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| 12 July 2019Lee McDonoughDirector General, Acute Care and WorkforceDepartment of Health and Social Care 39 Victoria Street LondonSW1H 0EU  |  |  |
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Nicholson House

Lime Kiln Close

Stoke Gifford

BRISTOL BS34 8SR

Telephone 0117 931 7137

Dear Lee

**UK Healthcare Education Advisory Committee update**

The UK Healthcare Education Advisory Committee (UKHEAC) met on 21 June 2019. This letter summarises key items of discussion and feedback arising from that meeting for the benefit of system leaders in healthcare education. A similar letter is being sent to appropriate policy bodies in each of the UK nations.

The committee discussed the General Pharmaceutical Council’s consultation on the initial education and training standards for pharmacists. Some concerns were expressed by members over the viability of the suggested five year integrated approach, in particular with regard to the additional funding that would be required to support this model. There was also some caution urged by the committee against too many restrictions being placed on the number and type of clinical placements and members warned against any creep in regulatory requirements for providers.

The recently published Post-18 review of education and funding (the Augar Review) in England was discussed by the committee. Members highlighted some of the risks that any potential implementation of the review recommendations would need to address such as a concern for funding if teaching grant supplements do not fully compensate for reductions to student fees, and implications for student equality with regard to proposed changes to the repayment model. The committee also highlighted the importance of foundation years as an entry point to health programmes, particularly for widening access students, and suggested that care should be taken with the Augar recommendation that these no longer be offered without suitable exemptions for health subjects. The UKHEAC noted that any decisions taken on the future of funding and student fees for England will have cross border impacts and carry implications for each of the devolved nations.

The committee noted a possible short term negative impact arising from the publication of the Augar Review was that its publication could deter applications from students in the current year if they anticipate future changes to the fee system. Members reported some evidence that applicants were already seeking to defer entry for this reason, and strongly suggested that additional information and clarity from the Government on how the Augar Review recommendations might be taken forward might help to mitigate this impact.

The committee discussed the approaches being taken to workforce planning across the UK. For Wales the focus on health and wellbeing of staff was welcomed, with the committee noting the links between wellbeing of staff and retention, outcomes for patients, and safe staffing levels, all of which was considered to be a positive policy direction and was welcomed by members.

In England the recently published NHS Interim People Plan was discussed with members noting the policy themes focusing on shortage areas and workforce need. It was suggested that the plan could be strengthened by greater clarity over the role higher education providers have in the planning and delivery of the future workforce, along with stronger and more clearly explained systems for financial support for healthcare students. While recognising that future policy direction will depend on further commitments and the outcome of the spending review expected later this year, the committee recommended that any consideration of future workforce supply should take a holistic view across all health disciplines and a greater emphasis should be given to supporting staff welfare throughout all stages of their education and career. Members recommended that the plan would benefit from a longer term focus beyond the more immediate intervention’s to solve the current workforce crisis, and while acknowledging the larger scale and complexity of workforce strategy in England, suggested that dialogue and comparisons of approach between all the UK nations could be usefully shared between administrations.

The UKHEAC received an update from Graeme Atherton on the work of the National Education Opportunities Network (NEON) and discussed wider implications and concerns for widening access and participation in health higher education for the UK. The committee highlighted the need for providers to make sure widening access is visible in strategic planning and encouraged a greater level of interdisciplinary work to share good practice and learn across health professions. Members noted that barriers exist throughout the whole admission process which need to be identified and it is important that the individual needs of students are recognised when embedding widening access initiatives. The challenge to inspire and draw in students from under-represented groups is different to the need to account for this in selection processes, so there needs to be a complementary approach between inspiring and selecting.

The UKHEAC was joined by Daniel Smith from the General Medical Council to talk about the UK Medical Education Database (UKMED) which is being developed as a reference resource by the GMC. Members were very supportive of the development of this database and could see the potential for its use as a comprehensive and longitudinal way to track medical students and the medical workforce. The committee was interested to explore the opportunities for developing similar databases for other health professions, though recognising there may be differences in the legal powers between GMC and the other professional regulatory bodies which may limit what data they can gather and hold. The UKHEAC will continue to support the development and use of the UKMED database and longitudinal tracking data and will liaise with other stakeholders to support the development of similar systems for other health professions where possible.

I trust that you find the above points useful in ongoing discussions and that due consideration is given to the issues raised. The committee finds feedback from those in receipt of these letters valuable in shaping its future agenda, and I would welcome your feedback on the points raised in this letter, as well as suggestions as to how UKHEAC can best advise on future policy development and implementation. We will share any response to this letter with our members at the next UKHEAC meeting in November 2019 and we will share and discuss the key points from such letters in our engagements with other stakeholders. In the meantime, if it is helpful to meet to discuss the feedback in this letter please do let me know.

Yours sincerely



Professor Dame Jessica Corner

Chair of UKHEAC

cc Matthew Toombs, Department for Education

 Nicola Dandridge, Chief Executive, OfS

 Gavin Larner, Department of Health

 David Sweeney, Executive Chair, Research England