

UUK response to the DHSC call for evidence on the 10 Year Workforce Plan

Universities UK (UUK) is the collective voice of 141 universities in England, Scotland, Wales, and Northern Ireland. Its mission is to create the conditions for UK universities to be the best in the world, maximising their positive impact locally, nationally, and globally. Universities UK acts on behalf of universities, represented by their heads of institution.

Universities are essential partners in delivering the workforce pipeline that the future of the NHS and the success of its strategic transformation depend upon. The university sector knows that education and training will need to expand and innovate to meet the needs of new learners and to retrain the current workforce. Access to high-quality healthcare is a significant driver for individual well-being and for boosting productivity and reducing economic inactivity. The university sector is ready to work collaboratively with the health service to ensure it delivers a workforce of the right size and shape in every region.

Key messages:

- UUK fully supports the direction and ambition of the NHS 10-Year Workforce Plan and believes that its success depends on making universities central partners at every stage of designing, delivering, and sustaining the workforce pipeline.
- The success of the NHS 10-Year Workforce Plan depends on deepened collaboration between universities, NHS providers, and PSRBs to rapidly grow placement capacity, modernise curricula, and address national and local workforce challenges.

- Stable funding, new partnership models, and a clear, consistent mechanism for university involvement, especially in the Integrated Care Boards, are needed to meet workforce growth targets, expand opportunities for learners from all backgrounds, and address regional disparities.
- Lasting sustainability for health education requires targeted investment, streamlined regulation, and practical joint action to widen participation, develop advanced and digital skills, and ensure every student is supported to join and thrive in the NHS workforce.

Workforce and skills pipeline

The Workforce Plan must sufficiently reflect the need for an increase in NHS staff alongside improvements to productivity. The Health Foundation estimates that, for the NHS workforce to grow in line with the country's needs, the proportion of first-year higher education students in England training to be NHS clinical professionals would need to increase by 50 per cent, from 76,300 of the total first-year student intake in 2022–23 to 125,700 students in 2031–32.

However, a significant challenge is student interest in healthcare courses – applications for subjects such as nursing and midwifery have fallen since 2021: nursing applications went down by 27% between 2021 and 2024, while midwifery went down by 34% over the same period. This is despite recent research by UUK and Nuffield Trust in 2024 that showed 73% of surveyed young people were interested to take a career in healthcare.

The workforce plan should lay out a framework for concerted action by government and the health service, supported by the university sector, to boost demand for courses leading to these careers (including in allied health professions). This could take the form of robust information, advice, and guidance (IAG) for both school leavers and adults. A public campaign to attract people into the profession is also needed, that showcases the NHS as a great place to work for diverse communities of practice (not only patient-facing roles). However, we know the workforce challenges are not nationally uniform, so IAG must be tailored at the local level to ensure potential students are aware of the job demand within their local area.

to the Plan must recognise the importance of growth in all high-level studies (up to level 8), given the variety of skills needed to support the success of the NHS (e.g., construction skills for building new hospitals, AI & digital, management). This wider range of skills will be important in driving digital transformation, something universities already do through research, teaching, and technology adoption. Examples include

simulation-based learning, AI-integrated diagnostics, and digital twinning for clinical training. Cross-sector collaborations with creative and tech institutions have supported user-centred design.

Curriculum and delivery innovation with regulators

We suggest that the 10-Year Workforce Plan places greater emphasis on enabling and incentivising collaboration between universities and professional and statutory regulatory bodies (PSRBs) to modernise curriculum design and delivery in health education. This suggestion is grounded in direct sector experience and evidence from recent years, where universities and NHS partners identified that fragmented and overlapping regulatory requirements have created unnecessary burdens and slowed much-needed innovation in healthcare education provision. Therefore, greater partnership working is needed to identify and reduce regulatory duplication, for example by aligning approval cycles and documentation across different regulators and professional bodies, so that universities can more efficiently develop and launch innovative educational pathways—including online, AI and robot-assisted, and digital placements.

