

Response to:

Reforming healthcare education funding: creating a sustainable future workforce

On behalf of the Healthcare Education Group and London Deans of Health Group, we welcome the opportunity to respond to the Government's consultation of healthcare education funding reform. London remains unique in its medical and healthcare education and training and continues to train healthcare professions for the rest of the UK and beyond.

Future models of funding will directly impact the forthcoming workforce. Whilst we encourage widening access for more students to study healthcare subjects and the positive impact of the increase in financial support being made available, we must also consider the implications. On the following pages we have outlined our response.

Submitted by, and on behalf of, London Higher's Healthcare Education Groupⁱ and the London Deans of Health Groupⁱⁱ [membership listed in Annex A and Annex B]:

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ⁱThe *Healthcare Education Group* is a forum bringing together senior representatives from those higher education institutions in London that teach, train or conduct research in the healthcare professions. This includes nursing, midwifery, allied health professionals as well as medicine, dentistry and pharmacy. The group discusses emerging issues in the delivery of world-class healthcare education, research and service delivery.

ⁱⁱThe *London Deans of Health Group* is a membership organisation representing twelve higher education institutions in London that provide health and social care education in the Capital. The group is formed to foster collaboration between institutions and to provide opportunities for HEIs in London to work closely with other stakeholders, including the NHS, commissioners and service providers, to support the health and social care education needs of London.

Response to:

Reforming healthcare education funding: creating a sustainable future workforce

Below we have outlined our response to the following consultation questions:

Q1: After reading the list of impacted undergraduate and postgraduate courses, are there further courses which you consider should be included in the scope of the reforms? If yes, what are these courses and why would the current funding and delivery models require their inclusion?

The list of impacted courses does not include health visiting, paramedic science or social work. We would advocate that undergraduate and postgraduate courses in these courses should be subject to the reforms. In addition, a number of other courses are not included on the list, including – IAPTS, District Nursing, School Nursing, Practice Nursing, Occupational Health Nursing. These all represent shortage professions for the NHS.

Q2: Do you have any views or responses that might help inform the government's proposed work with stakeholders to identify the full set of postgraduate healthcare courses which would not be eligible for a Postgraduate Masters loan and to consider the potential support or solutions available?

A large number of Higher Education Institutions (HEIs) currently provide postgraduate courses leading to pre-registration in nursing, midwifery and the allied health professions. These currently include both Post Graduate Diploma courses as well as Masters degrees. In London these numbers of students have been increasing rapidly over the past five years, and these courses are an attractive route to registration for mature students.

The current UK postgraduate loan is capped at £10,000 for the duration of the course. This is wholly inadequate to meet the needs of students undertaking full-time postgraduate training in health professional courses. These courses are at least two years in length, have significant periods spent in clinical practice, and cannot easily be completed alongside paid employment. Therefore the current maximum postgraduate loan is insufficient to meet the cost of tuition fees and costs of living.

London has a crisis in recruitment of health professionals (including currently over 8,000 nursing vacancies estimated) and we fear that the bursary reforms will impact negatively on applications to study from mature students. These postgraduate, accelerated routes to training offer mature students an incentive to learn. We feel that it is important to maintain support for these students in terms of access to student loans and other appropriate financial support. Failing to support both postgraduate diploma and masters degree students in this way is likely to significantly reduce the numbers of students in training for these professions in London.

London has much larger numbers of postgraduate students undertaking these courses than the rest of the country. This is because there are larger numbers of graduates in London, but also because HEIs

have worked hard with local employers to recruit from the local graduate population to bring local people into the health professions. This has been done with the aim of sustaining a local workforce, and increasing the chances that graduates from these courses will remain in London for employment when they complete their training, rather than leave to work in parts of the country where housing and living costs are more affordable. The London 'Capital Nurse' project has involved sustained and extensive collaboration between employers and HEIs to establish ways to secure London's future nursing workforce.

