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B18/21e
Agenda item 15
9 March 2018

***UKHEAC annual report**

Issue

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

Recommendations

2. The Board is invited to note:
 - a. Planned activity for 2018
 - b. Summary of activity for 2017
 - 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 2017 activity from the UK Healthcare Education Advisory Committee

Introduction

1. This report summarises the key activity of the UK Healthcare Education Advisory Committee (UKHEAC) for 2017 and the advice that it has given to UK Higher Education Funding bodies. The report also sets out planned activities and priorities for 2018.
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.
3. 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 2017, the UKHEAC has been particularly active with regard to the health education funding reforms for nursing, midwifery and allied health in England and the current expansion of medical places.
4. 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. The Committee considers that its perspective across research and teaching could be valuable in ensuring a smooth transition to the new regulatory and funding environment under the Office for Students.
5. The Committee has been proactive in raising important issues and points of feedback via feedback to the Department of Health for England, as well as to appropriate contacts in each of the devolved administrations. There are strong lines of communication with senior officials, which enables the UKHEAC to influence and advise government.

Planned activity for 2018

6. In April 2018 the Office for Students (OFS) will formally take over responsibilities for regulation and funding higher education in England from HEFCE. Research England, as part of UKRI, will take on HEFCE's responsibilities for research and knowledge exchange policy and funding. The OFS will make decisions about the support and advice it gets from strategic committees such as the UKHEAC and in conjunction with the other UK HE funding bodies will need to determine what the future role of UKHEAC will be and how it can best support the work of the OFS and UKRI.

7. If the UKHEAC continues through 2018, supporting the OFS and the wider UK devolved administrations, then the key priorities for UKHEAC will be to:
- a. Maintain good communication links to the Department of Health and HENSE to provide more effective advice and feedback on strategic issues.
 - b. Understand the implications of changes to the Higher Education regulatory and funding 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.
 - c. Continue to review the ongoing delivery of the funding reforms for nursing, midwifery and allied health, 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. Continue to monitor the medical and dental student intake across the sector, particularly following the 1,500 expansion of medical places. Provide advice and input to the Government on any changes to overseas student controls and point of registration.
 - 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. Carry out further investigative work into student destinations and other issues relating to cross border student flow and workforce implications.
 - i. Support and monitor initiatives to address the UK capacity for research, considering Industrial Strategy and Life Sciences Sector policies (and their equivalent in the devolved nations) which relate to promoting economic growth among the disciplines as well as workforce for the health sector.
 - j. Track and contribute to the developments of research funding arrangements and the REF through effective engagement with UKRI and Research England.
 - 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. Consider the development of the Knowledge Exchange Framework (KEF) and KEF metrics and provide advice to OFS and other relevant organisations.
 - m. Maintain support for the increase and development of academic careers in the healthcare workforce.

Summary of 2017 activity

8. 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 providing advice and guidance and responding to the key issues under the leadership of the Chair, Professor Dame Jessica Corner (Pro-Vice Chancellor, University of Nottingham).

Feedback of issues to government colleagues

9. The UKHEAC has used its meetings to identify issues that need to be brought to the attention of Government colleagues to bring a multi-professional strategic oversight to the planning and development of health higher education.

10. After each meeting the Chair of the UKHEAC writes to the Director General of Acute Care and Workforce Group in the Department of Health 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** and the reply from the Director General is attached at **Annex C**.

11. The Chair and Director General met in November 2017 and discussed the key issues and topics that have been raised by UKHEAC during the year. The meeting was viewed positively by both sides and UKHEAC will continue to explore issues and feedback the outcomes of meetings in letters, with a commitment to further face to face meetings in future.

12. Since the June 2017 meeting the UKHEAC has also written a letter to contacts in each of the three devolved administrations for Scotland, Wales and Northern Ireland, to ensure that the UKHEAC maintains a UK wide perspective and influence across all of the home nations.

Nursing Midwifery and Allied Health Education Funding Reforms in England

13. Throughout 2017, the Committee discussed the implementation of the education funding reforms for nursing, midwifery and allied health (NMAH) in England following the decisions in the 2015 Spending Review.

