

For information

UK Healthcare Education Advisory Committee  
(UKHEAC)

Cyngor Cyllido Addysg  
Uwch Cymru  
Higher Education Funding  
Council for Wales

hefcw

**Disclosable**

<i>Meeting</i>	<i>Agenda Item</i>	<i>Reference No</i>
11/12/2009	25	HEFCW/09/120

---

## **1 Issue**

- 1.1 Attached to this paper is the most recent annual report of the UK Healthcare Education Advisory Committee (UKHEAC) which was presented to HEFCE in February 2009.

## **2 Rationale for paper**

- 2.1 HEFCW have responsibility for providing funding for medical and dentistry quota student numbers within Wales. They also have responsibility for funding some professions allied to medicine and have observer status on this group in order to continue to have a UK-wide perspective on work-force planning and developments.

## **3 Recommendation(s)**

- 3.1 The Council is invited to:
  - i. note the paper that was presented to the HEFCE Board in February 2009.

## **4 Timing for decisions**

- 4.1 There are no specific timings associated with this paper.

## **5 Council members' interests**

- 5.1 No additional conflicts of interests have been declared in advance of the meeting.

## **6 Further information**

Contact Leanne Holborn (Tel 029 2068 2259 E-mail:  
[leanne.holborn@hefcw.ac.uk](mailto:leanne.holborn@hefcw.ac.uk))

**Annual report to the HEFCE on UKHEAC**

UKHEAC 09/06  
Agenda item 8  
12 March 2009

**Issue**

1. The annual report of the UK Healthcare Education Advisory Committee (UKHEAC).

**Recommendation(s)**

2. The Committee is invited to note the paper that was presented to the HEFCE Board in February 2009.

**Timing**

3. There are no specific timings associated with this paper.

**Further information**

3. Further information can be obtained from the UKHEAC Secretary, David Noyce ([d.noyce@hefce.ac.uk](mailto:d.noyce@hefce.ac.uk); 0117 931 7349), or UKHEAC Assistant Secretary, Gemma Helbert ([g.helbert@hefce.ac.uk](mailto:g.helbert@hefce.ac.uk); 0117 931 7103).

## **Introduction**

4. This report summarises the activity of the UK Healthcare Education Advisory Committee (UKHEAC) for 2008 and the advice that it has given to the Funding Council executives. The report also sets out planned work for 2009.

5. UKHEAC has been established since 2007, when the name of the Committee changed from the Joint Medical Advisory Committee (JMAC) to reflect the broader healthcare remit of the Committee beyond purely medicine.

## **Summary of 2008 activity**

6. There have been a number of wide-ranging issues which have impacted on or been relevant to the delivery of health-related education in each of the four countries. UKHEAC has been active throughout the year in responding to the key issues under the chairmanship of Professor Sir John Tooke (Dean, Peninsula Medical School).

### Committee membership and Terms of Reference (ToR)

7. There have been a number of changes to membership over the past 12 months and we have been pleased to welcome a number of new members – two English members (Professor David Cottrell and Professor Kinmonth), one Scottish member (Professor Greaves), one Welsh member (Professor Lloyd-Williams) and one Northern Irish member (Professor Johnston). The appointment of Professor Johnston is particularly significant as the Committee has not had a Northern Irish representative for 2 years. A copy of the ToR is attached as Annex A.

8. At the November strategic meeting, funding council representatives fed back to the Committee on the important role that it played in each country. It was noted that there had been occasions when HEFCE had convened a small working group of members to advise it on specific health education issues. This was deemed to have been very useful and it was agreed to draw to the attention of the other Funding Councils the option to benefit from the existence of the Committee in a similar way.

### Next Stage Review

9. In June 2008, the Department of Health (DH) published the NHS Next Stage Review (NSR), which was led by Lord Darzi. There had been regular updates of progress towards and, eventually, outcomes of the NSR at the three UKHEAC meetings. Members were pleased to welcome David Sowden, from DH, to the June meeting where he provided a comprehensive presentation on the NSR and the recommendations.

