

RESPONSE

NHS Bursaries: Reforming healthcare education funding

Pam Tatlow 30 June 2016

INTRODUCTION

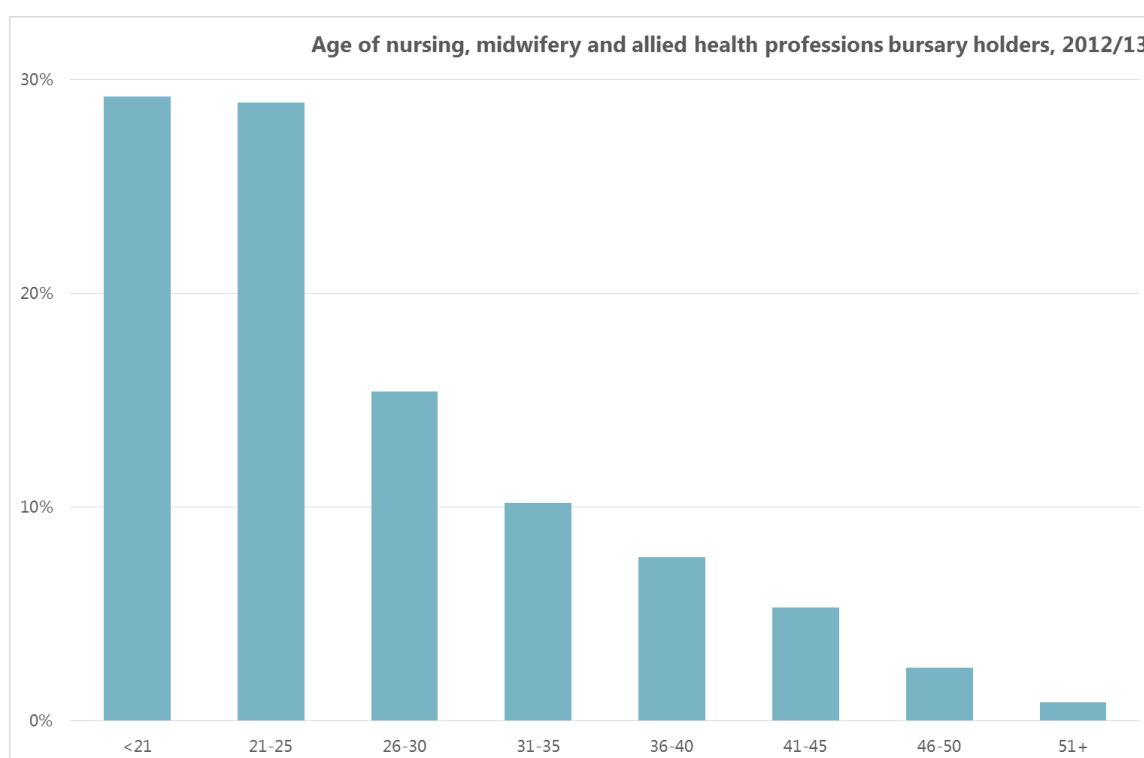
1. MillionPlus, the Association for Modern Universities, hosts a UK-wide Network for Deans of Health and Social Care in universities. This briefing sets out the MillionPlus response to the Department of Health (DH) consultation [Reforming healthcare education funding: creating a sustainable future workforce](#). This was published on 7th April 2016 following the announcement by the Chancellor of the Exchequer, George Osborne MP, in the 2015 Autumn Statement, of the Government's intention to replace NHS bursaries with student loans for new students commencing courses in nursing, midwifery and allied health profession (AHP) subjects in England with effect from the 2017-18 academic year¹.
2. The government based its rationale for the change on six premises:
 - the benefits of the 2012 HE funding system which it says have been 'proved comprehensively correct'
 - the potential for universities to create up to 10,000 more nursing, midwifery and allied health degree places during the current Parliament (i.e. by 2020)
 - the associated benefits to the NHS of a larger pool of 'highly qualified home grown' staff
 - widening access to nursing through increased living cost support
 - the creation of a system that 'enables universities to invest in health higher education for the long term by increasing their income for teaching costs and giving them security on the number of places'
 - savings to the taxpayer as a result of the reduction in costs associated with the payment and administration of NHS bursaries
3. The DH consultation is focused on the technicalities of the switch to funding these students via the student loan scheme. However, it is also important to examine the premises on which the Government has based its case for reform. We examine these in more detail in Part One of this response and set out in Part Two our submission in respect of the specific questions included in the DH consultation.

