

9th June 2016

RESPONSE TO DRAFT AGGREGATION HIERARCHY

The Higher Education Data & Information Improvement Programme is currently reforming the subject coding system for the Higher Education sector. We would like to use this opportunity to present the joint response from the Institution of Engineering and Technology (IET) Healthcare Technologies Network, the Institution of Mechanical Engineers (IMechE) Biomedical Engineering Association, and the Institute of Physics and Engineering in Medicine (IPEM), as the professional bodies most relevant for the discipline of *Bioengineering, biomedical engineering & clinical engineering*, currently JACS code H160.



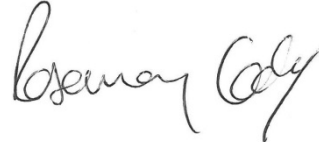
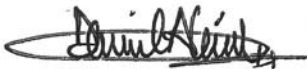


This discipline has shown a significant growth in the UK, stemming from postgraduate taught programmes, to a significant number of institutions now offering undergraduate *bioengineering, medical and biomedical engineering* programmes (28 in 2017 according to the UCAS website). The introduction of the code H160 recently as a subcode of general engineering (H100) was necessary but has failed to recognise that *bioengineering, medical and biomedical engineering* is becoming increasingly relevant and should be considered as important as other engineering disciplines.

Therefore, we have jointly agreed to support the following changes to be made to the draft aggregation hierarchy to ensure *bioengineering, medical and biomedical engineering* are recognised appropriately.

1. That biomedical engineering is recognised at the same level as other engineering disciplines and that the name of its label should be **bioengineering, medical and biomedical engineering**:
 - Level 1: engineering and technology
 - Level 2: bioengineering, medical and biomedical engineering
 - Level 3: bioengineering, medical and biomedical engineering
2. That the following subjects fall under the above classification system
 - bioengineering
 - biomedical engineering
 - biomechanics
 - dental technology
 - medical biotechnology
 - prosthetics and orthotics
 - tissue engineering and regenerative medicine
 - biomaterials
 - bioelectronics
3. That medical biotechnology should be changed to medical technology.
4. That medical devices should be included as an additional sub discipline.

It is our shared belief that these changes reflect the growing importance of this discipline and would help to increase student awareness and recruitment. This would ensure the discipline can fulfil the growing need for biomedical engineers and engineers working in healthcare technologies.

With best wishes,

		
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