

***UKHEAC annual report**

B17/21e
Agenda item 12
9 March 2017

Issue

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

Recommendation(s)

2. The Board is invited to note:
 - a. Planned activity for 2017.
 - b. Summary of 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 the other Board papers around three weeks after the Board meeting.

Further information

4. Further information can be obtained from Ed Hughes (e.hughes@hefce.ac.uk; 0117 931 7265), or Andrew Taylor (a.taylor@hefce.ac.uk; 0117 931 7026).

Report for the Board on 2016 activity from the UK Healthcare Education Advisory Committee

Introduction

3. This report summarises the key activity of the UK Healthcare Education Advisory Committee (UKHEAC) for 2016 and the advice that it has given to Funding Council executives. The report also sets out planned activities and priorities for 2017.
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.
5. The UKHEAC exists to provide advice to the UK higher education funding bodies on the impact of changes and developments in healthcare education and research. This includes advising on the interpretation of government health departments' workforce needs in terms of educational provision, informing the joint working of government health and education departments and giving advice to the Health Education National Strategic Exchange (HENSE) on strategic decisions. During 2016, the UKHEAC has been particularly active with regard to the health education funding reforms for nursing, midwifery and allied health in England and the planned expansion of medical places.
6. The Committee has a broad membership from across the UK and its responsibilities span research and teaching. UKHEAC is therefore well placed to observe and advise on differences in health and education partnership arrangements in each of the UK administrations, which is increasingly important as these systems diverge. As we move towards the creation of the Office for Students and Research England, we anticipated that the Committee's perspective across research and teaching will be valuable in ensuring a smooth transition to the new regulatory and funding environment.
7. The Committee has been proactive in raising important issues and points of feedback to the Department of Health. There are now strong lines of communication with senior officials, which will enable the UKHEAC to influence and advise government on the implementation of the medical reforms during 2017 and beyond.

Planned activity for 2017

8. The key priorities for UKHEAC in the next year will be to:
 - a. Enhance the communication links to the Department of Health and HENSE to provide more effective advice and feedback on strategic issues.
 - b. Track ongoing developments and changes to the Higher Education regulatory landscape to ensure that the Committee continues to provide valuable advice to regulatory organisations as a UK-wide body that advises on teaching and research issues.

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- c. Help ensure that the funding reforms for nursing, midwifery and allied health are successful, providing advice to help government meet intended aims and minimising the risks to recruitment and the future workforce.
- d. Monitor healthcare workforce disciplines that are small and vulnerable or at risk of under-recruitment and identify strategies and make recommendations to ensure sustainability of provision.
- e. Help ensure the implementation of the 1,500 expansion in medical places from 2018-19 in England is successful. Continue to monitor the medicine and dentistry student intake across the sector and provide advice on overseas student controls and point of registration as required.
- f. Support and monitor initiatives on widening access and improving retention for all healthcare subjects.
- g. 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.
- h. Maintain an ongoing view of the national healthcare developments in each devolved nation and support cross border working and UK wide planning.
- i. Engage with HEE and the GPhC on any curriculum development towards an integrated five year pharmacy course.
- j. Track and contribute to the developments of research funding arrangements and the REF.
- k. Consider developments in teaching quality assessment and the TEF, and provide advice to minimise duplication across the organisations involved in assuring and regulating health education.
- l. Maintain support for the increase and development of academic careers in the healthcare workforce.

Summary of 2016 activity

9. 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 Dame Jessica Corner (Pro-Vice Chancellor, University of Nottingham).

Higher Education National Strategic Exchange (HENSE)

10. The Higher Education National Strategic Exchange (HENSE) has been established since the end of 2008 and involves both Department of Health (DH) and Department for Education (DfE) 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 to support the development of HENSE's strategic focus to bring a multi-professional strategic oversight to the planning and development of health higher education.

11. After each meeting the Chair of the UKHEAC writes to the Director General of Acute Care and Workforce Group in DH 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 which could be relevant for review at HENSE. The most recent letter sent after the November 2016 Committee meeting is attached as an example at **Annex B**.

12. Following receipt of this letter, the Chair and Director General met and agreed to regular meetings and further exchanges of information in future. The Committee will consider how the agenda and discussions can be structured to ensure that advice to DH colleagues is a more explicit outcome of future UKHEAC meetings.

Nursing Midwifery and Allied Health Education Funding Reforms in England

13. Throughout 2016, the Committee discussed the implementation of the education funding reforms for nursing, midwifery and allied health in England following the decisions in the 2015 Spending Review.