¹ The announcement triggered an e-petition which attracted over 147,000 signatures by Mid-December 2015

Part One

THE 2012 HE FUNDING SYSTEM AND THE PROFILE OF NHS STUDENTS

4. The 2012 HE funding system in England has been much less favourably received by mature students and part-time students, groups which make up a much greater proportion of the nursing, midwifery and allied health student cohort than the HE cohort as a whole. In the 2012/13 cohort, 61% of all UK full-time first degree students were under the age of 21 compared to 29% of NHS bursary holders. Over 25% of nursing degree students were from a BAME background compared to 22% of all first degree students while 14% of nursing students were from a Black ethnic group compared to 6% overall.²



5. There are significant risks in the Government's assumption that the HE student loan system in England will be perceived favourably by this cohort of students. Moreover, no assessment has been made across the country to identify localities where recruitment may be at risk due to higher than average mature student recruitment. It should also be noted that NHS bursaries are currently available for nursing, midwifery and Allied Health Professional (AHP) students who are ordinarily resident in Scotland, Wales and Northern Ireland but who study in England i.e. the bursary is paid according to where people study and not where they normally reside in the UK. The switch to a loans system in England is likely to have a negative impact on applications from elsewhere in the UK if the devolved administrations retain their current system and no assessment of the impact on cross-border applications has been included in DH's impact assessment.

² HESA 2012-13

10,000 'ADDITIONAL' NUMBERS

6. In written parliamentary answers Ministers have not confirmed the number of nursing, midwifery and allied health students they or Health Education England (HEE) had been planning to fund by 2020 under the current bursary system. While DH Ministers have asserted that universities have not been able to meet demand for popular places, there is no acknowledgement that the allocation of places has been controlled by HEE and constrained by the funding envelopes that DH has made available. A House of Commons Library briefing to MPs has confirmed the variations in commissioned numbers in the period from 2000 to 2016.
7. Separately Ministers have advised the House of Commons that universities have to turn down two out of three applications for nursing courses. However, the number of applications is not the same as enrolments. Students can make up to 5 individual applications for a course but in any case many potential applicants are not offered places because they do not fulfil the admissions criteria. Many universities do not consider that there are as many qualified applicants as has been suggested and some course programmes remain difficult in terms of recruitment e.g. adult nursing.

Pre-registration nursing and midwifery places, England

	Nursing	Midwifery
2000-01	19,460	1,983
2001-02	20,668	2,029
2002-03	21,949	2,250
2003-04	23,553	2,285
2004-05	24,956	2,425
2005-06	24,520	2,380
2006-07	22,964	2,170
2007-08	21,569	2,115
2008-09	21,732	2,274
2009-10	21,337	2,537
2010-11	20,327	2,493
2011-12	18,069	2,507
2012-13	17,546	2,578
2013-14	18,056	2,588
2014-15	19,206	2,563
2015-16	20,033	2,605

Source: PQ HL4111 [on Health Professions: Training]
5 December 2015

WIDENING ACCESS VIA THE STUDENT LOAN AND SUPPORT SYSTEM

8. As outlined above, the student profile for nursing, midwifery and AHP programmes is already one of the most diverse and socially inclusive in the sector as a whole. It should also be noted that the DH Equality Impact Assessment states that 'the standard student support system *generally* (MillionPlus emphasis)

provides higher levels of support while a student is at a university assuming that the individual takes up their full entitlement of the funds they are eligible for... (but) In certain circumstances some students may receive a higher level of allowances under the NHS Bursary Scheme than under that standard student support scheme. An example is where students have child dependents but where they do not take up the full allowances they are entitled to for support with childcare.

9. Unlike the current NHS bursary scheme, the BIS standard support system does not provide for the payment of temporary accommodation costs if a student relocates for the purpose of a placement. It also assumes that students contribute an excess (around £300) towards their placement travel costs before any costs are reimbursed.
10. While an enabling clause is included in the HE and Research Bill announced in the Queen’s Speech, a system of student support that is Sharia-compliant for those students who regard interest-bearing loans as problematic has yet to be introduced. The removal of all maintenance grants from the standard HE student support system from the 2016-17 academic year without the provision of an alternative finance product based upon the Takaful model may exacerbate this problem. There are strong arguments to at least delay the introduction of a loan system for NHS students until after these alternative finance models become available.

