University Alliance
Making the difference

UA response to NHS Bursary reform consultation

24 June 2016

University Alliance submitted its response to the government's consultation - Reforming healthcare education funding: creating a sustainable future workforce in June 2016. You can find about more about this consultation here.

Introduction - addressing current issues

The policy - current support rates

The Policy - undergraduate and postgraduate courses

1. After reading the list of impacted undergraduate and postgraduate courses, are there further courses which you think 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?

Yes

University Alliance welcomes the opportunity to respond to this consultation. Our position, detailed more fully below, is as follows:

- As a group of universities, our members educate around one in four nursing and allied health students nationally. We are satisfied that the reforms to healthcare education funding are manageable but have identified certain risks.

- Replacing NHS bursaries with repayable loans of a higher value, while increasing students' disposable income, could have a deterrent effect among those from underrepresented groups. It is important that the messaging to prospective nursing and allied health entrants is carefully articulated. Tangible incentives for attracting and retaining students are important too.

- Under current plans, education providers will receive tuition fee and additional teaching grant income from the Higher Education Funding Council for England (HEFCE) but the placement tariff will continue to be allocated by Health Education England (HEE). We believe that the placement tariff is best negotiated by the delivery partners in healthcare education – namely,

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education providers and health employers. HEE should be required to focus its activity on workforce planning in this area.

- For small and specialist provision fully funded by HEE, there is uncertainty about future arrangements. The unit cost of fully-HEE funded courses – which are typically resource intensive – is significantly higher than tuition fee income afforded by HEFCE. Providers need assurance that the difference will be 'made-up' to ensure the viability of courses.

In response to Question 1, we think it is reasonable to include all of the disciplines listed within the scope of the reforms. Excluding one or more subjects could have an undesired effect on applicants' behaviour, with students making choices on the basis of their future debt burden, rather than their suitability for, or interest in, the course.

Additionally, some of our members have indicated that they would want to see pre-registration paramedic courses on the list. This would address the anomaly that some paramedic students receive loans already while others are funded either by HEE or Ambulance Trusts.

The policy - postgraduate Master's loan

2. 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?

We support the position of the Council of Deans of Health that all students undertaking postgraduate pre-registration courses in nursing, midwifery and allied health should be eligible for student loans at the same rate and on the same terms as second undergraduate degree loans in these subjects.

The policy - second undergraduate degree

3. We think 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, that could be considered?

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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 agree with the exemption and support the position that debt accrued from a second degree in these disciplines should not affect an individual's repayment rate upon graduating.

The policy - widening participation

4. 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.

It is true that students will have higher disposable income under the reformed system than under the existing NHS bursary scheme. However, the standard student support system cannot automatically be deemed adequate for every student on high intensity courses.

To our knowledge, no details have been published on how the loan support levels for 2017/18 (Tables 1a-c) were calculated. This makes it difficult to give an informed response to the question of whether the standard student support system would be adequate with regards to a person's circumstances and the region in which they are studying.

Further, the high intensity of a 42-45 week healthcare course will preclude students from topping-up their loan income through casual or part-time work. This stands in contrast to the experience of other students who have fewer weekly contact hours and no weekend, bank holiday and night-time course requirements.

We urge Government to cover the full cost of travel to placement and second temporary accommodation and to consider the allocation of additional funding for uniform, occupational health checks, immunisation and DBS checking – all of which are service requirements and necessary for the protection of the public. In line with

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the Council of Deans of Health, we also call for adequate provision for students with dependants. The current Child Dependants Allowance will be lost under the current proposals meaning lower levels of support and a risk to participation.

In addition, we note a specific concern put to us by a member about healthcare support workers on part-time pre-registration programmes. These students are typically mature entrants aged 30-39 who have been unable to access traditional models of provision due to their circumstances at home. The nature of their course means they are excluded from the current NHS bursary scheme and are instead entitled to salary support provided by HEE. We would like Government to clarify whether this entitlement will be retained.

5. Do you agree that increasing the available support for living costs typically by around 25% 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?

No

please explain your answer:

The following is intended our 'No' answer to Question 5 below

The impact of replacing NHS bursaries with higher value loans is unknown in relation to applicant diversity. Given the profile of nursing, midwifery and allied health students – a disproportionate number of whom are from underrepresented groups – it is impossible to rule out a deterrent effect from the changes.

