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

**HEFCW**

**SFC**

**DfE(NI)**

**OfS**

**UKHEAC Min38**

**Minutes of the thirty eighth meeting of UKHEAC held on Wednesday 4 November 2020**

**held virtually via Microsoft Teams**

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| **Present:** | **Members:** | Professor Dame Jessica CornerProfessor Karen BryanProfessor Ieuan EllisProfessor Raymond PlayfordProfessor Steve Thornton Professor Fary CachelinProfessor Callum YoungsonProfessor Martin Steggall |
|  |  | Hadar ZamanProfessor David CrossmanProfessor Stephen RileyLucy SpencerVasilli Crispi |
|  | **Observers:** | Katerina Kolyva (CODH)Aiden Farrell (DfE)Andrew Busby (DfE)Adam Layland (HEE)Anne Trotter (NMC)Martin Hart (GMC)Brendon Edmonds (HCPC)Damian Day (GPhC)Professor Jenny Higham (UUK)Dr Pushpinder Mangat (HEIW)Ross Scales (GDC)Jennifer Anderson (MRC)Karen Wilson (NES)Professor Stewart Irvine (NES) |
|  | **Officers:** | Graeme Rosenberg (OfS)Andrew Taylor (OfS) (Assistant Secretary)Helen Raftopoulos (SFC)Cliona O’Neill (HEFCW)Mark Browne (DoH-NI)Steven Hill (Research England) |
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| **Apologies:** | **Members:** | Professor Donald CairnsProfessor Helen LangtonDr Claire MallinsonJay Motherwell |
|  | **Observers:** | Alan Robson (DHSC) |
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**Welcome and opening remarks from the Chair**

1. The Chair welcomed colleagues and guests to the thirty eighth meeting of the UKHEAC.
2. A welcome was extended to our two student members (Lucy Spencer and Vasilli Crispi) who were joining us for the first time today, and a special thanks was given to Ieuan Ellis and Raymond Playford for their many years of support to the UKHEAC as today was their last day.

Comments on minutes, actions and matters arising

1. The minutes from the last meeting of the UKHEAC were circulated ahead of the meeting to be reviewed by members. Without any amendments the minutes were agreed as accurate.
2. The actions noted in the minutes from the last meeting were briefly reviewed and members were updated on the progress and completion of each.

**Recruitment for 2020-21**

1. The committee had been shared data that looked at the recruitment across professions for England based on UCAS data. Some headline observations from this data were discussed with the Committee, noting that except for operating department practitioners the professions were generally showing increases to recruitment, which included increases to vulnerable professions such as podiatry and therapeutic radiography.
2. Data from the devolved nations was also reported on, noting large increases in medicine, dentistry, nursing, and allied health professions across all UK nations driven by the changes to the A-level results outcome this year.
3. There was discussion about understanding what the outcome for this year’s intake might have been without the A-level results issue, as while increases in health subjects were welcomed it was recognised that it will be important to keep this positive momentum in future years, particular for more vulnerable subjects.
4. Concern was expressed by members for the educational experience this year’s student intake will receive, noting that the unexpected increase to cohort sizes could carry capacity implications in terms of delivery of education and clinical placement. 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. The increases to recruitment will also take several years to feed into the workforce so a long term and stable approach is required.
5. It will be important to ensure that future applicants are not deterred from pursuing health higher education because of this year’s increased cohort, either from reports of negative student experiences or due to capacity issues. Members noted that early indications are that applications for next year appear to be increasing on past years, perhaps due to an increased interest in the health workforce due to Covid-19, and the Committee were supportive of using this as an opportunity to further expand recruitment across all the health professions.