Bursary holders in 2012/13

Nursing & Midwifery	59,058
Nursing	53,583
Midwifery	5,925
Allied Health Professions	16,335
Chiropody / Podiatry	987
Dietetics	1,080
Occupational Therapy	4,222
Orthoptics	214
Physiotherapy	4,106
Prosthetics and Orthotics	99
Radiography	3,053
Radiotherapy	580
Speech & Language Therapy	1,994

‘SECOND DEGREE’ NURSING, MIDWIFERY AND AHP STUDENTS

11. Currently graduates are not permitted to access the student support system to study for a second degree. DH has stated that students who already have a first degree in another subject will be able to access the HE student support system if they wish to study nursing, midwifery and allied health subjects at pre-registration level under the new system. As graduates these students will be allowed to complete repayment of loans associated with their first degrees before commencing repayment of loans associated with their second degree in nursing, midwifery or the AH professions.
12. This cohort is currently small in number but the extent to which this will be seen as an advantage over the current NHS bursary scheme is questionable. In any case it is even less likely that these students will

be free from loan repayments during the 30 years repayment period and the cost to the taxpayer will be significant.

POSTGRADUATE STUDENTS UNDERTAKING PRE-REGISTRATION COURSES

13. Although it has received much less attention under the DH's plans pre-registration nursing, midwifery and ASHP students will no longer be eligible for an NHS bursary or have their tuition fees paid by the NHS with effect from 1 August 2017. Typically these students have a relevant bachelor's degree, often in a science or health related subject and these pre-registration master's degree courses provide opportunities to undertake a course leading to registration with the relevant professional body e.g. Adult Nursing leading to registration with the Nursing and Midwifery Council.
14. DH assumes that these students will apply for one of the new postgraduate masters' loans that will be available from academic year 2017-18 which will provide postgraduate students with a loan of £10,000 to use towards fees and living costs. However, the terms of the postgraduate loan assume that part-time students will study at 50% and all PG loans require repayments of 6% of income above the earnings threshold of £21,000. The scheme requires these repayments to be made on a co-terminous basis with the 9% repayments for any undergraduate loans that are outstanding.
15. As pointed out in the [MillionPlus response](#) to the BIS consultation on the postgraduate loan scheme, both undergraduate and the new postgraduate loans increase by RPI+3% from the day the first loan instalment is paid by the SLC to the borrower. The government's insistence that undergraduate and postgraduate loans will be repaid at the same time will require a repayment rate of 15% above the earnings threshold for those students accessing both undergraduate and postgraduate loans. This will be in addition to any tax, NI and pension contributions that may be due.
16. Bearing in mind the composition of the nursing, midwifery and AHP cohort in terms of age and gender, the abolition of NHS bursaries for these courses may prove to be a significant disincentive to participation in postgraduate pre-registration study in particular for those graduates who have accessed the post-2012 student loan system, for NHS students who in the future have to access the latter and for those students who want to study part-time bearing in mind that the postgraduate loan scheme defines part-time as study at a minimum 50% of a full-time course per annum.

UNIVERSITY FUNDING

17. The DH assumption that universities will have more funding to invest in health education rests in part on the assumption that there will be more and greater 'security in training places'. However, the background paper and consultation take no account of the potential for instability in the market and there is no acknowledgment of the future role of Health Education England and Local Education Training Boards (LETBs) in workforce planning.
18. Nursing, midwifery and allied health students will have to be included in Access Agreements and therefore the DH assumption that universities will receive the full £9k fee per annum is not wholly correct. The extent to which universities will receive any additional teaching grant from the Higher Education Funding Council for England (HEFCE) for nursing, midwifery and allied health courses remains under discussion but in any case the overall BIS allocation of residual teaching grant and Student

Opportunity Funding (SOF) to HEFCE will reduce further in the future and the cuts that have been made to SOF are in part a result of the assumed cost of the transfer of these health students from DH to BIS.

19. London Economics has estimated that the switch to loans will have a significant negative (-5%) impact on participation at least initially bearing in mind the composition of the student health cohort. Universities may not be as pessimistic as the London Economics forecast. However, the DH acknowledges that these students have been predominantly female, older and more likely to have dependants. Universities are therefore likely to be faced with instability but also a change of provider behaviour in respect of admissions in what will be a less stable market.
20. DH assumptions about an increase in the university resource under the £9000 per annum student loans system also need to be set against the Benchmark Price (BMP) for 2016/17 which is outlined below.