10. At the November UKHEAC meeting, members considered the following recommendations of the NSR as the most important for the HE sector, which included:

- The creation of the Health Innovation and Education Clusters (HIECs) as a mechanism for enabling providers of NHS services (primary and secondary) to come together with partners in the HE sector and industry;
- Academic Health Science Centres (AHSCs). A commitment was made to foster a number of AHSCs in England. AHSCs will bring together healthcare, research and

teaching to take new discoveries and promote their application in the NHS and across the world

- Building on Walport to provide 'clear, flexible and integrated training to encourage more doctors and dentists to pursue a career in clinical research'
- Establishing Medical Education England (MEE) as an independent advisory non-departmental body for doctors, dentists and low volume specialties. Its role will include - providing high level scrutiny of and advice on quality of workforce planning at a national level; scrutinising and advising on the education and training commissioning plans developed; and co-ordinating changes to postgraduate training pathways at national level.
- A Centre for Excellence will be established to look at long-term horizon-scanning, capability and capacity development for workforce planning functions, and the development of technical planning assumptions. It will be hosted by one or more universities and its activities scrutinized by MEE.
- Re-base current funding arrangements for the Multi Professional Education and Training (MPET) budget, replacing them with a tariff-based system where the funding follows the student. Detailed proposals will be developed to ensure fair funding to support five core activities – student support, placement support, tuition support, preceptorship, and workforce change.
- Education commissioners will be encouraged to consider using their education funding creatively to encourage and reward high quality learning and innovation.

11. These recommendations will continue to be discussed and reviewed at the UKHEAC meetings in 2009, as they will have a significant impact on the future of healthcare-education relationships.

#### Independent Inquiry into Modernising Medical Careers (MMC)

12. The UKHEAC Chair, Sir John Tooke, was also responsible for leading an independent inquiry, on behalf of the NHS, which examined the processes underlying the Modernising Medical Careers (MMC). MMC is a programme that aims to drive up the quality of care for patients through reform and improvement in postgraduate medical education and training, with a clear benefit of ensuring a transparent and efficient career path for doctors.

13. The final report was published in January 2008 and included a number of recommendations, to inform improvements for 2008 and beyond. A key recommendation was the strengthening of the health-education sector partnership at all levels. A further recommendation was the establishment of a scrutinising body, NHS Medical Education England (MEE), which was taken forward in the NSR (see paragraphs 9-10). At the June meeting in Cardiff, it was noted that many of the outstanding recommendations had been embraced under the NSR.

#### Development of the Higher Education National Strategic Exchange (HENSE)

14. The Committee was pleased to note the establishment of the Higher Education National Strategic Exchange (HENSE) by the DH at the end of 2008, as a replacement for

the Strategic Learning and Research Advisory Group (StLaR). There had been long-held concerns about StLaR's remit and activities, as outlined in the 2007 annual report from UKHEAC. At the March meeting, the DH representative explained that a consultant had been appointed to advise on a suitable replacement and invited comments on an outline proposal from the Committee. In addition to the points made at the meeting, the Committee wrote to Clare Chapman in April 2008 (see Annex B) to provide feedback as part of the wider consultation with stakeholders.

15. HENSE was also discussed at the June awayday meeting in Cardiff, when members stressed to DH the importance of establishing it as soon as possible. It was felt that there had been a significant lapse of time since the last StLaR meeting and that there should be a high-level strategic body to consider important sector developments, such as the NSR.

16. The first HENSE meeting was held on 11 December 2008 and the Committee will continue to discuss its progress at further UKHEAC meetings in 2009.

#### HE and health relationships in the UK

17. At the March meeting, the annual UKHEAC progress report was presented to the Committee and there was a discussion about commissioning some research on best practice in health-education relationships in the UK. The Committee had looked at this in 2006 and, although helpful at the time, it was felt to be a small internally-facing study which captured the climate at that point in time only.

18. Given changes in the sector since 2006, the Committee felt it was timely and appropriate to commission some research on the health-education relationships in the UK. Andrew Snowden was commissioned to undertake this work and he presented the draft report to a specially convened UKHEAC strategic meeting in November. The report was comprehensive and inclusive, including over 50 respondents being interviewed either in person or by phone, representing senior figures in universities, Strategic Health Authorities (SHAs), organisations representing health employers and national agencies.

19. The report highlighted some of the complexities in the health-HE interface, particularly around relationships. For example, medical schools in the same region can have very different relationships, experiences and attitudes to working with their SHAs.