**Impacts on Clinical Placement**

1. Members expressed concern that the pressures NHS Trusts are facing in managing the Covid-19 situation is resulting in insufficient placements and supervision being for students on health higher education courses. There is some anecdotal evidence of student placements being withdrawn at short notice due to treatment pressures.
2. 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.
3. There appear to be additional complications for community-based placements where social distancing rules are creating challenges, such as students unable to travel in the same car as their placement supervisor on visits.
4. Dentistry was also identified for having particular challenges due to the limitations on clinical placements due to the risks associated with aerosol generating procedures used in dentistry which has created a complex picture for dental schools to resolve. It is looking likely that there will be delays to the graduation of final year dental students because of lost placement time, especially for requirements that cannot be satisfied virtually. The GDC is engaging with dental schools on this issue which carries implication for students being able to join the register which could impact on the future workforce.
5. The committee was interested to know whether there has been further work to understand the scale of the impacts from lost placement time on different professions. Members were concerned about the workforce implications should cohorts be unable to graduate or meet the standards required for registration and it would be helpful to understand the plans that are in place to mitigate this in each country of the UK.
6. The committee noted the development of virtual placement tools and members recognised the value of online placements to support and help try to relieve some of the pressures on capacity within the NHS. The UKHEAC agreed that while virtual learning is a valuable tool, it is not an approach that should be used to try and replace physical learning and availability of actual placements needs to be maintained. It is important that students maintain the high standards of skills they learn on placements and they continue to form a valuable part of healthcare delivery.
7. Members agreed that it is important that NHS trusts recognise the importance of the student education pipeline to the future of the NHS and there needs to be a high priority given to their education and placement experience for them to successfully become the workforce of the future.
8. Members reported disparities between the experiences of students across different year groups, with an apparent greater emphasis being placed on final year student placements, to the detriment of earlier years who have seen reductions to their placement time.
9. The UKHEAC considered the value of ensuring greater consistency between providers, noting the different approaches being taken by providers for virtual leaning and placements across each of the UK nations. It was recommended that more guidance for providers, perhaps at and a national or UK level, would be beneficial. There was commitment form regulatory and funding bodies present to collaborate on this issue, recognising the scale of the problem and the need to try and resolve the challenges in both the short and longer terms.

Action: The UKHEAC suggested following outcomes regarding clinical placements:

* 1. Letter to all nations, with a wider distribution to include professional regulators
	2. Support for a working group or initiative to look at the issues of clinical placements and experience and what can be done to develop measures
	3. The issue of impacts/delays/lost placement time on current students and their ability to graduate should be raised in the letter to all nations.

**Changes to teaching and Education**

1. Members discussed some of the innovations and new virtual teaching methods being delivered to help deliver remote education and placements and members recognised the value of online placements. While supportive of virtual learning the Committee recommended that such methods should still be used alongside physical placements where possible and a hybrid approach would be most effective.
2. With increasing use of virtual learning members agreed that it is important to recognise that not all students have equal access and ability to use virtual learning technology and greater support for students would be welcome.
3. The committee recognised the importance of sustaining 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.

**Student Experience**

1. The General Medical Council reported that they have commissioned a piece of research to look into the impact of Covid-19 on the 2020 graduate output of medical students, which includes their entry into the workforce via early provisional registration. It is anticipated that the findings from this report can be shared and discussed at a future meeting of the UKHEAC.

Action: Invite an update on the GMC research into the 2020 medical student’s graduation and entry into the workforce to March UKHEAC.

1. Our student members reported a great variation in the experiences between students. It was reported that there was a moral pressure on the students to volunteer and take on additional responsibilities during the most acute demands from the crisis and it is important that if similar situations arise again students are made to feel that is was still an individual choice. There is a lot of uncertainly among students and it is important that they feel ready for any responsibilities they are asked to take on.
2. It was noted that it is currently very hard for students to plan for their working future and their careers pathways given all the present uncertainties. The Committee recognised that there is 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.
3. The committee also discussed the importance of recognising the impacts the pandemic is having on BAME students, particularly for their mental health and the risks they face on placements and to their extended family groups.
4. A concern was raised for Pharmacy students, noting that final year students are only been given provisional registration with the GPhC this year and the final exam process to allow students to receive full registration is not clear and could lead to pressures on capacity if not resolved. The GPhC responded that this is under review as a priority for them and they anticipate establishing a new exam process to resolve the issue which they hope to be able to announce soon.

