**UK Healthcare Education Advisory Committee OfS, RE**

**HEFCW**

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**DfE(NI)**

**OfS**

**UKHEAC Min37**

**Minutes of the thirty seventh meeting of UKHEAC held on Friday 22 November 2019**

**OfS offices, Finlaison House, London**

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| **Present:** | **Members:** | Professor Dame Jessica CornerProfessor Karen BryanProfessor Ieuan EllisProfessor Raymond PlayfordProfessor Steve Thornton Professor Helen LangtonProfessor Fary CachelinProfessor Callum YoungsonProfessor Martin Steggall |
|  |  | Dr Claire MallinsonHadar ZamanProfessor Donald CairnsProfessor David CrossmanAmy HughesDavid WilliamsChris Smith |
|  | **Observers:** | Katerina Kolyva (CODH)Anne Trotter (NMC)Martin Hart (GMC)Professor Jenny Higham (UUK)Jo Marvell (HEE)Stephen Griffiths (HEIW)Mark Platt (GDC) |
|  | **Officers:** | Ed Hughes (OfS)Andrew Taylor (OfS) (Assistant Secretary)Helene Fouquet (OfS)Helen Raftopoulos (SFC)Cliona O’Neill (HEFCW)Steven Hill (Research England) |
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| **Apologies:** | **Members:** | Professor Donna FitzsimonsProfessor John GibsonProfessor Stephen Riley |
|  | **Observers:** | Adam Dunajko (DfE)Brendon Edmonds (HCPC)Damian Day (GPhC)Heather Payne (Welsh Government)Joanna Robinson (MRC)Alan Robson (DHSC)Professor Stewart Irvine (NES)Karen Wilson (NES) |
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**Welcome and opening remarks from the Chair**

1. The Chair welcomed colleagues and guests to the thirty seventh meeting of the UKHEAC. Apologies were noted and brief introductions were given by all those present in the meeting or joining via telephone. New members Fary Cachelin, Callum Youngson, Hadar Zaman, Donald Cairns, and Amy Hughes were welcomed to the committee.

**Minutes of the UKHEAC meeting held on 21 June 2019**

1. The minutes from the June meeting were reviewed by members and agreed as accurate.
2. The actions noted in the minutes from the last meeting were reviewed and members were updated on the progress and completion of each. The recruitment of new members was welcomed.
3. Regarding follow up activity on UKMED, it was noted that it would be useful for the UKHEAC to ensure that all interested parties across the UK were able to engage on a discussion regarding expanding and using UKMED. Members suggested that the secretariat should work with the GMC to ensure that all interested stakeholders are linked up.

Action: Secretariat to create a communication group to ensure the various interested stakeholders are linked up to the GMC UKMED programme.

(*Secretariat Note: This action was completed in January 2020*)

**Matters Arising**

1. The committee noted the feedback letter that was sent to the appropriate contacts for each of the UK nations following the last meeting in June. There was some discussion on how much impact and reach the feedback letters are receiving, particularly given the lack of responses received to the last letter (other than from Wales where the membership expressed gratitude for the thoughtful response). Members suggested the committee may need to further promote UKHEAC feedback and communication following the meeting.

Action: Secretariat to encourage responses to the UKHEAC feedback letters.