14. The Committee has made ongoing recommendations to the Department of Health around clarity and engagement with stakeholders to ensure views are fully taken into account and to aid in transition planning. The UKHEAC highlighted the importance of a good communication strategy as a valuable part of implementing the funding reforms, acknowledging the reforms are creating some uncertainty among NHS providers, perhaps though the development of a national communications campaign.

15. Members discussed concerns that the funding reforms could lead to a drop in applications and student interest, particularly from mature students seeking entry onto health courses. Through 2016, the UKHEAC has monitored and considered any evidence that indicated possible reductions in interest in order to best advise on possible responses and mitigations. Greater clarity on financial support arrangements for students was raised as an important issue, noting that mature students in particular rely on accommodation and travel costs for placements, childcare, and maternity leave support more than other students. Members also noted issues regarding the potential impact on widening participation in nursing and the disruption to the various established routes into nursing which could impact on workforce supply.

16. The Committee discussed small and specialised provision in health higher education and considered some of the risks to provision that the funding reforms could bring. Members suggested more information on the plans for small and specialised provision should be signalled, highlighting the need to distinguish between professions with national risks, and those where the risks of provision are geographically related.

17. Members noted the situation for postgraduate pre-registration courses, and urged greater clarity for these courses to avoid the risk of students opting out from this mode of study, which could impact on future NHS workforce.

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18. In regard to the different approaches taken to health education funding in the devolved nations, members agreed that there should be clear reciprocal arrangements and cross border agreements in place between all four nations. In particular there should be clarity on fees, available loans and support arrangements for any students seeking to study in a different home nation.

HEFCE Teaching funding for Nursing Midwifery and Allied Health

19. The Committee was kept up to date by HEFCE on the development of the approach to teaching funding. Members noted that the teaching funding model needs to provide sufficient funding to cover the high costs of provision in order to ensure viability under the new system for all subjects, especially given the potential volatility of student numbers.

20. HEFCE indicated that it was giving due consideration to health subjects that are considered particularly specialised or vulnerable, in order to ensure continuity of provision under the reformed funding model. Particular issues relating to vulnerable and specialised subjects that are part of the funding reforms were reviewed by the Committee, with a recommendation assurances be given that teaching and placement costs for such subjects will be met under the new system. Members suggested that graduates of the smaller and vulnerable courses often had good employability and career progression and that many of these subjects recruit well in terms of diversity and disadvantaged backgrounds, so it was important that this is preserved.

HEE funding for clinical placements for Nursing, Midwifery and Allied Health in England

21. Members signalled it was important to have clarity on the final arrangements for HEI providers as ongoing uncertainty was creating barriers to the development of provision. It was noted that it is vital that both NHS trusts and HE Institutions are fully informed of future placement arrangements to enable them to discuss plans and expansion aims. The Committee highlighted the risk that a dual funding approach for placements (some funded via HEE while others are not) could cause confusion within NHS Trusts and other placement providers and lead to difficulties in maintaining parity of quality across the sector.

22. Members highlighted that cuts to post-registration funding by HEE for continuing professional development in mentoring were leading to reductions in the numbers of Mentors in the health education system. This in turn impacts on the quality of placements for pre-registration students so the UKHEAC advised that more support and focus should be given to maintaining good Mentoring models in future systems.

Expansion to medical places in England

23. The Committee considered and discussed the plans announced by the Health Secretary to expand medical places by 1,500 in England from 2018-19. Members

suggested further clarity on the financial commitment to this expansion beyond 2020 would be welcomed by the sector.

24. An issue was raised regarding the capacity within the NHS to teach additional students during their placements and how competing demands for placements could be resolved without affecting quality. The committee recommended further clarity and commitment to the future funding of placement costs. There was also discussion on the point of registration for students and the requirements of the F1 Foundation placement year along with postgraduate arrangements to accommodate the increase in student numbers, such as the need for changes to speciality training capacity.

25. Members recommended that the situation for overseas students needed further detail, in particular with regard to whether overseas student numbers will remain controlled within the intake target or not. The Committee suggested further clarity for overseas students (if there was to be any change to their expected contribution towards placement costs) would allow institutions to plan accordingly.

26. Members strongly supported consideration for widening access and participation as an integral part of any expansion. It was noted that action may need to be taken to increase the demand for medicine from WP students, in order to grow the potential pool of quality applicants to draw from.

Teaching quality assurance

27. The UKHEAC held a discussion on teaching quality assurance in health higher education, with a view to encouraging a joined up and collaborative approach. The committee received several briefings and updates from professional bodies and funding agencies, reviewing current systems and planned developments.