Such collaboration will expand access to healthcare careers, support flexible and inclusive training for a wider range of students, and ensure that quality and safety are prioritised without unnecessary burdens that slow the modernisation of the NHS workforce pipeline. Annual joint curriculum reviews and dialogue about emerging technologies and student feedback are now routinely co-led by universities and regulatory stakeholders, to ensure that educational change is accompanied by review of standards and registration requirements, underpinning student confidence and wider access to the NHS workforce pipeline.

The Workforce Plan should also highlight and protect the importance of higher-level apprenticeships, including at Level 7 for advanced and specialist roles funded via the Growth and Skills Levy and the welcome Health Mitigation Fund. These routes have a key role in diversifying the pipeline to healthcare careers to applicants from non-traditional backgrounds and addressing key skills gaps.

Expanding placement capacity: Collaborative models

Placement capacity must be tackled if the Plan is to be a success. To successfully expand placement capacity and strengthen the skills pipeline as care shifts toward more community-based and preventive settings, we recommend that the Workforce

Plan explicitly supports multi-sector partnerships to draw in leaders from NHS Integrated Care Boards (ICBs), NHS trusts, universities, private and independent providers (such as charities), and relevant professional statutory and regulatory bodies (PSRBs). These collaborative arrangements will allow for joined-up commissioning and smart planning, ensuring university workforce development aligns with real local needs and maximises placement opportunities.

Importantly, as placement capacity expands into more non-traditional, non-NHS settings, these new partners will require clear guidance, onboarding, and practical support to meet regulatory and educational standards. Our suggestion that PSEBs play a central role in establishing robust framework for supervision, assessment, and quality assurance across all placement providers is based on what universities, providers and PSRBs have collectively learned that without regulator-led standards and supports, we could potentially put students and patient safety at risk. Collaborative projects and sector evidence show that when PSRBs lead on setting clear expectations, training criteria, and onboarding processes, new placement partners are better able to meet professional standards and offer a safe, high-quality learning experience. This regulatory clarity, combined with the adoption of advanced, flexible teaching and virtual placement solutions (such as simulators, virtual wards, and digitally enabled community health projects), will both ease the burden on the NHS estate and help ensure all students have productive placement experiences.

The importance of the clinical academic pipeline in workforce planning must also be recognised – they play a vital role in linking education, research, and clinical practice, driving innovation, improving patient outcomes, and ensuring the workforce remains evidence-led. Strengthening this pipeline, which has seen worrying decline in recent years, is vital if we are to embed innovation throughout the health system.

Workforce planning

The 10-Year Workforce Plan should define clear growth milestones to collectively aim for. The Plan should preserve a workforce growth that addresses the key challenges that universities and the NHS face in this area, including placement capacity, student interest in healthcare careers and burdensome regulatory processes. The NHS should collaborate with Skills England to deliver its growth milestones, as it will be well-positioned to map local and national skills gaps in the healthcare workforce and to act as a docking point for cross-departmental cooperation.

The Plan must capitalise on universities' ability to forecast need. Harnessing data from admissions, graduation, professional registration, and local recruitment patterns,

universities create robust projections of workforce supply. When consulted as equal partners, universities ensure that modelling captures changes in service delivery (e.g., increased community-based care or digital health), so staffing forecasts are both comprehensive and attuned to local nuances. Service redesign towards more community-anchored and digital care increases demand for non-traditional roles and new multi-skilled practitioners. Universities oversee the expansion and adaptation of course offerings through ongoing dialogue with local NHS bodies, proactively identifying skills gaps and shaping course content around future needs (e.g., digital health, population health, care navigation, genomics). Regional Training Hubs, joint efforts of universities, NHS, and local employers, demonstrate how local partnerships can be foundational to accurate supply-demand matching and rapid curriculum adaptation, driving place-based solutions and resilience into the NHS workforce model. Universities are ready to expand student intakes but require certainty around growth targets, funding, and regulatory flexibility. Multi-year commissioning aligned with local capacity and skills needs shaped by NHS-HEIs dialogue will underpin successful, scalable workforce growth.

