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MINUTES of the third meeting of the Education and Training Committee held on Wednesday
3 July 2002 at Park House, 184 Kennington Park Road, London SE11 4BU

Present :

Prof. D. Waller (Chairing)
Mrs. S. Chaudhry – to item 13
Mr. M. Collins
Mrs. C. Farrell
Mr. P. Frowen
Prof. J. Harper
Ms C. Lloyd
Prof. J. Lucas
Mr. G. Sutehall
Mrs. E. Thornton
Dr. A. Van Der Gaag

Also in Attendance

Dr. P. Burley – Secretary, ETC
Ms J. Hall] DoH
Ms R. Howkins]
Ms M. Embleton
Mrs. J. Brayton
Mrs. R. Reyes
Mr. D. Ashcroft
Mr. T. Berrie
Ms N. O'Sullivan
Ms L. Pilgrim
Mr. G. Milch

ITEM 1 02/69 MEMBERSHIP AND APOLOGIES FOR ABSENCE

- 1.1 The Chairman welcomed members and introduced the secretariat staff from HPC and the professional bodies.
- 1.2 The Committee noted that the nomination for the appointment of an alternate Council member for Prosthetics and Orthotics was of Mr. I. Massey, who met the territorial conditions of being a Welsh member. This meant that the P & O vacancy on ETC would be filled by Mr. Massey in due course, but the Northern Irish vacancy would remain outstanding. The Committee authorised the Chairman to approach suitable candidates in Northern Ireland with a view to the Council making an external appointment by President's Action before the next meeting.
- 1.3 Apologies were received from :- Dr. G. Beastall, Prof. N. Brook, Ms H. Davis, Prof. A. Hazell, Prof. R. Klem, Mr. C. Lea, Ms G. Pearson, Mr. M. Seale, and Mrs. S. Stirling.

The Chairman noted that four members had had to attend the first consultation event on 3 July 2002 in Birmingham. The same problem would arise for some other members on 4 September 2002 and the Committee (and Council) would need to be realistic about the level of commitments and double-bookings for members.

ITEM 2 02/70 APPROVAL OF THE AGENDA

On the recommendation of the Chairman,

It was

RESOLVED (1)

that the agenda be approved and the order of items be changed to suit the needs of those present.

ITEM 3 02/71 MINUTES

It was agreed that the minutes of the second meeting of the Health Professions Council's Education and Training Committee held on 22 May 2002 be confirmed as a true record and signed by the Chairman.

The notes of the Educationalists Forum meeting also held on 22 May 2002 were received.

ITEM 4 02/72 MATTERS ARISING

The Committee received the Secretary's report.

ITEM 5 02/73 CHAIRMAN'S AND SECRETARY'S REPORTS

- 5.1 The Secretary drew attention to the report of the HPC submission of oral evidence to the Welsh Affairs Committee on 17 June 2002, whose notes appeared at item 10 below.
- 5.2 He reported that he had attended the Standing Conference of Principals' Summer reception on 12 June, but that the Chairman had been unable to. He was still seeking to arrange an informal meeting between the Chairman and Vice-Chairmen and Universities UK. However, HPC would be holding a dedicated HE consultation event (see item 8 below).
- 5.3 The Secretary reported that in parallel with the consultation exercise, HPC would be working up proposals for job descriptions and coherent education and training for all the personnel involved in education and training work in the Second Transitional Period and thereafter whether employees or partners. There would be centrally produced manuals and brochures and other guidances. As much work as possible should be supported by IT systems. Also, HPC Executive would be making its own contact with the institutions delivering approved education and training to explain HPC and its prospective operation of the HPO.
- 5.4 The Secretary reported on attending a QAA seminar on information needs for QA in the light of the recommendations made by Sir Ron Cooke's Working Party on this. The event had been generally positive and useful, but the drift of the reports had been that the HE sector was withdrawing from a universal consistent regime (sector and UK-wide) of publication of QA data. HPC would be able to obtain the data it needed, but it might still have to be done by (lengthy) process of inquiry and request.

