areas appear more able than others, to resume placements in trimester A (Diagnostic Imaging, Radiotherapy and Podiatry) albeit with adaptations to staggering timing, numbers going out etc). Radiography students have been able to carry “clinical staged assessments” (provided all other required elements of assessment are complete and allow progression into the next level of the programme – these will be picked up and addressed and the earliest opportunity. Other subjects (eg. Physio and OT) have felt a more direct need to balance the demand across levels and programmes as they have continued to lose placements through trimester C and the summer months. The shift to online (and asynchronous) learning will allow some subject areas to place students more flexibly across the academic session. Requests for placement provision in 20-21 have followed a less rigid “set” dates approach than previous and have now incorporated a few more flexible approaches (staggered start dates, shorter/longer placement blocks, part-time placements over a longer duration, PAL models)</p> <p>Students on MSc pre-reg programmes: OT and Physiotherapy will have had the biggest loss in hours during the period March to August and have re-phased teaching and academic work over this period to allow for as much time as possible to pass, before recovering placements in the remainder of 2020. These subject areas will require to be prioritised in the provision of placements over other years/levels and the undergraduate programmes, in order to allow the progression and completion of the award by February 2021. Given the need to retrieve a large volume of PrBL hours (and in the absence of any taught modules), a call for physiotherapy placement providers to consider a “residency” style approach to these students. Whilst responses so far have been positive, placement offers remain low overall, in view of demand.</p> |

| University and programmes | Support and adaptations |
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| <p>Robert Gordon University Dietetics, Occupational Therapy, Physiotherapy, Diagnostic Imaging</p> | <p>Final year students: Four resit students are awaiting placement opportunity following agreement of death in service insurance and location of suitable equivalent placement to ensure fair and equitable resit opportunity.</p> <p>First, second and third year students:</p> <p>Level 1 - OT/PT/DRad - 4 weeks missed placement. An alternative assessment was created to enable academic credits to be achieved with placement hours to be recouped as possible across the 3 subsequent years.</p> <p>Level 2 - Placements largely completed for OT/PT/DRad. Some resit placements unable to take place across the summer and will be carried forward in the programme so students are not disadvantaged. Dietetics students missed placement A (2 weeks) to be recouped as possible in line with other Universities in the hub.</p> <p>Level 3 - OT no placement loss, PT/DRad loss of 5/4 weeks elective placements respectively. Alternative assessment of a clinically based piece of work was approved to enable academic credits to be achieved. Hours will be recouped as possible in 4th year although both programmes have some ability to absorb hours if necessary, to meet required minimum. Dietetic students - loss of placement B - 12 weeks to be undertaken in year 4.</p> <p>Students on MSc pre-registration programmes: Academic work has been rescheduled across the summer to replace lost PrBL time. This has left MSc 2 students requiring 10/11 weeks placements to complete their course following submission of their final coursework in mid-September. Some of these students require specific placement experiences and hours to meet Irish and Canadian requirements as well as those of HCPC. Year 1 students also require back to back placements (12 weeks) between Sept and Christmas to make up placement hours prior to entering Year 2.</p> <p>The University has put in place academic and pastoral support to ensure students were not disadvantaged by the current circumstances. Recognising the importance of ensuring equity and fairness to all our students, where appropriate, we modified and created alternative assessments. All changes were fully scrutinised and passed through all relevant University processes. All students have been fully supported by course teams with clear consistent communication from their course leaders. Personal tutor and year tutor support has been available along with students support services including on-line counselling and specific support for those in practice (as employees) during the pandemic. Students have been largely understanding of the situation but there is increasing anxiety relating to the degree of uncertainty around Practice based Learning.</p> |

Appendix 8: Midwifery Programmes Overviews

Pre-registration midwifery 3-year degree programmes are provided by UWS, RGU and ENU and masters routes by UWS and ENU. All are working towards approval of the new midwifery programmes to commence in September 2021. In addition, RGU provide 'Return to Practice'.

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| UWS | <p>Practice Placements:</p> <p>Current Year 1: Withdrawn from practice and undertaking theory in line with NMC Temporary Standards. Plan is to return to practice in Sept 2020 (7/9/2020)</p> <p>Current Year 2: Minimal problems issues regarding practice. Their paid placement completes on August 31st, 2020 and they will enter year 3. UWS year 3 students commence with practice placement. Aim to restart them in practice 7/9/2020 but if not possible, they will commence theory.</p> <p>Current Year 3: Minimal problems in practice. Their paid placement due to complete 30th September. The programme completes on 28th August 2020 and the final exam panel is on 17th Sept, after which they can apply for NMC Registration. Only 1, year 3 students opted out, none shielding, and will return in September.</p> <p>Graduate employment: All UWS 67 student midwives who wish employment as a midwife have been offered a position.</p> <p>NHS GGC: 29 NHS Lanarkshire: 25 NHS Ayrshire & Arran:9 NHS Forth Valley: 2 London: 1 Northern Ireland: 1</p> <p>New Sept 2020 year 1 Cohort: Commence the programme on 28th Sept 2020 with teaching starting 5/10/2020. At this stage, their programme will be delivered using a 'hybrid learning approach' to minimise face to face contact.</p> <p>Recruitment: UWS has recruited to SG commissioned number of 102 student midwives for Sept 2020. <u>SG Target Number= 102.</u></p> <p>International elective placements: Ongoing plan to use this time to be an assessed placement (ward/labour ward/community) in year 2 instead of elective. To make up practice hours missed</p> <p>UHI Practice Placement (NHSGGC/NHS Lanarkshire). Shortened programme students will be able to complete their labour ward placements during 2020/21 within NHSGGC & Lanarkshire with no negative impact on UWS student midwives.</p> <p>UWS remains closed to face to face student teaching. In T1, theory will be delivered using a 'hybrid' learning' approach with minimal face to face contact in University. TLA material are currently being redeveloped for online delivery. Students are currently being supported in practice by LL using Microsoft Teams. It is hoped to recommence LL Visits to practice areas as soon as possible.</p> |
| RGU | <p>Practice Placements:</p> |

Current Year 1: Withdrawn from practice and undertaking theory in line with NMC Temporary Standards. Will commence new academic year 14th September with clinical placement. Their 2020-21 course calendar has been amended to increase clinical placement time with the aim of reducing need for any make up time at the end of the course. There is some anxiety from this group, however additional support and preparation is being provided and guidance is being produced for practice supervisors and assessors to advise on what additional support they may need.

