

Response to Department of Health consultation:

Reforming healthcare education funding: creating a sustainable future workforce

Introduction

King's Health Partners (KHP) is an Academic Health Science Centre where world-class research, education and clinical practice are brought together for the benefit of patients. It comprises King's College London (hereafter referred to as King's), together with three NHS Foundation Trusts – Guy's and St Thomas', King's College Hospital and South London and Maudsley – which provide clinical experience for nursing, midwifery, physiotherapy and dietetics students. KHP forms one of the largest centres for healthcare education in Europe. Further information about KHP can be found at: www.kingshealthpartners.org.

Executive Summary

We welcome the potential opportunity afforded by the reforms to expand our successful nursing, midwifery and Allied Health Professional (AHP) courses. We agree with the Government's position that the current system of commissioning requires reform. However, we believe also that the proposed changes, in their current form, run the risk of adversely affecting recruitment into nursing, midwifery and AHP courses in the short term. In particular, they could adversely affect recruitment of postgraduate students into these professions, with a negative impact on the potential contribution of these professions to healthcare. Our response to the consultation highlights these risks and suggests how they should be mitigated.

King's Health Partners recommends that:

1. The Government monitors the impact of the education funding reforms across different demographic groups, types of courses and the proportion of overseas students compared to those from the UK and develops a contingency plan to safeguard healthcare staffing demands in the event of a collapse in applications to particular nursing, midwifery and/or AHP programmes.
2. There is a sustained publicity campaign to emphasise that the new financial support on offer will not create a worse financial situation for students while studying, or lead them into unaffordable repayment schedules on course completion. This is crucial.
3. Further consideration is given to the timeframe for implementing the proposals, to address and mitigate the risks identified and allow universities to review estates provision and plan for altered capacity/teaching methods.
4. Consideration is given to the funding of post-registration routes to specialties such as Health Visiting, District Nursing, School Nursing, Practice Nursing, Nurse Prescribing, and that workforce development funding, which has been subject to substantial reduction over the past two years, is protected to ensure that NHS trusts are able to support universities to develop their workforce through advanced nursing practice courses.
5. The exemption, to enable students who wish to undertake a second 'undergraduate' degree with registration as a health professional to access the standard student support system, is extended to students who want to take a postgraduate qualification with healthcare registration.
6. There is investment in child care funding or access to nurseries in the NHS or investment in university nurseries for healthcare students.
7. Incentives are introduced for students to increase the attractions of nursing, midwifery and AHP courses.
8. The salary point at which the loan starts to be repaid is raised for nurses, midwives and AHPs who take up healthcare posts within London.
9. Detailed information is provided by the Government on funding so that universities know how much funding will be available per student.
10. The placement tariff increases, to more accurately reflect the cost of placement learning, and that there is a mechanism for allocation per student.

GENERAL COMMENTS (CHAPTER 1: INTRODUCTION; CHAPTER 2: THE CASE FOR HEALTH EDUCATION REFORM)

In this section, we raise our general observations and concerns about the impact of the reforms as currently envisaged. We provide more detailed comments to support our observations in response to the questions posed in Chapters 3 and 5 of the consultation document.

Sources of recruits to fill increasing places on healthcare education courses

The consultation document notes at several points (Sections 1.1, 1.4, 2.3, 2.11) that only one third of applicants to nursing courses are accepted (and that likewise midwifery and AHP courses are over-subscribed) and argues that the reforms will enable a much higher proportion of these applicants to be accepted, so increasing the number of health professionals available to the NHS.

This assumption is incorrect, in our experience, particularly in respect of nursing students. The Francis Inquiry Report (2013)¹ highlighted the importance of patient-centred care, focusing on compassion, dignity and respect.

Accordingly, selection procedures for all the healthcare professional courses offered by King's reflect the principle of 'values based recruitment' to ensure that we recruit applicants with positive values towards patients and to healthcare as well as the required academic qualifications and adequate standards of numeracy and literacy. In our experience, **all** applicants who meet our entry criteria are offered places on our BSc degree nursing courses. Moreover, there is not a large pool of applicants with the right qualifications and values who are unable to secure places on BSc degree courses leading to registration as midwives, or as dietitians, although the demand from well-qualified candidates to physiotherapy courses is substantially higher than the number who can be accepted currently.