**Maintaining research capacity**

1. The committee discussed the issues facing research capacity for health education, noting the wider pressures and challenges for research capacity in general, as well as the particular challenges for clinical research due to the pandemic such as the impact on charity funded research.
2. It was noted that within clinical research, the effect of Covid-19 has caused many non Covid‑19 trails being halted or postponed which could lead to negative long-term impacts and carries cost implications. Members highlighted the importance of the integral link between research and the NHS to keep the ongoing support from patients embedded. The committee recognised the current difficulties in human participation with research (particularly from vulnerable or at-risk groups) and it was agreed that ongoing support from patients is critical to many areas of research and it will be difficult to build it back up again if it is lost.
3. There are some positives that can be drawn from the focus on Covid-19 research as it has demonstrated what can be achieved in terms of researchers being able quickly pivot their focus to respond to challenges and show how research can be quickly moved through a regulatory environment. The committee noted that the challenge will be to ensure that this change of focus does not lead to permanent loss or damage to the ongoing existing areas of clinical research, such as in cancer where the slowdown and loss of capacity is a real concern.

**Update on English issues**

1. The OfS reported on the recently published consultation on the allocation of the additional £10m capital and £10m recurrent grant to support the additional students from the A-level results outcome as well as the proposed approach to medical and dental intakes in 2020-21. The consultation closes on the 9 November and the OfS expects to publish results in mid-November.
2. Commission on digital learning – our chair Michael barber appointed to do this. There was a call fo evidence that closes in October and the report is expected to be published next year.
3. The OfS are doing a review of the National Student Survey and will be seeking stakeholder views on the future of the NSS with the aim of reducing bureaucratic burden while ensuring the NSS remains an important indicator of students’ opinions and experiences. A two-stage process is to be conducted, the first stage will look at the concerns in the current survey (and will report later this year) while the second stage will look more widely at the role of the NSS.
4. The Office for Students is consulting on its approach to regulating quality and standards in higher education to considering whether and how it should develop its approach to regulation now that most providers are on the OfS register. The consultation is taking place at an early stage of policy development and will be open from 17 November 2020 to 12 January 2021.

**Update on Scottish issues**

1. In June 2020, the Minister for Further Education, Higher Education and Science commissioned SFC to undertake a review of coherent provision and sustainability. The Review will include consideration of healthcare subject provision and research. SFC has recently published the phase I report, and in phase II will be moving towards more detailed development of options for change
2. Karen Wilson indicated that Scottish Government Health and Social Care Department would be carrying out a review of Allied Health Professional education, which includes paramedic education.

**Update on Welsh issues**

1. It was reported that £10m of funding has been made available in Wales to support student wellbeing during the Covid-19 pandemic. There is also a £27m institutional investment and recovery fund to address the challenges of Covid-19 which is now open for bids.
2. With regard to the National Student Survey review, there is some concern that the first phase of the review does not include all countries of the UK. The student voice remains a priority in Wales and Wales is keen to maintain a UK-wide approach regarding the NSS if possible.
3. Wales is still going through the tender process for their non-medical healthcare education provision.
4. Colleagues reported on some challenges in Wales for finding clinical placements, particularly for moving students from secondary to primary care, and for Pharmacy in finding provisional registrant places.
5. The issue of differential attainment for BAME students across HE in Wales (in terms of outcomes and non-completion) was raised as a concern, especially given their reliance on high proportion of BAME staff in the health workforce. Wales are committed to looking into the reasons for this and supporting widening access.
6. For clinical placements HEIW will be taking on responsibility for SIFT payments from next year and will be reviewing how this is applied across health professions.

**Update on Northern Irish issues**

1. There is a lot of concern in NI over ensuring that there are sufficient clinical placements, particularly for nursing and midwifery students, and Northern Irish colleagues are working on a range of issues to try and address any barriers or problems that could lead to pressures on the number of placements which has been exacerbated by the Covid-19 pandemic.
2. There will be additional pressures on clinical placements in coming year as there were already plans to increase the number of nursing students by 300 per year, over each of the next three years, as proposed in the New Decade New Approach political agreement from January 2020. There are also further pressures from the increased intake in medicine and nursing students this year, due to the A-level results outcome.
3. A new graduate entry route to medicine will be opening to new students from next year, at Ulster University’s Magee campus, with their first intake of 70 students starting in September 2021.

**Any other Business**

1. There was no further business.

*The next meeting of the UKHEAC is TBC and is expected to be held virtually in March 2021.*