Current Year 2: will start the new academic year as normal on the 14th September with a theory block. Their course calendar has been amended to support those who opted in with some additional leave. Those who opted out (11 students) will continue the extended clinical placement at the end of year to minimise make up time however some may still need. This may impact on those continuing to shield depending on Government advice. Their next clinical placement will be 9th November.

Current Year 3: All students are completing the course on employed band 4 contracts, including two students working out with our placement areas in Ayrshire and Arran and Dumfries and Galloway. We are not expecting many of these students to have additional time unless any academic resits are required.

Graduate employment: Final employment numbers not confirmed yet, however most have accepted posts in NHS Grampian and Tayside. NHS Highland recruitment completed more recently, and a few have students applied.

New Sept 2020 year 1 Cohort: Commence the programme on 28th Sept in line with RGU delayed semester one date. Plan is for a blended learning approach with minimal face to face contact (some skills teaching face to face). They will be due to attend the first placement block on 1st February.

Recruitment: On track to meet recruitment target of 74 for stage 1 with good geographical spread evidence in the offers made to date.

Return to Practice: NMC was approval in July 2020 and aim to start with the NHS collaborative model from October 2020. A collaborative employment model will be used, and students can complete the RGU course in NHS Grampian, Highlands, Orkney, Shetland, Tayside, Fife, Lothian and Borders. Two cohorts a year will be available with the next one in February. These students will apply to a vacancy within the board and to RGU and will be jointly interviewed with a bespoke learning plan and placement schedule. As these students are employed by the board this is not expected to impact on capacity, however appropriate supervision and support would be assured by the board before students were accepted on to the course.

RGU: Plans are in process to reopen the campus in semester one, however most of the teaching will be facilitated using blended approach with only essential clinical skills being taught on campus. Extra support in place for stage 1 going into stage 2 with limited clinical experience and support for practice assessors and supervisors.

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| <p>ENU</p> | <p>Practice Placements:</p> <p>Current Year 1: Withdrawn from practice in trimester 3, 100% (meant moving a year two module back into trimester 3). Plan is for 15-week clinical practice only in trimester 1 year 2, currently in discussion with practice partners as community placement might not yet be accessible.</p> <p>Current Year 2: Paid placement completes on August 31st, 2020 and they will enter year 3 as planned.</p> <p>Current Year 3: Contracted paid placement until 30th September. Programme completes 6th September. 4 students opted out or were shielding. Those who opted out will be able to return in September to complete practice, those who are shielding await further guidance regarding return to completion of practice. All students are working toward completing final theoretical assessment.</p> <p>Graduates: Employment status</p> <p>NHS Lothian: 5 students have been offered posts; recruitment is ongoing.</p> <p>NHS Fife: 9 students have been offered posts.</p> <p>NHS Borders: 2 students have been offered posts, more permanent posts may be available by September 2020</p> <p>NHS Forth Valley: 7 posts have been offered, going out to advert again shortly.</p> <p>NHS Tayside: 1 student has been offered a post</p> <p>Northern Ireland: 2 students have been offered posts</p> <p>Newcastle: 1 student has been offered a post</p> <p>Manchester: 2 students have been offered posts</p> <p>Milton Keynes: 1 student has been offered a post</p> <p>New Sept 2020 year 1 Cohort: Commence the programme on 7^h Sept Plan is for a blended learning approach with minimal face to face contact (skills teaching face to face).</p> <p>Recruitment: 719 applicants for BM. 72 applications for Master of Midwifery .117 offers made. August 2020 before we know exact number of students accepting places. <u>SG Target Number= 81.</u></p> <p>ENU remains closed to face to face student teaching. Plan is for theory trimester 1 to be delivered blended learning (mostly online). LTA materials are currently being redeveloped for online delivery. Students and staff using Webex and Micro soft teams for Tutorial sessions, PDT meetings, and Group Reflection sessions. Staff asked to continue with remote working. Link Lectures in contact with staff and students in link areas regularly by telephone and MSTeam meetings as unable to access practice areas currently.</p> |
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UHI are piloting a shortened degree programme (2 cohorts) for registered nurses to become midwives and currently have 2 cohorts of students.

| University of the Highlands and Islands-NHS Highland / NHS Western Isles/ NHS Orkney/ NHS Shetland | | | | | |
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| Pre-registration midwifery | Numbers | Factors affecting programmes 2019-20 | Factors affecting programmes 2020-21 | Assessment of student placement concerns across all cohorts | Placement capacity issues |
| 2019 and 2020 Midwifery Cohort | <p>2019 cohort- 16 complete in August 2020</p> <p>2020 cohort-</p> <p>from Aug 2020-14 students</p> <p>from April 2021-15 students</p> | <p>2019 cohort Into full time practice 2 weeks earlier than scheduled. Placements were arranged by UHI in collaboration with NHS Highland, NHS Western Isles and NHS Orkney, NHS Fife and NHS Lothian. Academic Assessment was modified to support this.</p> <p>2020 cohort 2 additional clinical practice weeks in the 1st semester (the 20-month programme is divided into 3 semesters). This has had an impact on students. From lockdown no opportunities for 2020 cohort to meet on campus at this transitional period in their professional journey (nurse to midwife). Students have been supported in their programme and learning/academic and practice assessment with webinars, materials and activities to support online learning, one-to-one online support, cohort meetings online, email and telephone. Technologically this continues to be a challenge for some students with their own equipment failures and limited information technology skills. Accommodation availability initially during lockdown was very difficult for students and continues to be a challenge. In March students were sent home from their community placements/or told not to attend and UHI worked closely with NHS Highland (and RGU) and all students had another placement within 72 hrs. Students will require to make up this lost time. Due to this lack of community opportunity the UHI team developed and shared with colleagues across Scotland a skill template to support supervisors to assess skills in order that students were not disadvantaged.</p> | <p>No changes anticipated to the approved programme's theory (40%) and practice (60%) weeks. All students have a 2-week elective in semester 2. All students have identified a clinical area in Scotland and at present we anticipate these being supported but we have not received confirmation from all areas.</p> <p>Some students have missed out on community placements in semester 1. We anticipate their 10-week community practice in the final semester will support them to meet the programme requirements.</p> | <p>Shielded students Childcare access Use of public transport to travel for placement Distant placements:</p> <ul style="list-style-type: none"> • Travel safety • Accommodation • Extension of social network between distant placement community and home community: cross infection • Community placement disruption | <p>All remaining 2020 cohort placements in NHH, NHHO, NHHSS, NHHSWI have been agreed by RGU (up until end August 2021).</p> <p>We await confirmation of intrapartum experience placements in NHHGGC for 10 of the 2020 cohort (November to December 2020).</p> <p>We await confirmation from ENU for a placement agreed in principle by NHS Forth Valley to support a UHI student April - August 2021.</p> |