Evidence shows that the right people with the right attitude are more likely to successfully complete their studies to registration, be retained within their chosen healthcare profession and have a positive impact on the quality of patient care. The Government's objectives of not only increasing the number of nurses but also ensuring those with the right values and attitudes enter the health profession will not be met by removing a cap on places to BSc degrees in nursing and for most AHP programmes.

The most promising source of additional nurses and AHPs for the NHS are graduates from subject areas relevant to healthcare (e.g. psychology, physiology and sociology) with a range of health or social care experience but no professional qualification.² These students are amongst the most able applicants to nursing and AHP courses, are highly valued by NHS clinical services, progress rapidly to specialist and leadership roles, and remain committed to a career in the NHS.

¹ Francis, R. (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery office.

² In accordance with current Nursing & Midwifery Council standards King's offers a 2-year postgraduate route into midwifery for Registered Nurses who are seconded via NHS Trusts. Non-healthcare professional graduates are required to complete a 3 year BSc degree leading to registration as a midwife.

However, it is recruitment of this group of able students which is most threatened by the proposed funding reforms. This pool of recruits to the healthcare professions already carry student loan debt and it is uncertain how the prospect of additional debt will impact on their intentions to undertake a second course to enter the health professions, particularly since they leave paid employment to do so. As the proposed reforms currently stand, at best the proposals will support them to apply for the undergraduate route leading to another BSc, which is not likely to be an attractive option and takes longer to complete.

Increased risk of recruitment to healthcare courses

Whereas tuition fees were increased gradually for other university students, this is not proposed as part of these Government reforms. There has been no testing of the market or of the impact of the proposed changes on the behaviour of prospective applicants; this introduces risk.

We concur with the comment of the House of Commons Public Accounts Committee³ which reports there is 'no guarantee' that demand for nurse training courses will continue following changes to education funding and recommends that an evaluation be conducted to determine its impact.

We recommend that the Government monitors the impact of the education funding reforms across different demographic groups, types of courses and the proportion of overseas students compared to those from the UK and develops a contingency plan to safeguard healthcare staffing demands in the event of a collapse in applications to particular nursing, midwifery and/or AHP programmes.

A particular assumption of the consultation (see Sections 2.8, 2.9) is that because the introduction of loans to replace student grants has not reduced the numbers of applicants applying to university or compromised the Government's policy of widening access to higher education, the same will be true for the introduction of loans for nursing, midwifery and AHPs. This assumption is untested and so the policy carries substantial risk.

Nursing, midwifery and AHP students' courses are very different to those of most other university degree courses. Healthcare students have higher contact hours and placements outside conventional university term-time, which, to a large extent, precludes them from taking on regular paid work during their course. Nursing students, for example, have 48 week academic years, and must complete 2,300 practice hours over the duration of the 3 year BSc degree course. Students on the postgraduate diploma with registration programme must have prior health/social care experience to enable accreditation of up to 1,150 hours of practice so that they can complete their studies within 2 rather than 3 years. They are also required, currently, to work unsocial hours in the evening and at weekends, which also reduces their opportunities for regular paid work. For other health professions these numbers are slightly different but comparable (for example, MSc Physiotherapy students have a 44 week year and must complete 1,038 placement hours over 31 weeks).

³ House of Commons Committee of Public Accounts, *Managing the supply of NHS clinical staff in England (Fortieth Report of Session 2015-16)*. House of Commons, 27 April 2016 [Available at: <http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news-parliament-2015/nhs-staff-numbers-report-published-15-16/>]

It may be the case that numbers of applications will drop because students who previously might have considered applying for a pre-registration nursing, midwifery or AHP course, will not do so following the introduction of the proposed changes. Section 2.9 makes the point that the introduction of fees has resulted in students 'making more selective choices on what to study, with the number of full-time students choosing to study science, technology, engineering and mathematics (STEM) up since 2010'. This trend may indicate that students, who might have entered the healthcare professions, may be more likely to select other degree courses that offer the prospect of a higher salary on qualification and throughout their career. Women will be particularly affected given that nursing, midwifery and the AHPs have a preponderance of female members.

