

## 2014 Report for the Board from the UK Healthcare Education Advisory Committee

### Introduction

1. This report summarises the key activity of the UK Healthcare Education Advisory Committee (UKHEAC) for 2014 and the advice that it has given to Funding Council executives. The report also sets out planned activities and priorities for 2015.
2. 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 medicine.

### Summary of 2014 activity

3. 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 (ToR)

4. There have been some changes to the Committee's core membership over the past year, with the retirements of David Cottrell, Mary Watkins and Shirley Pearce.
5. The Committee has been joined by new members Professor Ieuan Ellis (Pro Vice-Chancellor, Leeds Beckett University), Professor Raymond Playford (Deputy Vice-Chancellor, Plymouth University) and Professor David Adams (Dean of Medicine, University of Birmingham).
6. A copy of the current ToR and membership is attached to this report as **Annex A**.

### Higher Education National Strategic Exchange (HENSE)

7. The Higher Education National Strategic Exchange (HENSE) has been established since the end of 2008 involving both DH and BIS officials to ensure liaison between the two sectors on issues relating to healthcare education and research. The UKHEAC has used its meetings to identify issues that need to be brought to the attention of HENSE.
8. After each meeting the Chair of the UKHEAC writes to the Chair of HENSE in order 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 2014 Committee meeting is attached as an example at **Annex B**.

Health Education England (HEE)

9. The UKHEAC has been kept well informed about the work and developments of HEE as a key stakeholder and HEE continues to have an observer attend UKHEAC meetings.

10. The Committee was kept informed on the development of the HEE 'Beyond Transition' proposals which set out the development of the HEE structure into an organisation that works with thirteen Local Education Training Boards (LETBs) with oversight by four National Directors. There was also discussion on the re-organisation of HEE senior leaders and staff, which was being carried out with the aim to make significant staffing cost reductions.

11. UKHEAC members raised several issues and feedback points, such as the importance of not diminishing the LETBs' ability to engage with Universities and to respond to local future care needs on a flexible basis. LETBs should reflect the full range of health care disciplines.

Nursing and Allied Health standard contracts and benchmark price

12. The Committee was well informed over the year regarding the negotiations taking place between HEE and the sector (represented by Universities UK and Council of Deans of Health) over the benchmark price and the standard contracts for nursing and allied health education provision.

13. Early in 2014, the negotiations appeared to be in a deadlock and there was discussion at the UKHEAC about the viability of institutions continuing to provide provision with the costs incurred outstripping the prices to be paid. Members raised concerns about the long term consequences and costs that could arise out of decisions taken to achieve short term budget reductions.

14. During the year the committee received a presentation from UUK regarding the funding of preregistration education of nurses, midwives and AHPs, which looked at some discussion options for the future funding of this provision, such as adopting a student loan system. Members agreed that it was important to find a funding approach that would bring some long term sustainability, though recognised that moving to a loan approach would be complex.

15. Towards the end of 2014, the negotiations between HEE and UUK reached the decision that the current framework would continue until May 2016. The Committee recommended that there should be a proactive approach to try and come up with a long term solution to take effect post 2016. Members have highlighted the importance of safeguarding widening participation in any approach.

### Joint HEFCE/HEE Pharmacy consultation

16. The UKHEAC monitored the developments and outcomes of the joint HEFCE/HEE pharmacy consultation over the year. The initial report on the outcomes of the consultation responses reported to the HEFCE and HEE Boards and subsequent letters of advice sent to Ministers was discussed at the Committee.

17. The reported advice based on the consultation responses focussed on three main areas; the importance of better information for students, the strength of arguments for intake controls, and the rejection of controlling the numbers through curriculum reform.

18. The Committee noted the eventual decision by the Minister for Universities not to introduce an intake control for Pharmacy following the consultation. The objective to ensure better information for students was discussed and it was felt that HEFCE, in communication with stakeholder groups such as the Pharmacy Schools Council, could determine the best way to take this action forward.

19. The UKHEAC has discussed the ongoing HEE aim to develop an integrated five year Pharmacy curriculum with the General Pharmaceutical Council. Members have highlighted the importance of including employers in any development discussions and the need to ensure that there is no unintentional damage caused to the overseas market by any potential changes.