Our employer stakeholder partners are happy with both postgraduate diploma and full masters degree awards for these courses. We would wish to retain options for students to complete either and for both award titles to be eligible for student loan support.

Alternative routes for mature students to gain registered qualifications in the health professions (e.g. Degree apprenticeship routes; work-based courses; nursing associate top-up courses etc.) are several years away. Therefore these postgraduate courses remain the only viable or attractive route for the mature graduate workforce for the time being. Current courses for healthcare support workers, offered in partnership between HEIs and employers are highly successful at recruiting and retaining care support workers, and in progressing them (with employer sponsorship) onto courses to gain registered qualifications. However, numbers overall are very small across London.

Students undertaking these courses will, in the main, already have Student Loan debts accrued from their first degrees. We are concerned that students will be deterred from undertaking these postgraduate health courses if this means sustaining significant increases in loan debt, or personal financial hardship during their training.

Q3: We consider that operating the exemption will support the objectives for encouraging second degree students to undertake nursing, midwifery and allied health courses. Are there any other options, which do not include an NHS bursary, which could be considered?

We would propose that students undertaking postgraduate courses leading to registration as professionals in these disciplines should be able to access loans to the same value of those accessed by students undertaking first degrees – at the same rate, and on the same terms. However, as for many students this will add to previously acquired first degree debt, we recognise that in terms of total debt burden this may be a significant deterrent for graduates to retrain for the health professions and result in a significant decline in mature entrants.

Given that students undertaking pre-registration nursing and midwifery programmes make a significant and sustained contribution to service delivery, albeit within the context of their 'supernumerary' status across the duration of their programme, employers might consider utilising placement tariff funding to provide a degree of financial support whilst students are on placement.

Q4: Are there circumstances, as set out above or otherwise, in which the standard student support system which would be available for nursing, midwifery and allied health students would be inadequate or limit participation? Why is this? We are specifically interested in cases where an

individual's circumstances mean that they would not fully benefit from the increase in living cost support, or to the same extent as other students.

Our concerns in this area relate to support for students in London who often have to travel significant distances to attend clinical placements. Travelling in and around London is expensive and current students receive reimbursement of their placement travel expenses and any necessary overnight accommodation. We feel that where student travel and accommodation expenses for placement are not fully met there is a risk that students will face financial hardship, fail to make satisfactory attendance/ progress and therefore risk failure to complete courses. We would therefore recommend financial arrangements to fully meet the costs of student placement travel.

It is also unclear how additional costs associated with uniforms, occupational health assessment and clearances, and disclosure and barring service checks and clearances will be met. These will add a significant additional burden to students if not met by some other means.

Q5: Do you agree that increasing the available support for living costs typically by around 25 percent or more, and enabling these students to apply for additional funding through the allowances on offer from the Student Loans Company, would ensure that we continue to have a diverse population of students?

Whilst there is a positive impact on the increase in financial support being made available, we are concerned that these reforms may significantly reduce diversity of this student population. In London around one third of students on the impacted courses are mature students. We feel that this group is likely to be most adversely impacted by the changes to financial support and that many will be deterred from study. We feel that mature students, those with pre-existing student loan debt, and those with dependants will be most likely put off pursuing these courses as a result of the reforms.

The biggest likely impact for workforce supply would therefore be in the years between 2020 and 2023 when the only significant outputs from training will be from courses impacted by these changes (largely likely to be made up of school leavers undertaking first degrees). Other routes to training aimed at topping-up healthcare support workers, nursing associates and other in-service routes (including degree apprenticeships) are unlikely to produce significant outputs until at least 2023.

Q6: Are there specific factors relating to healthcare students which you consider we need to take account of in relation to the discretionary maternity support provided by the student support system?

Given that nursing, midwifery and allied health student courses tend to run over longer academic years than traditional university courses, and that students attend long hours in both university study and clinical placement, it is often difficult for students to return early to university from periods of maternity leave. Extending periods of support for these students would seem sensible.

Q7: Are there any other measures which could be considered to support our principles of fair access?