Appendix 9 NHS Board Mitigation Plans for student nurses and midwives

| PLACEMENT PROVIDER | MITIGATION ACTIONS |
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| NHS Dumfries & Galloway | <p>The PEF's are contacting all existing mentors (PA and PS) to ask if they are redeployed elsewhere. I have spoken to the Deputy Nurse Director and Lead nurses for an update on reconfiguration of their services and future plans. We are continuing to scope new placement opportunities such as the chemotherapy clinic and specialist nurses.</p> |
| NHS Grampian | <p>NHS Grampian are continuing to do this in partnership with RGU as our main provider in the prioritising of nursing placements for the next academic year and in line with changes services and service redesign. As part of NHS Grampian's remobilisation and recovery plans it is vital that we ensure sufficient practice learning environments are available to support all pre-reg and post-reg nursing and midwifery students. Demand for placements in 2020-2021 will be higher than previous years due to the growing pre-reg intake sizes and the legacy of placement disruption in the previous academic year caused by the COVID-19pandemic. This is compounded by the physical distancing restrictions and other measures in place as a result of COVID-19which will reduce placement capacity in many areas. Simultaneously we will have to navigate the shifting sands of service redesign and ward/team reconfiguration as we adapt our services to accommodate the phases of recovery. Due to significant service redesign and reconfiguration our usual placement capacity has been significantly reduced from our pre-COVID-19 numbers.</p> <p>Interim plan for remainder of 2020 The numbers of nursing and midwifery students requiring placement at any one time in NHS Grampian for the remainder of the year is not likely to exceed capacity. The configuration of the academic calendar from now until the end of this year means that there is no further overlap of large student cohorts. The numbers of students requiring placements will not exceed our temporary capacity of 533. Therefore, the majority of areas currently supporting students will be asked to support students again in October to January but the numbers they will be asked to support will not exceed the numbers they are already currently supporting successfully, with some minor exceptions and adjustments which can be coordinated by the Practice Education team. The NHSG Practice Education team and the Robert Gordon University Practice Learning Team fully support and endorse this interim plan.</p> <p>2021 plan As we move into 2021 you will see from the attached placement calendar that there will be significant peaks in student numbers, mostly where two large intakes of pre-reg students will be out on placement at the same time. These placement dates are part of the Robert Gordon University academic calendar and cannot be moved. The first peak of placement demand will begin week commencing 25th January 2021. Projected numbers indicate there will be approx 754 practice placements required. This will exceed our current temporary placement capacity by 221. In order to address this shortfall, we are already working on several mitigating actions as outlined below.</p> |

| PLACEMENT PROVIDER | MITIGATION ACTIONS |
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| NHS Grampian (Continued) | <p>Mitigating actions:</p> <ul style="list-style-type: none"> • Capacity Tool The NHSG Future Nurse & Midwife Programme Board - Quality of Practice Learning subgroup consists of practice education representatives from all areas/divisions of NHS Grampian and representatives from the RGU Practice Learning Team. Part of the remit of the subgroup is to explore and appraise existing capacity tools with a view to adapting or creating a local decision-making tool to aid determination of capacity numbers. We believe that a robust approach will help address inconsistencies in student capacity between similar areas and boost capacity. • Exploration of new placement areas We are working with our main partners at RGU to identify other suitable placement areas within the Grampian area but out with NHS Grampian e.g. third sector, care sector etc to provide additional capacity. This will include revisiting areas which were previously deemed unsuitable due to lack of mentors. However, as we transition to the Nursing and Midwifery Council (NMC), Standards for Student Supervision and Assessment (SSSA), some of these historical barriers will cease to exist and we will be able to utilise a range of health and care professionals to provide practice supervision, supported by practice assessors and academic assessors. • Models of Supervision and Assessment The NHSG Future Nurse & Midwife Programme Board - Quality of Practice Learning subgroup is also scoping and identifying new models of supervision and assessment which could allow for larger numbers of students to be supported in certain areas. This includes an exploration of innovative technologies to aid new models of supervision and assessment especially for remote and rural areas. • Capacity Huddles A huddle via MS Teams every 2-3 weeks between key representatives from NHSG and RGU has been initiated. Ongoing service reconfiguration will result in many changes to placement areas over the coming weeks and months. This regular and frequent huddle will allow us to assess the impact of these changes on current and future student allocation in a proactive and timely manner. • Placement calendar A local placement calendar has been developed to provide an overview of student placement dates and numbers. This provides at-a-glance overview of ALL nursing and midwifery learners who require practice placements. This calendar will be updated regularly as predicated dates are finalised and as projected numbers are confirmed. This has been tabled at our NHSG Education Recovery Group and overlays will be produced which will show learners from other disciplines including AHP students and medical students. |

