

Minutes of the thirty fourth meeting of UKHEAC held on Wednesday 21 November 2018  
110 Rochester Row, London

- Present: Members:** Professor Dame Jessica Corner  
Professor Karen Bryan  
Professor David Crossman (via telephone)  
Professor Ieuan Ellis  
Professor Farida Fortune  
Professor Anne Greenough  
Dr Claire Mallinson  
Professor Irwin Nazareth  
Professor Raymond Playford  
Dr Stephen Riley  
Professor Martin Steggall  
Professor Saul Tandler  
Karen Wilson  
Beth McMahon
- Observers:** Fleur Neilsen (CODH)  
Martin Hart (GMC)  
Richard Drummond (GDC)  
Damian Day (GPhC)  
Brendon Edmonds (HCPC)  
Professor Jenny Higham (UUK)  
Joanna Robinson (MRC)  
Claire Young (DHSC) (via telephone)  
Samina Malik (HEE)
- Officers:** Ed Hughes (OfS)  
Andrew Taylor (OfS) (Assistant Secretary)  
Helen Fouquet (OfS)  
Helen Raftopoulos (SFC)  
Celia Hunt (HEFCW)
- Guests:** John Iredale (Chair of REF Main Panel A)  
Ben Johnson (Research England)  
Richard Smith (OfS)
- Apologies: Members:** Professor Donna Fitzsimons  
Professor David Adams  
Professor Stewart Irvine  
Professor Neil Johnson

**Apologies:**    **Observers:**    Kate Svedang (DfE)  
Anne Trotter (NMC)  
Professor Chris Jones (Welsh Government)  
Stephen Griffiths (NHS Wales)

### **Welcome and opening remarks from the Chair**

1.    The Chair welcomed colleagues and guests to the thirty fourth meeting of the UKHEAC. Apologies were noted and brief introductions were given by all those present in the meeting or on the telephone.

### **Minutes of the UKHEAC meeting held on 12 June 2018**

2.    The minutes from the June meeting were reviewed by members and agreed to be an accurate record of the discussion, subject to an amendment to paragraph 41 to correct the year to 2018.

3.    The actions noted in the minutes from the last meeting were reviewed and the current status or response to each were noted by the Committee. Actions that have not yet been resolved and are not scheduled for discussion at the meeting today, will be scheduled to be resolved in 2019.

### **Matters Arising**

4.    Members noted the feedback letter that was sent to the appropriate contacts for each of the UK nations following the last meeting.

5.    The Chair provided feedback on the outcome of a meeting with Lee McDonough, the Director General of Acute Care and Workforce at the DHSC. It was reported that a number of issues were discussed which included the planned “deep dive” review of undergraduate nursing recruitment, the ongoing implementation of the change in student financing in Nursing, Midwifery and Allied Health subjects, and the arrangements for international medical students.

### **REF – Main Panel A**

6.    Professor John Iredale delivered a presentation to the Committee on the development and direction of the Research Excellence Framework (REF).

7.    The presentation provided the context and background to the REF and Professor Iredale summarised his involvement as Chair of REF Main Panel A. The cyclical nature of the REF process was highlighted, and the major components for REF 2021 were identified in terms of the outputs, research environment, and impact. It was noted that the assessment of research impact was introduced as a new component for the 2014 REF process where it was well received and so greater emphasis is placed on the assessment of impact for the 2021 REF.

8.    REF Main Panel A is supported through several sub panels which cover: clinical medicine, public health, allied health, psychology, biological sciences, and agriculture and veterinary science.

9.    There was discussion on the outcomes and recommendations from the independent review of the Research Excellence Framework by Lord Nicholas Stern in 2016 and how these have been implemented for REF 2021. In particular the rebalancing of the three main components with an

increased importance for 'impact' and the change to a 100% return of staff with responsibility for research was welcomed by members. Another significant change is the expectation that the research in the REF will be open access.

10. The development of the REF is proceeding, and is currently at an advanced stage of a second consultation on the draft assessment criteria and working methods of the main and sub-panels for the Research Excellence Framework 2021. Panel A is working through the results of the consultation, and the expectation is that a final version of the documentation will be published in early 2019 (which will allow for comments and feedback from today's discussion at the UKHEAC to feed into the final version).

11. There was discussion with regard to how impact is measured, with some concern expressed that certain subject groups might be disadvantaged when compared against other disciplines, so it is important that impact is appropriately measured for the relevant community (and not just looking at the reach which could be variable).