London health and social care courses attract higher numbers of mature students and students from the full range of socio-economic backgrounds than from the rest of England. The funding reforms will need to take account of the challenges many of these students face in terms of managing their lives, finances and combining work and study. Specific support for placement travel will help students to succeed.

It is difficult to fully respond to this question in the absence of detail about how the full costs of these courses will be met. In addition to the student tuition fee (capped at £9,000) we are not yet clear whether there will be an additional core teaching grant allocation for these courses under existing HEFCE funding arrangements.

We assume that HEIs will be required to support students impacted by these reforms via OFFA agreements etc. which will have the effect of reducing the net income per student to HEIs for these courses overall. Due to the high number of mature students and those from disadvantaged backgrounds in London, we think this could reduce the net fee per student to as low as £7,500 for some London HEIs (once OFFA bursaries and other hardship funds etc. have been taken into account).

This is significantly lower than the existing NHS benchmark price for all courses affected (which a JM consulting/Council of Deans of Health review has already shown to be at least 12% underfunded). This will make it highly unlikely that HEIs could support further the financial needs of students. We therefore recommend that tuition fees for these courses are supplemented by an additional core grant from BIS/HEFCE to ensure that HEIs can provide appropriate hardship support to students in line with OFFA agreements and student needs.

Q8: Do you consider that the potential options for those new part-time students, commencing courses in 2017/18, will support students in continuing to undertake these courses in this transitional period?

Yes, these are pragmatic proposals that will help to ensure that part time students starting in 2017/18 are not disadvantaged.

Q9: Do you consider that moving all new part-time students onto the student support system for both tuition and living cost support, through the Student Loans Company from 2018/19, will continue to encourage part-time students to undertake these healthcare courses on a part-time basis?

Yes, these are helpful proposals.

In London a large number of students are seconded part-time onto these courses by their employing organisations. We would welcome clarification that these students will be eligible for support through the Student Loans Company (SLC). Again, these are often mature students who work and live locally and are therefore important to help maintain a diverse workforce.

Q10: Do you have any general comments on the content of Chapter 2 “The case for health education reform” which you think the government should consider?

We have observed a significant degree of unrest from our existing student body concerning the case for education reform. Much of the anger of students seems to relate to their feeling that future students will be asked to pay to train for these professions, when during their training they make a direct contribution to the service and make a positive impact on patient care. Whilst we recognise that students attending placements should be supernumerary, in reality students themselves feel that throughout their placements they are providing direct care to patients, ensuring services are delivered safely and that qualified staff are supported. Students therefore feel aggrieved that the NHS bursary is being removed. Whilst many students do not qualify for the means tested element of the bursary, all receive the minimum £1,000 and have their tuition fees paid. Many students do not seem to object to the principle of paying all or some of their tuition fees, but they seem to resent the loss of the bursary which they see as a small reward for their service contribution.

We therefore wonder whether there is scope to consider a phasing of the implementation – i.e. to introduce tuition fees from September 2017 but to leave the bursary elements (standard £1,000 plus means tested bursary) in place – in addition to SLC loan - and to evaluate the impact of this prior to further change and potential loss of the bursary.

We are concerned that at a time when there is a significant requirement for additional mentors to support the learning experiences of students in practice, there are significant cuts being made to Continuing Personal and Professional Development (CPPD) budgets that are essential for educating new mentors. We are unclear on the evidence and justification for these cuts in funding and concerned that this will result in a reduction in placement capacity and a worsening of the workforce crisis in London.

The potential negative impact on healthcare delivery is not considered in the consultation documentation, and it is difficult to see how the reforms are in keeping with the Five Year Forward View.

Q11: We would welcome respondents' views on how, in delivering these reforms, we look at the widest possible solutions to ensuring high quality clinical placements. These views will actively inform further stakeholder engagement prior to the government response.