ITEM 6 02/74 PRESENTATION BY DoH QUALITY ASSURANCE (QA) EDUCATION TEAM STAFF ON THEIR WORK

- 6.1 Ms Ruth Howkins and Ms Judy Hall were welcomed to the meeting and invited to address the Committee on DoH's Quality Assurance Education Team QAET.
- 6.2 They described the Team and its remit in terms of the attached OHP slides.
- 6.3 They stressed the need for putting the patient first, following a coherent modernisation agenda, and trying to create some consistency and simplicity across so many stakeholders (eg. 27 Workforce Development Confederations).
- 6.4 Specifically, QA for health provision had to be appropriate to the need to secure the health and welfare of patients. The proposed new model from the Higher Education Funding Council for England (HEFCE) for the generality of higher education was unlikely to satisfy this need for health care stakeholders.
- 6.5 DoH was working on a QA framework (including Subject Benchmarks) to cover all health professions. Nursing and the AHPs could take a lead in relation to new approval / re-approval processes, but medicine, importantly, needed to be encompassed in shared QA framework at the earliest opportunity. In the context of taking this lead, the success – and a hope for the continuity – of joint working arrangements between the regulatory and professional bodies for the professional bodies was noted.

- 6.6 A standard evidence base for QA needed to be developed and the work of Sir Ron Cooke's working party on information needs for QA (reported previously to the Shadow Committee) could be included. (But see 5.4 above.)
- 6.7 In discussion a major issue emerged of the need to move from total inspection to adequate audit provisions to be satisfied as to the robustness of education and training and the local and profession-specific assurance systems.
- 6.8 Another important area for development would be the relationship between HPC and the Commission for Health Improvement.
- 6.9 The team hoped to continue to develop the DoH work on practice placements – and in all sectors and professions – and this might be linked to Subject Benchmarking.

ITEM 7 02/75 STANDING ORDERS FOR THE COMMITTEE

- 7.1 The Executive presented Standing Orders for discussion and adoption.
- 7.2 It was agreed to defer decisions about frequency and cycles of meetings until the autumn and after the Council had taken a view on its programme for 2003.
- 7.3 It was

RESOLVED (2)

that the Standing Orders be adopted.

ITEM 8 02/76 UP-DATE ON THE HPC CONSULTATION EXERCISE

- 8.1 The Chairman reported that the consultation paper had been published, and the consultation launched, on 1 July 2002. It was available on HPC's website and hard copies would be available shortly.
- 8.2 The Executive would be holding consultation events specific to HE and specific to the education functions of the professional bodies. The date for the first had not been fixed, but the second would take the form of a special meeting of the Health & Care Professions Education Forum on 31 July 2002.

ITEM 9 02/77 REPORT OF A MEETING OF EDUCATION AND TRAINING SECRETARIES AND PROCEDURES FOR THE OPERATION OF SECTIONS 4 AND 5 OF THE PSM ACT DURING THE FIRST TRANSITIONAL PERIOD

- 9.1 The Chairman presented the report of this meeting, and explained that any procedures agreed here would be reflected into how the Committee dealt with the business presented below in item 10. She stressed that these papers dealt with the Professions Supplementary to Medicine Act, 1960, only and did not relate to the long-term implementation of Section IV of the HPO nor the consultation exercise – except for 9.3 below.

- 9.2 The Committee received the notes and background papers.
- 9.3 The Committee raised the need for clarification of what a " course document " should actually be. This would link to the consultation exercise and discussions with the HE sector. It was agreed that the Committee receive a paper on this in the autumn. The intention would be to keep definitive documents as close as practical to Programme Specifications with Annexes. Profs. Lucas and Harper agreed to work with others to develop guidance on this.
- 9.4 It was

RESOLVED (3)

that the procedures set out in the report be adopted for the First Transitional Period as follows :

Approval (for the first time) of Courses, Examinations and Qualifications under Section 4(1)(a) and (b)

By the Privy Council, forwarded from the Council, on the recommendation of ETC acting on the advice of a subordinate body.

Approval (for the first time) of Further and Higher Education Institutions (FHEI) Institutions under Section 4(1)(c)

By ETC on the advice of a subordinate body.

Approval (for the first time) of Clinical Practice Placements and Laboratories under Section 4(1)(c)

By Chairman's Action of ETC on the advice of a subordinate body provided that it meets the criteria of being routine, minor, and non-controversial. (In other cases such approvals would come to the full ETC).

Major Changes to Provision Approved under Section 4

For consideration by ETC on the advice of a subordinate body.

Minor Changes to Provision Approved under Section 4

By Chairman's Action (of ETC) on the advice of a subordinate that they are appropriate for this procedure.

Continued Approval of Courses, Examinations and Qualifications and Institutions under Section 5

For consideration by ETC on the advice of a subordinate body.

Continued Approval of Clinical Practice Placements and Laboratories under Section 5

By Chairman's Action (of ETC) on the same terms as above.

Changes to provision enjoying continued approval under Section 5

To be treated in the same way as changes to approval under Section 4.

