

Summary

- Health research underpins the prevention and treatment of ill health and brings benefits across the UK population. Through the creation of Health Education England (HEE), the Local Education and Training Boards (LETBs) and the Health Research Authority (HRA), this Bill provides the opportunity to ensure that the UK has a workforce that can undertake and reap the benefits of this research and a proportionate regulatory and governance framework to underpin it.
- Research training and experience should be seen as a key component of education and training. We welcome the clause that places a duty on HEE and LETBs 'to have regard to the need to promote research', although we would like to see this duty strengthened to simply 'promote research'. We are pleased to see that the need for effective reporting arrangements is acknowledged in the draft clauses. These reporting arrangements must ensure that HEE is held to account for its performance in delivering its duty towards research.
- Moves to ensure that education providers play a key role in education and training are positive. We believe that to enable co-development of appropriate educational provision that is both service sensitive and academically and professionally informed, LETBs should be closely aligned with academic health alliances.
- We welcome the focus of the HRA on promoting the co-ordination and standardisation of the regulation of health and social care research in the United Kingdom and in seeking to ensure that such regulation is proportionate.
- Delay and duplications inherent in obtaining research permissions from NHS Trusts are regarded as causing the greatest delay to health research in England. It would be helpful if the HRA's role in facilitating NHS research governance (which we regard as a priority) could be explicitly mentioned in the Bill.
- Monitoring performance across the health research pathway, engaging with stakeholders (including patients and researchers), and early knowledge of future challenges and opportunities for the regulation of research will all be essential if the HRA is to fulfil its roles and responsibilities. We would like these to be reflected in the wording of the Bill.

Introduction

The Academy of Medical Sciences welcomes the opportunity to respond to this consultation on the draft Care and Support Bill. The Academy promotes advances in medical science and campaigns to ensure these are translated into healthcare benefits for society. Our Fellows are the UK's leading medical scientists from hospitals and general practice, academia, industry and the public service. Health research provides patients with early access to new and innovative treatments, it improves the quality and efficiency of health services for the wider public and it attracts investment and jobs into the UK. To undertake, and realise the benefits of, this research requires a workforce that is appropriately trained and a regulatory and governance framework for research that is fit for purpose. Our response to this consultation therefore focuses on the clauses related to the establishment of Health Education England (HEE) and local education and training boards (LETBs) and the Health Research Authority (HRA) in primary legislation. We have been grateful for the

opportunity to discuss the relevant draft clauses of the Bill with the staff in the Department of Health who have been preparing them.

Education and training

We welcome the Government's proposals to establish HEE and the LETBs in primary legislation. This is an important step to securing the future of these bodies and of the NHS education and training system. We agree with the Government that principles such as security of supply and responsiveness should be central to any system of workforce planning and development.¹ To respond to changing healthcare demands, now and in the future, it is imperative that the workforce has appropriate educational foundations, is well trained, and is practically and intellectually flexible. Research and innovation are central to delivering these ambitions. Academic values and a spirit of enquiry should be pervasive throughout the health service. As the Academy has previously highlighted, it is essential that all staff be provided with a diverse education and exposure to research.²

Research duties

We welcome the inclusion of a duty on HEE to 'have regard to the need to promote research' in clause 57. We have previously welcomed the Government's commitments towards medical research and the life sciences, including the introduction of duties throughout all levels of the reformed NHS to promote research, innovation and the use of evidence.³ The education and training reforms represent an excellent opportunity to develop appropriate arrangements to deliver these commitments. The duty towards research must therefore be placed at the forefront of the planning and implementation of education and training. With research firmly established as a core role of the NHS, training in, and experience of, this endeavour must be a key component of education and training across the workforce.

