

Response to Reforming healthcare education funding

Submitted 30 June 2016 to the Department of Health.

Between April and June 2016, we submitted a response to the Department of Health consultation on proposed reforms to healthcare education funding, specifically changes to the NHS Bursary system currently used for student nurses, midwives and allied health professionals. Alongside this response we met with a number of MPs to discuss our concerns and ran a Bursary or Bust campaign with students in the School of Health and Social Care. [You can read the healthcare education proposals here.](#)

Questions regarding this response should be directed to president@hertfordshire.su

- 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.

Paramedic sciences are currently subject to Trust-specific funding agreements, either through the Department for Business, Innovation & Skills or the Department of Health. Bringing them all under one arrangement could reduce confusion among student applicants, and the administrative burden on Trusts.

In including any additional programmes, there need to be assurances that there will be sufficient availability of top-up funding (the HEFCE teaching grant) where tuition fees will not cover course delivery, especially for small and specialist programmes.

- 3. We think that operating the exemption [allowing students to access funding for these courses as a second degree] 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 should be considered?**

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social value of these programmes.

However, we are concerned that students taking on a second BIS funded degree could be graduating with over £100,000 debt. Nursing, midwifery and allied health students are more likely to be mature, women, and have children – all of which are demographics significantly less likely to take on such extreme levels of debt.

We also have concerns over the impact on the Treasury. Due to the nature of their careers, nursing graduates are highly unlikely to pay the entirety of their loans back during their working life. [Raising their debts further would only see an increase in the amount of student debt not being returned.](#)

- 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 support or to the same extent as other students.

Hertfordshire Students institutions providing additional financial support to students, including targeted bursaries and scholarships. We would like it noted that not all institutions offer this cash support, and therefore not all healthcare students can access these additional institutional funds.

We have concerns over the potential impacts of changes to the current discretionary maternity support for healthcare students. Under the current Department of Health system students are entitled to up to 12 months

these cohorts disproportionately fall into demographics that are more likely to become pregnant and require the support. Reducing maternity support could potentially result in an increase in attrition rates, and a failure to retain these students would have far wider implications, particularly the immediate impact on NHS staffing, than other programmes.

The loss of placement support bursaries could also have a detrimental impact on these students. The current BIS arrangements for placement travel costs, including an excess contribution of £303, are disproportionately unfair on pre-registration nursing students. Nursing students are required to undertake an obligatory 2,300 hours of clinical practice to complete their course, and would therefore see a variety of additional costs during their studies, including increased childcare costs and loss of employment income.

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?

Yes.

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there is a need to increase its availability for healthcare students.

However, the increase in support available under the BIS system seems unlikely to diversify the student population. Reports suggest that student parents are more psychologically averse to entering into debt, on behalf of their children [reference]. Changes to the current system of dependents available to healthcare students would have a negative impact on larger families in particular, drastically reducing the amount of support available to parents.

The HEA have also suggested the pursuit of further marketization of higher education has led to a homogenisation of programmes and student cohorts. We have concerns over the impact that opening these programmes up to market would have on what are traditionally incredibly diverse cohorts.

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?

Discretionary maternity support under the Department of Health funding system was secured for nursing, midwifery and allied health students following a lengthy court battle. Compared to the maternity and paternity support available in paid employment (including statutory pay), the 60 days maternity support available under the BIS system is unlikely to appeal to student parents leaving paid employment to study. Statistically student nurses, midwives and allied health professionals are more likely to have left employment, or to take on these courses as a second degree.

Hertfordshire Students as an exemption for nursing, midwifery and allied health courses. This is in the same vein as maintaining the exemption for second degrees, in that it acknowledges the social value of these programmes, and the diversity of their cohorts.

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

Hertfordshire Students on widening participation, but would like assurances that government will commit to sufficient funding to support protected groups. We recommend that this includes clear guidance for institutions on providing additional cash support direct to students pockets for key student groups, including care leavers and those from low socioeconomic backgrounds.