14. Of particular concern has been the level of applications and recruitment to NMAH courses, which was discussed at the March 2017 UKHEAC meeting informed by UCAS data which showed a significant drop in applications. Members highlighted the importance of strategic support to encourage growth in nursing as a priority in the coming years. Potential impacts were also identified from any drop in EU student numbers as a result of Brexit, particularly in vulnerable subject professions, which could exacerbate any problems caused by a reduction in home students.

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15. The Committee raised questions on how the initiative to introduce nursing associates could be better aligned to ensure the provision complements and is differentiated from undergraduate nursing courses in order to avoid the associate programme from drawing away potential undergraduate nursing students.

16. Members made recommendations to the Department of Health around the importance of clear communication and strong media narrative to drive the delivery of the funding reforms and to inform the decisions of potential future students.

HEFCE Teaching funding for Nursing Midwifery and Allied Health

17. The Committee was kept up to date on the development of the HEFCE approach to teaching funding for NMAH. Members welcomed the details on the proposed teaching funding model for the NMAH professions in the reforms for 2017-18 and were broadly supportive of the approach and methodology used by HEFCE. Members recommended the need for an ongoing commitment to ensure NMAH provision is sustainable in future years with the transition of responsibility from HEFCE to the Office for Students in 2018-19.

18. The UKHEAC also provided advice to HEFCE on potential interventions to be taken to safeguard small and specialised provision in NMAH, in particular with regard to; prosthetics and orthotics, orthoptics, podiatry, and therapeutic radiography. This advice has been taken into consideration by HEFCE when developing our approach to support specialised allied health provision.

Expansion to medical places in England

19. The Committee considered and discussed the plans and processes developed during 2017 to carry out the expansion of undergraduate medical student numbers. It was recommended that any growth needs to take account of placement capacity in NHS trusts, in order to maintain the quality of education for students on placement and to ensure that patient safety was not compromised by any expansion. The Committee also suggested that any assessment process needs to have strong NHS input and a focus on the future workforce.

20. The Committee highlighted that any expansion of places in England will have cross-border implications for the other UK nations, for both student recruitment and also for recruitment and retention of academic and research staff in the devolved nations. The Committee recommended a greater co-ordination of workforce planning between all home nations to inform policy and growth plans across the UK.

21. There was considerable discussion around the Department of Health intention to have overseas students pay all of their placement costs in future years as it was unclear what the future arrangements for such students would be. Members emphasised the importance of maintaining the competitiveness of the offer to overseas medical students and noted that while enforcement of the overseas limit was a devolved matter for each

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home nation, there were cross border inter-dependencies and impacts which need to be considered across the UK.

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22. The UKHEAC has maintained a focus on the development of the Research Excellence Framework for 2021. The Committee provided advice supporting the decision to retain category C staff (not employed by an HEI but active in the area of research) in REF 2021 recommending there needs to be a recognition of the fluidity between academic staff and the NHS workforce. The committee suggested that research assessment and funding systems should incentivise HEIs to undertake collaborative research with the NHS.

23. The Committee also discussed the visibility of specific Health disciplines in the REF Unit of Assessment panels, touching on concerns around multiple submissions and interdisciplinary expertise, recognising difficulties in the data in identifying where researchers worked. Members made several suggestions for further development of the process for interdisciplinary submissions, such as looking at how output profiles are reviewed and tracking assessment panel membership expertise.

Student flow between UK nations and post study destinations

24. The Committee explored data on the flow of students into health HE courses across all of the UK nations at the June UKHEAC and followed this up at the November UKHEAC by consideration of data showing employment destinations of students across healthcare related subjects from each of the different nations after studying in England.

25. The Committee noted that the data raises some interesting questions for course planning in the devolved nations and the inter-connectivity of provision across the UK, as it appears that devolved nations may rely on a significant number of students studying in other parts of the UK. Related to this, concerns were identified regarding the impact on student numbers and potential loss of overseas and EU applicants due to the Brexit process. This makes an understanding of the student flow and workforce important to inform any decisions or developments toward becoming more self-sufficient within the wider UK.

The National Picture

26. 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 receives regular updates from each nation on the key issues and current developments at each meeting.

27. At the June UKHEAC held in Cardiff, the Committee received a short presentation on Health HE in Wales by Chris Jones, Deputy Chief Medical Officer for Wales. The

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Committee gave consideration to the strategic themes for public health that were raised in this presentation and which affect all UK nations. Members suggested that there needs to be wider discussion on how these shared encompassing issues can help to shape current and short term goals in all UK health higher education systems.