However, we would go further than this. There are particular issues with academic training that we have highlighted previously, such as the importance of ensuring flexibility and providing long-term career pathways, which we see as fundamental to developing a research culture within the NHS. We believe that HEE can and should play an important role in championing research within the new education and training system. We would therefore suggest that this duty should be strengthened to require HEE to 'promote research'. This would reinforce the statements and commitments made by government recently that have recognised the vital role played by education and training in promoting research and development in the NHS. For example, the recent NHS innovation strategy noted that 'creating an innovative culture starts with basic training, education and induction and continues throughout an employee's career through personal and Continuing Professional Development'.⁴

In our conversations with individuals from the Department who are working on this draft bill, we were reassured to learn that the research duty placed on HEE will follow through to the LETBs, as

¹ Department of Health (2010). *Liberating the NHS: developing the healthcare workforce*. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122933.pdf

² Academy of Medical Sciences (2011). *A new pathway for the regulation and governance of health research*. www.acmedsci.ac.uk/p47prid88.html

³ For example: Coalition of funders and supports of health researchers in the UK (2011). *Joint briefing: Embedding research in the NHS*. www.acmedsci.ac.uk/download.php?file=/images/project/Jointbri.pdf

⁴ Department of Health (2011). *Innovation, health and wealth: Accelerating adoption and diffusion in the NHS*. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131784.pdf

committees of HEE. We think that the community would value explicit clarification that this duty also applies to LETBs.

Academic-health partnerships

The Government has made strong commitments towards strengthening the relationship between academia and the NHS, for example its 'Strategy for UK life sciences' endorsed academic-health partnerships as an essential component of our economic recovery.⁵ To maximise the value and success of these alliances, they must be reflected in the workforce reforms. Workforce planning, education and training provide an ideal context for fostering such partnerships.

The Academy has stressed the importance of ensuring that education providers, including higher education institutions (HEIs), play a core role in the new arrangements for workforce planning, education and training.⁶ We welcome steps to require HEE to receive representation from education providers (clause 60). It is vital that this represents a genuine opportunity for education providers, including HEIs, to use their expertise to support and advise HEE. We look forward to seeing further detail on how this relationship will work in practice.

We understand that HEE plans to maintain and develop many of the advisory mechanisms established by its predecessor bodies, including Medical Education England (MEE). We welcome this development and see this as a timely opportunity to review these mechanisms. It would be highly beneficial to evolve these structures in line with the reforms, for example to strengthen the role of HEIs to maximise HEE's capacity to utilise their expertise. Equally, the input provided by MEE's advisory committees, such as the Medical Programme Board and Academic Workforce Stakeholder Group, could be reviewed to ensure that these structures are operating effectively and that they are able to take a holistic approach to training, including ensuring that academic endeavour is valued and supported within the new architecture.

We also welcome the entitlement of education providers to serve on the governing boards of LETBs, as outlined in clause 62. We were pleased to see that the LETB Authorisation Framework outlined the importance of working in partnership with education providers and encouraged LETB governing boards to take on a diverse membership, up to a third of which could be drawn from outside of healthcare providers.⁷ We have argued that neither education providers, nor health service providers, can be truly independent commissioners of education and training. We believe that to enable co-development of appropriate educational provision that is both service sensitive and academically and professionally informed, LETBs should be closely aligned with academic health alliances, such as the Academic Health Science Networks (AHSNs) as they come on stream. We would like to see this clause edited to reflect the diversity in membership encouraged by the Authorisation Framework. We would also welcome it being further strengthened so as to secure close alignment between the LETBs and AHSNs.

Workforce planning is related to education and training, but remains a separate activity, which requires different skills and knowledge. Service providers and higher education institutions bring complimentary expertise to these endeavours and should therefore work in partnership to deliver them.