Local and regional partnerships

Clarity on roles

The 10-Year Workforce Plan should provide clarity on the role of different healthcare systems (ICBs, regions and national policy) to collaborate with universities on workforce planning. Universities should be recognised as strategic system partners responsible for shaping local and regional workforce education pipelines, co-commissioning training places, and driving forward innovation in curriculum delivery and workforce transformation. From the education sector perspective, UUK can play an important role in communicating and amplifying opportunities for collaboration to its membership. More formal university representation on ICB boards would enable data-driven and future-focused planning, e.g., aligning expansion of training capacity with local need, scaling digital and community-based learning, and ensuring the skills pipeline reflects long-term NHS ambitions.

In addition, we recommend that the Plan recognises the importance of Mayoral Strategic Authority (MSA) in driving partnership and innovation, but it must also ensure that regions currently not in MSAs—where there may be less strategic capacity and devolved leadership—are not disadvantaged in access to collaborative workforce planning. In these contexts, the Plan should set out mechanisms for ICBs to convene and lead local skills partnerships. By formalising these roles and ensuring universities

are meaningfully engaged at both the operational and strategic level, ICBs can deliver more joined-up, effective solutions for workforce growth and sustainable skills development.

Furthermore, as the model for healthcare becomes increasingly community-based and new providers such as charities and private employers play a larger part in delivering preventative services, it is essential that their specific responsibilities are clearly defined. The Workforce Plan should specify how these new stakeholders are expected to contribute to student learning and wellbeing, what standards they must uphold for placements, and who will provide oversight, guidance, and quality assurance for these settings. Establishing these clear roles will ensure students receive consistent support and high-quality, safe learning experiences, regardless of placement provider.

Strategic levers

Strategic partnerships between universities and the NHS can benefit from levers that drive more integrated thinking at a local and regional level. While funding levers are usually designed to sit nationally, the regions currently play a crucial role in coordinating the planning of placement capacity, balancing local care needs, university provision plans and learner expectations.

Currently, regional partnerships between the hospital trusts and universities are strong. Nevertheless, as local responsibilities change and NHS-E and DHSC merge, continued engagement with the higher education sector must be a priority, including the impact of financial sustainability issues on long-term provision planning.

Financial sustainability

Financial sustainability remains a significant challenge for universities. Some 41% of English institutions were in deficit in 2023/24, with greater proportions in Scotland (53%), Wales (66%) and Northern Ireland (50%). This ongoing uncertainty highlights just how vital it is for the sector to be able to forward plan with confidence, ensuring universities have the financial resilience needed to protect and grow the healthcare workforce pipeline over the long term.

Student success and retention depend on multiple, interconnected factors, including financial, social, and readiness to study. The costs and pressures associated with these factors often fall to universities, therefore, any plan for the NHS must address financial barriers for students, such as ensuring the effective rollout of the recently announced

maintenance grants for disadvantaged students. Universities remain committed to working collaboratively with government to create the best possible conditions for all students to succeed and ensure the sectors continues to meet the national workforce needs. UUK has set up a Taskforce on Efficiency and Transformation in Higher Education to support change in the sector.

Given the importance of protecting and growing provision across health courses, the Strategic Priorities Grant (SPG) - direct government grant funding for teaching - may act as a lever for supporting universities. Contrary to the sector recommendations in our Comprehensive Spending Review (CSR) submission, recent cuts to the SPG have reduced essential growth-focused funding for high-cost health subjects. We therefore, continue to urge government to uplift the SPG in line with universities' critical role in supplying the future NHS workforce, and reiterate our call for increased investment consistent with our budget submission.

Universities are indispensable partners in delivering the NHS workforce. With ongoing financial pressures, the Plan must emphasise the need for closer partnership working to ensure the training and education of the future workforce is secured.