20. The UKHEAC has also been mindful of the situation for pharmacy in Wales and Scotland. In Wales there are similar discussions taking place regarding pharmacy and the 5 year integrated degree, and in Scotland there is concern for what happens with the approach to placements if there is a change to the curriculum in England.

### Values Based Recruitment

21. The Committee reviewed Health Education England's framework for Values Based Recruitment (VBR). The framework is designed around six evidence based national core requirements which test against the values within the NHS constitution.

22. The principles behind VBR have been widely accepted across the sector therefore much of the focus by HEE has been on embedding, assessing the impact and considering how to engage with this through training and into employment to ensure a consistent approach across the sector. It was recognised that the implementation of VBR needs to be done carefully to ensure that there are no unintended participation barriers for any social or ethnic groups.

23. Members recommended that for the programme to be successful, values need to be embedded culturally and practised at all levels to create suitable role models for students and ensure an environment that will sustain itself in the longer term. The Committee also highlighted the importance of linking to the care professions to ensure a joined up approach.

Department of Health led review on overseas intake controls for medicine and dentistry

24. Throughout 2014, the Committee discussed the work that the DH was undertaking over the year to review the overseas intake controls for medicine and dentistry. The DH presented its findings from the review as ministerial advice in late 2014.

25. Questions were raised as to whether the overseas market could support the full education costs including SIFT (or equivalent) and still remain financially competitive internationally. The Committee recognised there is pressure on the current system from the recent rise of new and private providers, however there was concern that removal of the overseas cap was a risky step in a potentially unpredictable future market. It was noted that overseas students form an important input into the UK workforce but there was apprehension from members that there may not be the increase in demand for overseas places anticipated, given the context of international competition and the resources requirements an institution needs to commit to support such students.

26. There was a lot of discussion around the concerns that if the overseas student market was more open it might lead to an unwanted reduction in home student numbers. The Committee recommended that there should be safeguards to ensure sufficient graduates will be produced for UK requirements and there would be a parity of opportunity for clinical placement. The Committee also advised that it was important to ensure high quality education is maintained for both home and overseas students, to protect the international reputation of the UK system.

27. The committee addressed the related issues around the point of registration and the current and future demands being made on Foundation F1 placements, as without the likelihood of registration being available to overseas students, education within the UK may not be an attractive option. It was noted that any decision to move the point of registration should be UK-wide and that there were a lot of challenges to resolve, so this would not be quick to implement.

28. Given the UK wide focus of the UKHEAC, the Committee discussed the differences between the approaches each nation was taking, with members agreeing that it was important the devolved administrations were engaging to ensure that any approach considers the impact of any changes across the UK.

29. The Committee suggested that there should be further analysis undertaken to understand the future requirements for the UK in medicine and dentistry to inform the planning currently underway. The Committee also recommended that workforce planning for healthcare professions should not be tackled profession by profession, but as a wider scale multi-professional review of future skills requirements across all disciplines for the whole of the UK.

### UK Funding for 2014-15

30. Early in 2014, the UKHEAC reviewed the funding settlements and outcomes for all of the nations in 2014-15.

31. For England, the HEFCE Chief Executive Madeleine Atkins was in attendance and outlined expected cuts to be implemented, and highlighted the areas of funding that HEFCE was aiming to protect. Committee members recognised the importance of making a unified response from the sector to Government that there should be no more cuts to higher education.

32. For Wales, in terms of Clinical Medical and Dental education, the main concerns were around the possible phasing out of the higher rate Expensive subject funding premium for FTUG students. In Scotland the indicative allocations of funding for 2014-15 were discussed with the SFC expecting to allocate around £1,066 million during the 2014-15 academic year.

### Medical and dental recruitment for 2014-15

33. As per previous years, the Committee was given a brief overview of medical and dental recruitment in England for 2014-15 as reported to HEFCE through the 2014 Medical and Dental Student survey. The recruitment situation for Scotland and Wales was also reported, with both nations noting that recruitment for 2014-15 appeared to be broadly on target.