28. The Committee noted the key distinction between systems that assure quality of the overall learning environment within HEIs and placement providers (QA, TEF and HEE's quality framework); and quality assurance of individual professions and programmes (accreditation and review by the GMC, NMC and AHPCPC). To avoid duplication and ensure a complementary approach, members recommended that HEE should develop its quality framework to focus on the NHS environment and the quality of placement provision. It was recognised that any quality assurance system needs to be valid for all home nations and will need to meet the wider needs of the UK.

29. The Committee received updates on the ongoing development of the Teaching Excellence Framework (TEF) and progress on the first two years of implementation. Members discussed the proposed development of discipline level TEF outcomes for health subjects, noting that this was already well regulated and quality controlled by various professional bodies, so there was a risk of duplication. There are also some issues to explore around the assessment of teaching delivered in a clinical setting, as these are often not under the control of the HEI provider.

30. The effect of the TEF on devolved nations was considered, with members highlighting the potential for a two systems approach to develop, with the TEF process being seen as the 'UK' system to run alongside any devolved process. The committee recommended that there needs to be greater opportunity for formal input into the development of TEF by the devolved nations, with a cross nation agreement and mutual recognition of all systems.

Development of Health Support Workforce

31. The Committee discussed the work of HEE, which is developing proposals for the health support workforce, including the creation of nursing associates which are intended to fill a new role between a Care Assistant and a graduate Registered Nurse. Members agreed that it is important to make sure any new healthcare roles are properly integrated and utilised to their full potential within the workplace. The Committee expressed a strong view in support of regulating the support workforce to ensure they can be fully utilised, to facilitate easier movement of staff and to give greater public confidence in delivery. The Committee also highlighted that care needs to be taken over how the education of the health support workforce is funded, as it is important to avoid impacting on student choices and recruitment for the graduate nursing programme.

Brexit Implications for Academic Health Workforce

32. Members discussed the potential impact of Brexit on the health sector, noting the levels of EU academic staff currently employed across the sector. The Committee identified a possible risk to the NHS workforce if there are difficulties in recruiting and retaining EU staff and students in future, particularly in the more vulnerable professions. The Committee suggested that it would be valuable to further investigate the proportions of EU student numbers across healthcare subjects and raise this through HENSE.

The National Picture

33. 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.

34. For Scotland, key points raised were; increases to the medical student intake, focussed on WP, alongside development of a graduate entry programme in medicine for Scotland; introduction of a clinical placement levy for overseas students to cover costs for their placements; identification of key nursing priorities to inform future workforce planning; funding to train an additional 500 advanced nurse practitioners.

35. For Wales the key issues discussed and reported were; the publication of the Diamond Review of HE funding and student finance in Wales; continuing work on the 'Selecting for Excellence' agenda; the Hazelkorn Review of post-16 education and intentions to establish a new body to oversee strategic workforce planning, workforce

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design and education commissioning for NHS Wales; the application and implications of the TEF for Wales; review of medical student allocations in Wales.

Committee membership and Terms of Reference (ToR)

36. During 2016, Members considered the terms of reference and membership of the Committee, and which stakeholder observers should be present at future UKHEAC meetings. Members agreed that it would be appropriate for the Health Care Professions Council (HCPC) and General Pharmaceutical Council (GPhC) to have observer status on the UKHEAC.

37. There have been some changes to the Committee's core membership over the past year, with retirements from the Committee of Professor Paul Martin, and Professor Sean Gorman.

38. The Committee has been joined by new members Dr Arun Midha (HEFCW Council member), Karen Wilson (University of the West of Scotland), and Professor Donna Fitzsimons (Queens University Belfast).

39. The possibility for student observers on the Committee was discussed and it was recommended that views from across all healthcare professions should be sought and that the student perspective needed to reflect the wider UK. Following this we successfully appointed two new student representatives to the Committee: Ryan Samuels (nominated by the British Medical Association) and Kathryn Davies (nominated by the Royal College of Nursing). This brings the Committee in line with other Council advisory groups and ensures that the student interest is embedded in the activity of the Committee.

40. A copy of the current ToR and the updated membership is attached to this report as **Annex A**.

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 (**Chair**) Pro Vice-Chancellor, University of Nottingham

Karen Wilson Dean of Health, Nursing and Midwifery, University of the West of Scotland

Dr Arun Midha HEFCW Council member

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 Donna Fitzsimons Head of School of Nursing and Midwifery, Queens University Belfast

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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
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
Ryan Samuels	Student member, (nominated by BMA)
Kathryn Davies	Student member, (nominated by RCN)

6 December 2016

Lee McDonough
Director General, Acute Care and Workforce Group
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Workforce Directorate
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Dear Lee

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

The UK Healthcare Education Advisory Committee (UKHEAC) met on 25 November and agreed key items of discussion for feedback to the Health and Education National Strategic Exchange (HENSE).