Increased risk to widening participation

The consultation notes (Section 3.2) that prior experience indicates that the introduction of loans will support widening participation from disadvantaged groups. This may not necessarily be the case for nursing, midwifery and AHP courses whose students are different from the 'average' undergraduate and are over-representative of widening participation groups already. They are therefore more vulnerable than other university students to concerns about lack of financial security.

Students on nursing, midwifery and AHP courses are also more likely to be older than the average undergraduate and typically leave paid employment to take up a university place leading to registration. Healthcare students are also more likely to have dependent children compared with other student cohorts. Such students, and particularly women, are more cautious than other students about taking financial risks, both for themselves and their families, to support their career aspirations.

The current system helps to mitigate short-term risks (e.g. reduction of income for duration of the course) for longer-term gain (e.g. fulfilling and sustainable career). The proposed changes alter this balance considerably, with improved short-term financial support but long-term debt. In view of this, the proposed changes introduce a high degree of uncertainty for sustaining the successful widening participation track record of universities, including King's, offering courses leading to registration as a nurse, midwife or AHP.

It is also not clear from the proposals whether students who are seconded by their employers onto part-time nursing, midwifery and AHP courses, many of whom are from socially disadvantaged backgrounds, will be eligible for living costs support through the Student Loans Company.

Timely decisions and communication about the new funding arrangements

The importance of timely decision-making and communication to both prospective students and universities about the proposed reforms is of paramount importance, particularly given that the 2017/18 recruitment cycle is ready to begin.

We recommend that there is a sustained publicity campaign to ensure the message gets out to prospective applicants that the new financial support on offer will not create a worse financial situation for students while studying, or lead them into unaffordable repayment schedules on course completion. This is crucial.

The policy that students who take on a second undergraduate loan (and we go on to argue below that this loan should be extended to postgraduate diploma and Master's degrees awarded with professional registration) 'will only be required to make repayments on the second loan once the balance of the first loan has been repaid' (Section 3.14) should be emphasised in particular. Prospective students may be concerned that a second loan will adversely affect their credit status when applying for a mortgage, for example, and need accurate information to guide their career choice. We fear that without a sustained publicity campaign, high quality applicants may be deterred from applying, thus actually depleting the viable pool of applicants rather than the intended policy of increasing the pool.

The short timeframe from the announcement of the Government's proposals to their proposed implementation increases the risk that the funding reforms will not achieve their objectives. Universities need timely answers about funding levels for courses and placement arrangements to plan effectively and identifying substantially more clinical placements will need a high level of consultation with NHS trusts and other healthcare providers, many of which are currently struggling to meet placement targets. The planning also needs to encompass recruitment of more university lecturers to provide the extra 10,000 students envisaged with a high quality education. Recruiting lecturers, particularly in London with the high cost of housing, is not straightforward and universities may not meet the challenge of recruiting more faculty to support the extra students within the envisaged timeframes.

We recommend that the Government gives further consideration to the timeframe for implementing the proposals, to address and mitigate the risks identified and allow universities to review estates provision and plan for altered capacity/teaching methods.

The changing role of Registered Nurses in light of the new Nursing Associate initiative

We note the likely introduction of the Nursing Associate role which has major implications for the future role of the Registered Nurse. We would support a policy which differentiates clearly the role and capabilities of this new group of health professionals from that of the Registered Nurse. This is an opportunity to improve the efficiency of healthcare, through attracting the most able people to Registered Nurse courses and to equip them through these courses with advanced practice skills (some of which are performed currently by junior doctors), capabilities for evidence based decision making, and capabilities required for service development and leadership. Russell Group universities are ideal settings for preparing Registered Nurses for the future and students on the postgraduate diploma route are ideal candidates. But, as discussed below, these are the very courses which are most at risk under the current proposals.

RESPONSES TO QUESTIONS POSED IN CHAPTER 3

Impacted courses (page 12)

Question 1:

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?