London HEIs have worked collaboratively over many years with both London employers/placement providers and Health Education England (HEE) to ensure efficient use and provision of clinical placements. We have developed shared systems and support (including common practice assessment documentation) to ensure that students receive the best possible education and support on placement, and that patient care is not impacted adversely by student training. The placement funding is crucial to ensure that the resources are in place to support service in delivering safe and effective placements. We would recommend that placement providers continue to receive financial support to maintain effective placements for all HEIs engaged in education of health and social care professionals.

We are concerned that the emergence of multiple new providers in London could destabilise existing provision through a failure to build on existing collaborative structures and processes and that this could lead to inefficiency, poor student experience and risk patient safety. We would wish to see

strong continue collaboration between all providers to make sure that we continue to make the most effective and efficient use of placement learning opportunities.

London HEIs and employer partners have collaborated extensively via the London ‘Capital Nurse’ project to secure a sustainable future nursing workforce for London. We are concerned that this work could be undermined by destabilising relationships between HEIs and employers across the Capital, with the result that potential gains being derived from the project for the future of London’s nursing workforce may be lost.

Q12: What more needs to be done to ensure small and specialist subject provision continues to be adequately provided?

The smaller and specialist courses are a significant concern to London HEIs. We feel there is a risk that HEIs will quickly exit the market where small and specialist courses become non-viable. This could leave the NHS with a workforce crisis in these fields.

We feel that the only realistic way to secure these courses is to maintain central oversight and where necessary to offer financial incentives to both students/ trainees and to HEIs to ensure that costs of running these course are met. Many of these small courses are operating under the existing system at the very margins of viability and are at significant risk of closure under the new arrangements. If graduates from these courses are valued and needed we would propose that financial incentives are put in place to ensure that courses are retained and protected from closure.

Q13: Do you have any general comments on the content of Chapter 4 “Social work” which you think the government should consider?

We would propose that social work should fall under the same arrangements as for other courses covered by these reforms. We are concerned in particular at significant reductions in numbers of students choosing to study undergraduate social work courses and the impact this will have on the workforce.

Q14: Do you have any further comments on this consultation which you think the government should consider?

It should be noted that we are about to enter the recruitment cycle for 2017. The lack of detail as to the implementation plans and therefore the inadequate information available to potential applicants is likely to have a significantly negative impact on recruitment with consequent shortfall in newly qualified graduates from 2019.

The lateness of information to HEIs concerning, for example, financial arrangements in addition to tuition fee income and the use of any transition funding to minimize the negative initial impact of the reforms on both student and HEI viability is of concern. HEIs are finding it extremely difficult to plan for the 2017 intakes in the absence of clarity of information. This risks further destabilizing a system that is already under stress from sustained lack of investment as a result of frozen benchmark price level for several years.

We feel that small and specialist courses and providers are at particular risk from these changes and would urge government to make clear as a matter of priority how these will be supported and how the total financial system for funding health care education in the future will be managed.

There has been significant innovative development in programme provision in London to meet local workforce needs. This is particularly the case in the areas of Primary Care. It is not clear how these needs will be met or the Five Year Forward View achieved with these proposed reforms. We feel that this will impact negatively on health care delivery.

Annex A: Healthcare Education Group Membership 2015/16

Institutions	Healthcare Education Group
Anglia Ruskin University	✓
Brunel University London	✓
Bucks New University	✓
City University London	✓
Imperial College London	✓
Institute of Cancer Research	✓
King's College London	✓
Kingston University London	✓
London School of Hygiene and Tropical Medicine	✓
London South Bank University	✓
Middlesex University London	✓
Queen Mary University of London	✓
St George's, University of London	✓
University College London	✓
University of East London	✓
University of Greenwich	✓
University of West London	✓

Annex B: London Deans of Health Group Membership 2015/16

Institutions	London Deans of Health Group
Brunel University London	✓
Bucks New University	✓
City University London	✓
King’s College London	✓
Kingston University London	✓
London South Bank University	✓
Middlesex University London	✓
St George’s, University of London	✓
University College London	✓
University of East London	✓
University of Greenwich	✓
University of West London	✓