BMP rates for nursing, midwifery and AHP undergraduate tuition payments (2016/17)			
	National	With London Weighting	Average
Nursing degree	£8,315	£8,980	£8,481
Midwifery degree	£9,561	£10,326	£9,752
<i>Nursing & Midwifery</i>	<i>£8,458</i>	<i>£9,135</i>	<i>£8,628</i>
Dieticians	£10,095	£10,903	£10,297
Occupational Therapy Operating Dept. Practitioners	£8,778	£9,480	£8,954
Orthoptists	£10,094	£10,902	£10,296
Orthoptists/Prosthetist	£10,519	£11,361	£10,729
Physiotherapy	£8,778	£9,480	£8,954
Podiatry/Chiropody	£10,095	£10,903	£10,297
Radiography-diagnostic	£10,518	£11,359	£10,728
Radiography-therapeutic	£10,518	£11,360	£10,729
Speech & Lang. Therapists	£10,095	£10,903	£10,297
<i>AHP</i>	<i>£9,390</i>	<i>£10,141</i>	<i>£9,577</i>

WORKFORCE PLANNING AND THE MARKET

21. The DH briefing and consultation are silent as to how a potentially deregulated market in England might operate in practice and whether it is really the intention of HEE, the Treasury and BIS to allow universities to recruit as many student numbers in the different disciplines as they can achieve.
22. It is also difficult to see how recruitment into the smaller health professions can be managed without some national oversight. Ministers have not identified how many of the 10,000 additional numbers which

they predict will be funded by the switch to loans, may be required to meet developments and needs already in the pipeline in respect of professions other than nursing and midwifery.

PLACEMENTS

23. Nursing, midwifery and AHP students are required to complete up to 2,300 hours of clinical placements during their degree in order to obtain professional registration. HEE funds clinical placements at a nationally agreed tariff of £3,175 per full-time equivalent student per year multiplied by a Market Forces Factor which takes account of costs differences according to the geographic location of providers. This tariff is paid directly to placement providers (and not to universities) to cover direct costs of providing placement supervision, administration and infrastructure.
24. Unless DH allocates more funds for placements, the market will be limited by the availability of funding for placements allocated by local NHS providers. The DH consultation is silent on this and written parliamentary questions have so far elicited no clear answers on future placement funding. It is also worth noting that in response to the Spending Review the RCN claimed that 'the ring-fence to nursing student funding has been removed making it harder to plan for the future workforce.'³ There are very real concerns in universities that there is no effective system in place to manage placements and that this is being done in different ways in different localities.

BENEFITS TO TAXPAYERS

25. The DH estimate that taxpayers will be better off as a result of this switch is arguably a short-term calculation. In fact, it is much less likely that these students will repay their loans as graduates in the 30 year repayment period than the general HE cohort. Essentially this is a switch in responsibility for the funding of the education of the health workforce from the government to the workforce itself and is primarily designed to reduce the departmental budget in DH.

CONCLUSION

26. Admissions for the 2017-18 academic year open in September/ October 2016. Undergraduate and postgraduate students are entitled to know the details of the course and student support arrangements in advance of application. Modern universities are also actively engaged in working with Trusts and local HE providers to protect the interests of students and secure placements. Ministers, HEE and BIS have yet to clarify a number of key questions. These include
- The number of placements that will be funded per annum from 2017-18, how they will be allocated (if at all) and / or ring-fenced and to what extent placements will be driven by current workforce planning models or market forces
 - Whether all professional groups will be treated in the same way in the 'market' e.g. will nursing be treated differently from diagnostic and therapeutic radiography
 - How the market will work in practice i.e. the role, if any, of HEE at national level and the LETBs at local level in determining workforce planning and supply

³ Janet Davies, RCN Chief Executive and General Secretary 25 November 2015

- The precise detail of the student support scheme and any additional funding that may be available from HEFCE teaching grant

27. There are significant risks in the Government's timetable for reform which will have to be managed alongside the issues raised by the outcome of the referendum. Accordingly MillionPlus believes that the abolition of NHS bursaries and their replacement by student loans should be deferred until the 2018-19 academic year at the earliest.

Part two – response to DH consultation questions

QUESTION 1

Are there any further courses that should be considered in the scope of the reforms? What are they and why would the current funding models require their inclusion?