We suggest that consideration is given to the funding of post-registration routes to specialties such as Health Visiting, District Nursing, School Nursing, Practice Nursing, Nurse Prescribing, and that workforce development funding, which has been subject to substantial reduction over the past two years, is protected to ensure that NHS trusts are able to support universities to develop their workforce through advanced nursing practice courses.

Postgraduate pre-registration (pp 13-14)

Question 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 Master's loan and to consider the potential support or solutions available?

Context: Postgraduate pre-registration provision for nursing, midwifery, and the allied health professions

King's Health Partners has a track record of innovation in the provision of healthcare courses to meet current and future workforce needs of the NHS and other health care providers. We have demonstrated our commitment to expanding opportunities to attract new recruits to the healthcare professions, by developing different routes to registration that recognise students' prior learning, achievements and work experience. This diversification has increased recruitment to the healthcare professions and has enhanced the quality of recruits. Based on our current application to offer ratios, it is the continued recruitment of graduates to nursing, midwifery and AHP courses where there is the strongest potential for growth in student numbers.

King's offers postgraduate pre-registration courses in nursing and the allied health professions to applicants who already have a first degree. These include both postgraduate diploma courses and Master's level degree courses:

Nursing

In 2010, a 2-year postgraduate diploma in nursing course was established at King's following a growing demand by existing graduates wanting to pursue a career in nursing. From a starting point of predicting we would be able to recruit a small number of graduates, recruitment has grown steadily. For 2015/16, we successfully recruited 184 students, or 27% of our total nurse recruitment numbers, and we have been commissioned to achieve the same target for 2016/17. However, under the

current funding proposals, which exclude this group of students from participating in the student loan system on the same basis as BSc degree students, we predict that recruitment to the postgraduate diploma will collapse. It will not be viable to continue the course and so this valuable source of able recruits will be lost to the nursing profession and to our partner NHS trusts.

Under current arrangements, the commitment of this group of students to their chosen profession may be reflected in a lower attrition rate of postgraduate diploma nursing students compared to students on undergraduate nursing programmes. For example, for students admitted to King's in 2013, the attrition rate for those on postgraduate diploma nursing programmes was 5.7% compared to 9.13% for those on the undergraduate programme.

Integral to our selection criteria at King's is the need for applicants to have had relevant health and/or social care experience which can be accredited against up to 50% of the required practice hours (i.e. 2,300) for nursing as set out by the Nursing and Midwifery Council (NMC). This allows the programme to be shorter in duration compared with BSc degree programmes, thus enabling faster entry into the workforce as registered practitioners. Additionally, the opportunity afforded to students, via the postgraduate diploma route, reflects the Government's vision of creating seamless career trajectories for the healthcare workforce. For many successful applicants at King's, this includes healthcare assistants/support workers completing registration as a nurse.

Dietetics

King's has a long-established postgraduate course in dietetics, which allows graduates in nutrition to qualify as dietitians in as little as 18 months (with a postgraduate diploma) or 2 years (with an MSc). This course attracts high quality applicants who progress rapidly to specialist and leadership roles within the profession. Many of the students on this course already have a higher degree in another discipline, which further strengthens the expertise of the profession.

Physiotherapy

King's has a pre-registration Master's degree course in physiotherapy, established in 2002. This accelerated course was developed to meet the demand of well-qualified applicants with a prior degree, as well as to meet workforce demands. The course permits rapid entry of professional graduates into the workforce with an enhanced leadership and clinical research trajectory. The success of the course is evidenced by increased commissions from an initial 15 students to the current 36. The most recent increase in commissions was in 2012, following a process of competitive tendering in London, which also saw the introduction of two new MSc Physiotherapy courses in the region (albeit with smaller numbers). Despite the increase in the number of higher education providers of physiotherapy courses in London and nationally, there has been no decrease in demand from applicants. But there has been a reduction in the numbers of applicants with a first degree to our undergraduate course. This suggests that the postgraduate route is a very attractive course model and the impact of the proposed change in funding is likely to have a disproportionate negative effect on this pool of applicants.

