

Proposed Federation of Healthcare Education



Consultation June – September 2017

Final report and results

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Date: 31 October 2017

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Executive summary

This report provides a summary of the feedback received during a consultation held over the summer of 2017 into the proposal to establish an overarching federation comprised of healthcare education organisations within the UK. Feedback was received from a number of sources: direct, informal and personal communications to the co-ordinators; a consultation meeting of potential stakeholders held on 18 September 2017; and a public online survey which resulted in 123 completed questionnaires.

Analysis of the feedback finds that over three quarters of respondents were broadly supportive of the idea of closer collaboration between healthcare professions organisations and that most of these felt strongly that any resulting organisation should be multi-professional in makeup; although there was some disagreement about whether it should be open to all and, if not, what the criteria for establishing membership should be. There was less consensus about what the mission of the federation should be with just over half of respondents to the survey agreeing that the proposed statement was appropriate. Over three quarters of respondents strongly agreed that the main benefits to a federation would be the opportunities to share expertise and good practice and to secure an all-UK body, although fewer than half felt that it would offer economies of scale.

Responses to questions concerning the practical benefits that member organisations might expect tended to emphasise the more traditional networking, educational and communication opportunities a federation would offer; such as training events, research partnerships, a website and a conference, while activities designed to support the business aspects of the member organisations such as purchasing consortia and business advice were perceived as less useful. Activities that might overlap with existing organisations' work such as a journal or sharing of membership data were approved by around half of respondents.

In response to questions inviting comments on the challenges to be faced, the overwhelming majority of respondents mentioned the culture and context of healthcare education as the primary difficulty to be overcome. Rivalry and antipathy between professional groups, service pressures and shortage of resources were the chief concerns. While strong leadership was seen as the key solution to this, there was considerable concern that a genuinely multiprofessional organisation would not collaborate sufficiently to produce the equity and consensus necessary for effective co-working.

Respondents were evenly divided about whether the aim of the federation should include the establishment of a Royal College of Healthcare Educators. Over half of respondents felt that the federation should seek a voice at the table alongside the larger overarching healthcare education bodies such as the Academy of Medical Royal Colleges although a significant number wanted more information before deciding if this would be a good idea.

In terms of which organisations should be the key focus of the federation's interaction and influence, it was clear that those who responded felt that the list was largely appropriate, suggesting that it was understood that the federation would wish to inform the work of regulators and education organisations. Further comments were invited and are discussed.

The report then considers next steps and recommends the formation of a smaller steering committee, composed of representatives from other overarching organisations, to develop a clearer consensus and strategy, combined with a robust business plan. This committee will report further in the summer of 2018.

Introduction

Background to the consultation

Evidence has steadily accumulated that a broader approach to the preparation of all healthcare professionals is critical to their effectively working together in the clinical environment, including through the identification and incorporation into curricula of relevant collective competences.

Interest in the scholarship, research, delivery and evaluation of UK Healthcare education has also expanded greatly over the last 50 years. This has led to the formation of several organisations which have catalysed many positive advances in the field. Healthcare education has rightly emerged as a complex, rigorous, and rewarding discipline in its own right. Organisations such as the Centre for the Advancement of Interprofessional Education (CAIPE) have contributed greatly to the development of an academic foundation for learning and working together effectively.

Despite this, in recent years it has become apparent that, while each organisation continues to have a distinctive voice and value, there are areas of significant overlap in some areas of activity. In addition, the existing structural arrangements of these and other organisations do not facilitate or promote collaborative activity, such that it is difficult to identify, discuss, and respond to issues of common interest. As such, there are potential missed collaborative and influencing opportunities across the many facets of healthcare education.

Healthcare education also needs a strong and united voice if it is to have the necessary influence at national level to provide evidence for and secure the priority and resourcing required to further develop the systems of education and training across the healthcare professions, which will be essential in order to achieve a vision for the UK. We believe that this can be facilitated and supported by closer relationships between all such organisations, and the Regulators of the relevant professions.

To this end, a number of healthcare education societies and professional organisation came together in the Spring of 2017 to discuss the formation of a unified collaborative of healthcare education bodies. A draft proposal was circulated and it was resolved in a meeting in March 2017 that a consultation should be set up to explore the appetite for such an organisation and to explore ideas, suggestions and concerns around the concept of a Federation of Healthcare Education¹.

Consultation methods

Town hall meeting

The consultation meeting took place on 18 September at Friends Meeting House, London and was attended by 32 people representing a number of key healthcare education organisations. The minutes of the meeting are attached at **appendix 1**.

Direct communication

A number of direct communications were made to the consultation co-ordinators including four formal letters from officers of key organisations, which are reported on page 19.

Online survey

The online survey, consisting of 20 key questions, was opened on 25 June 2017 and closed on 20 September 2017. The key findings are reported in this document.

¹ The interim title “Federation of Healthcare Education” will be used for clarity and consistency throughout this report. It is provisional only.

Distribution methods

A dedicated web page was made available via AoME’s survey monkey account; links to this were placed on the websites of the key organisations, in addition to being advertised via social media and individual organisations’ member communication channels. In addition personalised invitations were sent to 268 key leaders and organisations in the field requesting their response. An email account was set up for this (FHE@ASME.org).

Results

One hundred and twenty-three completed electronic surveys were received. There were a large number of incomplete surveys (36) which were deleted as the respondents had not indicated that they had consented to the use of their data.

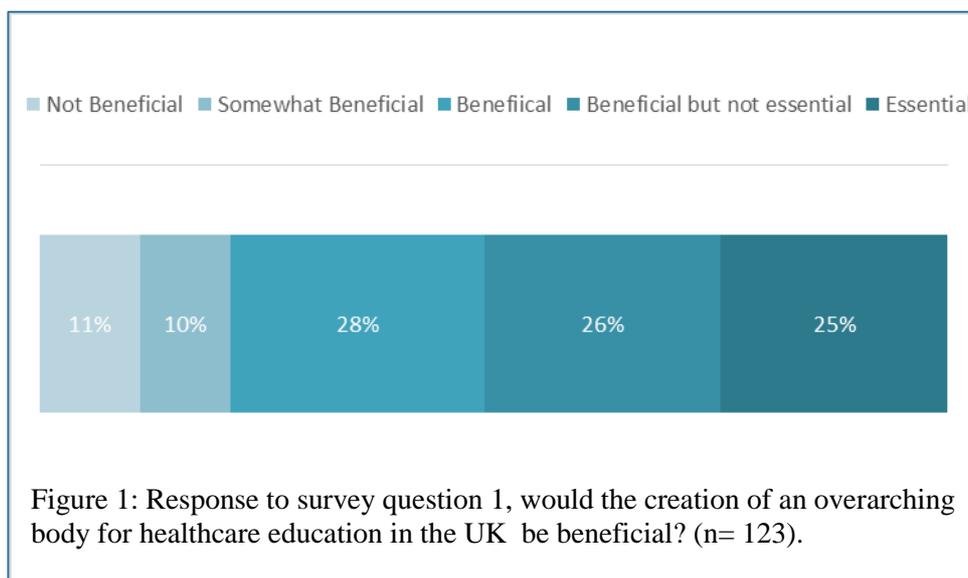
One hundred and five people responded as individuals; a further 18 respondents claimed to be responding on behalf of an institution or organisation. The survey was designed so that these institutional respondents were required to supply contact details in order to establish authenticity. Their responses will be discussed further at Question 14.

