

**\*UKHEAC annual report**

**B16/27e**  
**Agenda item 18**  
**9 March 2016**

**Issue**

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

**Recommendations**

2. The Board is invited to note:
  - a. The summary of activity for 2015.
  - b. Planned activity for 2016.
  - c. The Committee's remit and membership at **Annex A**.

**Timing and Communications**

3. This paper (including Annexes) will be published with other Board papers around three weeks after the Board meeting.

**Further information**

4. Further information can be obtained from the Secretary, David Sweeney ([d.sweeney@hefce.ac.uk](mailto:d.sweeney@hefce.ac.uk); 0117 931 7304), or Assistant Secretary, Andrew Taylor ([a.taylor@hefce.ac.uk](mailto:a.taylor@hefce.ac.uk); 0117 931 7026).

## **2015 Report for the Board from the UK Healthcare Education Advisory Committee**

### **Introduction**

3. This report summarises the key activity of the UK Healthcare Education Advisory Committee (UKHEAC) for 2015 and the advice that it has given to Funding Council executives. The report also sets out planned activities and priorities for 2016.
4. 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 2015 activity**

5. 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). The Committee met twice during 2015 (a change to the usual three meetings a year), due to the timing of the General Election and the great amount of uncertainty in healthcare education while awaiting outcomes in the Spending Review.

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

6. There have been quite a few changes to the Committee's core membership over the past year, particularly with a change to the UKHEAC Chair as our previous Chair, Professor Tony Weetman, retired at the end of 2015. He has been succeeded by Professor Dame Jessica Corner (University of Nottingham) who has taken on the responsibility of Chair for 2016 onwards.
7. During 2015 we also saw the retirements from the Committee of Professor Dame Jill Macleod Clark, Professor David Reid, Professor Patrick Johnston, Professor Stephen Tomlinson, Professor Paul Morgan, Professor Paul Stewart, Miles Scott, and Malcolm Wright.
8. The Committee has been joined by new members Professor Karen Bryan (Pro Vice-Chancellor, Sheffield Hallam University), Dr Claire Mallinson (Director of Medical Education, Guys and St Thomas' Hospital), Professor David Crossman (Dean of Medicine, University of St Andrews), Professor Keith Lloyd (Dean for Medicine, Swansea University), Professor Stewart Irvine (Director of Medicine, NHS Scotland), Professor Neil Johnson (Dean of Health and Medicine, Lancaster University), Professor Sean Gorman (Dean of Faculty of Medicine, Health and Life Sciences, Queen's University Belfast).
9. A copy of the current terms of reference and the updated membership is attached to this report as **Annex A**. During this current year we will explore the addition of student representatives to the Committee.

Higher Education National Strategic Exchange (HENSE)

10. 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.

11. 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 December 2015 Committee meeting is attached as an example at **Annex B**.

12. The UKHEAC discussed the role HENSE plays in healthcare education in terms of its function and remit and how it can best meet the strategic planning needs for healthcare education in England and across the UK. The Committee supports the development of HENSE's strategic focus, in particular as a body to bring a multi-professional strategic oversight to the planning and development of health higher education, which members feel could be stronger.

Health Education England (HEE)

13. 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.

Pharmacy curriculum reform

14. The Committee was well informed over the year by Health Education England on the developing plans for Pharmacy curriculum reforms. HEE have been working with the GPhC on the curriculum reform which they are seeking to implement in a way that is cost neutral to government.

15. Early in the year, the UKHEAC raised concerns over the pace of the proposed changes, highlighting risks to the process if developments and changes were implemented too quickly. The expected pace of change has since slowed, and since the General Election there has been further discussion on the options for pharmacy between HEE and all stakeholders.

16. HEE are still committed to taking reforms forward, though they are working with Institutions and pharmacy placement employers on the existing arrangements with a view to their future use within an integrated programme with a focus on the quality of placements.

17. Following the Spending Review the reforms are being reviewed and evaluated to ensure all impacts are considered and HEE will continue to work closely with the GPhC to ensure plans meet the future workforce and training needs for pharmacists.

### Shape of Training

18. The UKHEAC has been kept up to date on developments regarding the implementation of the Shape of Training recommendations in both England and the devolved nations.

19. In England there is a focus on four key work streams: care of frail elderly; young people; surgical specialities; and academic training. Different approaches are being looked at as it is important to understand the wider context in terms of meeting the workforce needs as set out in the NHS five year forward view. Members have highlighted that it will be important to link this to the Shape of Caring developments.

20. For Wales it was reported that they are taking a view for prudent healthcare to be more evidence based to fit into the wider context, with a blurring of the lines between primary care. In Scotland it was reported that the recommendations will be implemented as far as possible, though there were some concerns on the academic side.

21. The Committee recommended that developments in all nations should be taken forward with a view to ensuring opportunities for cross-professional working and with suitable connections to primary care.

