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Dear Andrew

**UK Healthcare Education Advisory Committee update**

The UK Healthcare Education Advisory Committee (UKHEAC) met on 22 November 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 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 suggested that one of the barriers to successful growth of nursing and allied health courses are ongoing concerns over capacity and the financial support for clinical placements. Related to this is the need to ensure high quality of placements with the benefits of positive student experience in improving student retention, which in turn will lead to a growth in the output to the workforce.

It was noted that changes to the funding arrangements for pre-registration Nursing, Midwifery and Allied Health 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 at: <https://www.officeforstudents.org.uk/data-and-analysis/changes-in-healthcare-student-numbers/>. Whilst efforts to increase recruitment of mature students were important, it was equally vital that those entering nursing courses at a younger age needed to be supported and valued, as they were potentially committing to a lifetime career in the NHS. The committee also highlighted that where students may need to take additional years to complete their course there is a tension between the student interest and the retention metric pressure on providers to ensure completion within three years.

Given the long planning times, the committee suggested that it is important to 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 can be focused onto these. Members suggested that additional thought needs to be given to addressing the geographical mismatch between where the workforce shortages currently are in the system and where many newly qualified students are being drawn to work. The committee raised a note of caution that the interactions between health professions 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.

Members reviewed work by the Academy of Medical Sciences (AMS) on Enhancing the NHS academia interface. The 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. The UKHEAC welcomed the work of the AMS and broadly endorsed the expected recommendations in the report, though recognising that there would need to be funding and investment commitment made to support such developments.

While discussing the barriers to NHS academia, the committee voiced the need for more progress to be made to tackle the bureaucracy that deters NHS staff from undertaking research. It was noted that students are not well supported in terms of facilitating their choices and understanding their options and financial support available for research. The committee suggested interdisciplinary research needs to be more embedded along with a commitment to avoid polarizing primary and secondary care, while recognising that different disciplines will need different solutions depending on the area of the health service they operate in.

The UKHEAC discussed the DHSC review of clinical placement tariff in England and the committee expressed concern over the short timetable indicated for the review, suggesting there may need to be additional time in order to collect all the data and inputs required to inform an outcome. The student experience while on placements was discussed and members expressed a view that the tariff might be usefully linked to ensuring higher standards so that students feel the benefit of the funding while on placement. It was also suggested that any review of tariff funding should take a holistic view of all the health education professions, including those currently outside of tariff support.

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. Sir David discussed the key principles that he sees 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 facilities delivery at all levels from national to local. Transforming the workforce would also necessitate changes to reflect multi-professional working, and new and emergent roles taking account the rapid pace of technological development.

In discussion with Sir David, 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. Members 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, with the staffing pressures on the NHS workforce and the impact that staff leadership and engagement can have on students while on their placements.

It was suggested that more could be done to embed an educational environment into the NHS workplace and members recommended that work to reduce inconsistencies and ensure that regulation was complementary to innovation and development aims of the People Plan would be helpful. Members also 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.

I trust that you find the above points useful in ongoing discussions and that due consideration is given to the issues raised. The Committee were disappointed not to receive a reply from Northern Irish colleagues to the last letter and would very much welcome a response to the points raised in this letter as the committee finds the feedback valuable in shaping its future agenda. Any suggestions as to how UKHEAC can best advise on future policy development and implementation, following the outcome of the general election, would also be very much appreciated.

We will share any response to this letter with our members at the next UKHEAC meeting in March 2020 and we will share and discuss the key points from such letters in our engagements with other stakeholders. In the meantime, if it would be helpful to meet to discuss any of the issues raised in this letter please do let me know.

Yours sincerely



Professor Dame Jessica Corner

Chair of UKHEAC

cc Sheena Burke, Higher Education Finance Branch, Department for the Economy