### Reduction to intake targets for dentistry

34. At the March 2014 meeting, the Committee reviewed the ten per cent reduction to dental numbers that HEFCE made following the request by BIS after the review into dental school intakes by HEE.

35. Members raised concerns that any continued cutting of dental numbers could cause severe additional financial challenges to dental schools and would lead to longer term problems of under-supply. The Committee noted the current reliance on dentists from outside the UK to meet provision requirements and suggested that dental intakes might need to grow again at some future point, leading to an unstable environment for dental schools.

36. The Committee recommended that in future, if there has to be any further cut, these should be targeted and quality based rather than flat rate changes which threaten the sustainability of all schools.

### Development for non-medical academic careers

37. The UKHEAC discussed the development of non-medical academic careers, looking at the many issues that face clinical academic careers. The committee reviewed

some possible suggestions for helping to develop academic careers such as; determining the requirements of the changing workforce, understanding of interdependencies between different profession policies, and an open debate on funding post-registration education.

38. Members suggested that nursing and midwifery would benefit from a stronger regulator to ensure continual professional development and to help drive competencies. The Committee also recommended a more joined up approach should be taken to developing non-medical academic careers and it was suggested that professions may want to try and reproduce the medical model as a standard for all academic careers to follow.

#### Academic Health Science Networks (AHSNs)

39. The UKHEAC received a presentation from NHS England, giving a report on the state of Academic Health Science Networks after their first year of operation. While AHSNs took a while to get up and running, they are considered a key part of the NHS England's plans for research and they will be important to generate local growth, with involvement from Industry, Academia and the NHS.

40. NHS England will be focussed on how to get the best out of each AHSN, with a range of priorities for both clinical and operational outcomes. It is envisaged that AHSNs are the way for the NHS to take risks, and so it was seen as important to give them freedom to develop as they see fit according to their location and links and that some risk of failure is accepted as part of this process.

41. The financial support for AHSNs was discussed as the current level of funding is lower than originally envisaged when creating the networks and so there was concern expressed by UKHEAC members about the level of success that can be achieved. Members were also keen to highlight the importance of involving primary care with AHSNs, which currently varies from one network to another. There was discussion on collaborative working between the networks with a focus on how this is supported and how it could be further developed in future.

#### Consultant Contract Negotiations

42. Throughout 2014, the UKHEAC was kept informed of the developments in regard to the consultant contract negotiations between government and the British Medical Association.

43. Progress on the consultant contract negotiations was initially slow over the year, before finally breaking down without resolution to the key issue of seven day working. The BMA withdrew from the negotiations expressing concern over insufficient safeguards for the potential additional working hours and lack of agreement over pay progression.

44. Members highlighted that there were some serious issues and implications for education provision with the seven day working plan, and it raised concerns about how the teaching workload would need to be spread. Members recognised that it is important to protect the high quality of education and that the impacts of any potential change need to be fully understood.

#### The National Picture

45. The Committee continues to consider issues and developments that affect all UK nations, either collectively or apart and seeks to ensure there is ongoing communication so that a UK-wide approach is considered in healthcare planning. The UKHEAC regularly seeks updates on the key issues affecting each nation at each meeting.

46. For Scotland, key points raised over the year were; development of a single postgraduate Deanery in Scotland; more integration of health and social care; development of a memorandum of understanding between the SFC and NES to work together on issues facing Scotland; Scottish independence referendum; target planning for medicine and nursing.

47. For Wales the key issues discussed and reported were; the GMC approval for Swansea to be able to award primary medical qualifications; an overview of the current health education landscape in Wales and priorities of the Chief Medical Officer; the future review into the higher education fees and funding and the expensive subject premium; the abeyance of the Welsh Board of Academic Medicine.

48. For Northern Ireland, the key issue discussed was the financial constraint within the NI budget leading to an in-year (2014-15) reduction of around four percent for the Higher Education sector. The outlook remains uncertain with Universities facing further cuts in 2015-16 and beyond. The Committee expressed concern over the levels of cuts being imposed on NI education.