Four responses from an institution or organisation were received directly by email/letter.

Question 1: Desirability

Do you think it would be beneficial to develop an overarching body to which learned societies and professional organisations for healthcare education in the UK could choose to belong?

Question 1 received a 100% response rate, with over 75% of respondents stating that the development of an overarching body to which learned societies and professional organisations for healthcare education in the UK could choose to belong would be positive. Approximately 10% of responders believed this would not be beneficial and another 10% sat between not beneficial and beneficial (Figure 1).



Question 2: Title

Do you think that “The Federation of Healthcare Education” is an appropriate title for such an overarching body? If not, please suggest an alternative.

Positive responses were received from 68.85% (n=84), with 13.93% (n=17) responding negatively.

A further 21 free text comments were received. Of these 5 responses indicated that the proposed title needed to reflect its position as an organisation of organisations. Three respondents felt that it should be a College. Other possible suggested names for the body included Academy, Institute, Alliance, Confederation, Faculty and Collective.

It doesn't really mean anything. Maybe Fed of Healthcare Education Providers. Can't have a federation of Education - it doesn't make sense.

The Federation of Healthcare Education Organisations would be more appropriate as it isn't a general membership body.

Royal College of Healthcare Education!! Go for broke!

Question 3: Breadth of representation

It is proposed that this should be a multi-professional organisation. Do you agree, or should it be for a single or small group of professions only?

A large majority of responses (88.89%, n=104) indicated that the organisation should be multi-professional and only 11.11% (n=13) felt that it should comprise a single or small group of professions.

However 67 comments were received on this topic; respondents clearly felt the need to expand on their responses.

Over half of those who responded were positive that a multi-professional approach was needed and gave a number of rationales for this: traditional professional boundaries are breaking down; multiprofessional working is already happening but education has not responded sufficiently quickly; education skills are generic even if education settings differ; setting up an exclusive organisation would give a negative message; and multiprofessional collaboration is an important factor in improving quality.

I feel the need to work outside our silos and engage with others in related fields. There is so much good practice to share

It needs to be future proofed, and current professional boundaries may soon be of historical interest only

It needs to be as inclusive as possible to provide credible representation

Around a quarter of respondents were more cautious, suggesting that it might be a good idea in principle but that it is likely to prove too much of a challenge (in terms of size, organisation and ensuring fair representation) to engage all HCP educator groups, especially where these were already worried about losing their identity or felt that they had not made sufficient progress within their own uniprofessional groups. Some felt that it would be wisest to commence with a small professional grouping and built up as a way of controlling the potential size and diversity of the Federation which could be overwhelming. A small number were opposed to multiprofessional working on the grounds that it would affect the organisation's overall feasibility.

While the utopian ideal may be that all healthcare professional organisations collaborate and work towards the greater good, this ain't going to happen in the foreseeable future. A lot of change in the workplace and in the culture of each healthcare profession needs to happen before this is remotely feasible

The educational climate and needs of the different healthcare professions are different

It would be another talking shop with parties protecting their own interests.

Though I support multiprofessional learning, I don't feel that we are at a stage where different professions really understand each other's education systems. A multiprofessional body would be ineffective as its identity would be obscure

Question 4: Membership

Which professional groups' education organisations would be appropriate members of the Federation of Healthcare Education?

The majority of the 97 responses indicated multiple categories, and high levels of respondents demonstrated a desire to include a wide spectrum of clinical healthcare professionals/scientists as well as healthcare education organisations. The majority of responses suggest that the Federation of Healthcare Education should be based on human healthcare with 39 (40.21%) saying that veterinary professionals would be appropriate. Fewer respondents put forward chaplains (24.74%, n=24) and mortuary staff and bereavement officers (31.96%, n=31) as appropriate members (Figure 2).

There is a logic in focusing on those who work directly with patients (plus educational leaders)

Theoretically all could be involved but it seems wise to start with the professions where there is significant postgraduate education delivered by regulated curricula which are dependent on workplace learning and assessment as opposed to formal assessments. These are: medicine, dentistry, pharmacy

All registered human health professions. (To include PA's as should be registered)

Good grief. What an unwieldy organisation this would be with all this involved. I can't imagine how an executive decision making body would be arrived at, or how you would get parity of esteem. On the other hand, on what grounds would you leave groups out?

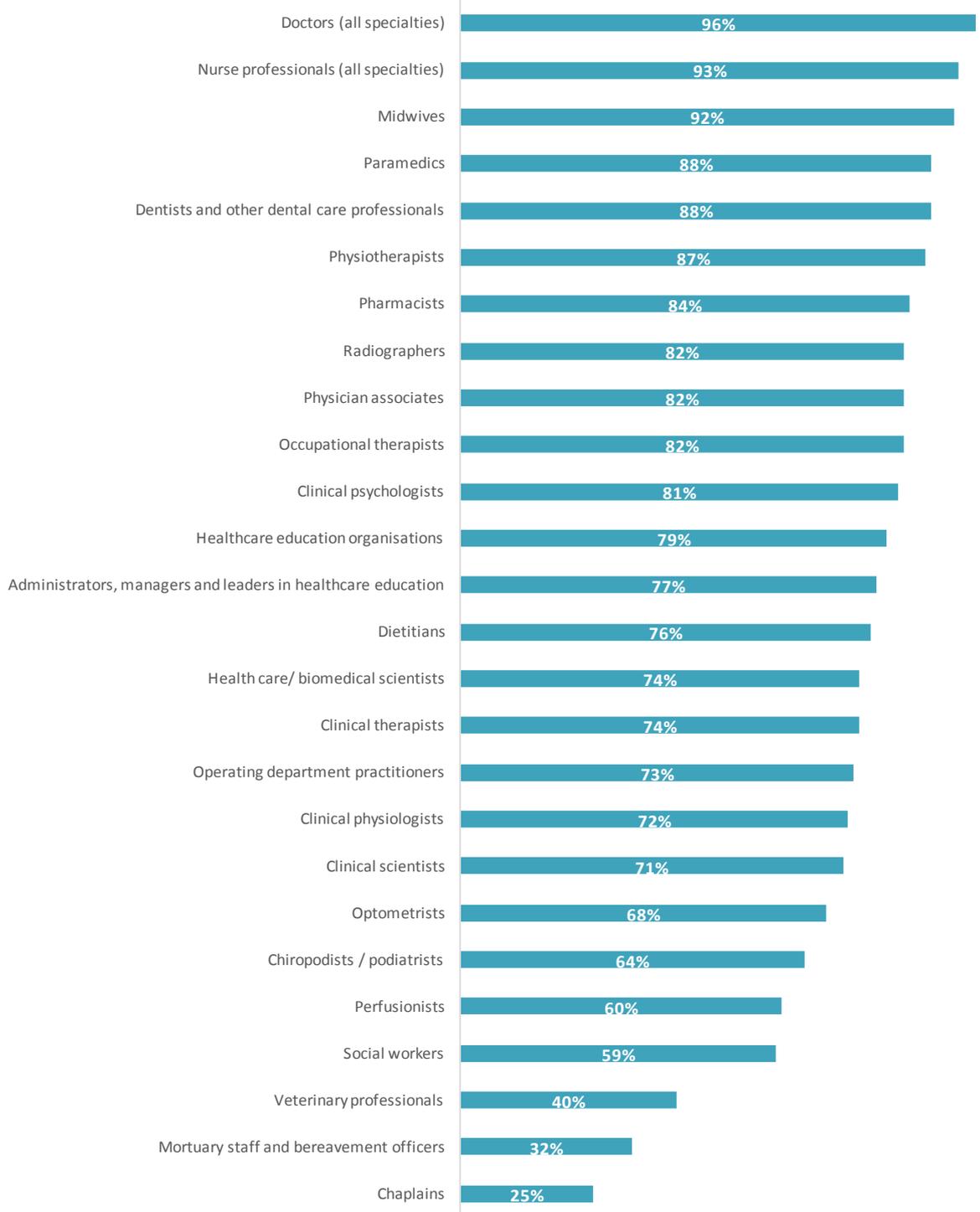


Figure 2: Proportion of survey responses indicating which professional groups' education organisations would be appropriate members of the Federation of Healthcare Education (n = 97).