Yes - see below

All of the following are new or emerging professions that are required to assist in the transformation of services as identified in the Five Year Forward view.

i. Undergraduate Paramedics

The current undergraduate funding model for paramedics varies across the country, creating inequity in access and support. Paramedics are key to resolving the Urgent and Emergency Care imperatives so a wholesale shift to the student loan system will compound existing inequity. The applicant demographics demonstrate a wide range of age and prior experience, so the support needs are similar to that in other professions and they should therefore be eligible for the same level of support as those listed.

ii. Postgraduate Physicians Associate, Surgical Care Practitioners

At postgraduate level, there are national disparities in funding models in place for Physicians Associates and Surgical Care Practitioners. These emerging professions provide a route to resolve issues around the over-stretched medical and surgical rosters across a variety of acute and community settings.

The proposals require these postgraduate applicants to repay concurrently undergraduate and postgraduate loans. This means that students undertaking pre-registration programmes at postgraduate level will be in a less favourable position in respect of loan repayments compared to those undertaking a registerable qualification via an undergraduate route.

Currently Health Education England (HEE) finance is available in some HEE local areas applicants to incentivised Paramedic or Physicians Associate programmes. It would appear that these financial packages will no longer be available.

There must be a nationally agreed financial package to provide equitable support for these staff / student groups by amendments to the current proposals or by a separate proposal in order to offer similar levels of financial support and ensure the development of the workforce to support service transformation.

iii. Undergraduate and postgraduate programmes which support the Primary Care Workforce; Health Visitors, District Nurses, Practice Nurses, School Nurses.

Service transformation is reliant on at least maintaining, if not increasing and upskilling the primary care workforce. HEE directly funds these programmes by supporting the secondment costs and the fees of current students. However, there appears to be no funding mechanism in place to support this at all going forward. As a result, in the longer term, service delivery will be at risk.

There is an urgent need for DH to clarify how support for these programmes will be provided in the future.

[iv. All students undertaking Improving Access to Psychological Therapies \(IAPT\) programmes and Doctorates in Clinical Psychology.](#)

The key focus on mental health support in all the recent government agendas cannot be delivered in the absence of clear funding pathways to support this agenda. Many students are seconded into organisations with employment costs and programme fees paid by HEE.

The consultation and DH are silent on the future funding and support systems available for these students and clarity is urgently required.

MillionPlus would propose that this group of students is aligned with the Postgraduate Deanery model to ensure sustainability without negatively affecting the wider workforce.

QUESTION 2

Do you have any views or responses that might help the government's proposed with stakeholders to identify the full set of Postgraduate Healthcare programmes which would not be eligible for the government post graduate masters loan and too consider the potential support or solutions available?

[i. Full time Pre-Registration Post Graduate Programmes](#)

The postgraduate loan criteria exclude almost all HCP programmes due to the definitions and rules used. Universities respond to NHS providers who, for example, are experiencing, significant staff shortfalls and expensive agency bills and require rapid entry-level professional workforce solutions.

As a result, many postgraduate pre-registration programmes are designed to deliver 'professional' output after two years full-time study at the PGDip stage. This delivery mode will be challenged by the new postgraduate loan system since these students will not be eligible for the scheme due to the nature of their final award and its duration. This is counter intuitive to sector and NHS needs.

In terms of equity, MillionPlus believes that the current proposals for those studying on postgraduate pre-registration programmes will result in these students being treated less favourably than undergraduate students. Postgraduate programmes represent one of a range of solutions to the workforce but are likely to be undermined because of the current proposals.

The funding deficit to students might be alleviated by seeking to 'cram' the Stage 3 MSc component into the two-year full-time period. However, there are concerns that this will negatively affect the learning experience, reduce quality, increase attrition and ultimately reduce the numbers of available 'fast track' postgraduate graduates.

[ii. Full and part-time postgraduate continuous professional development \(CPD\) programmes](#)

Service transformation requires additional study in distinct areas, following successful completion of a programme leading to professional registration. There is inadequate information to assess the impact of the current proposals on CPD but the very lack of detail suggests that this is an area of risk.

While MillionPlus understands the need to align HEE CPD investment directly to service providers, this approach is not sustainable in the long run. Individuals need to be supported to invest, alongside their employers, in CPD and their career development for their own fulfilment and for the greater patient benefit.