ITEM 10 02/78 NOTES OF THE MEETINGS OF PRE-REGISTRATION EDUCATION AND TRAINING WORKING GROUPS, JOINT VALIDATION COMMITTEES AND JOINT QUALITY ASSURANCE COMMITTEES HELD SINCE 1 APRIL 2002

- 10.1 The Secretary explained to the Committee that its role was not to seek to become the expert body on the detail of the professions, courses, and institutions delivering them and awarding qualifications. Its role was to intervene by exception and to audit and monitor the proceedings of subordinate advisory bodies. If the Committee was satisfied with the integrity and robustness of the advice offered to it, then it should approve the advice and recommendations offered to it.
- 10.2 In reviewing the reports of all the meetings, the Committee identified a number of general issues to be developed and revisited
 - 10.2.1 It was agreed to discuss at a later date the issues created by registrable Masters level courses and qualifications.
 - 10.2.2 It was agreed to review in due course on an annual basis the issues of conditions and recommendations at validation. These issues would also be discussed with the HE sector during the consultation exercise and a report back made to the Committee.
 - 10.2.3 It was confirmed that the award of an approved qualification led to "eligibility for State Registration" (and not that it led directly to "licence to practise").
 - 10.2.4 It was clarified that the Council for the Regulation of Health Care Professionals would have the power also to work in the area of good character and health – and to make directions on them – not that HPC did not have this discretion and would not need to develop standards on its own behalf to be made as Rules by the Privy Council in due course. This observation and a paper due to be submitted to Council on 18 July 2002 should be circulated to all the subordinate bodies.
 - 10.2.5 It was clarified that, as before, visitors involved with (re-)validation of courses did not themselves have discretion to approve provision. It was agreed to confirm to UUK and SCOP the special circumstances of the first transitional period.

- 10.2.6 It was agreed that institutions still needed to be approved specifically and separately from courses, examinations and qualifications.
- 10.2.7 It was agreed that recommendations for approval should not normally be submitted to the Committee until outstanding " conditions " had been met.
- 10.2.8 It was agreed that the eventual manual of ETC procedures would need to try to identify a common terminology across all 12 professions and between the professions and HE for the tasks and issues involved.
- 10.2.9 It was agreed that reports of approval and continued approval events needed to make explicit reference to the relevant Subject Benchmarks.
- 10.2.10 Where practice placements were to be moved from one approved course to another, that decision was appropriate for Chairman's Action (and there were a number arising in radiography).
- 10.3 The Committee received these reports noting that up-dated reports on radiography items were tabled.

It was

RESOLVED (4)

That the recommendations and advice in them be approved as set out below.

- 10.4 The decisions taken were as follows :

10.4.1 **Recommendations approved by ETC at its meeting on 3 July 2002**

Radiography

On the advice of the Joint Validation Committee and following scrutiny of the documentation :-

Approval for the first time of Institutions (and associated clinical placements), Courses, Examinations and Qualifications under Section 4 (1) of the PSM Act, 1960

City University (London) (R & T)

1. under the terms of Section 4(1)(a) and (b) of the Professions Supplementary to Medicine Act, 1960, the course of training to be offered by City University be approved as meeting the standards and requirements for State Registration.
2. under the terms of Section 4(2) of the Professions Supplementary to Medicine Act, 1960, that the Health Professions Council send its recommendation to Privy Council that it be requested to determine approval of the application by City University to offer the registrable course and qualifications set out below noting that the clinical competences were equivalent to the BSc Hons level and the Masters level components of the course related only to academic contents.

In	Diagnostic Radiography
Type of Course	Full time in higher education
Qualification	Postgraduate Diploma in the Practice of Diagnostic Radiography (with eligibility for state registration)
Awarded by	City University
Length of course	Two years
With effect from	September 2002
Date of Event	10 January 2002
Participants in approval process	Health Professions Council, College of Radiographers, City University.

Approval for the first time of an Institution (premises) under S.4(1)(c) of the PSM Act 1960

University of Teesside (R)

Centuria Building, University of Teesside, for delivery of teaching.

Continued Approval of Institutions (and associated clinical placements), Courses, Examinations and Qualifications under S.5 of the PSM Act

University of Salford (R)

The BSc (Hons) Diagnostic Radiography, University of Salford and associated clinical placements continue to be approved for the purposes of State Registration.

University of Teesside (R)

The Chairman was authorised to take action to continue to approve the institution, course, examination and qualification.