Twenty-five respondents who answered 'multiprofessional' supplied further comments; most of these wanted to point out that their profession was not on the list. It was clear from many of these responses that either the respondents had interpreted the language of the list differently from that intended, or had not read it in full. For example 2 people complained that social workers were not on the list (they were); 1 failed to notice that physician associates were on the list, and 1 person mentioned speech therapists although this arguably was covered by 'clinical therapists'. In addition, a number argued that healthcare, clinical and biomedical scientists should be on the list; they were arguably there twice, but in the format 'healthcare/biomedical scientists' and 'clinical scientists', which appeared to have caused confusion.

Other healthcare education organisations suggested included:

- Healthcare scientists (biomedical scientists, clinical scientists)
- All registered human health profession
- Optometrists
- Audiologists
- Arts Therapists
- Social care professionals/representatives
- Public health professionals/representatives
- Service user representatives
- Simulation technicians
- Healthcare education technicians
- Medical educators who don't fall into any of the above categories
- Speech therapists
- All royal colleges
- Lecturers
- Education managers

Of the more general comments received, the majority (8) responded that the list should be open to all; although 1 of these respondents suggested that this would inevitably create an organisation that would be too unwieldy. Two responded that human healthcare practitioners should be the focus (i.e. not vets). Three responded that only professions where registration is required or where curricula are regulated should be admitted.

Question 5: Mission

Respondents were offered the following prompt to elicit their thoughts on the purpose and mission of the Federation:

The purpose of the Federation of Healthcare Education would be to represent the common aspects of the specialty of healthcare education in order to deliver the highest standards of education and training, in line with the Quadruple Aim (see proposal document below):

- **Improving the patient experience of care (including quality and satisfaction)**
- **Improving the health of populations**
- **Reducing the per capita cost of health care**
- **Improving the experience of health care providers, clinicians and staff.**

The following has been suggested as a mission statement for the Federation:

“To encourage and support UK-wide education and training for compassionate, holistic and integrated health and social care across the

healthcare professional spectrum, by enhancing their quality and efficiency and providing academic and professional support for all those involved in their research, development and delivery."

They were then asked:

Do you think these would be appropriate purpose and mission statements for a federation of healthcare education organisations of the UK?

This question was answered by 121 respondents and skipped by 2. Of the responses received, 57.86% (n=70) agreed that the suggested purpose and mission statements were appropriate for a federation of healthcare organisation of the UK and Ireland. Disagreement was expressed by 28.10% (n=34) and a further 14.05% (n=17) did not know.

Further to this, 54 free text responses were received. Of these, around a third wished to say that they disliked the Quadruple Aim as a basis for the purpose of the Federation and, in particular, the reference to reducing the cost of health care. A number argued that the purpose and mission were too broad/vague to be useful, and others suggested that the mission statement contained too much overlap with other organisations. A significant number felt that they did not focus sufficiently on the role of education in improving care for patients (including patient safety). Where respondents offered constructive advice about how to refine them, the consensus was that this was something that the Federation itself should do. Three respondents complained that social work/social care was not given enough prominence, while an equal number felt that social work/social care should be excluded because it made the aims too broad. Two responses indicated that standard setting/monitoring of teaching practice and providing academic, scientific and professional support should be included.

At the moment this feels too broad to be meaningful. There already a large number of organisations who have these aims - some statutorily.

The aim should be focussed on education and training, not patient care, population health, cost and staff experience. I would suggest that the mission statement is really the aim. I see no point in an aim that doesn't mention education or training

Cost should be secondary and not an explicit primary aim

The Federation should focus on how improving education improves patient care

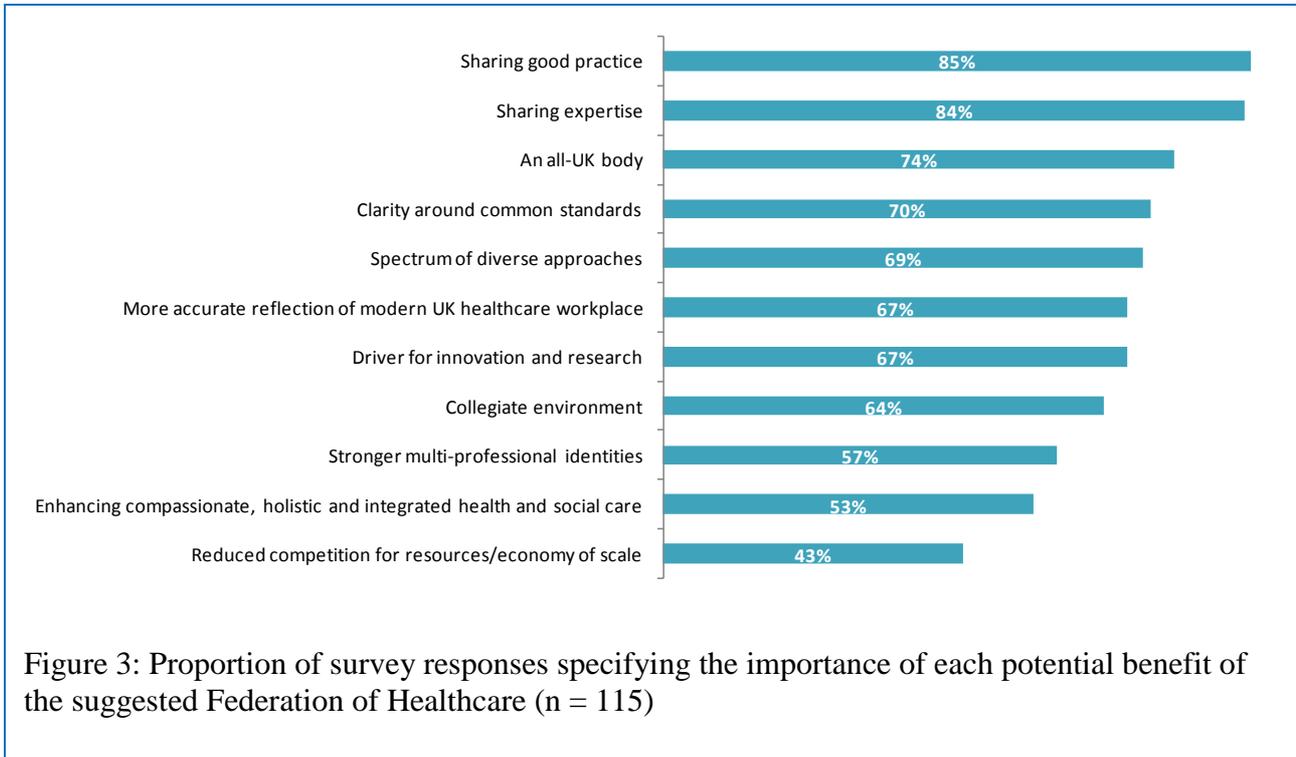
Question 6: Benefits

Please rank the following list of potential benefits of such an organisation in order of importance:

- **Sharing good practice**
- **Sharing expertise**
- **Clarity around common standards**
- **Stronger multi-professional identities**
- **Collegiate environment**
- **Driver for innovation and research**
- **Reduced competition for resources/economy of scale**
- **Spectrum of diverse approaches**
- **An all-UK body**

- **More accurate reflection of modern UK healthcare workplace**
- **Enhancing compassionate, holistic and integrated health and social care**

One hundred and fifteen responses were collected to indicate the order of importance for each potential benefit (Figure 3). The overwhelming majority felt that sharing good practice (84.75%) and expertise (83.90%) were the most important benefits of the Federation. Fewer than half of responses (43.22%) indicated that reduced competition for resources/economy of scale was an important benefit.



Thirty further comments were collected, several of which did not answer the question being asked.

Other potential benefits put forward included providing a single go-to organisation for advice and which could have the ability to exert influence in the NHS and political arenas. Two responses highlighted the potential for achieving recognition for medical education as a career pathway/speciality. Other benefits put forward were; breaking down silos, better infrastructure support, exploring academic common ground, networking, providing better access to younger medical educators and providing a voice for service users.

Three responses which did not directly answer the question being asked expressed apprehension about whether the aims would be met, and a number of comments argued an all-UK body could only be achieved at the expense of others and repeated concerns about whether a federation was feasible or desirable.

As noted, collaboration, research, innovation, sharing, debate, exploration, dissent and other educational activities are valuable to healthcare as they are to the general advancement of human society.

Recognised medical education career pathway.

Some of these potential benefits are highly dependent on the functioning of the Federation

Provide a legitimate voice opportunity for service users, to enable collaboration and influence for service users. To provide advice and exert influence in the political arenas associated with decision making for health and social care workforce development.

Question 7: Member benefits

What additional benefits should the Federation of Healthcare Education offer its member organisations?

- **Annual conference**
- **Website**
- **Other communication opportunities (social networking, newsletter, discussion board etc)**
- **Business advice**
- **Fora for sharing practice (including administrators' network)**
- **Research collaboration opportunities**
- **Purchasing consortium**
- **Training and development opportunities**
- **A peer reviewed journal**
- **Newsletters**
- **Data sharing (in line with all relevant UK law including the Data Protection Act)**
- **Anything else? Please specify:**

One hundred and five responses were collected for this question. At least half of the responses were positive for 8 out of the 10 categories. The vast majority of responses indicated that a website (90.48%), opportunities for research collaboration (82.86%) and training and development (79.05%) would be welcomed. The least popular additional benefits were business advice (17.14%, n = 18) and a purchasing consortium (25.71%, n = 27) (Figure 4).

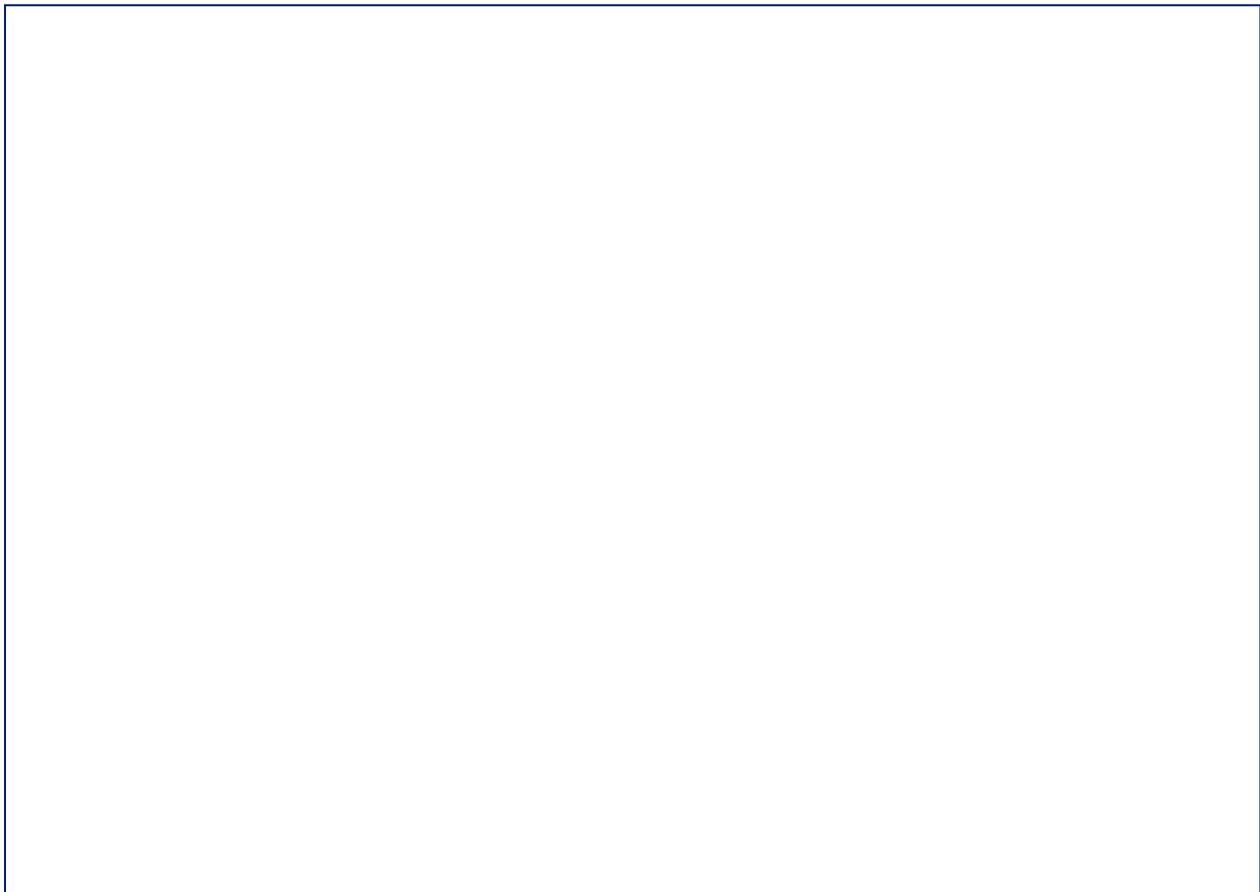




Figure 4: Popularity of the suggested additional benefits the Federation could offer.

Nineteen additional comments were received, the majority of which suggested further benefits which could be offered. Mentorship opportunities and educational exchanges were common themes along with training standards and accreditation in medical and healthcare professional education.