Committee membership and Terms of Reference (ToR)

28. There have been some changes to the Committee's core membership over the past year, with retirement from the Committee by Professor Keith Lloyd (Swansea University) and Karen Wilson (University of the West of Scotland).

29. The Committee has been joined by Dr Stephen Riley (Cardiff University) and student member Jessica Court (nominated by the British Medical Association).

30. 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

Dr Arun Midha	HEFCW Council member
Professor Karen Bryan	Deputy Vice-Chancellor, University of Greenwich
Professor Ieuan Ellis	Pro Vice-Chancellor, Staffordshire University
Professor David Crossman	Dean of Medicine, University of At Andrews
Professor Donna Fitzsimons	Head of School of Nursing and Midwifery, Queens University Belfast
Dr Claire Mallinson	Director of Medical Education, Guys and St Thomas' Hospital
Dr Stephen Riley	Dean of Medical Education, Cardiff 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 Tandler	Deputy Vice-Chancellor, University of York
Jessica Court	Student member, (nominated by BMA)

16 January 2018

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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 29 November 2017. This letter summarises key items of discussion and feedback arising from that meeting for the benefit of system leaders in healthcare education. A similar letter is being sent to appropriate policy bodies in each of the UK nations.

The Committee considered student recruitment across healthcare subjects for 2017-18. For medicine and dentistry, the provisional data from the Medical and Dental Students (MDS) survey was reviewed across all UK nations, with members noting that recruitment appears to be broadly stable and consistent with expectations.

For nursing, midwifery, and allied health subjects, HEFCE reported back on the results from a short survey carried out in September for English HEIs. The committee noted that the findings from this NMAH survey indicated a more positive picture than was suggested from February UCAS data but some disciplines remain vulnerable such as learning disability nursing, podiatry (particularly in the South of England), and therapeutic radiography. Members raised concern that the outlook for courses with a spring start in 2017-18 was bleak, with impacts felt from the drop in mature and postgraduate applications. Concerns were also raised about the ongoing lack of clarity on the arrangements for funding pre-registration postgraduate programmes and Dental Hygiene and Dental Therapy programmes in 2018-19, and the risk this posed to the continued provision of courses in these areas. The Committee noted that any communications and actions to improve recruitment need to happen 18 months ahead of the academic year start in order to influence recruitment due to application lead times for students.

The health funding reforms in England were discussed with the committee emphasising the need for greater clarity in the information available to students at the point they are making application decisions. It is important that students have a clear understanding of

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who has responsibility to meet any additional placement costs (such as travel, accommodation, uniforms) as there are indications that there has been confusion among students. The issue affects students across different levels and entry routes (postgraduate and undergraduate) and any misunderstanding of this, alongside the loans for fees and maintenance, could be creating a deterrent to applicants.

There is a need to ensure marketing and communication is aimed to encourage applicants who will become the future workforce. It was further recommended that there needs to be stronger messaging in any communications to support the degree route into nursing as the main entry route for the profession. Members also noted that alongside successful recruitment of students to become the future workforce, it is important that there is support for CPD with measures to ensure retention of the existing workforce. We would be supportive of a coordinated communications campaign to promote recruitment onto nursing, midwifery and allied health courses and subsequently into the professions.

The Committee reviewed data prepared by HEFCE on employment destinations of students across healthcare related subjects from each of the different nations after studying in England. Members noted the key findings from this data which seem to suggest that around 70% for medicine and dentistry and around 60% for NMAH students tend to stay and work in the nation where they studied, though further analysis will need to be done to verify the data and better understand the underlying detail. The UKHEAC will continue to investigate this data and issues relating to cross border student flow and workforce implications at future meetings and would welcome any input or co-ordination from DH colleagues to help shape the Committee's investigation.

An update on the development of the Teaching Excellence Framework was given to the Committee which noted the activities relating to year three of the TEF and provided information on the models for the subject pilots being undertaken. Members suggested that care needs to be taken over the use of LEO data on earnings as there is a risk that this could inadvertently discourage recruitment in certain healthcare subjects and professions where career earnings are likely to be lower on average.

The Committee received an update on the development of the REF2021 approach and the recent decisions published by HEFCE on staff and outputs. Members welcomed the decision to retain the designation of category C staff within the environment element of the REF which will recognise the important research contributions from NHS employed colleagues.