The ongoing implementation of the healthcare education funding reforms in nursing, midwifery and allied health was discussed by the Committee. Concerns were raised in response to early evidence which suggests there has been a fall in applications for 2017-18 compared to previous years. Members recommended the benefits of a national communications and advertising campaign to increase awareness and drive student interest to a career in healthcare and felt that this should now be made a priority. In the short term, a lack of clarity, particularly on additional costs such as travel and accommodation, was felt to be a potential barrier to student applications and there was a consensus that issuing key facts including details of the student offer for 2017-18 would support Institutions in their recruitment, and help students make informed choices.

Issues relating to the vulnerable and specialised subjects that are part of the funding reforms were reviewed and a recommendation was made to give assurance that the high costs of provision and of placements (particularly for Dental Hygiene and Therapy courses) will be met under the new system. Members noted that graduates of the smaller and vulnerable courses often had good employability and career progression which could be used as part of any communication efforts as a way to encourage more prospective students to apply.

The Committee noted the options under review for the future funding of postgraduate courses included in the reforms and again noted that clear information for students was important to make sure they were well informed on choices this is pressing as the recruitment cycle for postgraduate courses is imminent.

The development of options for the future allocation and funding of clinical placements relating to health education courses affected by the reforms was discussed. Members noted that it was important to have clarity on the final arrangements as soon as possible as the uncertainty was creating barriers to development of provision. It is vital that both NHS trusts and HE Institutions are fully informed of future arrangements to enable them to discuss their plans and expansion aims.

The reductions to the post-registration funding by HEE for continuing professional development was raised by members as a concern, particularly the long term implications for supporting the development of the workforce and any growth in student numbers.

The Committee considered the recent announcement by the Health Secretary to expand medical places by 1,500 in England. While it was noted that it is still early in the planning and development of the policy for implementation, members raised several questions and recommended the following points be taken into consideration:

- Will there be sufficient capacity within the NHS to teach these additional students and how will competing demands for placements be resolved without affecting the quality of the placement? There needs to be further clarity and commitment to the future funding of the placement costs and the current disparity between publically funded medical schools and privately funded schools needs resolution.
- The situation for overseas students will need urgent clarification. It is not clear if overseas student numbers will remain controlled or if there is to be any change to their expected contribution towards placement costs.
- What postgraduate arrangements will be made to accommodate the increase in student numbers? Will there be any change to the point of registration and foundation training requirements and will there be any changes or increases to the arrangements for speciality training?
- Further clarity on the financial commitment to this expansion beyond 2020 would be welcomed. It was also noted that there is a strong contrast between the proposed funding for growth of medical places compared to the healthcare reforms for nursing, midwifery and allied health where there is no additional funding to support growth in placements.
- Consideration for widening access and participation needs to be an integral part of any expansion. It was noted that action may need to be taken to increase the demand for medicine from WP students, in order to grow the potential pool of quality applicants to draw from.
- Members noted that any process needs to consider the opportunities for new medical school providers who may be best placed to offer innovative approaches in response to delivery needs.

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Following a presentation from Damian Day from the GPhC regarding developments and proposed curriculum reforms in Pharmacy education, members noted that there was an opportunity to ensure that pharmacy was aligned to the wider healthcare provision, especially given all the ongoing reforms across healthcare education.

Members discussed the potential impact of Brexit on the health sector, noting the levels of EU academic staff currently employed across the sector. The Committee felt that there is a risk to the NHS workforce if there were difficulties in recruiting and retaining EU staff and students in future, particularly in the more vulnerable professions. Please find attached as an Annex to this letter, a table which shows the scale of issue with regard to numbers of EU students in healthcare education.

I trust that you find the above points useful in ongoing discussions and that due consideration is given to the issues raised. We will share your response to this letter with our members at the next UKHEAC meeting in March 2017.

Yours sincerely

A handwritten signature in blue ink that reads "Jessica Corner". The signature is fluid and cursive, with the first name "Jessica" written in a larger, more prominent script than the surname "Corner".

Professor Dame Jessica Corner
Chair of UKHEAC

cc Matthew Toombs, Department for Education
Madeleine Atkins, Chief Executive, HEFCE
Gavin Larnar, Department of Health