A second popular theme was around a database of expertise, which could expand out to include specialist expertise for curriculum design groups, production of healthcare education position papers, grant writing groups, peer review of grants, and external examiners for UG/PG/PhD vivas.

Also highlighted were the opportunity for online learning and groups as well as the potential for collaboration with non-healthcare educators as well as shared administration.

One suggestion was not to develop a new journal but to support the journals already linked to the member organisations of the Federation.

There were several negative responses questioning where the funding for these opportunities would come from, people unsure who or what the business advice would be aimed at and several respondents did not think that more conferences would be useful.

Online learning and groups e.g. via #SoMe

Specialist expertise from a "pool" of interested professional educators sitting on curriculum design groups

Training standards and accreditation in medical/health professionals education

Question 8: Challenges

What do you think would be the key challenge(s) to be faced in setting up a federation of Healthcare Education?

Twenty nine respondents skipped this question. The overwhelming majority of the 94 responses received mentioned concerns about the culture and climate of healthcare education being a major barrier to collaborative interprofessional working. 'Territorialism' and 'tribalism' within individual healthcare professions, and themes similar to these were repeatedly mentioned.

Ten mentioned the financial climate as a particular challenge – a new organisation would need sufficient funding to overcome the multiple organisational, cultural and governance issues, but where funds and human resources are limited, there are potential challenges to member organisations in maintaining their engagement. A number of respondents mentioned their concern that the larger, better resourced or more influential professions such as nursing and medicine would predominate although one respondent suggested that a key challenge would be to maintain the involvement of doctors if the organisation became too large and diffuse.

A theme repeated from other questions was the risk of duplication of the work of other organisations and perceived bureaucracy within the proposed Federation.

Respondents felt that more information would be needed: that much depended on matters that were currently unresolved such as the strength of the leadership, the numbers and breadth of representation from all HCPs and on how the Federation would be structured to allow fair representation while remaining efficient and effective. There was also some concern that funding streams had not been identified: the view appeared to be that 'self-funding' via subscriptions and conferences could be insufficient to the task and might additionally weaken existing organisations, while funding from public bodies could come with too many strings attached.

The key challenge expressed, therefore, related to the tension between achieving inclusivity (a broad organisation in which all HCP education organisations had a fair voice) and efficiency (an organisation that had an effective leadership and a clear consensus about its role and purpose).

As with all collaborations, be they across institutions, disciplines or professions, managing the different priorities and motivations will be the tricky part. Doesn't mean you shouldn't try!

Risk of overlap/undermining existing organisations - we need to work with them.

The success or failure of the enterprise will entirely depend on who is leading this and whether it will be truly multi professional and with all healthcare professional voices heard equally. If the leadership is predominantly nursing and medics, then nothing will change and few other professional groups will a) join, or b) stay.

Deciding on membership criteria and ensuring fairness of representation. Some organisations will inevitably be excluded; others (especially the large ones) may have too strong a voice.

Stealing income streams and 'mini kingdoms' from current organisations

Question 9: Disadvantages

What do you think would be the potential disadvantage(s) to setting up a federation of Healthcare Education?

This question was skipped by 36 respondents but 87 gave further detail. Many of the challenges previously raised under question 8 (i.e. duplication of effort, tribalism, uncertain funding, the scale of the challenge vs the need to include everyone, the need for outstanding leadership) were reiterated in this section, along with a clear desire for more detail about the plans. There was considerable scepticism that sufficient commitment and support would be forthcoming from either the member organisations or the healthcare education commissioners, providers and regulators.

A number of respondents mentioned 'clout', 'credibility' and 'lobbying power' as a major risk – that to be successful the proposed Federation needed to achieve influence and that if it did not do so, it would be an encumbrance: “*an expensive talking shop*”. Again the tension between preserving individual professions' identity and expertise while achieving a consensus strong enough to give the new organisation a distinctive voice was a significant concern. Nevertheless, a small number of respondents felt that the challenge was worth undertaking: “*I cannot think of any disadvantages if the Federation works.*”

It could be a talking shop that costs money and generates activity (and emails) but doesn't achieve much.

Dragging everyone down to the lowest common denominator-pursuing excellence and innovation must be supported even if some variance results.

Just may be too big to be effective at representing all groups

Some professions may disengage as the broad focus may be interpreted as loss of focus

Note: a small number of respondents to this question, and to Questions 6 and 8, expressed concerns about individual membership fees (e.g. “*The cost in being a member*”, “*Why would anyone part with their cash to join when they have many other commitments (professional bodies, insurance, etc)*”), which suggests that they were not clear that what was proposed was a federation of membership organisations rather than a membership body in its own right.

Question 10: Royal College

Should the Federation adopt the establishment of a Royal College of Healthcare Education as one of its aims?

Responses were received from 122 of 123 respondents. Of these, 41.80 % (n=51) of responders agreed that the Federation should adopt the establishment of a Royal College of Healthcare Education as one of its aims, compared to 26.23 % (n=32) who disagreed. A further third (31.97 % (n=39)) were undecided.

Fifty-three people added further comments. Support and opposition to the idea were equally balanced in the free text feedback; but five respondents additionally argued that the aim should be to form a Royal College of Healthcare Education instead of a federation. A smaller number (around 15%) either didn't know or wanted more information before they could decide whether to back the idea.

Of those who opposed the idea, the principal objections were either that a Royal College was too 'medical' a model, or were based on a dislike of Royal Colleges in general and a feeling that a federation would be a more progressive model. Other objections included the feeling that the existing Colleges would not want or need to have their educational work duplicated and that their support for the idea would be unlikely to be forthcoming.

As a political body which needs some clout this fits. It's a bit of a medical model but there's the RCN etc so should feel appropriate. It would then raise the organisation's status to that perceived level.

Royal Colleges are alien to a great many health practitioners and the lack of diversity within them is appalling. Federation sounds modern, accessible, and carries none of the historical baggage so could fly the flag as a diverse and progressive group.

Question 11: Voice at the table

Should the Federation seek a 'voice at the table' within one or more of the existing overarching healthcare bodies (eg the Academy of Medical Royal Colleges)?

Over half of responses (58.47 % (n=69)) agreed that the Federation should seek a 'voice at the table' with healthcare bodies. Sixteen (13.56 %) respondents disagreed, whilst 33 (27.97 %) were unsure. The large number of 'unsures' appeared to be reflected in the 36 further comments that were received. Citing the AoMRC as one of the tables at which the Federation would seek a voice resulted in a small but strong degree of opposition from those who were concerned that this provided yet more evidence that the Federation was likely to be a 'medicine-dominated' organisation.

One would hope that the Federation would seek to have a place at lots of 'tables'

Doesnt that make it just a medical organisation?

Professional educators sitting at Academy of Royal Colleges table would be a good idea.

More important that it gets a seat at the political and financial tables.

But not just AoMRC as makes it too Medical - should also try and work with the Council of Deans for Health

Some of those over-arching groups already have a Healthcare Education voice at the table and it would be important not to undermine the role of traditional societies in this.

Question 12: Influence

Which healthcare regulators and other organisations should be the primary focus for the Federation's interaction and influence?