⁵ Department for Business, Innovation and Skills (2011). Strategy for UK Life Sciences. www.bis.gov.uk/assets/biscore/innovation/docs/s/11-1429-strategy-for-uk-life-sciences

⁶ Academy of Medical Sciences (2011). Response to the consultation 'Liberating the NHS: Developing the Healthcare Workforce'. www.acmedsci.ac.uk/download.php?file=/images/project/132075187126.pdf

⁷ Health Education England (2012). *Local Education and Training Board: Authorisation Framework (10 September 2012)*. www.wp.dh.gov.uk/healtheducationengland/files/2012/09/LETB-Authorisation-Framework-10-September-final-approved-version.pdf

Wider collaboration and engagement

There are excellent models of academic-health partnerships in the UK and abroad. For example, the current Academic Health Services Centres (AHSCs) and the National Institute for Health Research (NIHR) Integrated Academic Training programmes provide clear evidence that such partnership working delivers real benefits to patients. This model will expand significantly through the development of AHSNs across the country, which is welcome. Effective relationships between LETBs and AHSCs/AHSNs will be essential and guidance to secure such arrangements would be welcome.

Reporting arrangements

We are pleased to see that the need for effective reporting arrangements is acknowledged in the draft clauses. We look forward to seeing more detail on how this will function in practice. We understand that within clause 58, the Secretary of State will set out an Education Outcomes Framework as well as annual objectives for HEE. We welcome this proposal. These reporting arrangements must ensure that HEE is held to account for its performance in delivering its duty towards research. We also understand that HEE will develop annual priorities for the system, based on those documents; priorities that will in turn be managed by the LETBs. We would again stress that these must outline to LETBs how they are expected to deliver on the research duty.

Education and training budgets

We would also take this opportunity to re-emphasise the importance of ensuring that education and training budgets are of sufficient size to provide for high quality education and training across the full range of professions and specialisations. The budgets allocated for both the training funded via HEE and the continued professional development supplied by service providers should be ring-fenced to protect them from being diverted to meet short-term pressures of service delivery.

Establishment of the Health Research Authority (HRA)

There is evidence that the UK's strengths in health research are being undermined by an overly complex regulatory and governance environment. We have therefore been supportive of the work that the HRA has been carrying out since its creation as a Special Health Authority. The establishment of the HRA as a non-departmental public body will fulfil one of the key recommendations made by the Academy in its 2011 report on the regulation and governance of health research.⁸ We welcome the clarification of its role, as articulated in the Bill, of promoting the co-ordination and standardisation of the regulation of health and social care research in the United Kingdom and, most importantly, to 'seek to ensure that such regulation is proportionate' (Clause 68 (3)). We are pleased to see that, to promote a harmonised approach to regulation and governance across the UK, the HRA can exercise the health research regulatory functions of the devolved administrations (Schedule 7, Part 2).

The role of the HRA in facilitating NHS research governance

When the Academy carried out its review of regulation and governance in 2010, the delay and duplications inherent in obtaining research permissions from NHS Trusts were highlighted as the greatest inefficiency in the research process in England by those consulted. Government did not take forward our recommendation to create a National Research Governance Service to centralise

⁸ Academy of Medical Sciences (2011). *A new pathway for the regulation and governance of health research*. www.acmedsci.ac.uk/p47prid88.html

study-wide research governance checks as part of the HRA, instead focusing on a bottom-up approach. Currently the HRA's responsibility for NHS R&D is only implicit in the Bill (i.e. by definition 'health and social care research' will include the part of the process undertaken in the NHS) and, although there is a duty of co-operation between the HRA and bodies such as the MHRA and the Care Quality Commission (clause 68), there is no equivalent duty of co-operation with those responsible for research governance in the NHS. Given the importance of the NHS research governance processes for those in academia, industry and the charity sector who carry out research, we think it would be helpful for this part of the HRA's role to be formalised by explicit mention in the Bill, as it is in Factsheet 8 that accompanies the Bill.

