

**Minutes of the thirty third meeting of UKHEAC held on Tuesday 12 June 2018
Scottish Funding Council offices, Edinburgh**

Present: Members: Professor Dame Jessica Corner
Professor Anne Greenough
Professor David Crossman
Dr Stephen Riley
Karen Wilson
Professor Neil Johnson
Professor Ieuan Ellis (via telephone)
Jessica Court (via telephone)

Observers: Jo Marvell (HEE)
Fleur Neilsen (CODH) (via telephone)
Dr Heather Payne (Welsh Government)

Officers: Ed Hughes (OfS)
Andrew Taylor (OfS) (Assistant Secretary)
Helen Fouquet (OfS)
Helen Raftopoulos (SFC)
Celia Hunt (HEFCW)

Guests: Stuart Fancey (SFC)
Janet McVea (Scottish Government)

Apologies: Members: Professor Karen Bryan
Professor Farida Fortune
Professor Saul Tendler
Professor Donna Fitzsimons
Professor Raymond Playford
Professor Irwin Nazareth
Professor David Adams
Professor Stewart Irvine
Dr Claire Mallinson

Apologies: Observers: Alan Robson (DH)
Kate Svedang (DfE)
Martin Hart (GMC)
Ross Scales (GDC)
Brendon Edmonds (HCPC)
Professor Jenny Higham (UUK)
Anne Trotter (NMC)
Joanna Robinson (MRC)

Damian Day (GPhC)
Professor Chris Jones (Welsh Government)
Stephen Griffiths (NHS Wales)

Welcome and opening remarks from the Chair

1. The Chair welcomed colleagues to the thirty third meeting of the UKHEAC, apologies were noted and brief introductions were given by those present.

Minutes of the UKHEAC meeting held on 21 March 2018

2. The minutes from the March meeting were reviewed by members and agreed to be an accurate record of the discussion, subject to a couple of suggested revisions to be made to the record regarding Welsh issues. (*Secretariat note: These changes were followed up outside the meeting and the minutes were amended*).

3. The actions from the last meeting were reviewed and noted as complete pending some further follow up activity to be undertaken.

Matter Arising

4. Members noted the feedback letter that was sent to the appropriate contacts for each of the UK nations following the last meeting. It was reported that no response to this letter had been received as yet, but any replies will be shared with members.

TEF

5. It was noted that the subject-level TEF pilots have concluded. The next phase and specification of the TEF was expected in the autumn. Provider level TEF outcomes were announced last week; though there was nothing specific to health subjects.

6. Members expressed some concerns about the approach to the groupings used for the subject level TEF, highlighting that the differences in sizes between the disciplines, This creates some concern, particularly about the “other subjects allied to health” which seems a very disparate group.

7. The effect and impact of the TEF on the other UK nations was briefly touched upon and members agreed that it will be important to ensure all perspectives are taken into account. The Committee agreed to return for further discussion on the development of the TEF at the next UKHEAC meeting expected in November.

Action: Further discussion on TEF to be on agenda for the next UKHEAC meeting.

Scottish issues

8. Stuart Fancey, Director of Research and innovation at the Scottish Funding Council, gave a presentation to the Committee on Scottish health higher education issues.

9. His presentation noted the overall SFC approach to funding, and highlighted areas of development and improvement such as the outcome agreement; progressing national priorities;

and supporting collaboration between colleges and universities. It was reported that the SFC works very closely with NHS Education Scotland (NES) colleagues, with a joint NES/SFC action plan with the aim to ensure consistent, fair and sustainable provision.

10. Health and social care strategic priorities for Scotland were discussed, which included widening access; primary care; gender balance. The relatively small size and scale of health higher education in Scotland means that it is challenging to balance all the different needs and priorities and SFC are taking a collaborative approach with NES to the issues.

11. For research priorities it was noted that the SFC are preparing for REF 2021; continuing to develop Innovation Centres; and exploring translation of research into practice.

12. Following the presentation members discussed the importance of recognising divergence of practice across the UK and the potential effect this can have on the future UK workforce. Members agreed it is important to ensure that any cross border impacts arising from changes or developments to the HE system of one nation should be fully explored where possible.