- Health departments in all 4 UK countries
- Professional Standards Authority

- **General Medical Council**
- **Nursing and Midwifery Council**
- **Health and Care Professions Council**
- **General Dental Council**
- **General Pharmaceutical Council**
- **Academy for Healthcare Science**
- **Health Education England**
- **NHS Education Scotland**
- **Health Education Wales**
- **NI Medical & Dental Training Agency**
- **Academy of Medical Royal Colleges**
- **Individual Colleges and other organisations within individual professions**
- **Conference of Postgraduate Medical Deans (UK).Committee of Postgraduate Dental Deans and Directors**
- **Medical Schools Council**
- **Royal College of Nursing**
- **Royal College of Veterinary Surgeons**
- **Other (please specify)**

Ninety-nine of the 123 respondents answered this question (Figure 5). The majority of categories were deemed to be a good focus, but in line with the response to Question 4, only a third of those responding (33.33%) felt that the Royal College of Veterinary Surgeons would be relevant. 66 made no further comment.

However, 33 free text comments were received, most arguing that one or more relevant organisations had been left off the list. These included: Dental Schools Council, General Optometry Council, Universities UK, the Faculty of Physician Associates, the Higher Education Academy and the QAA. Six pointed out that the Council of Deans of Health had been left off (this was an accidental oversight in the construction of the survey, since it was in the original design). Eight responded that all the organisations on the proffered list should be included but a further 2 suggested that the list was too long and would make the Federation unwieldy.

A number suggested that the answer to this question depended on which organisations joined the Federation (for example, if no dental organisations joined then logically the Federation would find it difficult or impossible to liaise with dental regulators and other dental umbrella organisations).

Five respondents suggested that the most logical way forward would be to begin with the regulators (such as the GMC, NMC and GDC and policymakers such as HEE) before attempting to establish a wider influence.

One respondent suggested that there should be patient representation; another that students should be represented.

All are important, those marked are those regulators (as opposed to other bodies) to begin

All healthcare professional employers - can't just interact with one employer - it preserves the monopolising influence of the NHS when educators are preparing professionals for employment - not just for one single employer. There are thousands of nurses and other HCPs who work in the PVI sector. You need to find a way of including those organisations.

This seems to be very medically oriented.

It could be all, it could be only a few - it depends who joins the Federation?

"Primary focus" may require a more targeted approach seeking support from the principal regulators and Depts of Health in the first case.

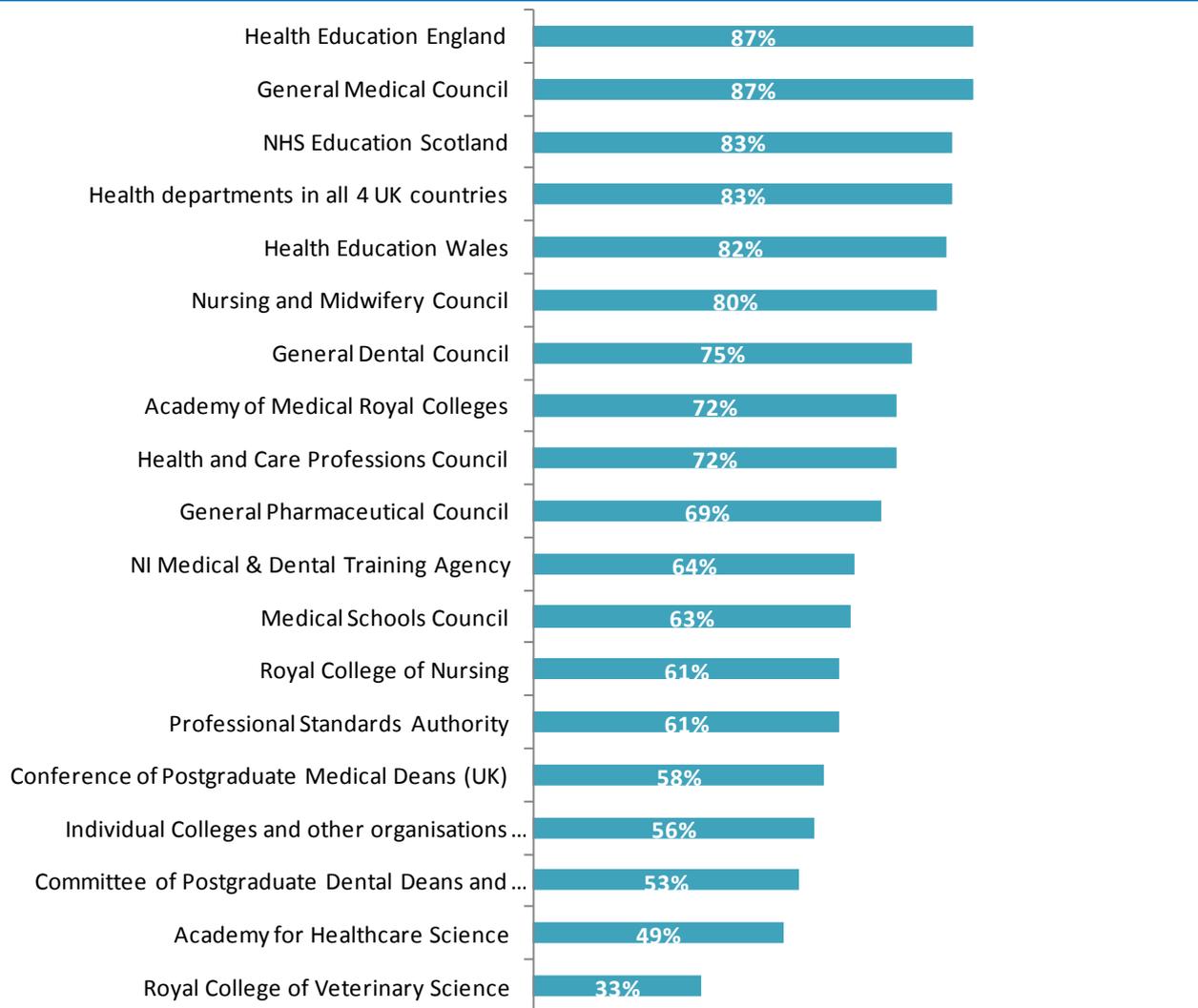


Figure 5: Responses indicating the popularity for each healthcare regulators and other organisations that should be the primary focus for the Federation's interaction and influence.

Question 13: further comments

Do you have any further comments about the proposed establishment of the Federation?

Forty responses were received of which 10 were to the effect that the idea should not proceed. Twelve respondents expressed the view that it was an excellent idea, with few provisos or requests for further detail on the proposal. A small number, including a couple of respondents who were generally in favour of the proposal, commented that the idea needed considerably more

thinking through in terms of organisation, structure, funding and remit. Among these, two criticised the survey itself and its originators for a perceived failure to consult widely enough and were sceptical of the degree to which other professions had been/would be involved in development of the Federation. The remaining responses were either non-committal or broadly positive but the prevailing sentiment was that there was a continued need for more information.

The role of regulators in the Federation was clearly a point of disagreement; one respondent commented *“It needs to be well thought out and have representation from all regulators and professional bodies or it will not work”*, with another expressing diametrically opposite views: *“The organisation should be entirely independent of regulators - very important.”*

Others were concerned, not just about the inclusivity of the professional organisations within the Federation (a topic covered fairly extensively at questions 3 and 4) but also its scope in terms of stage of education (*“pre reg, undergrad, post reg, cpd, etc, etc.??”*) and geographical scope (*“Please include the channel islands in this”*; *“A new U.K. body should not be established in Scotland”*). Three respondents suggested that a way forward would be for the Federation to unite around agreed professional standards and values. Two indicated that they felt the Federation could work as a loose information sharing network and one echoed the original proposal document: *“I think it might work better as an umbrella organisation supporting and linking existing organisations and promoting multi-professional education and education research rather than trying to replicate what existing organisations are already doing”*.

