|  |  |  |
| --- | --- | --- |
| 4 December 2020Andrew Goodall, Director General for Health and Social ServicesNHS WalesWelsh GovernmentCathays ParkCardiffCF10 3NQ |  |  |
|  |

Nicholson House

Lime Kiln Close

Stoke Gifford

BRISTOL BS34 8SR

Telephone 0117 931 7137

Dear Andrew

**UK Healthcare Education Advisory Committee update**

The UK Healthcare Education Advisory Committee (UKHEAC) met on 4 November 2020 and discussed matters of importance to the delivery of health higher education, particularly in the context of the Coronavirus pandemic. As you know, members of the UKHEAC provide advice to the UK higher education funding bodies on education and research as well as workforce needs in terms of educational provision. Within this context members of the committee have raised key items of feedback and recommendations for action for the attention of leaders in healthcare education. A similar letter is also being sent to leaders of the respective national administrations for England, Scotland and Northern Ireland.

A matter that was given a lot of consideration by the committee was the operation of student clinical placements during the Coronavirus pandemic. Members expressed concern that the pressures NHS Trusts are facing is resulting in insufficient placements and supervision being for students on health higher education courses. The committee believes there would be value in ensuring greater consistency and promoting good practice for clinical placements and virtual learning across all health professions in the UK. It was recommended that more guidance for providers is urgently needed and there was commitment from the regulatory and funding bodies present at UKHEAC to collaborate on this issue.

Recognising the scale of the problem and the need to try and resolve these challenges quickly, members of the committee are strongly recommending that regulatory and funding bodies collaborate to address the key concerns and to promote consistency and good practice. The UKHEAC is aware of work by colleagues from across the Council of Deans of Health, Medical Schools Council, and Universities UK (such as their recent workforce growth position paper) and the committee recommends that regulatory and funding bodies engage with these sector stakeholders to resolve the critical issues.

As a potential part of the solution to clinical placement pressures the committee discussed the development of virtual placement tools and recognised the value of online placements to relieve capacity within the NHS, though it was agreed that this should not be seen as a replacement for physical learning which must be maintained. To develop the full potential of virtual learning, there are regulatory hurdles to consider so it is important that approaches are not developed unilaterally but within an appropriately flexible regulatory framework. With increased use of virtual learning it will also be important to recognise that not all students have equal access and ability to use such technology and so greater support for students would be welcome.

There appear to be additional complications for community-based placements where social distancing rules are creating challenges, and dentistry was explicitly identified for having acute challenges due to the risks associated with aerosol-generating procedures, which has created a complex picture to resolve and may cause delays to the graduation of final year dental students. The committee is interested to know whether there has been further work to understand the scale of the impacts from lost placement time on different professions, as members are concerned about the workforce implications should cohorts be unable to graduate or meet the standards required for registration. It would be helpful to understand the plans that are in place to mitigate this in each country of the UK.

The committee reviewed recruitment data from UCAS showing a higher number of student acceptances in health higher education disciplines for 2020-21 across all the UK nations. It is important that the educational experience of this year’s student intake is not compromised as an increased cohort size potentially carries a higher risk to retention. The committee recommends government gives a high priority to student support measures, which may require additional infrastructure or capital investment.

There is also a need for greater support for student mental health as the pressures on students during the pandemic are leading to anxieties that providers and employers need to be mindful of, especially as many of the usual support systems are stretched thin. In Wales we understand this has been addressed via the allocation of an additional £10m from Welsh Government to HEFCW. The committee also discussed the importance of recognising the impacts the pandemic is having on BAME students, both in terms of their mental health, and the risks from placements to extended family groups.

Early indications show that applications for next year are increasing, perhaps due to more interest in the health workforce due to Coronavirus, and the committee is supportive of using this as an opportunity to further expand recruitment across health professions to build momentum for future years. Increases to recruitment will take several years to feed into the workforce so a long term and stable approach will be required supported by adequate resourcing, infrastructure, and clinical placements.

It will be important to sustain the clinical academic workforce during the challenges arising from Coronavirus, with the need to maintain teaching time as part of a flexible and effective approach and to protect time for research so that the future careers of these staff are not held back. The current age profile of the academic workforce was highlighted by members as a possible risk, with an older demographic vulnerable to reductions in the coming years due to retirements, especially if this is not matched by new colleagues joining the academic workforce.

There are many issues currently facing clinical research capacity within health education, due to the challenges arising from the pandemic, with many non-Coronavirus trials being halted or postponed which may lead to negative long-term impacts and cost implications. Members highlighted the importance of maintaining the integral link between research and the NHS to keep the ongoing support from patients embedded. While the focus on Coronavirus research has positively demonstrated what can be achieved by quickly responding to challenges, the committee noted it is important to ensure that this change of focus does not lead to permanent loss or damage to pre-existing areas of clinical research.

I trust that you find the above points useful in ongoing discussions and that due consideration is given to the issues raised, particularly to the recommendation for government bodies to work collaboratively and holistically on clinical placements to ensure capacity and quality is maintained during these challenging times. The Committee would welcome a response to the points raised in this letter.

We will share any response to this letter with our members. In the meantime, if it would be helpful to discuss any of the issues raised in this letter in more detail please do let me know.

Yours sincerely



Professor Dame Jessica Corner

Chair of UKHEAC

*cc Alex Howells, Chief Executive of Health Education and Improvement Wales*

*Chris Jones, Deputy CMO for Wales*

 *David Blaney, Chief Executive of HEFCW*

*A similar letter will be sent to colleagues in health departments for the other UK Nations:*

 *Lee McDonough, Director General, Acute Care and Workforce, England*

 *Gillian Russell, Director, Health Workforce and Strategic Change, Scotland*

 *Andrew Dawson, Director of Workforce Policy, Northern Ireland*