20. There were specific messages for HEFCE that came out of this work, that centred around the need for closer working with DH and SHAs nationally, and RDAs regionally, to ensure that funding decisions are complementary. Members commented that HEFCE Regional Consultants might consider meeting with their SHA counterparts to discuss policy developments or funding issues on a regular basis.

21. A summary of the key messages that came out of the UKHEAC meeting are set out in Annex C.

#### Research

22. The development of the Research Excellence Framework (REF) was another key topic of discussion for the UKHEAC in 2008. Paul Hubbard, the HEFCE Head of Research Policy, attended the meeting in June to provide members with an update and to seek advice on subjects for which the use of bibliometrics as indicators may be problematic, for example, nursing.

23. The following points were noted during the discussion:

- There were some concerns about whether subject divisions would discourage inter-disciplinary research;
- Valuing applied health research has always been a challenge and it is important to members that the REF reflects on work that will improve the system;

24. The announcement of the 2008 Research Assessment Exercise results and the introduction of the REF will lead to further discussions at meetings in 2009 about research and research funding.

#### **Planned activity for 2009**

25. The key priorities for UKHEAC in the next year will be to:

- i. Establish and build a relationship with HENSE, the committee that has replaced StLaR. UKHEAC has offered to support any strands of activity that emerge from discussions at HENSE.
- ii. Continue to work with the devolved administrations – UKHEAC will play a key role in identifying best practice in the four national areas and assist in achieving effective dissemination. At some point in 2009, members might wish to re-review the findings of Andrew Snowden's report.
- iii. Work closely with the DH, DIUS and the NHS on issues affecting the delivery of health-related education and research – DH and DIUS will continue to attend Committee meetings in an observer role and UKHEAC will maintain an active role in the workforce planning process and the monitoring of funding for nursing and allied-health professions.
- iv. Ensure that the recommendations of the Independent Inquiry into Modernising Medical Careers and the Next Stage Review feature as recurrent items at Committee meetings, with a particular focus on ensuring those that are relevant to the funding councils be implemented.

#### **Annex A**

#### **UK Healthcare Education Advisory Committee (previously JMAC)**

The Joint Medical Advisory Committee (JMAC) was established jointly by HEFCE, SFC, HEFCW and DEL in 1992. In 2006 it was agreed that the name should be changed to the UK Healthcare Education Advisory Committee (UKHEAC) to reflect the Committee's broader health remit than purely medicine.

#### **UKHEAC Terms of Reference**

1. Advise the UK Higher Education Funding Councils on the impact of NHS changes on healthcare education and research.

2. Advise on the interpretation of government health departments workforce needs in terms of educational provision.
3. Monitor the joint working of government health and education departments and advise on areas that need resolution to promote the joint agenda.
4. Provide advice to inform government inter-departmental meetings (in England, StLaR) on strategic decisions as well as operational issues for resolution.
5. Monitor differences in health/education partnership arrangements in each of the UK administrations and promote best practice.

## UKHEAC Membership

Professor Sir John Tooke, <b>Chair</b>	Dean, Peninsula Medical School
Professor Tony Butterworth	Joint Director, Clinical Academic Workforce Innovation
Dr Lindsay Burley	Partner, Eskhill and Co. Chair, National Waiting Times Centre Board
Professor David Cottrell	Dean of Medicine, University of Leeds
Professor Michael Greaves	Head of School of Medicine, University of Aberdeen
Professor Patrick Johnston	Dean, School of Medicine and Dentistry, Queen's University Belfast
Professor Peter Kopelman	Principal, St George's Hospital Medical School
Professor Ann Louise Kinmonth	Foundation Professor of General Practice, University of Cambridge
Professor Mari Lloyd-Williams	Professor of Palliative, University of Liverpool (HEFCW Lay Member)
Eileen Martin	Dean of the Faculty of Health, University of Central Lancashire
Professor Nigel Palastanga	Pro Vice-Chancellor, Cardiff University
Professor Cynthia Pine	Executive Dean, University of Salford
Professor Peter Rubin	Professor of Therapeutics, University of Nottingham & HEFCE Board Member
Dr Charles Swainson	Medical Director, NHS Lothian
Professor Rajesh Thakker	May Professor of Medicine, University of Oxford
Professor Steve West	Vice-Chancellor, UWE