### Medical and dental recruitment

22. During the year the Committee has been kept up to date with regard to the intentions for intake controls on overseas students in medicine and dentistry following the review that was carried out in 2014. No decisions were taken during 2015, so it is anticipated that the issues remain under review by the Department of Health (DH) and the UKHEAC will monitor and keep awareness of the situation. Members have recommended to the DH that any potential change to the overseas intake will need to be tackled alongside the ongoing work that is looking at the point of registration in medicine, (with the potential to align it with graduation). The Committee also expressed the view that ensuring there is no impact on the quality of clinical placements should remain a key priority of any future decision.

23. As per previous years, the Committee was given a brief overview of the medical and dental recruitment in England as reported to HEFCE by schools through the 2015 Medical and Dental Students (MDS) survey. The data for English Medical and Dental Schools showed that the overall position was good, with recruitment controlled and within target at the sector level for both medicine and dentistry. Members noted the continued stability and adherence to targets in recruitment, reflecting progress by Schools over the last few years to improve and manage their intake processes, which was welcomed by the Committee.

### Green Paper

24. At the December UKHEAC meeting, the Committee considered the higher education Green Paper, receiving a presentation on the key issues and giving attention to the main topics and areas of focus within the Green Paper.

25. Consideration was given to what the implications arising from the Green Paper may be and what the possible timetable may be for any future White Paper or legislation that may arise out of the process. Members highlighted the potential effects of the proposals on the devolved nations and noted that it was important that consultation responses include the views of all nations.

26. There was discussion around the proposed systems of regulation, with members expressing the view that it is important to avoid introducing excessive or duplicated bureaucracy through the Teaching Excellence Framework or other systems. Concerns were raised about the effect on institutional autonomy and damage to the open market approach that controls could cause if they were to be too strictly enforced.

27. Implications for Research funding were discussed by members and concerns were expressed, particularly around who would be responsible for the funding of postgraduate research students, and about the importance of keeping a strong link between teaching and research funding in order to promote synergies between the two.

28. The Committee also raised some concerns for how widening access targets might be benchmarked and implemented, especially given the particular challenges in healthcare higher education.

#### Outcomes of the Spending Review

29. Following the announcement in the Autumn Statement, the UKHEAC gave due consideration to the outcomes of the Spending Review and the implications for healthcare higher education. The key announcement being that the funding for nursing, midwifery and allied health subjects will move to a student loan model from 2017-18.

30. Members welcomed the announcement and noted that the planned DH led consultation, due to take place in spring 2016, will need to determine the details and identify and address the key risks early.

31. The Committee discussed the challenges and identified some key risk areas around the recruitment and stability of student numbers that will need to be fully covered in the consultation. There is a concern that applicant numbers may fall which could lead to shortages in some subjects, particularly with regard to the greater proportion of mature students on nursing/health courses who are more likely to be deterred by increased fees. Members also noted a risk regarding the importance of maintaining a high standard in the quality of students and that any expansion in recruitment should not be at the expense of accepting lower quality applicants.

32. The Committee raised the importance of geographical spread when looking at variables and risks, and recommended that planning needs to take account of local impacts in order to balance national and regional interests. Members suggested that the future mechanisms for funding placements would play an important role in expanding provision.

### Widening Participation

33. As part of the ongoing monitoring of widening participation at the UKHEAC, the Committee received a presentation from the Medical Schools Council on the Selecting for Excellence project which looks at the challenges in widening participation.

34. The Committee received an overview of the Selecting for Excellence report along with a summary of the background and evidence that informs the analysis and conclusions. Members discussed the implementation of the report recommendations and next steps and formed a consensus that one of the key lessons is to engage with students about the potential for a career in healthcare as early as possible.

35. Members recognised that there is much to do in this area and recommended additional work that should be taken forward to help in identifying the most successful initiatives and measures, as well as doing more to track those failures within the current admissions system. There was a note of caution raised in regard to using academic excellence as a way to distinguish between applicants, with other ways to get additional context being explored carefully with WP students in mind.

36. There was discussion on the issues for each of the devolved nations and the Committee agreed that there will need to be good links between the NHS bodies and HE institutions and that a joined up approach to outreach across all professions should be pursued.

### Development for non-medical academic careers

37. The Committee reviewed developments for non-medical academic careers beyond registration and gave consideration to the changing demands of the health and social care workforce, noting barriers and opportunities along with developments from 2015 and a look ahead to 2016.

38. Members suggested that there needs to be stronger support to enable academics to balance their clinical and academic careers to allow them to work across both sides, as currently there are barriers and difficulties in switching between the two career paths.

39. The Committee recognised more needs to be done to promote and grow the non-medical academic workforce and suggested that disseminating good practice, along with early engagement and locally focussed solutions, could help create an environment to better structure academic career development.

### The National Picture

40. 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.

41. For Scotland, key points raised were; developments to the way overseas medical and dental students will be managed with expectation of them making a greater contribution towards their placement (ACT) costs; the identification of key SFC priorities for the coming year which will include widening participation, rural recruitment and retention, and development of a graduate entry for medicine programme.