| PLACEMENT PROVIDER | MITIGATION ACTIONS |
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| NHS Borders and NHS Lothian | <p>NHS Lothian and NHS Borders have a virtual student flow workshop scheduled for the 29th July 2020 with University Partners. It is hoped that outputs from the above workshop will include:</p> <ul style="list-style-type: none"> • Placement communication for Nurse Directors • Achievable and sustainable plan for return of supernumerary student nurse and midwife PLEs within NHS Lothian and Borders • Options for potential virtual PLEs for shielding students • Placement capacity and priority plan and • Options for students who have opted out of paid placements for a variety of reasons. <p>Prior to the workshop we are scoping PEF/CHEF and attendee opinion via a qualitative template. Quantitative data regarding predicted student numbers to inform the workshop discussion and prioritisation for supernumerary PLEs is currently being collated.</p> |
| NHS Orkney | <ul style="list-style-type: none"> • Implementation of NMC Standards for Student Support & Supervision (SSSA) has highlighted the benefits of the wider range of learning opportunities available locally. • plans to audit other practice learning environments in the near future which will enhance the students learning experience and increase our capacity. • small numbers of students in placement in Orkney at any given time; therefore, supernumerary status of students does not cause us concern regarding increasing the footfall in clinical areas in hospital (single rooms), patient's homes or other shared areas. • students have had the opportunity for experimenting and envisioning new models of technology-enabled learning, teaching and assessment. created opportunities to consider, for a range of delivery modes, as digital services are transformed. • NHS Orkney have started to consider additional IT resources that may be required and will consider the allocations and number of students in this process. |
| NHS Golden Jubilee | <p>Over the next few months there will be significant changes in our areas, with new specialities in our board and the expansion progressing for the ophthalmology unit with a projected opening of September. Students have been a valuable part of our workforce over the last few months with the model of students being employed in our board and we have completed a recruitment process to provide band 5 posts to the students which assists with filling vacancies generated by our recovery plan. Going forward into the new academic year students will remain an important part of our plans and we remain committed to providing practice learning experiences within our new model of patient services that we are providing. We are looking ahead to identify where opportunities are available for Practice Learning Experiences and considering the number of students that can be supported within these areas while supporting staff to develop confidence and practice in the specialities.</p> |

| PLACEMENT PROVIDER | MITIGATION ACTIONS |
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| NHS Highland | <p>The position in NHS Highland is that we are still very much working on placement planning and looking at capacity issues. Due to the speed that we had to find placements for 3rd and 2nd years we realised we could improve the placement allocation process alongside UHI. So, we have been meeting regularly to discuss the issues and will be working on a process map to improve the system.</p> |
| NHS Ayrshire & Arran | <p>NHS Ayrshire and Arran have been working with their University partner regarding potential flow for the AY 2020/21. Associate Nurse Directors are aware of the importance of maintaining student capacity during recover and reconfiguration of services. Practice Education Facilitators continue to explore new placement opportunities.</p> |
| NHS Lanarkshire | <p>NHS Lanarkshire have raised the issues of placement capacity to the NHS Lanarkshire Recovery, Redesign Oversight group to ensure service side consider student issues when bring back services and considering physical distancing. Consideration is being given to student placement when considering capacity and service redesign. We are undertaking a test of change with a final year OT student as a remote placement using Near Me consultations and MS Teams. This is just about to commence and will need to be evaluated. If successful this will have implications regarding ensuring students not only have access to IT systems but also to IT equipment to enable them to do this safely – i.e. iPad / tablets, headsets, monitors with webcams etc... We care currently reviewing placement capacity as both the paid placement work and implementation of NMC standards have highlighted anomalies in current placement provision. Depending on the issues with physical distancing and new models of service delivery this may open up opportunities for placement provision.</p> |
| NHS Forth Valley | <p>Within Forth Valley senior nurses are in the process of supporting managers to update service area recovery and mobilisation plans as part of the next phase of recovery planning looking at the requirements of N&M staffing and influencing new ways of working as services are reconfigured. Within these plans we have identified how we will continue to provide student placements as per our obligations under our MOUs with our University Partners and in recognition that these students are our nursing and midwifery workforce of the future so we need to ensure we support the continuation of their education programmes working whilst being flexible in our responsiveness and compliance to COVID-19 guidance.</p> <p>We are very proud of our longstanding collaborative and partnership approach working with University partners and have established a specific Action Group comprising practice and university partners which is led by our PEFs/CHEF which has identified the placements that can be used ensuring adherence to requirements of COVID-19 guidance. We have also taken a focus as per the specific fields of nursing and midwifery practice to ensure that any additional training required in support of a placement area e.g. mental health - control & restraint safe handling training can be undertaken utilising the expertise of current practitioners as well as training staff. We have been creative in our approach to maximise placement opportunities and pulling on the expertise of our current excellent mentors/practice supervisors/assessors. Our PEF and CHEF team have been fundamental to the achievement of this – walking alongside SCN/Team leaders to support them in identifying and supporting the creation of these learning environments – taking an improvement approach – but also building capability and confidence – which as an example has seen us increase our care home placement capacity threefold since the start of COVID-19.</p> |

| PLACEMENT PROVIDER | MITIGATION ACTIONS |
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| NHS Fife | <p>The NHS Fife PEF team have contacted all available placements in NHS Fife, as a scoping exercise following changes to services due to the COVID-19 pandemic. We have collated information on the number of placements available now, those placements who will open up with the social distancing measures/risk assessments in place and those placements that have increased the SLA to accommodate more students in the future. We are continuing to develop new placement areas to increase capacity in line with the 2019/20 PEF/CHEF national priorities.</p> <p>Care homes – After an increase in placements offered during COVID-19 we now have a slight reduction in care home placements currently available. The CHEF is due to start negotiations with Fife Council with a view to using Residential Homes in the future. This new model would widen the range of experiences and placements available for students.</p> <p>Case study provided – see Case Study 6</p> |
| NHS Shetland | <p>NHS Shetland have been working with their University partner regarding potential flow for the AY 2020/21. Lack of accommodation for placements away from home, particularly the Islands is a perennial issue prohibiting growth of practice placement capacity and NHS Shetland are exploring bed and breakfast (additional cost). Considering only taking take local students with home address in Shetland.</p> |
| NHS Western Isles | <ul style="list-style-type: none"> • The PEF works closely with our workforce planning team and SCNs to ensure that movement of student placements due to COVID-19 is aligned with the movement of staff, Practice supervisors and assessors. This has proved valuable and has given the students continuity whilst on placement, this dual approach will continue going forward, in preparation for the coming months. • The PEF has established alternative ways of maintaining the ‘open door’ policy we have always encouraged with both staff and students. This has been done virtually via email, Teams, Newsletters, coms,1 – 1, telephone and a new weekly Teams meeting is held for mentors to attend when they can for support. • We have increased placement capacity, with several new placement areas opening, such as Public Health and GP Practice settings, we will carry these forward and establish them as regular placements. One student placed in a new area (that previously resisted having students) has now offered the student permanent employment on completion of studies. They have given positive feedback and are keen to have students in the future. • We have accommodated student nurses from areas that do not normally place adult branch students in NHS Western Isles, RGU and QMU. This has proven to be a valuable learning experience for both students and staff and strengthened links between the Universities and NHS WI. <p>Clinical/placement areas within NHS Western Isles have changed considerably due to COVID-19 planning. In preparation, 2 of the main wards were turned in to COVID-19 wards, including two ICU bays created and a 2nd HDU. The landscape of the hospital has changed, and plans are ongoing regarding remobilisation. The need for these areas to remain is clear, this will open new placement opportunities. Community settings have also changed with care homes being incorporated, again giving opportunity to develop placement areas. Planning is ongoing regarding this, but we do not envisage capacity issues.</p> |

