

## Report for the HEFCE Board from the UK Healthcare Education Advisory Committee

### Introduction

4. This report summarises the key activity of the UK Healthcare Education Advisory Committee (UKHEAC) for 2013 and the advice that it has given to Funding Council executives. The report also sets out planned activities and priorities for 2014.
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 2013 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 nations. UKHEAC has been active throughout the year in responding to the key issues under the leadership of the Chair, Professor Tony Weetman (Pro-Vice Chancellor, University of Sheffield).

### Committee membership and terms of reference

7. There have been some changes to the Committee's core membership over the past year, with the retirements of Dr Lindsay Burley, Professor Mari Lloyd Williams and Professor Steven West.
8. The Committee has been joined by new members Professor Paul Martin (Deputy Principal, University of the West of Scotland), Professor Stephen Tomlinson (Emeritus Professor of Medicine at Cardiff University and HEFCW Board member) and Professor Saul Tendler (Pro Vice-Chancellor, University of Nottingham).
9. A copy of the current terms of reference and membership is attached to this report at **Annex A**.

### Higher Education National Strategic Exchange (HENSE)

10. The Higher Education National Strategic Exchange (HENSE) has been established since the end of 2008 involving both Department of Health and BIS officials to ensure liaison between the two sectors on issues relating to healthcare education and research. The UKHEAC has regularly used its meetings to identify issues that need to be brought to the attention of HENSE.
11. After each meeting the Chair of the UKHEAC writes to the Chair of HENSE to pass on any relevant feedback and to update on the key matters that have been discussed and agreed at the UKHEAC meeting. The most recent letter sent to HENSE after the November 2013 Committee meeting is attached as an example at **Annex B**.

### Medical and dental departmental budget responsibility

12. Early in the year, the Committee discussed the plans that were being considered to relocate the budget for medical and dental education from BIS to the Department of Health. Members of the UKHEAC felt very strongly that this could have serious negative impacts and could cause many long

term problems and unnecessary complexities if implemented, along with implications for the devolved nations.

13. Members agreed that it was important that both the research budget and the teaching budget remain together and not be divided between different Government departments. It was highlighted that medical and dental courses have research elements within their framework and the two are heavily intertwined.

14. The Committee fed these points back to Government through the letter to HENSE and was pleased to see that the budget relocation plans were eventually dropped.

#### Health Education England (HEE)

15. The UKHEAC has received regular updates with regard to the on-going development of HEE. An observer from HEE now attends all UKHEAC meetings as a key stakeholder as members recognised that there are common interests between HEFCE and HEE and the two organisations need to consider future funding of medical, dental and other health-related education together.

16. The Committee was briefed during the establishment of HEE and the publication of their strategic intent document early in the year where members highlighted the importance of a whole system approach that is prioritised nationally.

17. The UKHEAC then reviewed the publication of the HEE mandate later in the year and members fed back some early concerns over the proposals for nursing regarding the new requirements for experience as healthcare assistants. The Committee has been kept informed on the development of the new pilot nursing programme and will continue to monitor the wider situation in nursing to provide feedback to HEE where appropriate.

18. The Committee has remained informed on the developments and work being done by HEE regarding standardisation of the medical/dental tariffs and fee rates. There will be a comprehensive review across the board, with HEE looking at all healthcare clinical placements.

19. The UKHEAC has also reviewed the developments concerning the national standard contract (NSEFA), the negotiations of benchmark price (BMP) and education commissions. HEE are moving towards a model where there is a single contract that all Local Education and Training Boards (LETBs) use for their commissions. Members raised concerns regarding disability and mental health, with apprehension that these specialisms would fail to have a high profile in the negotiations. There was also concern raised with HEE in relation to the importance of ensuring an inclusive approach was taken towards engaging with healthcare providers.

#### Widening Participation

20. The Committee has discussed widening participation issues in healthcare-related education at several points over the year.

21. Professor Les Ebdon, Director of the Office for Fair Access (OFFA), attended the UKHEAC as a guest to brief the Committee on the role of OFFA and their development as an organisation and to discuss the current issues for widening participation in healthcare-related education.