Occupational Therapy

On the advice of the JVC and after scrutiny of the documentation :-

Approval for the first time of an Institution (and associated clinical placements), Course, Examination and Qualification under S. 4(1) of the PSM Act 1960

College of Ripon & York St. John

- a. under the terms of Section 4(1)(a) and (b) of the Professions Supplementary to Medicine Act 1960, the course of training to be offered by and the qualification awarded by the College of Ripon and York St. John be approved as meeting the standards and requirements for State Registration, and
- b. under the terms of Section 4(2) of the Professions Supplementary to Medicine Act 1960, the Working Group recommends that the Health Professions Council send its recommendation to the Privy Council that it be requested to determine approval of the application by the College of Ripon and York St. John to offer the registrable course and qualification as set out below :-

In	Occupational Therapy
Type of Course	Full-time graduate entry
Institution of Training/Education	College of Ripon and York St. John
Qualification	BHSc (Hons)
Awarded by	University of Leeds
Length of course	Two years
Date of event	8 – 9 April 2002
With effect from	September 2002
Participants in approval process	Health Professions Council, College of Occupational Therapists, University of Leeds, College of Ripon and York St. John.

**Continued Approval of Institutions (and associated clinical placements),
Courses, Examinations and Qualifications under S.5 of the PSM Act**

Queen Margaret University College, Edinburgh – Postgraduate Diploma in Occupational Therapy (Pg Dip OT) – revalidation 7 February 2002

Continued approval of the graduate entry PG Dip OT at Queen Margaret University College, Edinburgh, as a programme and qualification conferring eligibility for State Registration with the HPC for a period of not more than five years, commencing September 2002.

York St. John College, University of Leeds – Bachelor of Health Science in Occupational Therapy with Honours (BHSc (Hons) OT) – revalidation of the 3-years full time and the 4-years part time programmes; validation of graduate entry 2-year programme 8 – 9 April 2002

Continued approval of the 3-years full time and the 4-years part time BHSc (Hons) Occupational Therapy awarded by the University of Leeds at York St. John College, as a programme and qualification conferring eligibility for State Registration with the HPC for a period of not more than five years, commencing September 2002.

Dietitians (tabled paper)

On the advice of the Pre-Registration Education & Training Working Group, noting that clinical placements were approved separately, and following scrutiny of the documentation :-

Approval for the first time of Institutions, Courses, Examinations and Qualifications under Section 4(1) of the PSM Act 1960

University of Surrey

- a. under the terms of Section 4(1)(a) and (b) of the Professions Supplementary to Medicine Act 1960, the course of training to be offered by and the qualification awarded by the University of Surrey be approved as meeting the standards and requirements for State Registration, and
- b. under the terms of Section 4(2) of the Professions Supplementary to Medicine Act 1960, the Working Group recommends that the Health Professions Council send its recommendation to the Privy Council that it be requested to determine approval of the application by the University of Surrey to offer the registrable course and qualification for a period of five years, subject to notification of any changes in the dietetic staffing complement which may affect the concurrent approval that up to thirty-six (36) students may be recruited for the course approved above, as set out below :-

In	Dietetics
Type of Course	Full-time in higher education
Institution of Training/Education	University of Surrey
Qualification	Bachelor of Science (Honours) Dietetics
Awarded by	University of Surrey
Length of course	Four years
With effect from	September 2002
Participants in approval process	Dietitians Pre-Registration Education & Training Working Group, University of Surrey, (The British Dietetic Association (the professional body) does not participate in approval of undergraduate courses).

University of North London

- a. under the terms of Section 4(1)(a) and (b) of the Professions Supplementary to Medicine Act 1960, the course of training to be offered by and the qualification awarded by the University of North London be approved as meeting the standards and requirements for State Registration, and
- b. under the terms of Section 4(2) of the Professions Supplementary to Medicine Act 1960, the Working Group recommends that the Health Professions Council send its recommendation to the Privy Council that it be requested to determine approval of the application by the University of North London to offer the registrable course and qualifications for a period of five years, subject to notification of any changes in the dietetic staffing complement which may affect the concurrent approval that up to thirty-six (36) students may be recruited for both the courses approved above, as set out below :-

In	Dietetics
Type of Course	Full-time in higher education
Institution of Training/Education	University of North London
Qualification	MSc/Postgraduate Diploma and Bachelor of Science (Honours) Dietetics
Awarded by	University of North London
Length of course	Two years and Four years
With effect from	September 2002
Participants in approval process	Dietitians Pre-Registration Education & Training Working Group, University of North London, (The British Dietetic Association (the professional body) does not participate in approval of undergraduate courses).