42. For Wales the key issues discussed and reported were; the NISCHR re-organisation of research support in Wales; a new HE (Wales) Act to give HEFCW statutory regulatory powers (regarding financial management, fee and access plans, and quality assessment).

43. For Northern Ireland, the key issues reported were; the unsettled financial outlook for Higher Education in Northern Ireland; cuts and reductions to the student intake; and concern over the low 'unit cost per student' for Nursing and Midwifery students.

### **Planned activity for 2016**

44. The key priorities for UKHEAC in the next year will be to:
- a. Help ensure that the transfer of funding for nursing, midwifery and allied health from a commissioning model to a student loan model is fit for purpose, meets intended aims and minimises risks to the future workforce.
  - b. Monitor healthcare workforce disciplines that are at risk of under-recruitment and identify strategies to ensure sustainability of provision.
  - c. Support and monitor initiatives on widening access and improving retention for all healthcare subjects.
  - d. Track the development of any new or private providers of health care education along with any new and alternate models of funding that may arise.
  - e. Continue to monitor the medicine and dentistry student intake and provide advice on any potential changes to overseas student controls and point of registration as required.
  - f. Maintain an ongoing view of the national healthcare developments in each devolved nation and supporting cross border working and UK wide planning.
  - g. Engage with HEE and the GPhC on any curriculum development towards an integrated five year pharmacy course.
  - h. Track and contribute to the developments of research funding arrangements and the REF.
  - i. Consider developments in teaching quality assessment, and advise on avoiding duplication across the organisations involved in assuring and regulating health education.
  - j. Maintain support for the increase and development of academic careers in the healthcare workforce.

## UK Healthcare Education Advisory Committee (UKHEAC)

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 bodies 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, the Health Education National Strategic Exchange (HENSE)) on strategic decisions as well as operational issues.
5. Monitor differences in health and education partnership arrangements in each of the UK administrations and promote best practice.

### UKHEAC Membership

Professor Dame Jessica Corner ( <b>Chair</b> )	Pro Vice-Chancellor, University of Nottingham
Professor Paul Martin	Deputy Principal, University of the West of Scotland
Professor Karen Bryan	Pro Vice-Chancellor, Sheffield Hallam University
Professor Ieuan Ellis	Pro Vice-Chancellor, Leeds Beckett University
Professor David Crossman	Dean of Medicine, University of At Andrews
Professor Sean Gorman	Dean of Medicine, Queens University Belfast
Dr Claire Mallinson	Director of Medical Education, Guys and St Thomas' Hospital
Professor Keith Lloyd	Dean for Medicine, Swansea University
Professor Irwin Nazereth	Professor of Primary Care & Population Health, UCL

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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 Stewart Irvine	Director of Medicine, NHS Scotland
Professor Neil Johnson	Dean of Medicine, Lancaster University
Professor Raymond Playford	Deputy Vice-Chancellor, University of Plymouth
Professor Saul Tendler	Deputy Vice-Chancellor, University of York

23 December 2015

Charlie Massey  
Director General for External Relations  
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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 7 December and agreed key items of discussion for feedback to the Health and Education National Strategic Exchange (HENSE).

The Committee reviewed the recently published higher education Green Paper and received a short update on the key issues by David Sweeney. There was some discussion around proposed systems of regulation, with members expressing the view that it is important to avoid introducing excessive or duplicated bureaucracy through the Teaching Excellence Framework or other systems. The Committee also had some concerns for how widening access targets might be benchmarked and implemented, especially given the particular challenges in healthcare education.

The UKHEAC discussed outcomes and implications from the recent Government announcement in the Spending Review that the funding for nursing, midwifery and allied health subjects will move to a student loan model from 2017-18. It was confirmed that a DH/BIS consultation will be carried out in spring 2016 to determine the detail of how this change will be implemented. Members welcomed the announcement, and the plans for the consultation to identify and address key risks. Members suggested some key risk areas around the recruitment and stability of student numbers, particularly with regard to the greater proportion of mature students on nursing courses and the importance of maintaining a high quality of applicants. It was noted that certain subjects bear greater risk of applicant reduction than others, due to their larger demographic of mature and widening participation students. The Committee identified the importance of geographical spread when looking at variables and risks, and recommended that planning needs to take account of local impacts in order to balance national and regional interests. Members also suggested that the future mechanisms for funding placements would play an important role in expanding provision.

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The Committee received a brief presentation from Ieuan Ellis on the current state of development for non-medical academic careers beyond registration. It was felt that there needs to be stronger support to enable academics to balance their clinical and academic careers to allow them to work across both sides, as currently there are barriers and difficulties in switching between the two career paths. Members recognised that more needs to be done to promote and grow the non-medical academic workforce and suggested that disseminating good practice, along with early engagement and locally focussed solutions, could help create an environment to better structure academic career development.

I trust that you find the above points useful in ongoing discussions and that due consideration is given to the issues raised. The UKHEAC recommends that HENSE take a fully active and engaged role in the implementation of the changes to healthcare education arising from the Spending Review announcement.

Yours sincerely



Professor Tony Weetman  
Chair of UKHEAC

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