13. Members recommended that all nations should take a UK wide view of the health system with regard to outcomes and suggested that more opportunities for dissemination of good practice between nations should be sought. It was noted that this will be particularly useful for areas where nations are experiencing different levels of success in addressing the challenges of recruitment to specialised health courses.

Recruitment of NMAH

14. The latest data on recruitment to nursing, midwifery and allied health was discussed and reviewed by the Committee for all the UK nations.

15. In England it was noted that there is a continuing decline in applications with some particular areas of vulnerability in fields such as Learning Disability Nursing, Podiatry and Therapeutic Radiography, and geographically across the South of England. The Office for Students is considering what action to take in situations of market failure in a particular subject area and is looking at what possible responses or interventions, if any, might be appropriate. It was recognised that this would need to be done in partnership with other stakeholders, particularly HEE.

16. In Scotland, it was reported that data shows their nursing and midwifery students tend to study and work close to where they live. This means that to resolve workforce shortages (eg in the Highlands) they will need to recruit students from the Highlands area. Scotland is also facing issues around small specialities (eg Operating Department Practitioners or prosthetics and orthotics). The Health Boards with the support of SFC and NES are looking at various options to ensure sustainable provision in these areas.

17. Recruitment data for Wales was tabled at the meeting which looked at the strong recruitment achievements measured against the commissioning targets. It was reported that the bursary arrangements in Wales are being extended for the time being, but following the recent changes to the English system a consultation has commenced which is looking into the options for the future of bursary arrangements in Wales.

18. Members noted the overall decline in applications across all the nations, but recognised that the problems vary from profession to profession and region by region and national figures often mask more acute subject and regional concerns. There was discussion about the different approaches to course promotion between the nations, with it being noted that Scotland appeared

to be having more success promoting specialised allied health courses than England. Members were keen to explore the differences, in order understand what is working and determine opportunities for cross-UK learning and sharing of good practice.

19. The committee recommended the need for more clarity as soon as possible on the implementation of the recently announced “Golden Hello” scheme for some postgraduate pre-registration programmes in England in Learning Disability and Mental Health nursing. It was felt that there was a lack of detail on how this will work in practice, which members felt was potentially a missed opportunity to address recruitment challenges in other vulnerable subjects, including Podiatry and Therapeutic Radiography.

Clinical Academics

20. The issues facing clinical academics were discussed by the Committee, with members recognising the challenges in the system from an older and declining clinical academic workforce that is not being sufficiently replaced by new staff.

21. Data from the MSC annual survey shows that numbers of clinical academics in medical schools are at best steady or declining (in percentage terms) which is exacerbated by the demographic that clinical academics tend to be an older age group, which raises concerns on forthcoming losses from retirement. There was a recognised need to better understand the reasons why clinical academics may have left the profession.

22. Shortages of clinical academics was agreed to be a UK wide issue across all the home nations, and the recent increase in medical student numbers and the establishment of new medical schools in England will place additional pressures on the system for all.

23. The Committee highlighted the importance of clinical academics in driving research and innovation and suggested that the decline in the research capacity, driven by increasing demands placed on clinical academics, is deterring new staff from taking this career path.

Action: UKHEAC to return to the issues of Clinical Academics for further discussion at a future meeting. Secretariat to engage with Chris Whitty’s office on this issue.

UKRI – Strategic Prospectus

24. The Chair provided a brief update and overview of UKRI and its strategic direction and highlighted some of the headline issues in research that the UKRI are interested in.

25. It was recognised that the UKHEAC straddles the boundary of teaching and research interests and so it would be important to ensure that research issues and the UKRI are given appropriate inclusion to future meetings. It was highlighted that it will be important to keep UKRI and Research England issues separate and recognise the differences between UK wide and English only matters.

Actions:

- Invite UKRI back to the UKHEAC in November.
- Ensure REF and KEF are on the agenda for November and invite John Iredale to that meeting to talk about Main Panel A in the REF
- Secretariat to consider a paper setting out the UK-wide and the devolved level domains across teaching and research, so a clear understanding of where responsibilities lie can be formed.