Much, much more groundwork needs to go into considering this and engaging properly with partners (and stick to one professional group first) before this should be considered. To discuss this as a multi-professional entity without consultation with professional groups other than medicine perpetuates and reproduces cultural hierarchies within healthcare.

This is exciting and has the potential to shape healthcare education in the UK but much more detail needs to be provided before one can comment sensibly.

I think it is an excellent idea - but needs absolute clarity about what it is supposed to achieve.

Unless the Federation can agree on what values, behaviours, skills and attitudes healthcare education organisations should be aiming to promulgate in their individual members and fellows, unity of purpose will be almost impossible to achieve. The AoME Professional Standards would offer a way to achieve consensus on this.

Institutional Responses

If the proposed Federation were to exist, would your organisation be interested in joining it?

Name of Organisation	Response?
The Royal College of Radiologists*	It would depend on whether it was set up as envisioned in the proposal or not and the cost and resource implication for us.
Medical Schools Council*	n/a
NACT UK*	In its current format Council are unable to support the proposal, but

	note the comments about further dialogue and debate and welcome the opportunity to continue to find ways in which we can improve collaboration
Professional Standards Authority*	n/a
Academy of Medical Educators	yes
Royal College of Physicians and Surgeons of Glasgow	Yes
Kings College London	Don't know/depends/not applicable
ASME	Don't know/depends/not applicable
University of Essex	Yes
British Society of Dental Hygiene and Therapy	Yes
Dental Schools Council	Yes
National School of Healthcare Science, Birmingham	Don't know/depends/not applicable
NHS Education for Scotland	Don't know/depends/not applicable
Academy for Healthcare Science	Yes
Wales Deanery	Yes
Society for Education in Anaesthesia UK	Yes
Student Section, Royal Society of Medicine	Don't know/depends/not applicable
Joint Royal Colleges of Physicians Training Board	No
University of Central Lancashire School of Medicine	Yes
Doncaster and Bassetlaw Teaching Hospitals	No
BP Koirala Institute of Health Sciences, Nepal	Yes

Discussion

There were a number of limitations to this study. First, although we approached as many representatives from healthcare education organisations in the UK as possible, using snowballing to extend the network and social media to cascade our repeated calls for contributions, it is most unlikely that all those who could have responded were aware of the consultation. Second, not all of those who were aware of the consultation took part. Finally, those who did were likely to have stronger feelings about the topic than those who did not, and, as we reported earlier, nearly a quarter of those who started the survey gave up before finishing it.

Nevertheless, 123 responses to the online survey plus 4 letters/emails were received, offering a wide breadth of responses and detail. While it is not possible to say that all potential themes were reproduced within the data, there were some broad and frequently-repeated perspectives that clearly reflect common viewpoints and concerns.

First, while there were a number of strongly-expressed negative views about the idea of a Federation, the broader responses suggested that opinions were mainly favourable and on occasion enthusiastic; and the concept of a body that could bring together multiprofessional healthcare educators was welcomed by the majority. That said, there were a significant number of concerns that insufficient detail had been provided about the proposal, or that some issues had not been considered in the planning. Some of these may have been from individuals who had not read the proposal document (reflected in concerns about individual membership fees, for example); some involved a level of detail that would not be possible to resolve at this stage (such as concerns about whether certain groups would be able or willing to join); but many of the broader concerns were pertinent and would be an early task for any foundation committee to resolve during the drawing up of governance documents.

The chief concern appeared to involve a strong perception that the primary challenge would be to achieve a balance between inclusivity (a broad organisation in which the multitude of diverse HCP education organisations had a fair and equitable voice) and efficiency (an organisation that had an effective leadership, solid financial and administrative systems and a clear consensus about its role and purpose). For a number of respondents, this led to the view that a formally constituted organisation could not be achieved; while others felt that it should be attempted and a number of useful suggestions about how the size and complexity might be managed were proposed.

Among those who felt that a formal organisation could not be achieved and that doing so might destabilise an already complex and challenging environment were a number of respondents who felt that a looser 'collaborative' might be more productive in the short term. This was a view reflected by the consultation meeting in September.

Conclusion and further steps

We conclude from the largely positive responses to the consultation that while a small minority of respondents were very strongly and passionately opposed to the idea, there is a clear mandate from a majority of commentators to pursue discussions directed towards the formation of a federation of healthcare organisations. Such discussions will need to refine a number of key issues on which clarification is still sought:

How formal the federation's structure needs to be.

It would be possible, as some have argued, to set up a loose network or voluntary collaborative of healthcare education organisations. While this would involve a minimum commitment from individual organisations and could be achieved very quickly, the likelihood of such an organisation being durable, representative, active and influential over the long term would need to be questioned.

How representative the federation needs to be.

Not every organisation would want to join; and not every organisation that wanted to join would necessarily be an appropriate fit with the federation's aims and activities. Despite this, the number and variety of potential members is clearly huge. Ensuring that the organisation is representative while also light on its feet will be a challenge.

How the federation will establish its values and set its priorities.

It was clear from the responses to the consultation that most respondents understood that the federation's role would be to represent professional organisations of healthcare educators at a leadership level, working with government, education providers and regulatory organisations to improve standards of healthcare education and training for the benefit of patients and the public. However, the detail of this still needs to be refined and this could only be done once there is 'buy in' from a number of key organisations in the field.

Further steps

We therefore propose to continue talks, in the first instance with a number of organisations that are themselves 'umbrella organisations' of healthcare educators. The rationale for this would be to permit maximum feasible representation of healthcare education professions within a group small enough to achieve a firm consensus on strategy and vision. The purpose of these talks would be to develop a robust and realistic business plan for the short to medium term establishment of a federation of healthcare educators. This business plan will be in place by the summer of 2018, at which point a further consultation and engagement exercise will be undertaken.

Appendix 1: Minutes of Town Hall meeting

Federation of Healthcare Educators (FoHE)

Date: 18th September 2017

Time: 16.00 to 18.00 |

Location: Friends House | London

Minutes:

Mrs Riya George | Honorary Secretary | Association for the Study of Medical Education (ASME)

Steering Group:

Professor Derek Gallen

Dr John Jenkins

Mrs Julie Browne

Panel Members:

Professor Sue Hill | Chief Scientific Officer, England

Dr Harry Cayton | Professional Standards Authority

Dr Jonathan Eames | Council of Deans of Health

Professor Sheona MacLeod | Health Education England (East Midlands)

Professor Richard Pitt | Centre for the Advancement of Interprofessional Education (CAIPE)

Panel Introductory Points:

- Little research has demonstrated how to effectively utilise a multi-professional workforce and inter-disciplinary approaches to training and patient pathways.
- Health professional regulators must be engaged in this debate as they play an integral role in setting boundaries between professions and determining educational curricula. *'Regulation rethought: proposals for reform'*, a recent publication by the Professional Standards Authority (2016) aims to establish a single standard of conduct for all healthcare professionals (as developed by HCPC) in hopes of reducing the persona of professions as private groups and rebuild trust between professions, the public and regulators. The proposal attempts to develop shared obligations for systems and professional regulators and to establish greater clarity of roles.
- To achieve a collaborative and integrated culture amongst healthcare educators a cultural change is needed to professions value each other and there is a willingness to share power. Concerns were raised for organisations that are involved in specialised areas as there may not be areas for professional overlap. Education (and educators) need to be valued more highly by healthcare policy makers and funders.
- Concerns were raised regarding the lack of specificity in what has been proposed, stating at present it remains broad, with some parts being overly ambitious. Suggestions for greater clarity include establishing the rationale for having a federation, what is the added value of having different professional groups work

together and how is the Federation distinct from similar organisations i.e. Allied Healthcare Professions. Recommending piloting the Federation on a small scale as opposed to starting with a formal structure and fixed agenda.