| PLACEMENT PROVIDER | MITIGATION ACTIONS |
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| NHS Tayside | <p>NHS Tayside have been working closely with University partners to determine the full extent of disruption to practice learning capacity for the new academic year. A student footprint analysis has been completed and significant capacity deficits are predicted particularly within mental health, child and community practice placements. For example, community placements are currently reduced by 84% while in-patient services are reduced by 17-18% with limited indication that these will be reinstated in time for the start of the academic year. While it is predicted that NHS Tayside will be able to support adult branch student placement requirements in Semester 1, with the use of innovative supervision approaches, it is anticipated that there will be placement capacity shortfall for these students in the early 2021 placement period. A detailed SBAR has been submitted to the Director of Nursing within NHS Tayside providing detail of the predicted placement capacity shortfall and partnership discussions with Universities will be ongoing. Plans are in place to reinstate supernumerary placements from the 3rd August for those 'non shielding' students who were unable to opt in to paid placement to complete their outstanding placement experience hours in order to enable them to complete their programmes and join the workforce in a timely fashion.</p> |
| NHS State Hospital | <p>At the State Hospital we are in the position to continue to take the same amount of student we have a SLA for prior to COVID-19, looking forward we are in the process of reconfiguration within our Board therefore unsure if this will increase. Presently we have students from Abertay, UWS and GCU.</p> |
| NHS Greater Glasgow and Clyde | <p>In NHS Greater Glasgow and Clyde, we have been liaising closely with all our University partners to understand practice learning experience capacity implications as we move towards the new academic year. The practice education team are looking at current and potential practice learning experience opportunities and the numbers of students that can be supported within these services. The developing COVID-19 situation and the entry of student nurses and midwives into paid employment meant that a much larger than normal number of students were successfully deployed across our care homes. We are looking to capitalise on this and increase capacity in this sector. Additionally, and utilising NES funding, we successfully placed nine-year 3 student nurses into General Practice learning environments. Two students have since received offers of employment within the practices they were allocated to and we are now looking at engaging wider with our General Practices and further increasing capacity. NHS Greater Glasgow and Clyde and the Board Nurse Director, Deputy Nurse Director (Acute) and Chief Nurses/Midwife are aware of the importance of maintaining and supporting practice learning experiences as we recover and reconfigure services, and whilst cognisant of the current complexities surrounding student experiences, are committed to supporting these moving forward.</p> |

Case study 6. NHS Fife placement areas

NHS Fife placement areas have during the pandemic made students a priority to ensure the students have supportive paid placement allowing the continuation of their studies, to graduate and become our future workforce. Several students have obtained their first post in these areas and have felt the support given has been valuable to allow them to make the transition from student to NQP. The PEF/CHEF team have been supporting the students in placement by email, phone and Teams meetings. This support will continue as the student's progress to NQPs with clinical supervision and NQP programmes delivered virtually instead of face to face in their first year of practice. NHS Fife areas have increased SLAs and created innovative ways of working for student placements for example the amalgamation of community and inpatient palliative care services allowed the students to experience a blended placement by being involved in providing both types of care and the creation of the outreach service due to COVID-19 .

SCBU increased the SLA to accommodate far more students than normal for this time period. Whilst this has been challenging the students report that they have had a fantastic experience despite the high number of students. The Feedback from the student nurses and midwives in Fife wide placements has been overwhelmingly positive. Students have enjoyed the added responsibilities of working during a pandemic and many different areas have been able to increase their capacity to accommodate these students.

We have accommodated student nurses and midwives from Universities who do not normally place their students within Fife which has proven to be valuable for both Practice Supervisors/Assessors and the students in terms of sharing experiences.

Appendix 10 Rapid literature review undertaken as part of the SG commissioned report

A literature search was undertaken as part of this SG commissioned report to source relevant publications, from either a UK or international perspective, that could illuminate student experiences/concerns, availability of placements/capacity as we move into the new academic year 20-21. The rapid search undertaken by NES Knowledge Services located 75 papers. The majority of papers (n= 68) related to nursing or midwifery education; with the remaining papers having a focus on paramedic, physiotherapy, pharmacy, radiography, and dietetics perspectives. A rapid review was undertaken of all papers. The papers fell into three categories:

- Articles on student employment at commencement of COVID-19,
- Articles that explored students' knowledge, skills, confidence/attitudes or anxieties during this COVID-19 period,
- Articles that may have implications for curricular content or virtual delivery of learning resources moving forward.

This appendix provides details of those articles from the first two categories as those papers (n= 19) had direct relevance to the focus of the commissioned report. The table below outlines the purpose of each paper, the key points from the paper and the possible considerations/recommendations that may have implications for this SG commissioned report. The findings from the third category, i.e. articles that have implications for curricular content or virtual delivery of learning resources, are not contained within this report but will be shared with relevant partners in order to share the emerging evidence base.

