

For information

UK Healthcare Education Advisory Committee Annual report

Agenda: 16
HEFCW/18/45

Disclosable

17/05/2018

1 Issue

- 1.1 This paper provides the 2017 annual report of the UK Healthcare Education Advisory Committee (UKHEAC) as reported to the HEFCE Board, together with additional information about the context in Wales.

2 Corporate Planning Implications / Rationale for paper

- 2.1 HEFCW provides some funding support for medical, dental and other healthcare provision. UKHEAC operates jointly with other higher education funding bodies, and advises them on healthcare education matters. HEFCW nominates members to the Committee and has officer observer representation to ensure a continued input to UK-wide perspectives on these areas including on work-force planning.

3 Recommendations

- 3.1 The Council is invited to:
- i. note the annual report of UKHEAC for 2017;
 - ii. note the additional information on Wales;
 - iii. note that the Office for Students will be evaluating whether UKHEAC should sit with OfS in the future.

4 Timing for decisions

- 4.1 There are no timing implications for this item.

5 Council members' interests

- 5.1 No conflicts of interests have been declared in advance of the meeting.

6 Further information

- 6.1 Contact Dr Cliona O'Neill (029 2085 9731; cliona.oneill@hefcw.ac.uk)

7 UKHEAC Annual report 2017

- 7.1 The Council was represented on UKHEAC by Dr Arun Midha in 2017. The HE sector in Wales was represented by Professor Keith Lloyd, Dean and Head of the medical school at Swansea University, to April 2017. Professor Lloyd was succeeded by Dr Stephen Riley, Dean of Medical Education at Cardiff University, from May 2017. The Committee normally meets in London but meets in Cardiff and Edinburgh on a biennial basis.
- 7.2 The annual report is provided at **Annex A**. This largely covers the context in England, although it also makes reference to the presentation by the Deputy Chief Medical Officer for Wales (item 7.5 refers). Some additional information related to Wales is summarised below.
- 7.3 A letter is provided to senior officials in each country, attached to the UKHEAC annual report. In England this is sent to the Department of Health, and in Wales it is sent to the Chief Executive of the NHS in Wales, copied to the Deputy Chief Medical Officer and the Chief Executive of Health Education and Improvement Wales. The letter for Wales is attached at **Annex B**. The letter, as with UKHEAC itself, is heavily focussed on the English agenda, and therefore officers are unclear regarding whether this is as useful in Wales.

Council is invited to note the annual report of UKHEAC for 2017

- 7.4 *Bursaries:* It was confirmed that the 2017/18 arrangements for bursaries for non-medical health students would continue for 2018/19. Arrangements for 2019/20 would be considered in the context of the Diamond Report.
- 7.5 *Health Education and Improvement Wales:* The creation of Health Education and Improvement Wales from 2018 was noted. This body will have responsibility for strategic workforce planning, education commissioning for all aspects of the workforce, organisational role design, and NHS Careers.
- 7.6 *Health in Higher Education in Wales:* As the biennial meeting was held in Cardiff in 2017, the Deputy Chief Medical Officer for Wales delivered a short presentation on Health in Wales to the Committee. This included reference to a major Cardiff conference that had considered the range of issues related to recruitment to the NHS, including specific attention to rural medicine.
- 7.7 *Post-Compulsory Education and Training Commission:* It was noted that Welsh Government had accepted the recommendation of the Hazelkorn Review to establish a single tertiary education body (combining higher and further education). Welsh Government consulted on the initial proposals, and planned to run a technical consultation in 2018.
- 7.8 *Recruitment:* It was reported that there were no formal plans to increase the medical education numbers in Wales, although there are political commitments to investigating the potential of additional medical provision in North Wales. Despite the fact that bursary arrangements for nursing and midwifery in Wales continued in 2017/18, they were also seeing a significant drop in nursing applications, the reasons for which needed further investigation.
- 7.9 *Widening access:* HEFCW had been doing work with the Workforce Education and Development Services (WEDS) within the NHS to track Welsh medical and dental students with an initial report expected in 2018. This included analysing retention, including on the basis of study and of domicile.

7.10 Towards the end of 2017 it was agreed that WEDS should become a UKHEAC observer.

Council is invited to note the additional information on Wales.

7.11 Given the demise of HEFCE, and the establishment of the Office for Students, the UKHEAC will continue to operate until the end of 2018/19, in order to enable evaluation of whether UKHEAC should sit with OfS in the future. This may have implications for continued operation of the Committee.

Council is invited to note that the Office for Students will be evaluating whether UKHEAC should sit with OfS in the future.

8 Financial implications

8.1 HEFCW's contribution to UKHEAC in 2017-18 was £915.

8.2 In 2017/18 HEFCW allocated ca £12.9m teaching funding for medical and dental provision, including the expensive subject premium for clinical provision. We also allocated ca £3.5m teaching funding for part-time medicine and subjects allied to medicine.

9 Communications implications

9.1 The report has been published on the Office for Students website. Minutes of the Committee have been published on the HEFCE website previously, and will move to the OfS website.

10 Diversity and Equal Opportunities implications

10.1 This paper has no direct implications for age, disability, marital/civil partnership, maternity/pregnancy, race, religion or belief, sex, sexual orientation, any other protected characteristic, Welsh Language or sustainability.

11 Risk Assessment

11.1 Details of identified risks arising from the issues covered by the paper are provided below:

Risk	Action to address risk
The Council lacks a capacity to engage with UK developments in medical, dental and other healthcare provision at UK level	Engagement by HEFCW and Welsh sector in UKHEAC.