The benefits of postgraduate pre-registration courses

As the student testimonials in Appendix 1 demonstrate, students who undertake a postgraduate pre-registration course of study:

- are amongst the most able applicants and are highly valued by NHS clinical services;
- remain committed to completion of their course and a career in the NHS having decided to enter healthcare education as mature applicants, following other work experience;
- are able to take up service development and leadership roles within nursing and allied health professions, through the added value of their previous background qualifications and experience;
- can be prepared to become registered health professionals in a shorter length of time, so reducing education costs and providing a faster pipeline of nurses for the NHS. For example, students following the postgraduate diploma in nursing are prepared for registration in two years compared to the three years required for those who enter BSc Nursing courses. They are also able to build upon their postgraduate diploma to be qualified to Master's degree level within one part-time year, through undertaking research and/or service development projects relevant to the development of clinical NHS services.

Limitations of the current funding proposals

The proposals set out under Sections 3.5 – 3.10 on postgraduate Master's loans will not support students to pursue further study leading to registration as a healthcare professional. The maximum loan for tuition and living expenses of £10,000 is inadequate. The tuition fees for postgraduate degrees in the health professions often exceed this amount in a single year, whereas typically postgraduate courses leading to registration are two years in length and some MSc degrees require an additional part-time year.

In Section 3.7, the consultation notes that 'a small number of postgraduate healthcare courses would not be eligible for a Postgraduate Master's Loan'. In Section 3.8, it states that the Government will work with education providers to identify these courses and, in Section 3.9, the consultation asks for suggestions to support this work. Our view is that:

- a) The loans are so small that, if implemented, they would have a negative impact on numbers of applications.
- b) Many students on current MSc/postgraduate diploma courses already have a higher degree in another subject. Excluding such students from the new loans system would be unfair and would potentially deter some of the most able students from applying to train as healthcare professionals.
- c) Since the loans would be paid to the student and not directly to the university, this would present a considerable risk to universities of fee default by students as they progress through the course, and would very likely impact on attrition and therefore effective workforce planning. This financial instability is likely to deter universities from offering these courses.
- d) Fewer Master's degree qualified healthcare professionals would weaken the academic and evidence base for professional nursing, midwifery and AHPs.

To grow a successful healthcare workforce, we fully support the Government's policy of establishing different routes into professional courses leading to registration. The creation of varied routes has the potential to ensure that candidates from all social groups, with the right attributes, have an opportunity to build a meaningful and sustainable career in the healthcare professions. Indeed, this is why King's has introduced different courses at different levels (both undergraduate and postgraduate) leading to registration as a health professional over the past decade. In nursing, our market analysis, conducted between 2008 and 2009, showed that there was a growing and largely untapped pool of potential recruits to nursing among graduates. As mentioned previously, in response to this we developed the postgraduate diploma route to registration. This course has steadily grown and it is on this course that there is the most pressure on available places.

However, this important pool of recruits to the healthcare professions already carry student loan debt and we do not know how the prospect of additional debt will impact on their intentions to undertake a second course even if they are included in the student loan support scheme. Additionally, these potential recruits leave paid employment to undertake the postgraduate course – thus they make financial sacrifices under the current system to pursue their ambitions to become a registered healthcare professional.

Solutions for supporting postgraduate pre-registration courses

Under the current proposals (Section 3.12, 3.13), the Government will place an exemption to enable students, who wish to take a second 'undergraduate' degree with registration as a health professional, to access the standard student support system.

We recommend that the Government extend this exemption to include students wanting to take a postgraduate qualification with healthcare registration (postgraduate diploma, Master's degree). This would enable students to build upon their previous studies and would produce registered healthcare practitioners more quickly, and at lower cost, since postgraduate diploma courses are usually 2-years long, whereas the standard undergraduate degree takes 3 years (4 years in the case of Nutrition & Dietetics).

Students undertaking nursing, midwifery and allied health subjects at pre-registration level as a second undergraduate degree (pp 14-15)

Question 3:

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 support the decision to introduce this exemption for students undertaking a nursing, midwifery or AHP degree as a second 'undergraduate' degree. However, as noted above, our recommendation is that this exemption is extended to include students wanting to take a postgraduate qualification, with healthcare registration. In addition we believe it is important that the publicity campaign around the reforms

stresses that students who take on a second student loan 'will only be required to make repayments on the second loan once the balance of the first loan has been repaid' (Section 3.14).

