

19 April 2018

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Dear Andrew

### UK Healthcare Education Advisory Committee update

The UK Healthcare Education Advisory Committee (UKHEAC) met on 21 March 2018. 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 to nursing midwifery and allied health, with concerns expressed by members on the drop in applications for 2018-19 entry. There are particular concerns with regard to the shortfall of applicants to learning disability nursing where some providers face with the prospect of having to run courses below their minimum size which threatens their long term viability. Members identified some inter-play between professions, as the challenges in recruitment mean some courses are drawing the limited numbers of students away from harder to recruit to subjects. Longer term impacts on the calibre of health students were raised as a possible consequence of falling applicant numbers, which could drive down standards. It was reported that some institutions have reduced the number of cohorts they are offering (to only one intake a year) to try to manage the recruitment challenges, and it was recognised that this could have direct impacts on placement capacity and the NHS workforce.

Members discussed the gender imbalance of applicants, noting the difficulties faced by providers in recruiting male students onto NMAH courses and the need to tackle the various underlying reasons for this. It was recommended that any communication activity to support recruitment into NMAH subjects, needs to address the issue of male aspiration into the health professions.

Members reported that HE institutions did not feel sufficiently supported by the Government given the scale of the recruitment challenge faced and the Committee again recommended the urgent need for coordinated national communications to promote recruitment into health education and welcomed the steps being taken by Universities UK, the Office for Students

(OfS), Council of Deans of Health and the Department for Health and Social Care to facilitate this. The Committee also felt that uncertainties and late communications of policy decisions (such as with the funding arrangements for pre-registration postgraduate education) had harmed recruitment and so recommended the need for quick and strategic communication to drive a positive narrative for health education.

The Committee welcomed the announcement of a funding decision for dental hygiene and dental therapy (DHDT) courses in England, but there were reservations that the new funding approach might deter students who no longer receive a bursary and concerns that the announcement came late in the 2018-19 recruitment cycle. Wider concerns also remain about the overall provision for the dental profession as a whole, as there is unlikely to be any increase in recruitment to DHDT courses, which is seen as a requirement to address the recent ten per cent reduction made to the student intake for dentistry.

The Committee received a presentation from the Department for Education in England on the development of the new Teaching Excellent and Student Outcomes Framework (TEF), with particular regard to the piloting of subject level TEF. Most Welsh universities have chosen to take part in the TEF. There was discussion on the implications for the inter-play between the provider level TEF score and the subject level TEF score as well discussion on the subject group sizes and how they affect skill mix and interdisciplinarity. Questions were raised on how this would be presented overseas and what the potential impact could be on the devolved nations.

The UKHEAC was given a presentation on the draft Health and Care workforce strategy consultation by HEE in England. Members raised concerns regarding the role and support for clinical academics who do not appear to be sufficiently supported in the strategy, especially given that current trends appear to show a decline in the number of clinical academic staff and that the current clinical training pathway is not encouraging sufficient numbers of staff into this role. The Committee recommended that more thought needs to be given for how clinical academic training can be embedded within the new framework along with strategic support and funding to develop such careers.

The recent outcome of the expansion in undergraduate medical numbers in England was reported to the Committee. Members recommended the need for assurance that all of the additional students would be able to receive GMC registration, either by ensuring sufficient capacity of F1 training places, or by moving the point of registration to align with graduation. The issue of registration is linked to the ongoing concern with regard to overseas students, as the Committee felt there urgently needs to be clarity on the intended arrangements for financing the clinical placements of international students in 2019-20 and beyond will be, or there will be impact on the recruitment of such students.

The future of the UKHEAC was briefly discussed by members with regard to the imminent closure of HEFCE and the establishment of the Office for Students (OfS) and UK Research and Innovation (UKRI) from the 1 April. The OfS has agreed to give ongoing support to the UKHEAC for the next year while it carries out a full review of all the UK wide advisory committees and structures previously supported by HEFCE.

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 June 2018.

Yours sincerely

A handwritten signature in blue ink that reads "Jessica Corner". The signature is written in a cursive style with a large initial 'J'.

Professor Dame Jessica Corner  
Chair of UKHEAC

cc Alex Howells, Chief Executive of Health Education and Improvement Wales  
Chris Jones, Deputy CMO for Wales  
David Blaney, Chief Executive of HEFCW