22. The Committee have reviewed several studies and have had discussions on the widening participation issues facing the medical profession in particular. It is a concern that key findings show students from a disadvantaged background are less likely to apply or gain entry into a medical school compared to other degrees. There is a consensus among members that this is a serious challenge and a joined up approach is needed to try and tackle this.

23. The UKHEAC is committed to continuing to discuss and develop widening participation and members have made several suggestions and ideas that have been fed back to relevant stakeholders. It is recognised that more evaluation and information on the problem is needed, and the Committee have been engaging with HEFCE, the General Medical Council (GMC) and Medical Schools Council (MSC) to try to ensure that a collective approach is taken.

#### Pharmacy development and reform

24. The UKHEAC has been kept informed of the potential reforms that are happening in pharmacy in England, with the possible introduction of a new integrated degree programme for students and the potential future control of pharmacy student numbers.

25. The UKHEAC has raised questions over the affordability of the reform proposals, and noted that employment expectations and impact on widening participation should be considered as part of any assessment. The Committee has used its status as a UK-wide body to consider the position Wales and Scotland are taking to form a joined up cross-national view and to encourage sharing of good practice.

26. The Committee reviewed the joint HEFCE and HEE consultation on pharmacy controls that was conducted in 2013. Members suggested that it was important that pharmacists should not be reviewed in isolation. It was noted that it will be important to consider how pharmacists may need to operate in the future; if working patterns and use of pharmacists as part of healthcare delivery change, so will our future training requirements for pharmacists.

27. Members observed that there is a potential information gap between the reality of the situation as things stand and the understanding of students, so recommended work on expectation management for future pharmacy applicants, which should go alongside whatever the next steps in pharmacy development are.

#### Research

28. The Committee has been kept informed of developments in research with members receiving a presentation on the various strands of research activity that HEFCE is currently active in. Members raised questions regarding the accountability between institutions and HEFCE and noted a concern over the full economic costs of research.

29. The UKHEAC also reviewed the development of the National Institute for Health Research (NIHR). In the context of the new health landscape NIHR is working with HEE and LETBs to continue to build a culture within the NHS that is receptive to research. Focus is on how the various individual components of the health system can work most effectively together.

#### Academic Health Science Networks (AHSNs)

30. The UKHEAC continues to monitor and review the on-going development and establishment of Academic Health Science Networks (AHSNs), feeding back relevant points to the Department of Health and other stakeholders.

31. Members have raised concerns that the 'Academic' part of AHSNs are not being given sufficient weight in the networks and that the scope of the networks felt reduced from the original aims. The Committee suggested it could be hard for institutions to engage with AHSNs and remain innovative and there is a challenge to develop how the networks function to address different priorities.

32. The Committee will keep a related interest in the outcome of the process to designate Academic Health Science Centres (AHSCs). Members have highlighted the opportunity for academia to be linked to the networks and have discussed the importance for AHSNs and AHSCs to interact with each other with expectations for shared objectives.

#### Monitoring of medical and dental recruitment

33. The UKHEAC has been kept informed on the recruitment levels of medicine and dentistry over the year. The Committee reviewed the medical and dental recruitment for 2013-14 as reported to HEFCE through the Medical and Dental Student survey. Members were pleased to see that the overall position for both medical and dental recruitment is within target this year, even with the two per cent reduction to medical intakes implemented for England. The Committee has discussed possible measures to help institutions control and manage their recruitment intake.

34. The Committee has generally taken a firm line with their views on adherence to target and recommends strong penalties be in place for institutions who over-recruit, including a suggestion HEFCE should penalise over-recruiting institutions to take account of the additional costs of the service increment for teaching (SIFT).

35. However, members have acknowledged the difficulty for institutions to hit a specific target and suggested some flexibility could be helpful, perhaps by taking a multi-year view. It has also been suggested that some tolerance for students who are re-taking their first year of intake could be beneficial to help promote the widening participation agenda.

#### Review of the dental intake target

36. The UKHEAC considered the issues regarding a reduction to the dentistry intake target. Members raised a concern around the levels of newly registered dentists from overseas, which suggested that England was under-producing dentists in terms of self-sufficiency. The Committee also raised concerns over the impact that a reduction would have on dental schools with regard to their sustainability, especially so soon after a large programme of expansion and capital development over recent years.