In the absence of employer funded CPD, the aspirations of many HCPs will be stunted if they are unable to access student loans for study patterns that match the demands of work and family life. Many students take an incremental approach to study, taking individual modules of study over a prolonged period. This addresses the reality of a sector where it is difficult to release staff to undertake CPD and educational programmes more generally. There appears to be no funding route to support this and this will create problems for future specialisation and service delivery.

Research confirms that CPD has positive impacts on the individual, their environment and ultimately those using the service. If patients are truly at the centre of the government's concerns, all staff need to be supported equitably.

iii. IAPT and Clinical Psychology

The proposals fail to refer to individuals undertaking education in IAPT and Clinical Psychology. Current funding arrangements include reimbursement of employment costs, educational fees and associated expenses. The government's mental health priorities will not be met without continued support for this group.

Clarification is urgently required about their future funding.

QUESTION 3

We think that including a first-degree exemption (ELQ) exemption will encourage applicants to undertake a second degree in nursing, midwifery or AHP. Are there any other options, which do not include an NHS bursary that need to be considered?

i. The proposals as outlined provide access to the enhanced level of undergraduate loans for those with a relevant first degree - this is to be welcomed. However, the assumption that ALL students would want to undertake a further undergraduate qualification is flawed, as a more appropriate workforce solution may well be to fast track such applicants through a two-year postgraduate course.

While access to undergraduate loans will support some of these students, the potential for inequity and inequality in support for postgraduate students are not addressed.

MillionPlus believes that all pre-registration HCP programmes should be supported equitably to encourage those with appropriate first degrees, with an appropriate level of attainment and experience, to be considered for fast track PGDip programmes to enable 'outputs' into the workforce more quickly.

The DH proposals encourage students to increase their level of student loans by completing one undergraduate degree and then completing a further undergraduate degree (6 years of student loans). The development and incentivisation of shorter postgraduate programmes e.g. 2 years of additional study would avoid this and benefit both students and taxpayers.

However, as they stand, the current proposals do not support a business case for such portfolio expansion.

ii. Universities have spent recent years developing and providing routes for the Associate Practitioner (Band 4 practitioners), a number of whom then choose to pursue professional careers. There is no information about

how this increasingly important workforce and their progression into the professions, will be supported in the future.

MillionPlus would suggest that DH considers a number of options:

- These employees could step out of employment in order to be eligible for a loan to undertake a bespoke programme that will enable full professional registration.
- The funding options must include support for fast track, work-based top-up programmes leading to registration, which allow any underpinning qualification to be accredited via APEL⁴ into the professional programme. This has always been available but is not the same as apprenticeships and clarity is required on the continuation of this.
- Employers register such staff as higher degree/ degree apprenticeships to allow draw down of funding to support the programme costs (although they will incur employee costs).
- Dedicated HEE funding for this small group into the future.

The lack of clear information in respect of the degree apprenticeship is of genuine concern to universities. While these apprenticeships may offer opportunities in the long term for nursing, midwifery and AHP workforce development, the dearth of information on the new arrangements means that this agenda is difficult to progress but in any case, actual graduate apprentices will not be available until 2022 at the earliest due to the five-year timeframe.

QUESTION 4

Are there circumstances in which the new standard student support system which is proposed, would be inadequate or limit participation?

MillionPlus does not concur with the statement in the consultation document that mature student applications did not suffer following the lifting of the higher fee cap in England. On the contrary, official statistics confirm that mature students were disproportionately represented in the reduction of applications following the introduction of higher student fees in England from 2012. Applications from mature students only began to recover in 2015-16.

Historic data from universities confirms that HCP pre-registration students have a greater need to access additional and discretionary funding compared to other students within the student cohort. While individual reasons will vary, mature students with family commitments are typical of those NHS students seeking support. NHS students also have less opportunity to work.

The mechanism to provide such support in the future remains unclear.

In many universities, nursing, midwifery and AHP students comprise up to 70% of the mature student profile with many also falling within the criteria to contribute to the government's widening participation targets.

Mature students are often viewed by NHS partners as particularly valuable as they are 'settled' in the immediate vicinity and provide a level of stability to the local workforce. Some universities are predicting a potential shortfall in HCP student numbers in September 2017 because of an anticipated reduction in mature

⁴ Accreditation of Experiential Prior Learning

student applications. This will exacerbate local NHS recruitment issues, in particular in areas where there are already high levels of vacancies.