Some points worthy of note from the rapid literature review articles included in this report were:

- That anxiety levels vary amongst students in relation to the disruption caused by the COVID-19 pandemic with some students potentially displaying moderate to severe anxiety,
- The dissonance/anxiety for those students who were unable to go on placement,
- The need to care for students' psychological state in a timely manner,
- The increased use of simulation, telehealth, and virtual reality during the COVID-19 pandemic,
- The loss of the sense of connectedness with peers and the possibly resulting diminishment of workforce - ready communications skills and professional identity,
- The need for strong partnership working between academia and practice providers,
- The need for regular clinical supervision to support students who are working in practice, and pastoral support from academic staff moving forward,
- That normal preceptorship support for qualifying 3rd year students may be negatively impacted upon.

The key recommendations drawn from the literature reviewed was the need to:

- Acknowledge and manage NMAHP student concerns,
- Recognise and support NMAHP students with moderate and severe anxiety,
- Recognise and manage post COVID-19 traumatic stress disorder in student nurses and midwives,
- Consider how students who did not go to paid placement are supported moving forward,
- Provision of, and access to, psychological counselling,
- Reinforcement of professional identity for those students who were unable to opt in to paid placement,
- Consider and strengthen the preceptorship needs of new NMAHP registrants transitioning during this COVID-19 period,
- Strengthen workforce - ready communications skills may need to be compensated for within the curriculum and within future practice placement experiences,
- Increase use of simulation, telehealth, and virtual reality while being sensitive to regulatory requirements.

Table 1: Purpose, key points and considerations/recommendations from literature review papers

| Author, Title, date | Purpose of article | Key points | Considerations/Recommendations that may have implications for SG commissioned report |
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| Articles on student employment at commencement of COVID-19 | | | |
| Anon (2020) <i>NHS chief plans to employ third-year nursing students at band 5</i> . <i>Learning Disability Practice</i> , 23, 2, p.6. | Commentary | Commentary on Chief Nursing Officer’s conference in Birmingham in February 2020 and the potential to invite third-year undergraduate nurses into clinical practice. | None |
| Anon (2020) <i>Should nursing students go into practice early to help tackle COVID-19</i> . <i>Nursing Standard</i> , 35, 4, p. 12. | Reader’s Panel Commentary | Commentary from 4 perspectives: 2 staff nurses (Nottingham & London) and 2 nursing students (Edinburgh & Plymouth) on the potential plan to invite undergraduate nurses into clinical practice. | <ul style="list-style-type: none"> • Due to integration into paid placement normal preceptorship support for qualifying 3rd year students may be negatively impacted upon • For any future pandemic episodes exhaust the supply of re-registrants first rather than students |
| Anon (2020) <i>Thousands of nursing students and former nurses join the COVID-19 temporary register</i> . <i>Nursing Children and Young People</i> , 32, 3, pp. 7 | Commentary | Commentary indicating that 6,147 trained nurses, and 18,700 final year nursing students in England had applied to join the COVID-19 temporary register. | None |
| Whitfield, SM, A. Boyle, M. (2020) <i>Trained, ready but under-utilised: Using student paramedics during a pandemic</i> . <i>Australasian Journal of Paramedicine</i> , http://dx.doi.org/10.7748/ns.35.5.32.s17 | Commentary | This Australian commentary outlined a case for student paramedics as a potential solution to the operational resource issues ambulances services and other healthcare institutions are expected to experience during high demand situations, such as pandemics, arguing the skills final year students possess should have | None |

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| | | been deployed within the Australian COVID-19 context. | |
| <p>Hayter, M., Jackson, D. (2020) <i>Pre-registration undergraduate nurses and the COVID-19 pandemic: Students or workers?</i> Journal of Clinical Nursing, 10.1111/jocn.15305</p> | <p>Editorial</p> | <p>The authors discussed the deployment of the nursing students into the workforce during the COVID-19 period and the implications this has for universities. They propose that a robust and appropriate support plan should be in place for whenever student nurses are to be co-opted in an emergency situation such as a pandemic and recommend 10 key elements of such a plan. The authors acknowledge that as experienced health and care staff have the potential to develop post COVID traumatic stress disorder there a heightened risk of students experiencing similar and there is a need for this to be recognised and managed.</p> | <ul style="list-style-type: none"> • Recognition and management of post COVID traumatic stress disorder in student nurses • The 10 points outlined in the editorial could act as a basis for the current pandemic and help shape the response to future events of a similar nature, namely: <ol style="list-style-type: none"> 1. Fast and efficient occupational health advice, including assurances that students will be provided with adequate personal protective equipment at all times while on duty—and suitable training in its use. 2. Clarity on the impact of extended work in hospitals on each student's training and graduation. 3. A sound risk assessment of clinical environments before placing students, with plans in place to rapidly identify, respond to and mitigate identified risks. 4. Careful planning about how students will be placed and for how long, together with clear evidence that they have given informed consent to enter practice. |

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| | | | <p>5. Formal strategies to monitor student well-being—in the short and longer term- with early recognition and intervention for any problems or difficulties.</p> <p>6. Access to pastoral support while in placement and access to mental health counselling and support from within the university</p> <p>7. Support for the students who choose not to be co-opted.</p> <p>8. A register of events capturing and appropriately recording any and all untoward or unforeseen events affecting students.</p> <p>9. Support to develop a rigorous evidence base around the co-opting of nursing students in a pandemic or other health emergency.</p> <p>10. Clarity on where the legal responsibility for ensuring the safety of health students lies.</p> |
| <p>Perkins, AK, S.; Dumbleton, H.; Whitfield, S. (2020) <i>Pandemic pupils: COVID-19 and the impact on student paramedics</i>. Australasian Journal of Paramedicine, 10.1111/jocn.15317</p> | <p>Commentary</p> | <p>This commentary outlines the effect the COVID-19 pandemic is having on the learning of student paramedics, namely, the move to online teaching and learning methods which some students have adapted to readily will other have not; the loss of connectiveness with fellow peers as not within the education setting</p> | <p>The loss of the sense of connectedness with peers and the strengthening of workforce - ready communications skills this facilitates may need to be compensated for within the curriculum and within future practice placement experiences.</p> |