The current expansion in undergraduate medical numbers in England was discussed with members noting the proposed process and timetable for the competitive allocation. Concern was raised with regard to the future demands being placed on the system from this high level of growth, particularly with regard to the quality of placements and the student experience, including the availability of clinical academics to meet the demands of a larger student cohort. The Committee also suggested that a more joined up approach between England and the devolved nations towards growth and managing

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medical numbers across the UK would be helpful, given the cross-border movement of students, staff and medical professionals.

The proposed changes to the placement costs for international medical students In England was briefly discussed at the Committee with members noting the situation in Scotland which has already implemented new placement charges for their overseas students. Following the meeting a short paper setting out the options being considered by the Department of Health was circulated to members for comment. We will collate comments from members to feedback directly to the relevant colleagues in the Department of Health, but those who have responded so far have voiced support for the option to have some sort of standard clinical placement rate for international students.

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 2018.

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



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19th February 2018

Professor Dame Jessica Corner

Chair

UKHEAC

By Email Only

Dear Jessica,

Thank you for your letter of 16th January, summarising the UKHEAC meeting on 29 November 2017. I know that Alan Robson, who attended from DHSC, felt the meeting was extremely useful in discussing the key issues we have ongoing at present. As Alan set out at the meeting, the Department is actively working on a number of the issues discussed.

Student recruitment

As you and colleagues are aware, this month UCAS published application data for courses starting in 2018/19. The early indications are disappointing however, they do show there is still strong demand for nursing courses with more applicants than available training places. We welcome input from stakeholders as we need to collectively continue to drive through the reforms. Regarding funding for postgraduates, dental hygiene and dental therapy (DHDT) students, the Department for Education amended their regulations for student support on 6 February. Subject to Parliamentary approval, new pre-registration postgraduate students and most new DHDT students will be able to access student loans from August 2018. These students will be able to access the Learning Support Fund.

Communications

As we have previously discussed when we met, communicating clear and targeted messages to prospective new students is going to be crucial going forward, not just next year but on an ongoing basis. We need to work collectively on this to eradicate the risk of duplication and ensure consistency of messages. I have asked the team to link up with you on this as part of the work you will be aware we are undertaking with colleagues across health, the university sector and with trade unions.

Medical expansion

We have been clear that in increasing the number of medical students, it is vitally important that the quality of training and the placement experience is not diminished and we have been consistent in this stance. In fact, we believe that increasing the number of students should provide an opportunity for universities and placement providers to invest more in the student experience and quality of supervision and support. You may recall that in the Government response to the consultation on the medical expansion, we confirmed that the allocation criteria would incentivise universities that can demonstrate the additional investment in extra students will have a positive impact on the quality of training and placements.

Linked to this, we work very closely with devolved administration health departments and their statutory medical education bodies in the UK Medical Education Reference Group; the Group ensures policy is discussed and coordinated on a UK-wide basis.

International students

On international students, we of course fully recognise the importance these students bring in terms of diversity of learning and also the contribution they make to medical schools across England. However, it is also right that the funding mechanism for overseas students is updated to reflect the changing market. This is why we consulted on the matter and in the Government's response we confirmed that we would continue to fund clinical placements for international students for a further year – i.e. those commencing study at English universities in 2018-19 – while we undertake further work on implementing the change in 2019-20. I know that my team have shared our thinking with colleagues at the Medical School Council and also that there is a wider event planned for early February with stakeholders. I will sit down with the team at the end of this to look at the options available. This of course only covers students at English medical schools and it is the responsibility of the Devolved Administrations in Northern Ireland, Scotland and Wales as to what approach they take.

In support of these considerations, we look forward to your views on proposals to charge international students for placement costs.

HEFCE analysis

Finally, and I know Alan has raised this with colleagues internally, but we would really welcome further analysis on HEFCE's work on the post-training locations of medical and NMAH students and we would be happy to discuss this directly with our HEFCE colleagues to progress this, but the team's initial view is that this is a really positive step forward.

I would find it really helpful to have a further catch up with you, in due course, as we continue to work through these varied reforms. I will ask my office to get in touch to put a date in the diary.

Yours sincerely,



Lee McDonough
Director General, Acute Care and Workforce