

**Council Meeting**

*For approval without discussion*

**Amendments to the UKHEAC terms of reference**Agenda: 16  
HEFCW/19/09

Disclosable

24/01/2019

**1 Issue**

- 1.1 This paper provides the revised Terms of Reference and membership of the UK Health Education Advisory Committee (UKHEAC) for approval by Council.

**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. Approve the amendments to the Terms of Reference of UKHEAC;
  - ii. Approve the amendments to the membership of UKHEAC.

**4 Timing for decisions**

- 4.1 The decision is required now in order to enable the new Terms of Reference to be adopted and membership revised.

**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](mailto:cliona.oneill@hefcw.ac.uk)).

## 7 UKHEAC's role

- 7.1 UKHEAC was established in 2007, evolving from its predecessor the Joint Medical Advisory Committee to reflect the wider healthcare remit of the Committee beyond medicine. UKHEAC has a broad membership from across the UK and its responsibilities span both research and teaching. It provides 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 senior officials with responsibility for strategic decisions within each country. It is funded by the four UK HE funding and regulatory bodies, with the secretariat function provided by the Office for Students.
- 7.2 UKHEAC is 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 continue to diverge. There are strong lines of communication with senior officials in each country, which enables UKHEAC to influence and advise government. This includes providing feedback from each meeting to Dr Andrew Goodall, Director General of Health and Social Services/Chief Executive, NHS Wales, and his counterparts in the other countries of the UK.
- 7.3 Currently UKHEAC is operating under transitional arrangements (including temporarily extended membership) until March 2019. This enabled a review of UKHEAC to be carried out in September 2018 to determine the future role of the Committee and its fit with the strategic aims and objectives of each of the funders and regulators. The review included input from the current membership of the Committee.
- 7.4 Current representation from Wales includes:
- Professor Stephen Riley Dean of Medical Education, Cardiff University (Member)
  - Professor Martin Steggall, Pro Vice Chancellor Research and Dean of the Faculty of Life Sciences and Education, the University of South Wales (Member)
  - Professor Chris Jones, Deputy Chief Medical Officer, Welsh Government (observer);
  - Mr Stephen Griffiths, Director of Nursing, Health Education and Improvement Wales (observer)
  - Celia Hunt/ Dr Cliona O'Neill, HEFCW (observer).

### Revised Terms of Reference

- 7.5 The review found a broad consensus for a revised terms of reference, to bring a sharper student interest focus to the Committee and make the committee more reflective of the wide range of health disciplines falling within its remit, as well as more responsive to the devolved administrations. Feedback resulted in the following revised terms of reference for UKHEAC:
1. Advise the Office for Students, Research England, Scottish Funding Council, Higher Education Funding Council for Wales, and the Department for the Economy in Northern Ireland on the impact on students, HE providers and the

health workforce of any proposed or active changes to healthcare education, research and their contribution to society and the economy.

2. Advise on the interpretation of government health departments' workforce needs in terms of educational provision for individual nations and the whole UK, paying particular regard to developing positive student choice and opportunity while recognising the differences between each of the UK nations.
3. Monitor the working of government health and education departments across the UK and provide advice and feedback to relevant Government bodies to inform and promote a joined up approach to strategic decisions in each of the UK nations.
4. Monitor differences in health and education partnership arrangements in each of the UK administrations to encourage sharing of strategic and operational issues, recommendations for consistency and joined up working, and promotion of best practice.
5. Advance the development of healthcare research funding and support for academic staff in health disciplines and promote links to teaching to ensure a holistic approach to health higher education across the UK that will support workforce needs.
6. Support, monitor and promote initiatives for all health disciplines on widening access, improving retention and supporting students to achieve successful outcomes, including lifelong learning and progression of the UK health and social care workforce.

*For reference, the previous Terms of Reference were:*

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.*

- 7.6 It is proposed to retain the frequency of meetings to be about three times a year. In addition, a more inclusive approach to determining the strategic priorities for the UKHEAC will be adopted, with a strong commitment to ensure that the priorities reflect the whole of the UK.

***Council is invited to approve the amendments to the Terms of Reference of UKHEAC***

Revision of membership

- 7.7 The review responses gave a strong steer towards increasing the representation amongst Nursing, Midwifery and Allied Health (NMAH) subjects in the membership

(while reducing that of medicine) as well as enhancing the student representation. Student membership should be appointed from across the UK nations where possible and are likely to be drawn from representative bodies such as the British Medical Association student committee and equivalents. The Chair should rotate through professions where possible (current Chair has a background in nursing), with the expectation that they will need an excellent understanding across the whole range of health provision in both teaching and research.

- 7.8 There are a number of members whose terms of office will expire in March 2019. This will allow for new appointments to be made in order to facilitate any required changes to the balance of membership, while retaining those members whose terms of appointment last beyond March 2019 will provide a level of continuity to the Committee.
- 7.9 The revised proposed mix of representation and expertise in the future membership of UKHEAC is given in the table below (alongside the existing membership balance for comparison). Within the broad categories shown, it is planned to ensure each profession has suitable range of specialties and geographic representation, as well as seeking to appoint individuals with a wide strategic oversight over all health provision in both teaching and research.

	<b>Revised membership</b>	<b>Existing membership</b>
Chair	Should rotate through professions where possible	1 Nursing (previous Chairs have been medics by background)
Students (cross UK)	1 Medical 1 Nursing 1 Other (allied health, dental or pharmacy)	1 Medical
England	2 Medical 2 Nursing/midwifery 2 Allied health 1 Dental 1 Pharmacy 1 NHS Trust/Employer	5 Medical 2 NMAH 1 Dental 1 Pharmacy 1 NHS Trust
Scotland	1 Medical 1 Nursing/midwifery 1 Other (allied health, dental or pharmacy)	1 Medical 1 Medical 1 NMAH
Wales	1 Medical 1 Nursing/midwifery	1 Medical 1 Medical
NI	1 health appointment (rotated through the professions where possible)	1 NMAH

- 7.10 It is anticipated that the appointed membership will be supported by observers (or equivalent) who will act in an advisory and contributory way and will be drawn from key stakeholders and organisations.
- 7.11 In order to ensure a smooth transition from the committee structure to the new structure, the terms of office of a number of members were extended to March 2019. A number of members have thus reached the end of their permitted two terms

of membership, as well as others who have reached the end of one term of office and could be renewed or replaced. This will enable the new membership to be implemented from April 2019, while also enabling some continuity from the existing committee.

***Council is invited to approve the amendments to the membership of UKHEAC***

## **8 Financial implications**

- 8.1 HEFCW's contribution to UKHEAC in 2017-18 was £915.
- 8.2 Also 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 Feedback from each UKHEAC meeting is provided to a senior official with response for health in each country of the UK. The letter is also copied to the HEIW Chief Executive, HEFCW Chief Executive, and the Deputy Chief Medical Officer. To date papers and minutes of meetings have been published on HEFCE's website – it is not yet clear whether or not these will be published on the OfS website in future.
- 9.2 The secretariat plans to explore potential for greater interaction between members outside of formal meetings. In addition, the approach for the feedback to all four UK government departments will be further standardised, with flexibility where required. The Committee will respond to consultations where appropriate.

## **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:

<b>Risk</b>	<b>Action to address risk</b>
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.