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| <p>Lazenby, MC, S, Chyun, D, Davidson, P, Dithole, K, Norman, I, Tlou, S. (2020) <i>Clinical nursing and midwifery education in the pandemic age</i>. International nursing review. DOI 10.1111/inr.12601</p> | <p>Commentary</p> | <p>This is a discursive paper on the way forward following the disruption to clinical and midwifery education because of the COVID-19 pandemic. It calls for reciprocal governance, suggesting academic nursing leaders and nursing and midwifery workforce leaders need to be part of each other's governance processes. This could be facilitated through joint appointments and collaborative research focussed on workforce priorities and needs.</p> | <p>Need for strong partnership working between academia and practice providers</p> |
| <p>Morin K H (2020) <i>Nursing Education After COVID-19: Same or Different?</i> Journal of Clinical Nursing DOI: 10.1111/jocn.15322</p> | <p>Editorial</p> | <p>This editorial discussed the changes resulting within nurse education as a result of the COVID-19 pandemic: the move to online learning, the challenge of providing relevant clinical experiences and availability of technological resources</p> | <p>Increased use of simulation, telehealth, and virtual reality while being sensitive to regulatory requirements</p> <p>Preparing students nurses for their critical role in managing epidemics should be an integral part of the curriculum</p> |
| <p>McCormack B (2020) <i>What is the value of nursing knowledge in a time of crisis?</i> Journal of Clinical Nursing, DOI: 10.1111/jocn.15323</p> | <p>Editorial</p> | <p>This editorial provides a discursive commentary on the value on technical over theoretical nursing knowledge that has prevailed during this COVID-19 pandemic and the consequences this may have for the future of nurse education. The dilemma moving forward is outlined – how do nurse educators and leaders reposition the significance of nursing theory and specific nursing knowledge as the central focus of the curriculum.</p> | <p>Consider how students who did not go to paid placement are supported moving forward</p> <p>Nurse leaders provide a clear message of the importance of nursing knowledge</p> |

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| <p>Teo, LWP, Tanya; Ong, Y J, Lai, C (2020) <i>Coping with COVID-19: perspectives of student radiographers</i> Journal of Medical Imaging and Radiation Sciences, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7256620/</p> | <p>Discursive article</p> | <p>This paper outlined the disruption within Singapore education institutions to radiography students learning and placement activity due to the COVID-19 pandemic. Key points included, not all students had a conducive home environment to enable online engagement with learning; the loss of constructive engagement with peers; and the potential reduction in the quantity and quality of patient cases for students when placements do recommence.</p> | <p>The potential loss of diverse radiography cases may require to be compensated for within the curriculum and within future practice placement experiences to ensure quality and quantity of learning.</p> |
| <p>Articles that explore nursing students' knowledge, skills, confidence/attitudes or anxieties during this COVID-19 period</p> | | | |
| <p>Cervera-Gasch, Á. et al (2020) <i>COVID-19: Are Spanish medicine and nursing students prepared?</i> Nurse Education Today, 92, pp. 104473</p> | <p>Contemporary issues paper</p> | <p>Authors report on a questionnaire disseminated on social networks (i.e. Facebook, Twitter, Instagram, WhatsApp groups) to nursing and medical students exploring their knowledge on preventing the transmission of COVID-19 and their attitudes, confidence and willingness to deal with infected cases and opinions on the first Spanish COVID-19 containment policies. 102 valid responses were obtained from medical (43.1%; n=44) and nursing (56.9%; n=58) students from 11 Spanish universities. The general level of knowledge was considered adequate. Of the whole study sample, 65.3% did not feel prepared or were barely prepared to attend to cases of COVID-19, although 74.2% were</p> | <p>Student concerns have been raised in this international paper</p> <ul style="list-style-type: none"> • Fear of the risk of infection • Fear of the risk of transmission to family members <p>Educational institutions responsible for education of nursing and medical students should take previous epidemics (including this current pandemic) as opportunities to improve the educational programmes of future health professionals; incorporate the necessary competences into public health, epidemiology or infectious processes to a greater extent to improve knowledge,</p> |

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| | | willing to do so if the situation required it and assume moral responsibility to care for infected patients. 38.9% stated being afraid of becoming infected from encountering a case, compared to 92% who indicated feeling afraid of being able to infect a member of their families. | attitudes and confidence of students who may be faced with further epidemic outbreaks and strengthen students' socio-political responsibility. |
| Collado-Boira, E, et al (2020) <i>The COVID-19 outbreak—An empirical phenomenological study on perceptions and psychosocial considerations surrounding the immediate incorporation of final-year Spanish nursing and medical students into the health system</i> . Nurse Education Today, 92, pp. 104504 | Research paper | Phenomenological study of the perceptions of 62 final-year nursing and medical students from Jaime I University (Spain) who volunteered to join the health system during the COVID-19 pandemic period. Data indicated that despite the threats posed by COVID-19, students were willing to accept the government appeal due to social commitment, vocation, and professional ethics. Categories and sub-categories of key concerns were outlined and discussed within the paper. | Optimise the curriculum and student training to address students concerns. Key concerns voiced by students included: <ul style="list-style-type: none"> • Fear of the risk of infection • Fear of the risk of transmission to family members • Fear of the health system being disorganised and lack of PPE • Lack of knowledge and skills in relation to COVID-19 and feeling unprepared for emergency situations • Fear of coping with and managing difficult situations such as death of COVID-19 patients. |
| Savitsky, B., et al (2020) <i>Anxiety and coping strategies among nursing students during the covid-19 pandemic</i> . Nurse Education in Practice, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7264940/ | Research paper | A cross-sectional study was conducted among 244 Israeli nursing students during the third week of a national lockdown. Anxiety level was assessed using the Generalized Anxiety Disorder 7-Item Scale with a | Student concerns included: <ul style="list-style-type: none"> • Lack of PPE • fear of infection Education institutions have an important role |