Chester College of Higher Education

(Deferred to the next meeting)

ITEM 11 02/79 UP-DATE ON STANDARDS OF PROFICIENCY

- 11.1 The Secretary reported that the individual professional groups were being appointed and the Steering Group was now identified and a meeting being arranged.
- 11.2 There was a need to revise the timetable because of a number of key players' availability over the summer. The project would now report by December 2002. This was still within the timeframe needed for HPC's wider purposes.

ITEM 12 02/80 UP-DATE ON THE DoH / QAA PROTOTYPE REVIEWS AND

PROGRESS ON SUBJECT BENCHMARKING

- 12.1 Prof. Lucas reported that the six reviews were nearing completion. There would be a round of structured telephone interviews with institutions to inform the evaluation. There would be report back on events in September and a final report by the end of December.

ITEM 13 02/81 PROPOSAL FOR DEVELOPING A REGISTER OF APPROVED EDUCATION AND TRAINING PROVISION

- 13.1 The Secretary introduced this item.
- 13.2 The Committee was asked to agree to the approach suggested and to authorise discussions with the Learning and Teaching Support Network for Health and Scientific Practice and the Health & Care Professions Education Forum. HPC would retain an absolute right over the contents and publication of the Register.
- 13.3 Approval for any resources would be needed in due course from the Finance and General Purposes Committee. Firm proposals – if developed – would be presented to the Committees for more detailed discussion. The resources, however, were not expected to be any greater for a collaborative venture than for HPC carrying out the task alone.
- 13.4 The Committee agreed to proceed on this basis and welcomed the opportunity for collaborative working.

ITEM 14 02/82 MINUTES OF THE REGISTRATION COMMITTEE ON 14 JUNE 2002

The Committee received and approved the minutes as appropriate.

ITEM 15 02/83 UK INTERPROFESSIONAL GROUP TASK FORCE ON REVALIDATION OF PROFESSIONAL COMPETENCE AND NOTES OF ITS FHE WORKING PARTY ON 30 MAY 2002

Received.

ITEM 16 02/84 INVITATION TO AN EVENT BY THE INTERPROFESSIONAL EDUCATION SEMINAR ORGANISATION

This was noted. The topic arose from discussion at the Educationalists Forum on 22 May 2002. All members were invited to it. Members were asked to note that only travel and subsistence costs would be paid for it and members should take up any queries on this direct with Accounts Dept.

ITEM 17 02/85 ANY OTHER BUSINESS

- 17.1 There was an invitation to the launch of the new Medical Directory (ie. register) at the Royal Society of Medicine at 6.30 p.m. on 11 July 2002. Members interested in attending were asked to contact the Secretary.
- 17.2 HEFCE had announced a review of the future of the Research Assessment Exercise on 26 June 2002. This is attached to these minutes.
- 17.2.1 Mr. Ashcroft was recognised from the Chair to raise his concern that the new "JACS" Codes were even further out of alignment with specific AHP programmes than QAA's 42 Subjects had been.
- 17.2.2 The Secretary reported that the HE sector's formal position was that, because health funded provision enjoyed a continuing regime of Subject Review for the time being, it was not an immediate issue for HPC. The DoH QAET, however, pointed out that there was already a problem here for Workforce Development Confederations in collecting and disseminating data relating to students. DoH was working with the Higher Education Funding Council for England and the Higher Education Statistics Authority (HESA) to resolve this problem. The Committee would be kept informed.
- 17.3 Prof Lucas drew attention to DoH's announcement on 2 July 2002 of a briefing on proposals for the future of the Multi-Professional Education and Training levy. This was not a consultation. It was agreed to circulate the paper to members and to discuss the matter at the next meeting.

ITEM 18 02/86 DATE OF NEXT MEETING

The next ordinary meeting of the Committee would be at

10.30 on Wednesday 4 September 2002 in Park House.

ITEM 19 02/87 MEETING IN PRIVATE

It was

RESOLVED (5)

That the remainder of the meeting be held in private because publicity would be prejudicial to the public interest, by reason of the confidential nature of the business to be transacted.

CHAIRMAN

CONFIDENTIAL

The Department of Health Quality Assurance Education Team within the Learning and Personal Development Directorate of the Human Resources Division

The DH QA Education Team Business Plan 2002/2003



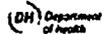
Vision of quality assurance for healthcare education

- The shared framework reflects policy for healthcare
- The outcomes of quality assurance inform policy development for healthcare and for healthcare education



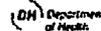
The DH QA Education Team

The team will work as one national team with senior quality assurance co-ordinators taking a regional lead to ensure national policy addresses local need and that stakeholders' views inform national policy



Mission statement of the DH QA Education Team

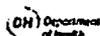
The DH QA Education Team, through partnership working with stakeholders will, together, ensure consistent, integrated quality assurance processes and outcomes inform the development and delivery of patient focused learning.