The consultation highlights increases in undergraduate participation since tuition fees and tuition fee loans were raised up to £9,000 in 2012/13, but this is not a like-for-like comparison. Deprivation-linked grant support for living costs remained intact following the 2012 reforms and only now, from 2016/17, is it being withdrawn in favour of higher value loan support. Were maintenance grants removed before, we might understand better the effects on participation among underrepresented groups.

Research by the UCL Institute of Education found that non-repayable support (i.e. a grant or bursary) has in the past had a positive effect on students from low income backgrounds, with a £1,000 rise leading to a four percentage point increase in participation. The as yet untested question is whether the prospect of extra 'cash-in-

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pocket' appeals to students regardless of whether they have to pay it back.

In response, Government must work with the sector to ensure the messaging to prospective nursing and allied health students is carefully articulated. We should also investigate tangible incentives for attracting and supporting students (see answer to Question 7).

6. 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?

Consideration must be given to healthcare students who temporarily suspend their studies for maternity reasons. The support system operated by the Department for Business, Innovation and Skills is lower in monetary value – and in terms of the time permitted for allocation – than existing NHS provision. We agree with the Council of Deans of Health that special maternity and paternity arrangements should be retained.

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

The unknown impact of the reforms on participation means that core support for student access and retention is especially important. In addition to funds linked to Access Agreements, this type of support has come from HEFCE in the form of Student Opportunity Funding (SOF).

With the budget for SOF set to be reduced as a result of the 2015 Spending Review, it would make sense that the remaining funds are targeted at areas where the risk of seeing reduced participation is highest. It is probable for the reasons outlined above that nursing, midwifery and allied health will be one such area.

Other incentives that support access and retention could include:

- Student loan write-offs for nursing, midwifery and allied health graduates who work for an extended period of time in the NHS. This would have the dual effect of encouraging applications from debt averse students while addressing staff retention challenges in parts of the health service.
- Degree Apprenticeships negotiated between education providers and healthcare employers that enable some students to 'earn while they learn'.

The policy - part time students

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8. Do you think 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

9. Do you think that moving all new part-time students onto the Department for Business, Innovation & Skills (BIS) 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? If no please set out details of further supporting action you consider may be necessary by the government for students commencing courses from 2018/19 onwards. (Any options including the ongoing use of an NHS bursary or changes to the student support system will not be considered)

Yes

In the context of the reform package, this proposal (Questions 8 and 9) seems reasonable enough. It is nevertheless important to have realistic expectations about the numbers who will benefit. At 1% of the current nursing, midwifery and allied health student population, we are starting from a low base. Universities and healthcare employers will also have to adapt their offer to accommodate greater numbers of part-time students.

The policy - deferment and suspension of studies

10. Do you have any general comments on the content of this section that you think the government should consider?

Social work

System architecture

11. 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. widest possible solutions to ensuring high quality clinical placements.

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The plan to afford education providers both tuition fee and additional teaching grant income from HEFCE is welcome. However, we are doubtful that the placement tariff needs be allocated by HEE. Reflecting where the responsibility ultimately falls, the placement tariff is arguably best negotiated by the delivery partners in healthcare education – i.e. education providers and health employers. HEE should be required to focus its activity on workforce planning in this area. The agency's move towards Local Workforce Action Boards to gather robust workforce intelligence is a positive development.

System architecture - smaller and specialist health subjects

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

For small and specialist provision fully funded by HEE, there is uncertainty about future arrangements. The unit cost of fully-HEE funded courses – which are typically resource intensive – is significantly higher than tuition fee income afforded by HEFCE. Education providers need assurance that the difference will be 'made-up' to ensure the viability of these courses. Subject areas affected included dental hygiene and therapy as well as orthoptics, orthotics, prosthetics and therapeutic radiography.

System architecture - geographical variations

13. Do you have any general comments on this section which you think the government should consider?

We repeat our view that HEE should be required to focus on workforce planning. While healthcare commissioners and employers will be the principal planners under the new system, they cannot be given sole responsibility for addressing workforce imbalances over the long-term. To do this effectively requires a strategy and the collection of data – activities best undertaken by an external agency.

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