37. The UKHEAC agreed that it was important for all UK nations to work together to develop a coherent UK-wide strategy for setting future intakes.

#### Overseas medical and dental recruitment

38. Members discussed the issues regarding the limitations on overseas medical and dental recruitment that exist in the current arrangements, including the situation for overseas students who are prepared to meet the full training costs and return to their country of origin after graduation.

39. The Committee has expressed concern that the delay and lack of clarity on the future of overseas recruitment was causing reputational damage to the UK and could then lead to a financial loss and a missed opportunity.

40. The UKHEAC also reviewed the developments that have been taking place over the last year with regard to the proposed creation of private medical schools. Members noted concerns that the proposed structures may not meet existing SIFT costs, which could lead to pressures on the SIFT budget. There were also concerns raised about the pressures that would arise on the provision and availability of F1 foundation training places.

#### Medical F1 foundation programme

41. The Committee discussed some of the options that are being considered by various stakeholders as potential solutions and alternatives to help alleviate the issue of over-subscription to F1 foundation places. It was noted that there are certain legal considerations that may constrict what can be done on this and members agreed that a UK-wide resolution would be the best outcome.

#### The Shape of Training review

42. The UKHEAC considered the Shape of Training review for postgraduate medical education and training, being led by Professor David Greenaway (Vice-Chancellor of the University of Nottingham). Members were kept informed on progress over the year, as activities and events informed the approaches developed from the evidence, and then received a presentation on the final published Shape of Training review in November 2013.

43. The Committee discussed the approach offered in the final report, noting the key messages and the main recommendations. Members highlighted some potential tensions between the need for staff with broad skills versus the need for specialists who may be concerned they have to re-train. Concern was fed back that the NHS commissioning service does not seem to include provision for training. The Committee also highlighted the importance of disciplines not working independently from each other and that there should be more emphasis on non-medical clinical academics.

#### NHS Improving Quality (NHS IQ)

44. The UKHEAC received an update on the aims and remit of NHS IQ and the organisation's approach to improving health outcomes across England by providing improvement and change expertise. Members recognised the importance of producing well rounded graduates who understand the overall aims and how their own role fits into this. It was suggested that a continual and staged approach would help embed this and avoid things becoming fragmented.

#### The national picture

45. As the NHS evolves in different ways in the four nations that comprise the UK, the Committee continues to consider the impact on all nations and seeks to ensure ongoing communication so that

lessons may be shared and that the UK-wide approach is kept in mind as each nation develops its future healthcare plans.

46. The Committee reviewed the issue of cross-national medical inputs and outputs where there is an issue relating to medical schools offering places to students on the basis that they will be completing their clinical study years in another nation. Members were concerned by this development as they felt there would be an impact on F1 foundation places and so recommended the issue should be considered by the UK Scrutiny Group.

## Planned activity for 2014

47. The key priorities for UKHEAC in the next year will be:
- a. Continuing to support the work of the Department of Health and HEE on learning and education reforms, ensuring that the education sector is suitably represented within the new structures.
  - b. Tracking and ensuring that the various streams of health-related funding are fit for purpose and adequate for the intended aims.
  - c. Reviewing the first year of operation of the AHSNs in England with regard to the implications for education, research and innovation for the sector.
  - d. Reviewing the national healthcare developments in each devolved nation and supporting cross border working.
  - e. Engaging with the concerns arising from the Francis Report and other sources that healthcare graduates are fit for practice by ensuring that institutions and funding councils are collectively driving towards the right outcomes.
  - f. Monitoring initiatives on widening participation for healthcare subjects, and ensuring that a UK-wide perspective is kept so that no single nation is disadvantaged over others.
  - g. Following up discussions around medical and dental student intakes (national and overseas; private medical schools) and other health care professions. We will also closely monitor schools' adherence to the targets for medical and dental recruitment.
  - h. Engaging with the implementation process for the HEE Shape of Training review for postgraduate medical education and training.
  - i. Continuing to advise on pharmacy development and reform (including advising on the implementation of intake controls if that is the direction taken).

