Health Education and Training Inquiry

November 2025

The Higher Education Commission, in partnership with the All-Party Parliamentary Health Group

1. **What are the main barriers and enablers to effective collaboration and communication between education providers (including collaboration between HEIs, FE institutions, and other training providers), the NHS, and other partners? How do these affect workforce supply, learner experience, and service delivery?**

   As laid out in the 10 Year Health Plan, the forthcoming Nursing and Midwifery Strategy will ensure every nursing student spends sufficient time across a range of clinical settings, including a requirement for all students to have a high-quality experience in neighbourhood and community settings. We support this. It is essential that placements extend beyond acute inpatient care so that nursing students develop skills across diverse health settings and with providers both within and outside the NHS.

2. **What are the main barriers and enablers affecting how education and training institutions adapt curricula, placements, CPD provision, and other training opportunities to meet evolving NHS needs?**

   The current nursing curriculum for all pre-registration students does not sufficiently address PEoLC. To address this, the curriculum must be urgently reviewed and revised to:

- Embed both theoretical and practical learning related to PEoLC.
- Provide clinical placements where students gain direct experience under the supervision of palliative care professionals in hospitals, hospices and the community.

   Any review of the curriculum must also consider whether it effectively positions the workforce to meet the expectations of the 10-Year Health Plan.

3. **What are the main funding challenges affecting healthcare education and training, including issues in allocation, timing, or stability of funding? How do these funding issues impact the quality of provision, the capacity of institutions to deliver training, and overall workforce supply?**

   Apprenticeships play an increasingly important role in developing the hospice workforce; however, financial constraints often limit their feasibility. While the apprenticeship levy funds training and assessment, it does not cover the significant costs associated with releasing staff. Hospices must absorb the expense of backfill during periods of academic study and external placements, as well as placement fees payable to NHS Trusts. These costs create a substantial barrier to expanding apprenticeship opportunities in nursing. Furthermore, hospices often face greater challenges in securing the full range of placements that are routinely available within larger NHS Trusts.

   To address this, the forthcoming Professional Strategy for Nursing and Midwifery should include measures that enable hospices to offer and sustain nursing apprenticeships. To make apprenticeships a viable workforce route for hospices, the Strategy must seek to address the

unfunded costs of backfill and external placement fees, and to strengthen partnerships that enable equitable access to required placement opportunities.

Palliative Medicine is the 11th largest medical specialty, with around 700 consultants across the UK.[1] Despite this, there are high vacancy rates for consultant posts[2], driven in part by a lack of eligible doctors. This is in part due to the shortage of formal training posts. As highlighted by Baroness Finlay, when posts are taken up by doctors working less than full-time, the unfilled portion cannot be backfilled because there is no additional marginal funding. Job shares are often impractical, and data from internal medicine show that nearly two-thirds of trainees work less than full-time.[3] This stagnation reduces the flow of trained doctors, leaving many palliative medicine consultant posts vacant for prolonged periods. The commitment in the 10-Year Health Plan to create 1,000 new specialty training posts, focusing on specialties with the greatest need[4], is therefore welcome. Palliative medicine must be prioritised in order to ensure that the specialty can meet rising patient demand, reduce consultant vacancies, and strengthen the overall workforce pipeline.

4. **What system-wide reforms or policy levers beyond funding would have the greatest impact on healthcare education and training? Which should be prioritised by government, and why?**

Palliative Medicine has been a Group 1 specialty, requiring dual accreditation with Internal Medicine (IM), since 2022. Following this change, applications to specialist training posts have declined, with trainee numbers falling from 227 in 2021 to 190 in 2024, leaving 48 vacant training posts.[5] Application numbers have now recovered, and fill rates are improving. However, the under-recruitment between 2022 and 2025 will lead to a reduction in doctors reaching CCT for the next few years.[6] This is concerning, given the persistently high number of vacant consultant posts, which remains at around 80 across the UK.[7]

While Internal Medicine Training (IMT) provides important acute-medicine skills, making it the sole entry route risks excluding candidates whose experience and interests align closely with palliative care but who do not wish to pursue IMT. With rising demand for PEoLC and an

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[1] https://apmonline.org/about-palliative-care/#:~:text=The%20RCP%20census%20shows%20that,membership%20to%20reflect%20this%20trend (last accessed 28/11/25)

[2] Commission on Palliative and End-of-Life Care (2025), Palliative and End-of-Life Care: Opportunities for England. https://palliativecarecommission.uk/reports

[3] https://hansard.parliament.uk/lords/2025-07-17/debates/74A76598-5729-4A05-8415-D875D20558C3/SpecialtyMedicalTraining

[4] UK Government (2025), Fit for the Future: 10 Year Health Plan for England. https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf

[5] https://committees.parliament.uk/writtenevidence/139584/html/#:~:text=informal%20carers17.-,SPC%20medical%20workforce%20is%20in%20a%20critical%20situation%2C%20with%20widespread,vacant%20SPC%20training%20posts18

[6] Written evidence submitted by Dr Polly Edmonds (Consultant in Palliative Medicine at King's College Hospital NHS Foundation Trust), and Dr Fiona Wiseman (Consultant in Palliative Medicine at Northamptonshire Healthcare Foundation Trust)

[7] Commission on Palliative and End-of-Life Care (2025), Palliative and End-of-Life Care: Opportunities for England. https://palliativecarecommission.uk/reports

ongoing consultant shortfall, more flexible training pathways are needed. This should include routes through General Practice. We support the recommendation put forward by the Palliative and End-of-Life Care Commission for dual accreditation in primary care and palliative care, which would support the shift from hospital to community and provide career progression.[8]

All healthcare professionals must feel confident and well-prepared to care for patients with a terminal diagnosis and those who are at the end of life. However, many do not receive training in PEoLC either as an undergraduate or as part of job induction programs.[9] The National Audit of Care at the End of Life recently reported that only 62% of staff respondents had completed training specific to end of life care within the last three years.[10] Additionally, healthcare staff can feel unprepared for initiating conversations around care planning and end-of-life care, particularly when death and dying remain taboo topics.[11]

As demand for PEoLC continues to rise, **it is essential that the Government strengthens PEoLC education at both pre-registration and post-registration stages.** As a minimum, it should be mandated that every nursing student has a three-month placement in PEoLC, either in a hospital, hospice or within the community.

Sue Ryder is uniquely placed to support improvements in PEoLC education and training through the Sue Ryder International Learning Academy. This delivers evidence-based education and practical training designed to enhance the quality of life for patients and their families. Our current course offerings are CPD accredited and rigorously assessed against the NHS Health Education England Quality Framework. These provide key opportunities for healthcare staff at all levels to upskill themselves in providing high-quality PEoLC.

[8] Commission on Palliative and End-of-Life Care (2025), Palliative and End-of-Life Care: Opportunities for England. https://palliativecarecommission.uk/reports
[9] Commission on Palliative and End-of-Life Care (2025), Palliative Care and End of Life Care: Opportunities for England. https://palliativecarecommission.uk/reports
[10] NACEL (2025), 2024 State of the Nations Report. https://s3.eu-west-2.amazonaws.com/nhsbn-static/NACEL/2024/NACEL%202024%20State%20of%20the%20Nations%20Report%20-%20FINAL.pdf
[11] Macmillan Cancer Support (2018), Missed Opportunities: Advance Care Planning Report. https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/9238-10061/missed-opportunities-advance-care-planning-report