**Planned activity for 2015**

49. The key priorities for UKHEAC in the next year will be:
- a. Continuing to support the work of the Department of Health and Health Education England on learning and education developments, encouraging a sustainable model for the long term benefit of healthcare education.
  - b. Tracking and ensuring that the various streams of health-related funding are fit for purpose and adequate for the intended aims.
  - c. Engage with the ongoing implementation of the Shape of Training review into postgraduate medical education and training.
  - d. Monitor any changes to intake controls in medicine and dentistry, particularly with regard to the current limits for overseas students and advise on any impacts that may arise from any potential changes to controls.
  - e. Ongoing review of the national healthcare developments in each devolved nation and supporting cross border working and UK wide planning.
  - f. Continue to monitor 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. Track the development of any private or new providers of health care education along with new and alternate models of funding that may arise.
  - h. Engage with the HEE and GPhC on the proposed curriculum developments towards an integrated five year pharmacy course

## 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 Ieuan Ellis	Pro Vice-Chancellor, Leeds Beckett University
Professor David Reid	Head of Division of Applied Medicine, University of Aberdeen
Professor Patrick G Johnston	Vice-Chancellor, Queens 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

OFFICIAL

Professor Anne Greenough	Head, King's College London School of Medicine HEFCE Board Member
Professor David Adams	Dean of Medicine, University of Birmingham
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 Raymond Playford	Deputy Vice-Chancellor, University of Plymouth
Professor Saul Tendler	Pro Vice-Chancellor, University of Nottingham

27 November 2014

Charlie Massey  
Director General for External Relations  
Department of Health  
Workforce Directorate  
Room 511, Richmond House  
79 Whitehall  
LONDON, SW1A 2NS

Dear Charlie

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

The UK Healthcare Education Advisory Committee (UKHEAC) met on 13 November and agreed key items of discussion for feedback to the Health and Education National Strategic Exchange (HENSE).

The Committee discussed the recent decision by the Minister for Universities not to introduce an intake control for Pharmacy following the consultation by HEFCE and Health Education England (HEE), but to instead ensure better information for students. Members discussed the HEE aim to develop an integrated five year Pharmacy curriculum with the GPC, highlighting the importance of including employers in any development and the need to safeguard the overseas market.

Members noted the current position with regard to the negotiations between HEE and UUK on the benchmark price and contract framework for nursing and allied health professions. The Committee recommended that there should be a proactive approach to try and come up with a long term solution to take effect post 2016. Any review should take account of previous review outcomes and should consider the importance of UK wide impacts.

The UKHEAC received an update from Wendy Reid on HEE's Values Based Recruitment programme (VBR). It was reported that the principles behind VBR were widely accepted across the sector and so much of the focus is now on embedding, assessing the impact and considering how to engage with this through training and into employment. Members recommended that for the programme to be successful, values need to be embedded culturally and practiced at all levels to create suitable role models for students and ensure an environment that will sustain itself in the longer term. The Committee also noted the importance of linking to the care professions to ensure a joined up approach.

OFFICIAL

Finally it was recognised that the implementation of VBR needs to be done carefully to ensure that there are no unintended participation barriers for any social or ethnic groups.

The Committee discussed the situation with regard to the DH review looking at overseas intake controls for medicine and dentistry. It was confirmed that the findings of the report into overseas intake and the corresponding advice would be presented to ministers shortly. There was also discussion around the point of registration and the current and future demands being made on foundation F1 placements, as without registration available to overseas students, education within the UK would not be an attractive option.

While the Committee recognised the pressure on the current system from the recent rise of new and private providers, members expressed concern that removal of the overseas cap is a risky step in a potentially unpredictable future market. There was apprehension that there may not be the increase in demand for overseas places anticipated, given the context of international competition and the resources requirements an institution needs to commit to support such students.

The UKHEAC recommends that there should be further analysis to understand the future requirements for the UK in medicine and dentistry to inform the planning currently underway for foundation places and the way overseas numbers are managed. However this work should not be seen in isolation. The Committee strongly recommends that workforce planning for healthcare professions should no longer be tackled profession by profession and that a wider scale multi-professional review of future skills requirements across all disciplines for the whole of the UK should be undertaken urgently, before piecemeal changes are made.

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 Ruth Hannant, Department for Business, Innovation and Skills  
Madeline Atkins, Chief Executive, HEFCE