Principles of fair access (pp. 18-19)

Question 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.

We believe that pre-registration healthcare students should be no worse off than other university students. The extended academic year of healthcare students reduces their opportunity to work during holiday periods to support themselves. Moreover, as mentioned above, the shift-work demands of some courses reduces students' ability to take on regular part-time work to support their studies. Reduced capacity to work will mean that healthcare students will have a higher debt than other students at the end of their course and so will be disadvantaged relative to other university students. These considerations should be reflected in the loan schemes offered to healthcare students.

Support for students with dependents

A higher proportion of our nursing, midwifery and AHP students are women and they are more likely than other students to have child dependents. However, in contrast to the general student population, healthcare students are likely to have increased child care costs due to the structure of their courses. For example, examinations and time in placement fall during school holidays, and students are required to be on placement in the evening and at weekends when usual child care facilities are closed, leading to increased child care costs.

We recommend that the Government consider investing in child care funding or access to nurseries in the NHS or investment in university nurseries for healthcare students.

Question 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 / No

No, we do not think the current proposals will ensure that we continue to have a diverse population of students.

The Independent Commission on Fees 2015 Final Report⁴ notes “a real concern that older students (typically also part-time) are being pushed out of the higher education market, although we naturally expect some erosion in these numbers given the increasing percentage of the population that has been progressing to university directly from school.”

The consultation notes (Section 3.2) that prior experience indicates that the introduction of loans will support widening participation from disadvantaged groups. This may not be the case for nursing, midwifery and AHP whose students are very different from the ‘average’ undergraduate: they are proportionally older (in 2013/14 64% of first degree students in the King’s Florence Nightingale Faculty of Nursing & Midwifery were aged 21 and over, with a proportionally higher number being student parents), and are over-representative currently of widening participation groups. Hence these students are more vulnerable to concerns about lack of financial security, and it is relevant to note here that other potential sources of funding, such as Government Living Grants, will be abolished from September 2016. Given the decline in mature and part-time students under the loans system and evidence of differing attitudes to debt amongst students from widening participation backgrounds, we have concerns that applications from groups that make up a significant proportion of our current student body will decline. The potential impact can be gauged by looking at, for example, undergraduate nursing and midwifery students admitted to King’s in September 2015, with 24% BME, 91% from state schools, 5.6% from low participation areas, and 26% NS-SEC 4-7.⁵

It may be the case that numbers of applications will drop because students who previously might have considered applying for a pre-registration nursing, midwifery or AHP courses because there was a bursary will not now do so. Section 2.9 makes the point that the introduction of fees has resulted in students ‘making more selective choices on what to study, with the number of full-time students choosing to study science, technology, engineering and mathematics (STEM) up since 2010’. This trend suggests that, under the new funding arrangements, students may choose courses that have a higher salary on qualification and better financial career prospects than healthcare related degrees. Women may be particularly affected given that nursing and the AHPs have a preponderance of female members, as well as BME students; there are indications that both these groups may be more debt averse than other student groups⁶.

We recommend that the Government introduce incentives to students to increase the attractions of nursing, midwifery and AHP courses. These are outlined under the answer to Question 7 below.

⁴ <http://www.suttontrust.com/wp-content/uploads/2015/07/ICOF-REPORT-2015.pdf>

⁵ For further information see:

https://www.hesa.ac.uk/index.php?option=com_content&view=article&id=2379&limit=&start=#nssec

⁶ See: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479559/bis-15-635-freezing-student-loan-repayment-threshold-equality-analysis.pdf

Question 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?

No.