Vision of quality assurance for healthcare education

The DH QA Education Team will contribute to a health service designed around the patient through ensuring that:

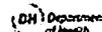
- Responsibility for the quality of learning becomes standard practice for all stakeholders
- Learning experiences and outcomes are quality assurance within a shared framework to agreed national standards



The purpose of the Quality Assurance Team

To act as a catalyst to facilitate change by working in partnership with stakeholders to:

- Enable the quality assurance of healthcare education to become more effective, efficient and meaningful
- Develop, where appropriate, a shared quality assurance system that integrates the common elements of fitness for purpose, fitness for award and fitness for practice
- Reduce the burden on, and opportunity costs to, education institutions and therefore to WDCs of unnecessary duplication in relations to the quality assurance requirements for all stages / levels of healthcare education



- Establish where appropriate, shared quality assurance processes, evidence base and standards
- Ensure that all quality assurance processes address both the practice and theoretical components of healthcare education however and wherever it is delivered
- Build on current good practice in quality assurance and make best use of evidence that is routinely available
- Enable quality assurance processes are flexible enough to encompass new patterns of delivery in education and aid the development of the workforce to meet the modernisation agenda
- Make certain that quality assurance processes support effective inter-professional learning and team working

Strategy

The quality assurance framework that is being used has five key elements:

Major review – This includes all activity that relates to periodic review of provision.

Benchmarks and quality standards – This includes all criteria used to assess and measure standards and outcomes

Evidence base – This includes all information, evidence, audit tools used to inform quality assurance and audit.

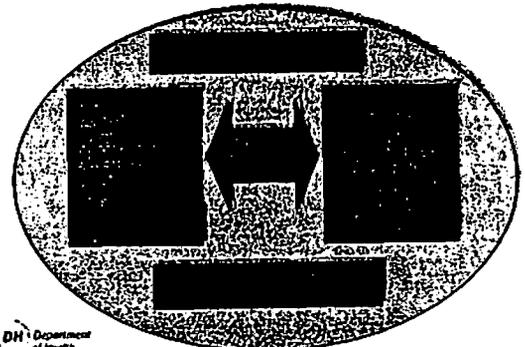
Approval / re-approval – This includes all activity that relates to approval, re-approval, validation and/or accreditation of provision.

On-going quality monitoring – activity that occurs on an on-going basis

Principles of the DH QA Education Team approach to quality assurance

- The patient's experience is central to learning
- Professional integrity is respected whilst the need for inter-professional education is recognised as essential
- Quality assurance is integral to the culture of learning in healthcare where ever it is provided
- Quality assurance encompasses self evaluation, peer evaluation and external evaluation
- Quality assurance processes are rigorous, fair and transparent

Five key elements



- The criteria against which quality assurance judgements and outcomes are arrived at are rigorous, explicit and acknowledged by stakeholders.
- Judgements and outcomes from quality assurance processes will result in improvements in healthcare education.
- All quality assurance processes are based on the best available evidence.
- All quality assurance processes are effective, efficient and, where appropriate, shared, avoiding duplication of effort.
- Elements of quality assurance processes are inter dependent and together support continuous improvement to healthcare education.

Item 17.2

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26 June 2002

Press release

HEFCE announces major review of research assessment

The Higher Education Funding Council for England is to conduct a review of research assessment in partnership with the other UK higher education funding bodies. The review will take account of the impact of the 2001 Research Assessment Exercise.

In announcing the review Sir Howard Newby, Chief Executive of the HEFCE, said:

'It is widely acknowledged that the Research Assessment Exercise has played an important role in improving the quality of research in the United Kingdom. We welcome the Report of the House of Commons Science and Technology Committee for its recognition that the exercise had a broadly beneficial effect on research in the UK.

'We are also aware that there are widespread concerns about the impact of the RAE, particularly in terms of the funding implications and effects on institutions and individuals. The HEFCE will separately examine its research funding method in the light of its ongoing strategic planning process and the outcome of the review of research assessment.

'We are committed to a full review which will be wide ranging and will focus on the best way forward for research assessment. The strengths and weaknesses of the current model - including those identified by the Science and Technology Committee - will be thoroughly examined alongside those of alternatives. There will be no presumption in favour of the current system. We will particularly welcome comments from critics of the RAE, who we invite to help us identify the best options for the future.

'In conducting the review we will work closely with universities and HE colleges and all the major funders of research in the UK. I am delighted that Sir Gareth Roberts, President of Wolfson College, Oxford has agreed to lead the review.'