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| | | <p>cut-off point of 10 for moderate and of 15 for severe anxiety. Factor analysis was used to identify coping components. The prevalence of moderate and severe anxiety was 42.8% and 13.1% respectively. Lack of PPE, and fear of infection were significantly associated with a higher anxiety score. Stronger resilience and usage of humour were associated with significantly lower anxiety levels.</p> | <ul style="list-style-type: none"> • in the recognition and support of students with moderate and severe anxiety • to create a sense of control and provide stable educational structure for the students. Maintaining a stable educational framework, including reducing to minimum any changes in the teaching schedule, announcing information about changes as soon as possible, supplying updated information about the continuance of the academic year and exams are all recommended within this paper |
| <p>Sögüt, S et al (2020) <i>The relationship between COVID-19 knowledge levels and anxiety states of midwifery students during the outbreak: A cross-sectional web-based survey.</i> Perspectives in Psychiatric Care, DOI: 10.1111/ppc.12555</p> | <p>Research paper</p> | <p>A total of 972 female midwifery students from Turkey participated in an on-line survey which incorporated the Beck anxiety inventory. The return rate was 9.7%. The data began to be collected after the first coronavirus infected cases began to appear in Turkey. The majority of midwifery students (94.4%) had low anxiety, followed by moderate anxiety (4.5%) and potentially concerning levels of anxiety in 1%. Female midwifery students had a high</p> | <p>Recognition and support of students with moderate and severe anxiety will be required.</p> |

| | | level of knowledge regarding COVID-19 | |
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| Zhi, XL (2020) Investigation and analysis of psychological stress and professional identity of nursing students during COVID-19 pandemic | Research | This paper reports on the survey results of the psychological stress and professional identity of 415 nursing students from China. They reported that students' origin, monthly living expenses and their knowledge on epidemic prevention and treatment showed a significant impact on their psychological stress. Similarly, students' gender, origin, clinical practices and knowledge of prevention and treatment, and whether they actively learned such knowledge impacted significantly on their professional identity. Students with increased psychological stress, had lower sense of professional identity and students with clinical practice fared better in terms of professional identity. | Professional identity may require reinforcement for those students who were unable to opt in to paid placement Caring for students' psychological state and provide psychological counselling in a timely manner is warranted and may require to be recognised and supported through programme and practice planning. |
| Swift, A et al (2020) <i>COVID-19 and student nurses: A view from England</i> . Journal of Clinical Nursing, DOI: 10.1111/jocn.15298 | Editorial (co-authored with students) | This paper identified a number of concerns: <ul style="list-style-type: none"> • students who were not on paid placement are worried about completing their programmes on time and being able to register to practice as a nurse. • Final year students undertaking an extended placement will not have the | Health organisations and educational providers have a duty of care to ensure the physical and psychological safety of nursing students who have opted in or out of paid placement. |

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| | | <p>usually clearly delineated transition from student to qualified nurse and there is a risk that poor support could increase the numbers who leave the profession early</p> <ul style="list-style-type: none"> • For year 2 students, there are fears about the pressure to catch-up on hours during the final year of their programme. • Loss of academic time during the paid placement carries with a fear of not being able to achieve their best in academic work now or later • Students who remained on campus to work within the hospitals are facing isolation in their shared accommodation as other University students have already gone home. • Paid placement means an extended time away from family and friends who provide a vital support network | |
| <p>Pelly, FEW-F, T.; Tweedie, J. (2020) <i>Student placement adaptability during COVID-19: Lessons learnt in 2020</i>. Nutrition and Dietetics Journal of Dieticians Australia https://onlinelibrary.wiley.com/doi/full/10.1111/1747-0080.12625</p> | <p>Commentary</p> | <p>This paper outlines the creation of a remote telehealth clinic placement for Australian dietetic students developed in relation to COVID-19 disruption to placements. The authors outline some of the</p> | <p>Consider alternative models of placement due to social distancing, risk mitigation and isolation measures identified by placement partners</p> |

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| | | <p>challenges with online supervision and telehealth based on the reflection of academic placement staff. There were issues related to: placement operational aspects; student placement experience and technology. A positive aspect was the potential to increase capacity as the telehealth clinic model enabled supervision of four students at one time.</p> | <p>Opportunity to create remote placements that allow students to demonstrate competencies and meet learning outcomes, alongside increasing capacity.</p> |
| <p>Luyben, AF (2020) <i>Midwifery education in COVID-19- time: Challenges and opportunities</i>. <i>Midwifery</i>, https://doi.org/10.1016/j.midw.2020.102776</p> | | <p>This article provides a reflective account from three experienced midwives in different European countries, one working in education, one in clinical practice and one in research as to some of the major issues that are emerging in undergraduate midwifery education programmes. Challenges for the near future and longer term are outlined, i.e. the teaching of specific midwifery skills, whether or not to replace real clinical learning with simulation, the mental health of students and academic staff, now and in the near future, loss of collaborative experiences that has the potential to be a significant detriment to education and difficulties in balancing tasks for the university with additional tasks, including educating their own children at home.</p> | <p>Recognition and support of students' mental health and caring responsibilities will be required</p> <p>Increased digitalisation and distance learning be highlighted as opportunities to improve the current ways of delivering midwifery education.</p> |
| <p><i>Carolyn C et al (2020) COVID 19: Disruptive impacts and transformative opportunities in undergraduate nurse</i></p> | <p>Editorial</p> | <p>This editorial raises a number of points, namely:</p> | <ul style="list-style-type: none"> • Universities will need sufficient resources to |

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| <p><i>education Nurse Education in Practice, 46, 102807</i></p> | | <ul style="list-style-type: none"> • Whilst some students have a sense of achievement and contributing to the greater good, feelings of impotence, guilt and distress in students unable to do so cannot be understated • Ambiguity surrounding the new roles in paid placement risks placing limits on learning opportunities, most significantly for final year students who must consolidate the necessary skills and competencies to enable safe transition to registration • Universities are facing a reduction in clinical placement availability • Access to physical IT infrastructure, bandwidth and digital literacy will have likely cost implications • Both students and educators are cognisant of pressing need to understand evolving knowledge of SARS-CO V, COVID-19 and the nursing care of patients and their families. • The content of curriculums must assimilate new knowledge | <p>ensure that students from lower-socioeconomic backgrounds are not disadvantaged with the increase to on-line learning</p> <ul style="list-style-type: none"> • Further strengthen strategies which support student well-being and foster emotional resilience, into curriculums. • Regular clinical supervision to support students who are working in practice, and pastoral support from academic staff. • Pooling of digital and practice learning educational resources would enhance the quality of learning materials and negate replication and redundancy within educational systems. |
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| | | posed by events such as the COVID19 pandemic; amongst nurses generally and in pre-registration curriculum. | |
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