12. Interdisciplinary research was briefly explored and its importance noted, recognising the Stern review recommendations that inter-disciplinary research should be well protected and supported. Each panel and sub panel of the REF will have inter-disciplinary advisers to support it.

13. It was noted that the REF should be supportive of the inclusion of early career researchers, to ensure that there is a healthy pipeline to clinical academic via support and fair treatment for early career researchers.

14. There was some concern raised on the definition of independent research and how it is applied to health professionals in training post PhD as they may not meet thresholds for 100% staff inclusion. There was caution against going down an over-complicated route, which may negate benefits from trying to be inclusive and could create issues around equality and diversity.

15. Members discussed the visibility of health professions, and the challenges to academic careers in the smaller allied health professions with questions raised about how the REF might support these as there is concern about the loss of academic researchers in allied health professions. Citation metrics could be used to support the smaller health professions with due regard given to the weighting of field weighted citations.

16. The UKHEAC identified that that the size of the sub panel for allied health could present challenges for the REF, with concern regarding whether the panel will be able to manage the disparate breadth of professions contained within it. The Committee recommended that it was important to ensure that the panel could draw upon sufficiently broad expertise to be able to handle the full range of allied health professions.

## **UKRI**

17. Ben Johnson delivered a presentation to the Committee on the current priorities and development of the UKRI, including an overview of the role of the UKRI and its composition of seven research councils, Innovate UK & Research England and how it works alongside other UK funding bodies. The UKRI vision was set out, covering the three areas of focus on: knowledge and understanding, economy, and society.

18. The UKRI strategic prospectus was published in April 2018, and the UKRI priorities and areas of work coming up in the next few months were discussed. It was noted that a spending review is expected next year, so UKRI are getting ready in anticipation for that and are developing

methods for delivering new funds (such as industrial strategy challenge, international collaboration, strength in places, strategic priorities).

19. The work of Research England was discussed, noting the mission statement and role of Research England, and emphasising that they will be working closely with other HE and research funding bodies such as the OfS. Key changes to research funding in 2018-19 were noted along with discussing the continued investment in HEIF.

20. It was reported that the Knowledge Exchange Framework (KEF) will be built on the two key elements of “principles” (concordat and good practice portal) and “metrics” (performance measurements and visibility). More details on the framework will be made available soon but it was noted that the plan is not to use the KEF for funding purposes, but to inform with an emphasis on fair comparison and responsible metrics.

21. Members recommended that it was important to make sure that the UKHEAC terms of reference and priorities suitably covered research and there was some discussion on the boundary between OfS and RE and the joined up approach for England. The potential impact to research budgets if more funding was needed by providers to support teaching (i.e. if student fees and HE funding policy were to change in future) was raised as a possible issue with the concern that institutional sustainability and finance to support and develop research could be damaged. The issue of supporting PhD level and clinical academic workforce was raised by the MRC, noting the importance of ensuring that industry has the skills and support it needs.

22. A question was raised by members about Brexit and what will happen for the UK being a net recipient of Horizon 2020 funding. Research England reported that the future arrangements were not yet finalised but they were working to support the continued excellence of UK research and collaboration with partners internationally.

## **Recruitment**

### England

23. The Committee discussed recruitment to nursing, midwifery and allied health courses, looking at data from the 2017 and 2018 recruitment cycles. The drop in applications will make meeting the aims and ambitions of the intended expansion difficult, and the recruitment drops are a particular concern for the most vulnerable professions (learning disability nursing, podiatry and therapeutic radiography). The recruitment campaigns currently running to address recruitment difficulties and vulnerable professions in nursing, midwifery and allied health (NMAH) were reported to the Committee by the OfS. For medicine, it was noted that the 15 October UCAS application deadline for 2019 entry showed a significant increase in applications, which was encouraging in light of the recent expansion of medical places.

### Scotland

24. For medicine in Scotland, it was reported that there had been an increase in applicants with the Scottish government adding additional funded places, with a focus on Scottish domiciled students and widening participation. Scotland now has a graduate entry school with 55 student places with a focus on rural and remote, and primary care medicine. Nursing, midwifery and allied health were reported to be in a reasonably healthy position for Scotland with recruitment looking good, except for applications from the rest of the UK which have been declining, and there were a

few recruitment issues in the smaller allied health professions. Remote and rural workforce need has led to a greater focus on more local recruitment.