## 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 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 Tony Weetman ( <b>Chair</b> )	Pro Vice-Chancellor, University of Sheffield
Professor Paul Martin	Deputy Principal, University of the West of Scotland
Professor Dame Jill Macleod Clark	University of Southampton
Professor David Cottrell	Dean of Medicine, University of Leeds
Professor David Reid	Head of Division of Applied Medicine, University of Aberdeen
Professor Patrick G Johnston	Vice-Chancellor, Queen's University Belfast
Miles Scott	Chief Executive, St George's Healthcare Centre NHS Trust
Professor Stephen Tomlinson	Emeritus Professor of Medicine, Cardiff University and HEFCW Board member
Professor Irwin Nazereth	Professor of Primary Care & Population Health, UCL
Professor Anne Greenough	Head, King's College London School of Medicine HEFCE Board Member
Professor Shirley Pearce	Former Vice-Chancellor, Loughborough University HEFCE Board Member

Professor Farida Fortune	Dean of Dental Studies, Barts and the London School of Medicine and Dentistry
Professor Paul Morgan	Dean of Medicine, Cardiff University
Malcolm Wright	Chief Executive, NHS Education for Scotland
Professor Paul Stewart	Professor of Clinical and Experimental Medicine, University of Birmingham
Professor Mary Watkins	Retired Deputy Vice-Chancellor, University of Plymouth
Professor Saul Tendler	Pro Vice-Chancellor, University of Nottingham

02 December 2013

Charlie Massey  
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Workforce Directorate  
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Dear Charlie

**UK Healthcare Education Advisory Committee update to Health and Education National Strategic Exchange**

The UK Healthcare Education Advisory Committee (UKHEAC) met on 27 November and agreed key items of discussion for feedback to the Health and Education National Strategic Exchange (HENSE).

The Committee reviewed the medical and dental recruitment for 2013-14 as reported to HEFCE through the Medical and Dental Student survey and was pleased to note the overall position for both medical and dental recruitment is within target this year (though there is individual variation between schools). Members noted the difficulty for schools to hit a specific target and suggested some flexibility could be helpful, perhaps by allowing institutions to meet their targets on a two year average or by giving some more leeway to re-sitting students. However, it was recognised that other subject disciplines all fall under some sort of control, so the requirement for an overall firm target was acknowledged.

The UKHEAC considered the current discussions that are taking place within government regarding a potential reduction to the dentistry intake target. This follows the recent work done by the Centre for Workforce Intelligence, who were commissioned by HEE on behalf of the Chief Dental Officer, and who have produced a report that suggests there is an over-supply of dentists. Members highlighted a concern that around half of newly registered dentists are currently from overseas, which suggests that England is under-producing dentists in terms of self-sufficiency and this would be exacerbated by an intake reduction. The Committee also raised concerns over the impact that a reduction would have on dental schools with regard to their sustainability, especially so soon after a large programme of expansion and capital development over recent years. The UKHEAC recommended that it was important for all UK nations to work together to develop a coherent UK wide strategy for setting future intakes. Additionally there should be full discussion between HEE, DH, BIS and HEFCE before any final decisions are taken.

The Committee discussed the recent developments that have been taking place with regard to the proposed creation of private medical schools by the University of Buckingham and the University of Central Lancashire. Members noted concerns that the proposed fee structures will not be enough to meet existing SIFT costs, which could lead to adjustments and pressures on the SIFT budget.

There were also concerns raised about the pressures that would arise on the provision and availability of F1 foundation training places.

The UKHEAC considered a recent case where a private health provider is no longer providing education that was previously given when the service was with the NHS. This highlighted the need for consistent drafting and enforcement of such contracts, and there could be a role here for NHS England, working with HEE, to ensure that Clinical Commissioning Group contracts are explicit and suitably robust regarding the need to provide support for students' education and training.

The Committee reviewed the issue of cross-national medical inputs and outputs. This relates to plans from a Scottish medical school to offer places to students on the basis that they will be completing their clinical study years in England. While the medical school in question has indicated to the SFC that they do not believe this would impact on the availability of English F1 foundation placements, the Committee was sceptical and concerned, suggesting the issue should be considered by the UK Scrutiny Group.

I trust that you find the above points useful in ongoing discussions and that due consideration is given to the issues raised.

Yours sincerely



Professor Tony Weetman  
Chair of UKHEAC

cc Matthew Hilton, Department for Business, Innovation and Skills  
Steve Egan, Interim Chief Executive, HEFCE