Ends

Notes

1. Public funding of research carried out in universities and colleges in the UK is delivered through the dual support system. Funds are made available by

the UK higher education funding bodies, based on performance measured by the Research Assessment Exercise and through project grants from the UK Research Councils. The RAE is based on peer review and is designed not to privilege any particular research, researcher or institution.

2. The results of the 2001 RAE showed that the proportion of research-active staff in top-rated departments (whose work was assessed as 5 or 5*) increased from 32 per cent in 1996 to 55 per cent in 2001. The results were validated by a panel of 290 overseas experts.

3. The international standing of UK research was confirmed in a study commissioned in 2000 by the HEFCE which ranked the UK first in the world in the number of papers and citations produced with each million US dollars of state funding, and showed a substantial improvement since 1996 relative to the rest of the world.

4. HEFCE's research funding increased by 5.9 per cent to £940 million in 2002-03. However, the large increase in top-rated research meant that some departments did not receive the funds they had anticipated. For 2002-03, the HEFCE decided to protect funding levels for departments rated 5*. Should further funds become available in this year's spending review, the HEFCE's priority will be to increase research funding for units rated 4 and 5.

5. The House of Commons Select Committee on Science and Technology published its report on the RAE on 25 April 2002. The HEFCE's response to the Committee's report is also available.

6. The HEFCE, along with the other UK funding bodies, is committed to a review of research assessment, which will take account of the Science and Technology Committee's report. The review will begin in the autumn of 2002. The full terms of reference and timetable will be announced in early August. The review will report to the joint chairs' and chief executives' group of the UK higher education funding bodies.

7. The review aims to investigate different approaches to the definition and assessment of research quality, drawing on the lessons both of the recent RAE and of other models of research assessment, and to advise on the future of research assessment.

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REFORMING NHS EDUCATION AND TRAINING FUNDING

- **THE REVIEW OF NON MEDICAL CONTRACT BENCHMARK PRICING and ATTRITION**
- **THE REVIEW OF THE MULTI PROFESSIONAL EDUCATIONAL AND TRAINING BUDGET**

Purpose

1. This paper reports on the provisional conclusions of the two major review groups which have been considering the future of the MPET Budget. The Review Groups have now completed their preliminary discussions and plan to issue a joint consultation document shortly.
2. Attrition from courses will be handled separately. A brief oral report will be made to the Forum on this.

BACKGROUND

The Benchmarking and Attrition Review

3. The Review was established in response to the NAO report *Educating and Training the future health professional workforce for England*, published in February 2001 which had found:
 - Wide variations in the price per student for the same qualifications;
 - That the NHS does not have the information to understand or compare institutions' costing policies because some contracts have commercial confidentiality clauses;
 - That variations in the relationship between price and cost may not have led to the best allocation of resources;
 - A lack of common contract and standard benchmark prices;
 - A lack of consistent benchmark standards to support internal and external quality assurance processes for healthcare programmes;
 - A concern that failure to invest in developing the HE capital infrastructure could inhibit further increases in student numbers;
 - A need for more collaboration in the contracting process, based on longer term contracts;
 - Wide variations in reported attrition levels between institutions and limited understanding as to the reasons for these variations.
4. This Review is co-chaired by Martin Staniforth, Deputy Director of Human Resources in the Department of Health, and Janet Finch, Vice Chancellor of Keele University for Universities UK. There is wide representation from the

Higher Education Sector, NHS Workforce Development Confederations, and NHS Providers. It has the following terms of reference:

- To consider and make recommendations on the development of a standard benchmark pricing formula for NHS funded courses at HEIs.
- To consider and make recommendations on the development of a consistent approach to setting NHS contracts to ensure they consider outputs as well as costs/inputs.
- To consider and review the overall policy framework for NHS contracts and make recommendations on the length of contracts, treatment of capital development, and research and development under the Multi Professional Education and Training Levy (MPET).
- To consider and make recommendations on a single and consistent definition of attrition from NHS funded courses at HEIs.

The MPET Review

5. The MADEL, SIFT and NMET budgets were merged from April 2001 into a single multi-professional education and training budget (MPET). However, because the budgets served different purposes, it was recognised that beyond additional scope for virement a simple merger would make only limited practical difference. Ministers therefore agreed that a review should be launched into the way this funding was used, including its interaction with the funding for undergraduate doctors and dentists provided by HEFCE. It has terms of reference:

- To review the current use of the financial provision underpinning the Education and Training of Healthcare Professionals
- To recommend the principles and scope of the single education levy, how it should support the NHS Modernisation Agenda and wider Government Plans, how it should interact with HEFCE funding , and how it should be managed;
- To identify key problems and obstacles to achieving this and to recommend solutions;
- To propose an action programme and timetable for change.