Question 7:

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

To reduce the risk of the new funding policy deterring applicants to pre-registration courses in the health professions, we recommend that the Government offer incentives to students to increase the attractions of these courses. Examples of these incentives could include the following:

- Writing off tuition fee loans for health professionals who work within the NHS or other public service or social care organisations following registration for a period of time. This incentive could be extended to support recruitment to other public services, and to further healthcare related education and/or research.
- Childcare funding / access to nurseries in NHS / investment in university nurseries for nursing, midwifery and AHP students (given the amount of time they are in clinical practice, the long length of their course terms and the unsocial hours of shift work).
- Financial recompense for hours worked in placement, for example, in the final year of the course (similar to the current scheme for medical students).
- A system of 'matched funding', similar to the 2015 HEFCE Postgraduate Support Scheme (PSS), targeted at a particular group of widening participation students with matched funding to come from partner NHS trusts. This would strengthen the relationship between students and their host trust and demonstrate the Government's commitment to widening participation in the workforce.
- A stepped approach to the introduction of tuition fees of £9,000 (as happened when tuition fees were introduced for other subjects), together with Government support for universities to the level of the current benchmark price.

Question 8:

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 / No

We are uncertain about this, although we do appreciate that these options are important since many students may choose to complete courses on a part-time basis.

Question 9:

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 / No

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.)

Uncertain.

Students from the EU and other parts of the UK (pp 21)

Section 3.43 mentions countries within the UK, but there is no mention of other countries within the EU. A proportion of current pre-registration healthcare students at King's (between 10-20% across courses) are citizens of other EU countries. If the UK remains within the EU (after 23 June), then these other countries are a potential source of applicants to nursing, midwifery and AHP pre-registration courses with subsequent employment in the NHS. To benefit from this, it would be important to provide applicants from other EU countries with a source of financial support to access pre-registration courses.

The contribution of London to the national healthcare workforce

We would like the Government to recognise the particular demands of healthcare within London and the importance of encouraging pre-registration healthcare professionals to benefit from the educational opportunities provided by some of the major London teaching hospitals, including those within King's Health Partners, which are delivering specialist services for the population of the UK as a whole.

The cost of living in London is higher than in other parts of the UK, which is recognised in part by London-based students being able to borrow more than those outside London.

We recommend the Government consider raising the salary point at which the loan starts to be repaid for nurses, midwives and allied health professionals who take up healthcare posts within London. This would help meet the urgent need to attract students to London and retain them in NHS trusts in London following registration.

Question 10:

Do you have any general comments on the content of Chapter 2 which you think the government should consider?

We have included our general comments previously under our responses to the funding proposals set out in Chapters 1 and 2.

RESPONSES TO CHAPTER 5: SYSTEM ARCHITECTURE

Putting university funding on a sustainable footing

To ensure our courses are sustainable, further clarity is needed around how much the proposed funding will be worth per student.

Russell Group universities, such as King's, play a key role in developing the future generation of registered nurses, midwives and AHPs, and their role is likely to be more important in future given the likely introduction of the Nursing Associate grade, which highlights the need for Registered Nurses to be a differentiated product with a sound basis in evidence based healthcare and the capabilities required to adopt leadership and advanced practice roles.

The Russell Group has estimated that nursing courses are being taught with a 15% gap between the level of funding received for teaching and actual costs. We therefore welcome the announcement that HEFCE will make additional teaching grants available to nursing and other health courses to acknowledge the higher costs of teaching these science-based subjects.

However, in a tuition fees system, any funding allocated to health courses will need to take into account the loss of funding experienced by universities via OFFA agreements. For Russell Group universities, courses lose on average £1,000 off every £9,000 tuition fee; this funding is used to finance Access Agreements with OFFA. For other universities, the cost of Access Agreements with OFFA are far lower, but for Russell Group universities, OFFA agreements add £1,000 to a course's cost base due to the increased focus on widening participation at Russell Group institutions.

The Russell Group has estimated the costs for nursing to be around £9,609 per student. In the new tuition fees system the Russell Group estimates that HEFCE will need to make an additional £1,600 available per year (for nursing) in order to address the funding gap experienced by universities.

We understand that HEFCE will be launching a consultation into the methodology for calculating additional teaching grant for nursing and other health courses. This consultation will need to ensure that the level of additional teaching grant made available per student reflects the true costs of teaching these subjects, bearing in mind the amount of tuition fee redistributed by universities to support widening participation.

To ensure sustainability in the new system it will be important that, as student numbers grow, HEFCE is able to maintain the level of funding per student in the new system. Any reduction of funding per student levels in nursing and other health subjects would place these courses on an unsustainable footing.