- It would be important to consider including social care in any ongoing discussions
- Different organisations have been established to address different needs and it is important that professions do not lose their value. The proposed Federation should maximise professional pride, with transparency in where professional conduct and values are shared.
- Healthcare education and workforce is disproportionately emphasised in comparison to changes in healthcare services. To achieve a successful Federation of proposed educators, a cultural shift is needed in how we view healthcare education and the value of educators.
- Questions for further discussion included:
 - 1.) How do we learn together as professionals'?
 - 2.) How do we develop a sense of value for each-other and respect for each-others' role?
 - 3.) How do we create an effective and supportive educational environment for the whole workforce?
 - 4.) What is the correct language to describe collaborative practice?

Discussion:

Dr Katy Petty-Saphon | Medical Schools Council

- Which health educators would be invited to join the Federation?
- How would you establish change in a way that adds value to all different healthcare professions? Perhaps data literacy could be a topic of common interest.
- How do we share best practice amongst different healthcare professions?
- How do we better prepare healthcare professions for the future challenges of healthcare?

Professor Peter Johnston | NES Scotland & ASME Director of Career Groups

- What is the Federation of healthcare educators going to deliver? With what resources and by whom?
- Emphasised the importance of focusing on people and the workforce as opposed to systems and processes. Strongly recommended placing the workforce at the centre and understanding how can we effectively work together?

Professor Jacky Hayden | Academy of Medical Educators

- The future of effective patient care is best achieved through a collaborative approach and workforce.
- Raised concerns that a greater focus should be placed on values in the workplace and attention to the hidden curriculum, with healthcare service managers present at future meetings.
- What are healthcare educators?
- What is best achieved through a national Federation and a standardised approach?
- Is the Federation a multi-professional network that can be connected through social media?
- Will the Federation be inclusive to all healthcare educators?
- What is the governance structure of the Federation?

- What are the incentives for different healthcare educators to join?

Dr Claire Mallinson | The National Association of Clinical Tutors

- Who is the Federation of healthcare educators addressing? Who is our target audience?
- Encouraged a greater involvement of healthcare service managers and clarity in what existing inter-disciplinary networks and organisations are doing and the challenges they face.
- Collaboration and a unified voice for healthcare education would be important objectives.

Professor Judith Ellis | Royal College of Paediatrics and Child Health

- What makes inter-professional education successful?
- What do we mean by a federation of healthcare educators? Which healthcare educators do we include and exclude?
- Who are focusing on? Students? Trainees? Postgraduates?
- What is the correct terminology? Inter-disciplinary? Multi-professional?

Dr Makani Purva | Association for Simulated Practice in Healthcare

- What is the Federation of healthcare educators going to do that is new?
- Is the Federation of healthcare educators going to be a united voice with a local context?

Dr Morris Gordon | University of Central Lancashire

- Raised concerns regarding the connotations associated with the term 'Federation', suggesting a local individual organisation with centralised control. The term collaboration may be better suited to describe the sharing of resources and expertise amongst healthcare educators.
- Is the Federation of healthcare educators adding another layer of corporate governance?
- Do we need to become one organisation? Becoming one organisation would be a more effective way to achieve key objectives.

Ms Julie Browne | Academy of Medical Educators

- What do we mean by an effective healthcare educator? The AoME Professional Standards could supply a useful and agreed definition.
- Difference between Federation and confederation clarified – under a federation all members retain their own identity and governance systems.
- What do we mean when we use the term inter-professional?
- Healthcare education continues to face challenges of competing interests, resources, funding and changes in relevance and priorities. In addition different health professions have different agendas and terminology.

Professor Richard Pitt | Centre for the Advancement of Interprofessional Education

- Are we duplicating existing formal structures of inter-disciplinary networks? What value do we give to our members?

Dr Andy Anderson | Association for Simulated Practice in Healthcare

- How do organisations retain their identity and be part of the FoHE?
- How do we bring together academics in different industries?
- What is the FoHE long term goal or vision?

Dr Helen Higham | Association of Simulated Practice in Healthcare

- Encouraged the involvement of the younger generation in this discussion, particularly in regard to how we can create a wider, global dialogue using technology/ social media. Helen emphasised the need for younger individuals to become peer supervisors. Helen also commented on the generic way we teach students; passively by observation, paying little attention to the hidden curriculum and actively engaging them in educational dialogue.

Dr Christopher Holland | Academy of Medical Educators

- Emphasised the importance of educators working with learners and having student representation at this discussion. Christopher expressed from his experiences the younger generation are keen to be part of this discussion but often feel detached by systems of hierarchy. It would be important to build for how education will be delivered in the future rather than focus on past or present techniques.

Professor Anna Van der Gaag | Visiting Professor, Ethics and Regulation, University of Surrey

- Experience in HCPC of bringing professional groups together has emphasised the importance of a 'socialisation narrative', which differs greatly between these groups.

Ms Patricia Le Rolland | The Academy for Healthcare Sciences

- We need a greater understanding on how different healthcare professionals socialise together in this narrative.
- How do we gain buy in from different professions? Look for issues of common interest, possibly with 'buy in' from professional groups for those aspects of the work of the Federation perceived to be of interest and relevance to them.
- How do we bring healthcare professionals together as equals?

Professor Mary Lovegrove | Allied Health Professions

- Highlighted the existing establishment of the Allied Health Professions Federation (AHPF) which provides collective leadership and representation on common issues that impact on its members' professions. It ensures that health, social care and education decision makers understand the unique contribution of the allied health professions. It is important to have at the outset a clear agenda and the value each profession brings.

Ms. Tina Suttle-Smith | Surrey & Sussex Healthcare NHS Trust

- Healthcare educators share similar challenges regarding the learning environment and strongly suggested these discussions should focus on solutions and what we are trying to achieve as opposed to how we are planning to achieve it. Tina stressed the importance of focusing on our commonalities rather than our differences.
- Are there areas that are common to all of us that we can collaborate on?

Reflections from Panel:

- Consistent emerging theme on conceptual clarity of terminology and language used in this field.
- Continued and persistent discussion in this field is needed to establish transparent areas where different healthcare professionals can work together, i.e. leadership.
- Need to capitalise on the perspectives and diversity of learners and ensure student representation is present at these events.
- Greater attention to shared values, focusing on people and outcomes as opposed to systems and processes.
- Greater engagement with social media and exploring different avenues to facilitate discussion amongst different healthcare educators.