As with discretionary maternity support, Hertfordshire Students retaining access to social security benefits as an exemption for nursing, midwifery and allied health students.

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 and 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 to 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.

Following the 2012 changes to higher education funding, there was a reduction in the number of part-time students, and a notable decline in the promotion of part-time study from institutions themselves [reference HEA]. Hertfordshire Students discouraged from part-time study options following the opening up of this market.

Regarding the BIS support system, we believe that moving part-time students onto a system where they can reasonably access living costs support from 2018/19 would be the best solution.

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

Many institutions currently enjoy a significant proportion of its nursing cohort coming from EU countries. At our institution, for example, around 10% of student nurses are from the Republic of Ireland. It is worth considering the appeal of NHS funded courses for EU students and the impact that removing this support could have on recruitment. This is particularly so, given the contribution that nursing graduates from across the EU make to the NHS.

11. We would welcome respondents possible solutions to ensuring high quality clinical placements. These views will actively inform further stakeholder engagement prior to the government response.

Hertfordshire Students these subjects. There are ongoing quality issues with NHS placements, including the need for consistent and effective mentors within Trusts. We would seek assurances that any increase in student numbers is met with a sufficient increase in the support and training given whilst on placement. Given that these proposals allow and encourage institutions to recruit healthcare students freely, and on the assumption that this would include students entering through the Clearing process, we would also seek assurance that HEE will be capable of the administrative burden of commissioning and funding clinical placements for students entering later in the recruitment cycle, through Clearing.

Similarly, we have concerns over the soft cap on recruitment that the availability of clinical placements will cause. If additional places are not delivered, any effort to increase student numbers would effectively be curbed by this practical cap on placements.

More generally on clinical placements, Hertfordshire Students around the role of the placement in the course structure of these subjects, and its impact on student funding. Whilst in theory students on placements are supernumerary, in practice healthcare students are vital parts of any ward, and in their second and third years take on their own caseloads. Unlike placements for other undergraduate programmes, there is no denying that healthcare students make a valuable contribution to the NHS during their studies.

Because of this, Hertfordshire Students than commissioners, with the cost of healthcare education, effectively charging students to work a minimum compulsory 2,300 hours in our hospitals.

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

Hertfordshire Students sely with institutions and Trusts to ensure that opening up the market will not have a negative impact on the appeal of these smaller and specialist subjects; research suggests that this occurred following the 2012 higher education funding changes .

We would also seek assurances that the HEFCE teaching grant is sufficient to subsidise the cost of course delivery for these subjects.

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

Hertfordshire Students has concerns over the separation of workforce planning from student recruitment and commissioning, and the impact this could have on local geographic areas. If institutions are able to recruit freely, regions across the country could see an imbalance in trained health professionals, or adversely Trusts with an unprecedented influx of trainees with too little resource to support students on clinical placements.

We also have concerns that if, in worst-case scenarios, funding for healthcare becomes too volatile for institutions, some will not see the economic benefit of providing these courses, and we could see programme closures. London Economics have suggested that, if these proposals were to result in a reduction in student numbers, combined with healthcare students accessing financial support under OFFA guidance, [institutions will be worse off by approximately £57-£77 million per cohort](#) . The wider

social impact of this policy could go far beyond these student cohorts and exacerbate the issues with NHS staffing outlined in the proposal.

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

London Economics recently published an economic impact assessment of this policy, commissioned by NUS and Unison, with some worrying findings. Hertfordshire Students concerns over the suggested impact on recruitment, [which would see not an increase of 10,000 but a decrease of around 2,000 over the three year period \(6.2%\)](#). Given this forecast, London Economics have estimated that the increased cost of covering staffing shortfalls (through Agency staff, for example) may cost Trusts at least £100 million per cohort (ibid).

We would seek assurance that the government have committed to ensuring that these NHS and education reforms will not have a negative impact on student recruitment and widening participation and in the longer term on patient safety.