MillionPlus believes that DH should consider specific measures to mitigate the risk of a potential downturn in mature student applications that will in turn undermine local health and social care economies.

In some localities, the geographical distribution of services mean that students have to travel considerable distances to obtain the required placement experience to support achieving the required PSRB practice outcomes. These requirements are determined by the PSRB and universities and students have no control of them.

The proposed changes to placement and accommodation reimbursement have the potential to impact on some applicants who may look to study in areas where placements are more localised.

To manage this risk, to promote local workforce solutions and ensure equity, ALL pre-registration students should have access to the FULL costs of placement travel and accommodation (above the normal journey to the university).

The DH should consider incentivising the engagement of mature students in areas where the geographical delivery of care is disparate, so that graduates are more likely to remain within their local vicinity because of established ties to their community.

QUESTION 5

Do you agree that the proposals will promote diversity in the student body?

No – for the reasons outlined in Q4. Diversity in relation to age and ethnicity will suffer, as will gender.

QUESTION 6

Are there specific factors relating to HCP students which need to be accounted for in relation to the discretionary maternity support by the student support system?

Any changes should not disadvantage students in comparison to their current provision and should enable students, particularly those with dependants to remain engaged with their programme. There is concern that some students will be disadvantaged by changes to the BIS criteria - for instance those without formal childcare costs and single parents with multiple siblings.

The main causes of attrition currently relate to finance, family and personal issues and these are often interconnected and with an impact on completion unrelated to a student's academic or professional abilities.

In terms of the maternity allowances, the BIS scheme provides a lower level of support than that currently available to these students.

QUESTION 7

Are there any other measures that should be considered to support the principles of fair access?

DH should consider that HCP students

- have diminished opportunities to undertake part time work due to the study, placement and the time constraints of their programmes

- locally are more likely to be mature, with dependants
- have increased child care costs due to clinical placement requirements above and beyond the university attendance requirements

QUESTION 8

Should PT students be eligible for NHS bursary for 17-18 during the transition to new arrangements in 18-19?

Yes – if new part-time students were eligible for NHS Bursary for maintenance only, then this could prove a helpful mechanism to engage applicants during this period of transition and has the added benefit of providing an incentive for recruitment in 2017-18.

QUESTION 9

Will the transfer to new student support arrangements from 18-19 for PT students encourage students to undertake PT HCP courses? If not what additional actions may be necessary to encourage this?

We have no evidence to support or refute this assertion.

QUESTION 10

Deferral or suspension of studies; Do you have any general comments on this section that the government should consider?

- Clarity is required for students who chose to transfer institutions during the time of transition. For example, will HEE funding follow the student?
- DH must make clear the arrangements that will be put into place for those wishing to undertake a second registration programme not covered within the stated group. There is no mention of this within the consultation. These programmes include Midwifery top-up programmes, Health Visiting, School and District Nursing.

QUESTION 11

System Architecture – in delivering these reforms we will 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

MillionPlus agrees that high quality Practice Learning Environments are vital to support positive and successful student experiences. Universities must have an assurance of placement capacity for students at least nine months prior to student admissions in order to comply with the regulations of the Competition and Markets Authority and avoid institutional liability. In the absence of a national contract, the delivery of placements is extremely problematic.

Any available finances allocated to support learning environments should ensure that Professional, Statutory and Regulatory Body (PSRB) standards are met with further investment focused on building placement capacity across the sector.

It is vital that DH / HEE are clear how the allocation of placements is to be managed in order to avoid the destabilisation of a system that is already fragile.

Any placement funding allocation model should be equitable, transparent and ensure that there is a coherent mechanism for allocation and for development. Equally important is the distribution of placement funds in the context of the transformation of the sector.

Many private, voluntary and independent (PVI) providers make an active contribution to the health economy. This must be recognised in the management of placement opportunities. However, the current proposals do not appear to support this and have the potential to impact significantly on Allied Health Professions.

Where universities experience a crisis in placement capacity, they should be appropriately recompensed for the provision of clinical simulation placement experiences which may have to substitute for lack of immediate capacity in the system but which will be over and above the academic contract.

QUESTION 14

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

Yes

As outlined above, the DH consultation does not address all courses and programmes. Nor are the long-term future and management of placements secure. In these circumstances we believe that there would be merit in deferring the date of implementation of this reform.

For more information:

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