## Wales

25. For medicine in Wales, the Welsh Government had increased the number of medical places by 40 in 2018, with a focus on recruiting more Welsh domiciled applicants and putting medical education into communities in order to try and address rural workforce issues. On nursing, midwifery and allied health it was reported that there had been some confusion over bursaries but application numbers have been maintained, with some variations (such as learning disability which has struggled with applicant numbers).

## Discussion

26. The Committee discussed the “deep dive” review of nursing by the DHSC and suggested that this review also needs to consider allied health professions in order to address all the recruitment concerns being faced. Members noted the asymmetrical and geographical challenges to recruitment and suggested that this will require nursing and allied health concerns and solutions to be looked at individually and not all bundled together. The CoDH highlighted that they recently submitted a report on the implementation of the funding reforms to the DHSC which could be of interest to UKHEAC members. (*Secretariat note: this was shared on 28 November 2018*).

Action: Circulate CoDH report on the funding reforms to UKHEAC members for information.

27. Questions were raised around nursing apprenticeships in England and the potential effect of these on undergraduate recruitment. The new nursing associate qualification was also explored, noting that recruitment has gone relatively well. Members agreed that there was a need to look at recruitment holistically, to understand student knowledge of pathways and how apprenticeships and nursing associates fit into the wider picture.

28. The Committee expressed ongoing concerns about the recruitment levels and the challenges faced in attracting students, and while awareness raising campaigns are welcome, it was felt that more action from Government was needed to address the issue as nursing associates and apprenticeships alone will not achieve the full extent of growth in the workforce required.

29. Members expressed concern that there could be long term damage to the academic workforce if challenges in recruitment are not addressed along with measures to promote academic careers, particularly if there were to be any reduction in the entry requirements for students which could lead to a decline in standards.

30. The UKHEAC discussed the challenges in finding placements for NMAH students, noting that many providers are struggling to find sufficient placements and trusts do not seem to have sufficient capacity for all the placements required (this was raised as a problem in England, but colleagues from Wales also noted concern on placements).

31. The pressure on placements seems to be having a detrimental impact on the student experience, with a reported drop in student satisfaction. A concern was also noted on the impact that degree apprenticeship students may be having on student satisfaction rates, as these are employer led programmes. Members highlighted the increasing challenges faced by trusts who

need to meet a range of different curriculum needs, for different types of student learners, across different disciplines.

32. Members also recommended that the Committee needs to look at the retention and the long term employment of students, not just the recruitment of them, in order to understand the longer term trends and workforce implications for the students being recruited.

### **Review of UKHEAC**

33. The Committee reviewed the summary of the consultation and review process that took place over the summer and autumn during 2018 and gave consideration to the outcomes and recommendations arising from the review, which include the need to approve revised terms of reference and membership. It was noted that the final terms of reference and membership will need to be formally agreed by each of the UK funding bodies (with Wales noting that this will need to be approved at the HEFCW Council meeting in January 2019) following discussion by the Committee.

34. Members expressed some caution that care needed to be taken to manage the size of the Committee to avoid it becoming too large. Consideration needs to be given to strategic cross-membership and having members represent multiple perspectives and be able to draw on multiple sources. It was also expressed that it was important to ensure that there is a spread among the 'other allied health' representatives so that they are not all the same profession, so the funding bodies for each UK nation need to work together to ensure a balance of representatives.

35. Following today's meeting there will need to be a further final step to ensure that the ToR and membership recommendations are approved by all the UK funding bodies. It was also noted that the recommended attendee observers needed to include the Chief Medical Officer or similar representative from the Welsh Government.

36. The Committee discussed the approach to identifying the priorities for the UKHEAC in 2019 and a few areas were noted for possible consideration (such as academic and clinical workforce needs, and linking to other organisations such as the Royal colleges and medical laboratory centres). However, given the limited time available in the meeting, it was agreed that further suggestion and discussion for the UKHEAC priorities, and how address them through the UKHEAC working practices should be continued over email. (*Secretariat note: this was done on 28 November 2018*)

Action: Secretariat to seek further input and comments from members in relation to the UKHEAC priorities for 2019 and working approach via correspondence following the meeting.

### **Brexit (preparation and dealing with uncertainties)**

37. The UKHEAC briefly considered the potential challenges and opportunities for health related HE provision created from Brexit.