**Recruitment for 2019-20**

1. The committee reviewed early recruitment data from UCAS looking at student applications and acceptances in health higher education disciplines for 2019 20 across all the UK nations. Members noted that differences in terminology and recording of data between professions can mean than direct comparisons are difficult, but it was useful to have a discussion on a whole picture of the workforce.
2. Members highlighted some personal and anecdotal data regarding subject areas which have experienced challenges in applications or recruitment in 2019 such as Paramedics and Pharmacy.
3. While discussing the government ambitions to grow the nursing, midwifery and allied health (NMAH) workforce, members suggested that one of the barriers to successful growth in such courses is ongoing concern over the capacity and the financial support for clinical placements. Related to this is the need to ensure high quality of the placement experience for students, and better awareness and take up of financial support for students for placement related costs, to help improve student retention (and lead to a growth in the output to the workforce). It was reported that the second year of a NMAH course can often be a challenge for students, with impacts on retention.
4. The committee noted that changes to the funding arrangements for pre-registration NMAH students in England had contributed to a shift in the demographic composition of the student cohort with more younger entrants. OfS data on the characteristics of students on these courses has recently been published online[[1]](#footnote-1). While members recognised and supported the efforts to increase recruitment of mature students, it was expressed that it was equally vital that those entering nursing courses at a younger age were fully supported and valued, as they were potentially committing to a lifetime career in the NHS.
5. Members discussed the pressures from targets and retention metrics, noting that the situation where students may need to take additional years to complete their NMAH course created a tension between the student interest (to take longer) and the measurement of retention (to complete in three years), which put a lot of pressure on providers.
6. With the long planning times required for recruitment to health courses, the committee suggested that it was important to already be considering recruitment for 2020-21 and beyond, particularly to identify what has been effective in terms of previous campaigns and interventions that have positively influenced recruitment so additional resource may be focused onto these.
7. Members suggested that there is a geographical mismatch between where the workforce shortages currently are and where many newly qualified students are being drawn to study and work. The committee agreed that the interactions between health professions will require any approach to recruitment to be mindful of the whole system, as increases to one profession can unintentionally lead to pressures on recruitment in others.

**Enhancing the NHS-academia interface**

1. Members reviewed the work by the Academy of Medical Sciences (AMS) on Enhancing the NHS academia interface.
2. This project is likely to include recommendations regarding providing dedicated time for research active NHS staff across all health disciplines, ensuring the undergraduate medical curriculum equips staff with the skills to engage with research, and incorporating flexibility into postgraduate training pathways to allow doctors in training to explore careers in research.
3. Members welcomed the work of the AMS and broadly endorsed the expected recommendations in the report, though there was some caution expressed over the likely level funding required to deliver them, with members recommending commitments would need to be made to effectively support such developments.

(*Secretariat Note: the final report was subsequently shared with the UKHEAC)*

1. While discussing the barriers to entry into NHS academia, the committee agreed that there was a need for more progress to be made to tackle the bureaucracy that deters NHS staff from undertaking research. Members expressed the view that students were not well supported or encouraged when considering a career in academia, and more should be done to enable student choice and to help them understand their options and financial support available when considering research. The committee also suggested interdisciplinary research needs to be more embedded, along with a commitment to avoid polarizing research in primary and secondary care. It was recognised that different disciplines will need different solutions depending on the area of the health service they operate in.

**Review of Clinical Placement Tariff (in England)**

1. The UKHEAC discussed the DHSC review of clinical placement tariff in England. The committee expressed concern over the short timetable indicated for the review, as members felt this was a complex issue and additional time may be required in order to collect all the data and inputs to fully inform an outcome.
2. Members suggested that the current system can lead to inconsistent and regionally divergent systems and it was noted that there are significant differences in the current approach to placement tariff and the levels of funding between professions.
3. There was discussion of the student experience while on placements, with members expressing a view that the tariff might be usefully linked to quality to help drive higher standards so that students feel the benefit of the funding while on placement. There was some concern expressed over how international students might be expected to fund their own placements in the future, in terms of affordability and equitability with the home student experience.
4. Members suggested that the review of tariff funding should take a holistic view of all the health education professions, including those currently outside of tariff support.

**REF 2021**

1. A short update paper from Research England (RE) on developments in the REF was considered by the committee and noted for information.
2. It was reported that RE are still considering how to make use of data gathered in the REF and they plan to bring some of these issues back to the committee for more discussion in future. It was recognised that the REF will have potential for some use in the monitoring of academic disciplines.

Action: Schedule a possible future agenda item to discuss use of the data gathered by the REF.

**UKHEAC Priorities for 2020**

1. The secretariat updated the committee on the process taken for setting the UKHEAC priorities for 2020 and noted the draft priorities which are being proposed for the coming year.
2. Members noted the importance of wellbeing for both students and staff in health HE as part of the priorities, recognising that this is a significant issue which the committee should be mindful of during any discussions. There was some discussion on ways for students to feel more supported while on clinical placements.
3. Members suggested we should reflect on what we have achieved against our priorities from the last year, with a view to building on progress and helping ensure the 2020 priorities will be deliverable and act as a driver for change. It was also suggested that if the NHS People plan is to be annually refreshed, the UKHEAC should look for opportunities to feed our guidance and outputs into this in order to keep our activities forward looking.