Clinical Placement support

26. The Committee discussed the current clinical placement funding and support arrangements for both home and overseas students across all the UK nations. It was observed that the English arrangements for overseas students in medicine were under review and Members recommended the need for greater clarity on this as soon as possible.

27. Feedback from the BMA was shared with the Committee which supports the view that the current arrangements for overseas medical student clinical placements should remain as they are, with overseas students receiving support for their placement to avoid placing too much burden on students to meet their costs.

28. The Committee highlighted the importance of ensuring sufficient F1 foundation places would be available for all students at UK medical schools.

English issues

NMAH challenge fund

29. The OfS summarised the aims of the NMAH challenge support fund which aims to fund six innovative projects to attract and retain students on vulnerable healthcare courses.

30. It was reported that there has been considerable interest in the fund with a lot of bids received and an overall positive response from the sector. The fund is looking for projects that will show innovation, with individual bids able to bid for up to £30k and collaborative bids able to seek up to £60k. The outcomes of the NMAH challenge fund are expected to be announced by the end of June. (*Secretariat Note: These are now published and available to see here: <https://www.officeforstudents.org.uk/advice-and-guidance/funding-for-providers/health-education-funding/challenge-fund-funded-projects/>*)

Welsh issues

31. Celia Hunt and others provided an update to the UKHEAC on Welsh issues.

32. It was reported that a Board has been appointed for Health Education and Improvement Wales (HEIW) which is now in shadow form and will become active in October.

33. The Welsh Government is currently consulting on a potential new body that would replace HEFCW, which is intended to cover all post 16 higher education in Wales (including skills and apprenticeships). This is likely to require new legislation by the Welsh Government, so it may be some years before any changes will come into effect.

34. It was reported that Wales is trying to move towards becoming less 'big city centric' in its approach to health education. Consideration is currently being given to options for medical student numbers, and there might be scope for some expansion as well as options for the international student tariff being reviewed.

NI issues

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

Future of UKHEAC

36. The Secretariat reported back to the Committee following a meeting between all the UK HE funding councils to discuss how we might develop the UKHEAC for the future.

37. The OfS indicated that it has been giving this some consideration, and that there is recognition in the OfS for the need for continued support of UKHEAC, though with some revision of the terms of reference and membership to strengthen the student interest and align with the new strategic priorities for OfS.

38. There is a shared view across all the UK HE funding councils to continue discussion and development to support the UKHEAC, recognising the UK wide benefits and the coverage of research and teaching. In discussion, it was suggested that the Committee may need to bring in other bodies to ensure full coverage of all the issues and be more proactive in looking at the questions the Committee may want answered. In particular it was suggested that there is a need to link up Research England, as the research functions that used to fall under HEFCE are now no longer part of the new OfS, as well as ensuring representation of UKRI to provide input on UK-wide research issues.

39. There was some discussion on observer or member status of organisations and a suggestion to look at this and explore how it is framed in the ToR. It was also suggested that there could be an opportunity to further explore the relationships with the health departments in each of the UK nations, to make sure that the advice we are giving is relevant to those departments. Representation of patient input or involvement was also suggested as something that could be relevant for the Committee.

40. How the Committee is informed and receives papers and information was briefly explored, with recognition that it is important that the UKHEAC receives the right information in order to be able to give advice and make sound recommendations. Though it was recognised that there are resource limitations to what the Committee can procure.

41. It was proposed that the next steps for the Committee should be:

- For the funding bodies to have further discussions and to review of ToR and membership
- During the summer, the secretariat will then circulate a positioning paper to all UKHEAC members in order to gather views and input
- A final paper will be brought to the November UKHEAC for further discussion and agreement
- Final proposals will need to be agreed by the UK HE funding bodies as the sponsoring organisations by the end of 2018.

Any other business

42. There were no further issues raised and the meeting was brought to a close.

The next meeting of the UKHEAC is TBC. It is expected to be in London in November 2018.