6. The group is chaired by Professor Charles Easmon, Regional Director of Workforce Development for London.

Emerging Findings

7. The groups have worked through a number of sub-groups considering pricing, capital and accommodation, research and staff development, modernisation, partnerships, accountability and transparency, and student recruitment and progression. Both health and higher education sectors have been represented on each group.

8. There are a number of emerging themes:-

- There is a need for a **standard price** for each type of training based on periodic assessment of **core costs** applicable to all HEIs, and **non core**

costs that might vary between HEIs attracting standard value additions to prices paid.

- In the longer term, the standard price should cover all **capital and accommodation** costs associated with course provision. In the shorter term the quality of the HE teaching estate should be audited.
- There is a need for a **standard national contract** for all types of training up to and including Masters level, specifying the outcomes to be achieved from courses, QA and performance monitoring arrangements.
- There should be cooperation and **integration** between teaching of different healthcare disciplines including HEFCE funded courses such as medicine, dentistry and pharmacy.
- There should be a focus on **innovation and modernisation**, in particular supporting the development of the **skills escalator** encouraging step on and off learning, the transferability of accredited learning between programmes, and the development of research awareness.
- WDC/HEI contracts should normally **roll forward** indefinitely to support long term investment in HE staff and capital by reducing risk, and to allow for the development of longer term co-operative links between partners. But they should be sufficiently flexible to allow local freedom within national objectives and to allow provision to be varied over time.
- With standardised prices, contracts should not be terminated prematurely on grounds of cost. There should however be an agreed and transparent process for the **winding up** of contracts. Circumstances where termination might be needed might include:-
 - an inability to adapt to changing requirements;
 - an inability to recruit or retain sufficient students;
 - where independent Quality Assurance had identified shortcomings and remedial measures were not effective.
- There should be a fundamental **reappraisal** of the **support** for all **practice placements**, and **rebasng** of funds to distinguish resources supporting learning and development from those supporting, service, R&D or other activities.
- Over time **placement support** should be redirected to support all healthcare training in the NHS. Support should continue to be distributed through WDCs and should be banded to reflect the level of support needed by the different healthcare disciplines. Placement funding should support **teaching activity, common learning** during clinical placements, and more **multidisciplinary use of clinical teaching facilities**.
- National liaison arrangements between the health and education sectors (which are already under review) should be effective and include the range of partners involved in the learning and development of the whole NHS workforce. The **Health and Education Sector Partnerships** should form the

main fora for liaison at local level. They should include further education providers to support the development of staff without existing qualifications and to support their progression to pre-registration programmes if they wish.

- The links between health and social care workforce development require particular consideration outside the current reviews.

9. The reviews also considered that existing distinctions between **NMET, MADEL and SIFT** be ended, and new and more flexible sub designations should be established:-

Innovation and development - *A single, innovation fund to drive change, to support service needs transparently, and which will be disbursed in the most effective way having regard to value for money, need and impact.*

Practice placements and learning and educational infrastructure - *Support for practice placements that encourages the creation of high quality, multi-professional education infrastructure within health service organisations. Resources to be provided via a transparent mechanism which reflects the differential needs, and costs, of supporting different groups of students.*

Tuition costs for students training for the healthcare professions - *a standard core national rate for agreed outputs to be paid to Higher Education establishments providing NHS commissioned learning and development for entry to healthcare professions. Non core additions, at standard rates, would support pressures that did not apply uniformly to all HEIs, including geographical factors, and the nature of the teaching estate.*

Support for bursary costs - *All students undertaking relevant healthcare courses, commissioned via the NHS, to have access to bursaries, the level of which is determined, and the amount of which is paid, via a transparent national mechanism*

Partnership support of tuition and salary costs for employees of NHS organisations undertaking continuing personal and professional development - *A transparent framework to be established within which NHS organisations have access to partnership funds in support of all employees undertaking continuing personal and professional development up to Masters level, and within which such funds are disbursed in the most effective way having regard to value for money, need and impact.*

Partnership support costs for the development of staff without a recognised professional qualification - *A framework which brings staff without existing professional qualifications into the skills escalator, encourages recruitment from local communities and reflects close working with further education, learning and skills councils, and trades unions.*

Support for capital costs of NHS infrastructure - *A framework within which capital bids for educational infrastructure within NHS organisations have fair access to the various mechanisms via which capital schemes can be resourced.*