38. In discussion it was felt there has been insufficient regard given to the potential impact on EU students and the wider student body arising from Brexit. There was concern expressed over the drop in EU applications to medicine in particular (around an 8% drop) along with highlighting the need to ensure continuation of the medical qualification being automatically cross recognised within the EU. It was noted that it will be important to be clear and honest with the students, even if it is to communicate current uncertainties.

## **Teaching Excellence Framework (TEF)**

39. Richard Smith from the TEF team in the Office for Students provided a brief presentation to the Committee which gave an overview on the current status and developments of the TEF. It was reported that the second year of piloting the subject level TEF had started, building on the work from last year which tested two approaches for deriving subject and provider level ratings, with the aim of having mechanisms to reduce the burden of the process. The testing of the two approaches (one top down, one bottom up) revealed that both models had issues, though core TEF processes were working (such as combining qualitative and quantitative data). The testing established a preference for a more comprehensive style of assessment which the TEF consultation responses have also supported.

40. Working closely with participants and providers a new model was launched on 22 October along with a government consultation response and some procedural documents to give a better focus on description of criteria, and more differentiated criteria between provider and subject level. The TEF team are currently testing the new model, taking a formative approach and looking for efficiencies and enhancement in a number of key aspects, such as WP, good practice and improving the student voice.

41. There is planned to be a scaling up of the exercise, working with around 50 providers to generate approximately 700 ratings (the full TEF exercise will generate 4-5 thousand ratings). This year will also see changes to categorisation of subjects, with a separate medical sciences panel and a nursing and allied health panel. It was confirmed that TEF is intended to run on a biennial cycle (so the TEF 20 outcomes would be announced in 2022).

42. There was some discussion on how the TEF process can recognise different subjects and courses, with the concern that the more granular the detail considered for a course, the less reportable and usable the data becomes, which means that small subjects and professions with very limited data may not be assessed (which could have implications if a subject TEF ratings absence is perceived negatively).

43. The Committee raised a question on how regulatory registration for health professions may be used as a measure, or otherwise represented within the TEF rating. Currently regulatory registration with the relevant body is encouraged by TEF as part of course outcomes but this will not be a mandatory requirement under TEF assessment, which is intended to be a tool to look at student choice and activity.

44. Members highlighted the importance of avoiding unintended consequences which could negatively impact on vulnerable subject provision. It was suggested that the Committee continue to monitor the TEF subject level approach and return to discuss developments as appropriate.

## **English issues**

45. There was a brief discussion on the review of DHSC tariffs and the current HEE work that is taking place on currencies. HEE have undertaken a consultation on this and expect to be taking a paper to their Board in December to report the outcomes of the consultation and then following this will be providing advice to the DHSC in January with a final report expected in March. The review has been working with NHS to look at costs of placements, particularly with regard to primary care where an equal rate of tariff for primary and secondary care medical placements is being considered.

46. The Committee raised a question about non-NHS providers and how they fit within the currencies review, with recognition that there is a lot of variance between them. More geographic place based models are being considered as a method of allocation of currencies and HEE expect to be able to further update on all the work on currencies at a future meeting.

### **Scottish Issues**

47. Helen Raftopoulos provided the update to the UKHEAC on Scottish issues. It was agreed that due to time pressures, the item on the agenda to talk about outcome agreements in Scotland should be postponed to a future meeting when there will be the further benefit of additional details and clarity available.

Action: Helen Raftopoulos to update the UKHEAC about outcome agreements in Scotland at a future meeting.

### **Welsh issues**

48. Celia Hunt provided the update to the UKHEAC on Welsh issues.

49. It was reported the Health Education and Improvement Wales (HEIW) was established on 1 October 2018. HEFCW also reported that they had recently completed a consultation on changes to funding method for 2019/20 which looked at increasing the expensive subject premium for medical and dental clinical provision.

### **NI issues**

50. There was no one present from Northern Ireland to provide an update to the Committee at this meeting.

### **Any other business**

51. An issue was raised around the need to develop an understanding of the workforce and the possibility of gathering accurate data on workforce numbers.

52. Members talked about professional registration, and whether the REF or HESA data could be used to gather the necessary information, as members felt there was an issue in tracking students beyond their foundation years and being able to follow careers.

53. It was suggested that the UKHEAC should give greater consideration to this issue and perhaps link up with other projects that are looking into this issue. The GMC suggested the UKHEAC consider the ongoing work of the UK Medical Education Database (UKMED) which is a platform for collating data on the performance of UK medical students and trainee doctors across their education and future career.

*The next meeting of the UKHEAC will be in London on 19 March 2019.*