Some Trusts are piloting mutual recognition systems whereby they will accept each other's 'sign-off' of clinical trials. This is potentially a positive development, but we would like the HRA (with the NIHR) to play a role in monitoring these initiatives to share best practice and to avoid the development of different sign-off processes being developed by different groups of Trusts. We welcome the fact that the HRA has highlighted the possibility of a single 'legal review' for Trusts within a HRA framework to reduce duplication in the review of issues such as data protection, insurance and indemnity.⁹ We would like to see this proposal developed as a priority. If there is wide support for this central sign off it would be helpful to signal this as early as possible to Trusts to discourage unnecessary bureaucracy being established around mutual recognition systems.

Patient information in the HRA

The transfer of responsibility for the research use of confidential patient information to the HRA (Clause 74) provides a good opportunity to reduce complexity in this area of regulation and governance that has led to conflicting interpretations of it by researchers, Trusts, patients and other stakeholders. The provision of clear and authoritative guidance in this area by the HRA will be particularly crucial. It will be important to consider the relationship between the HRA and the Information Commissioner who also has a responsibility to issue guidance around access and use of personal data.

Other aspects of the Academy's vision for the HRA

In our 2011 report on the regulation and governance of health research, the Academy set out a vision for the HRA. We highlighted the need for the HRA to be able to respond to the regulatory needs of emerging areas of health and to take advantage of new (e.g. statistical) techniques that could improve the monitoring of clinical trials. This is acknowledged in the draft Bill in Clause 68 (5) where it states that the '*HRA must keep under review matters relating to the ethics of health or social care research and matters relating to the regulation of such research*'. To do this it will need its own horizon scanning capacity (as the Human Fertilisation and Embryology Authority has) or access to those of others. External sources include the Department of Health's new Emerging Science and Bioethics Advisory Committee, of which the Academy is a member. Engagement with stakeholders such as researchers (as proposed below) will also provide an early warning of new opportunities and challenges.

Two areas within the Academy's vision for the HRA that are not included within the Bill's list of its roles or functions. We would like these to be considered for inclusion.

- **Measuring performance.** We would like to see the HRA have a role in developing metrics and indicators for the regulation and governance pathway as a whole, and monitoring these to ensure that improvements are being made. It will be important to ensure that the timeline is not being manipulated (e.g. by 'stopping the clock' more often) and that the

⁹ Health Research Authority (2012). *Health Research Authority business plan*.

introduction of new benchmarks for Trust's research performance does not discourage them from undertaking certain types of research (e.g. on rare diseases). In the HRA's annual report (specified in Schedule 7, Part 3) we would expect to see metrics demonstrating how its own performance has contributed to decreases in the time taken to get regulatory approval and progress towards creating a single portal for applications for health research.

- **Communication and engagement.** In fulfilling its roles and functions, the HRA will need to engage with a wide range of stakeholders. This will include patients and the wider public as the HRA seeks to protect and promote their interests, and researchers in academia, industry and charities to gain feedback on whether it is being successful in its work to co-ordinate and standardise research and increase the proportionality of regulation. We are aware that the HRA has been in dialogue with patients and their representatives since its establishment but note that there is no commitment to this type of engagement by the HRA in the Bill.

This response was approved by the Council of the Academy of Medical Sciences. For further information, please contact Dr Rachel Quinn (rachel.quinn@acmedsci.ac.uk; +44(0)20 3176 2163).

The Academy of Medical Sciences

The Academy of Medical Sciences promotes advances in medical science and campaigns to ensure these are converted into healthcare benefits for society. Our Fellows are the UK's leading medical scientists from hospitals and general practice, academia, industry and the public service.

The Academy seeks to play a pivotal role in determining the future of medical science in the UK, and the benefits that society will enjoy in years to come. We champion the UK's strengths in medical science, promote careers and capacity building, encourage the implementation of new ideas and solutions – often through novel partnerships – and help to remove barriers to progress.

Academy of Medical Sciences
41 Portland Place
London, W1B 1QH
+44(0)20 3176 2150

info@acmedsci.ac.uk
www.acmedsci.ac.uk

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