**Representation at UKCRC**

1. The UKHEAC discussed the UK Clinical Research Collaboration, which is a group bringing together the NHS, research funders, industry, regulatory bodies, Royal Colleges, patient groups and academia UK-wide to consider issues relating to clinical research.
2. There has a been a review of the membership at the UKCRC and there is an opportunity for the UKHEAC to be represented on the UKCRC. Members discussed and considered the possible appointment of a member to sit on the UKCRC, noting the time commitments and requirements to feed back on discussion to the UKHEAC as well as the need to represent the impartial views of the UKHEAC separate from their own institution.
3. Steven Hill noted that Research England currently has a seat on the UKCRC and will continue to do so with a role to represent the other funding bodies.
4. It was agreed that colleagues with an interest in being the UKHEAC representative to the UKCRC should contact the secretariat to note their interest for a decision to be taken by the Chair.

Action: Secretariat to collate responses from interested members and determine the appointment of a UKHEAC representative to the UKCRC in discussion with the Chair.

(*Secretariat Note: Steve Thornton has been appointed as UKHEAC representative to UKCRC*)

**Delivering the NHS People Plan**

1. Sir David Behan, Chair of Health Education England (HEE), joined the meeting to discuss the delivery of the NHS People Plan and the work of HEE on workforce planning.
2. Sir David discussed the key principles that he saw underpinning the work of HEE, concentrating on the future workforce requirements and the need for collaboration in education and training. Sir David recognised the scope of the challenges in delivering this, with discussion around technology use for future clinicians, the balance of clinical and non-clinical roles, ensuring the right mix of skills while growing the workforce, and developing an operating model that facilitates delivery at all levels from national to local. It was recognised that transforming the workforce would also necessitate changes to reflect multi-professional working, with new and emergent roles taking account of the rapid pace of technological development.
3. Members noted that within the context of increasing complexity of education pathways into healthcare professions, the value of the undergraduate education route should not be overlooked as the main route into the health professions, particularly for young students with their potential for a long career of valuable contributions to the NHS.
4. The committee highlighted the importance of opportunities for the workforce to maintain and develop new skills over their career as working patterns evolve. It was recognised that long-term development and delivery of the workforce can sometimes be in tension with the short-term service requirements of the NHS. This can lead to staffing pressures with the resultant impact on students while on their placements.
5. It was suggested that more could be done to embed an educational environment into the NHS workplace. Members recommended that work should be done to reduce inconsistencies between Trusts and ensure that any regulation was complementary to the innovation and development aims of the People Plan.
6. Members expressed strong concern that there was insufficient emphasis on the importance of research and the development of the clinical academic workforce within the People Plan, which is critical for the educational delivery and development of the workforce.

**Update on English issues**

1. The OfS reported that they were about to publish a piece of research looking at data on male participation in nursing and allied health, which is expected to be published in in early 2020. This paper will either be circulated to members for information.

Action: Secretariat to circulate OfS publication on male participation in nursing and allied health

(*Secretariat Note: this action was completed in January 2020*)

**Update on Welsh issues**

1. It was reported that the increase to the student intake of medical numbers was going ahead as planned. Work has begun on increasing the number of placements available as well as increasing the capacity in primary care to support the growth.
2. During 2020, as part pf the strategic review of health education in Wales there will be a substantive review by HEIW of the commissioning approach for all non-medical education.

**Update on Scottish issues**

1. To support a growth in medical students, it was reported that the Scottish government is looking at plans for either expansion in the current medical schools or the development of a new school and ministers have met on this to consider the various options for how to enable this. Scotland recognised the importance of collaboration with England (and noted the value of sharing intelligence from the recent medical expansion in England) and cross-border issues for the wider UK were recognised.

**Update on Northern Irish issues**

1. There were no colleagues present from Northern Ireland to provide an update on Northern Irish issues.

**Any other Business**

1. Ed Hughes reported that he was about to take a one-year secondment position from the OfS to work at Research England form the end of November so this would be his last UKHEAC meeting as OfS Secretary.

*The next meeting of the UKHEAC will be in London on 26 March 2020.*

*(Secretariat Note: This meeting was cancelled due to Covid-19)*

1. https://www.officeforstudents.org.uk/data-and-analysis/changes-in-healthcare-student-numbers/ [↑](#footnote-ref-1)