Given the pressure on the teaching grant for high cost subjects, we support the Russell Group in its opposition to the additional teaching grant for nursing and health being folded into the funding pot for high cost subjects, as this could leave both funding streams vulnerable in the future.

Currently nursing courses are able to include up to 300 hours of simulation training. There is the possibility that the maximum permitted by the Nursing and Midwifery Council (NMC) will be increased when the new standards are published. There is some support for this in the sector, as a way of enhancing student learning and easing pressure on placements. However, any significant increase will impact on the cost of nursing courses and this needs to be considered in negotiations of the additional teaching grant funding from HEFCE to sustain viability.

We recommend that the Government provide detailed information on funding so that universities know how much funding will be available per student.

Commissioning for clinical placements

Question 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.

The capacity to provide clinical placements for the envisaged increased numbers of students, whilst ensuring good mentoring/clinical supervision of students, is of paramount importance. Moreover, scaling up clinical placement provision for the additional numbers of healthcare students envisaged by the financial reforms will require substantial additional investment. The current placement tariff for the healthcare professionals covered by the financial reforms is completely inadequate. For example, the 2014-15 placement tariff for nursing is £3,175 (multiplied by the Market Forces Factor - MFF), whereas, in contrast, the placement tariff for medicine is £34,623 multiplied by the MFF.

Whilst Health Education England (HEE) has formal responsibility for the standards of clinical placements, in practice this duty is, in effect, performed by universities in collaboration with clinical service providers guided by professional standards and regulations (for example, the Nursing and Midwifery Council regulations on mentorship and the Healthcare Professions Council Standards of Education and Training).

Currently placement capacity is also constrained by the number of qualified clinical mentors available. There are NMC regulations regarding the numbers of students per mentor (for midwifery students, for example, one to one mentoring at births is stipulated). Even if such ratios were to be amended or abolished, if mentors have an increased number of students to supervise, this will mean increased time away from clinical practice to do this, and it is not clear that this is feasible within current staffing levels without compromising patient care.

For nursing, there is the additional uncertainty of the impact the proposed Nurse Associate role will have on placement capacity for students on courses leading to registration. The need to ensure high quality placements and good clinical supervision for all students will effectively limit the numbers of students recruited to university courses (regardless of the intentions of the funding reforms), unless additional capacity is secured.

Additionally, and as noted previously, universities will need to grow their capacity in terms of faculty staff and estates/facilities to successfully expand recruitment forecasted by the Government as a result of the reforms, without compromising the quality of teaching or the student experience.

Currently universities provide financial incentives, via direct payment of placement tariff, to independent healthcare providers to offer clinical placements. A majority view within King's Health Partners is that this system should be extended to the NHS through transferring the placement tariff from HEE to the universities so that the money follows the student and the tariff can be used by universities and their clinical partners to strengthen clinical supervision arrangements through joint appointments and similar initiatives. This is particularly relevant for London since other parts of the country may only have one university provider.

A minority view, however, is that the tariff should be managed outside of the university system, by HEE for example, to ensure that workforce requirements for different placement providers are met.

Whatever mechanism is used for distributing the placement tariff, placement management will require a review across all NHS providers, to encourage shared learning outcomes from different settings. The basic requirements around actual numbers of students in clinical areas will need to be within safe limits, and closely monitored.

We recommend a review of the placement tariff, which we regard as wholly inadequate, to allow adequate investment in clinical learning support. At its current level the placement tariff does not reflect the true cost of placement learning and we would support a mechanism for allocation of the tariff per student.

Smaller and specialist health subjects

Question 12:

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

Learning disability nurses

Learning disability nursing courses have become increasingly important as generic health services increasingly support these patients and their families. Specialist programmes will continue to be needed to ensure leadership and expertise within these specialisms.

Dental hygienists

King's College Hospital Foundation Trust directly runs a 2.5 year undergraduate diploma level programme in Hygiene and Therapy. The programme is funded through HEE and it is currently understood that there are no guarantees around funding from July 2017 onwards. This means there is a very short time window to agree or implement any revised arrangements through an HEI or other eligible provider to secure funding through the new student support arrangements and this

challenging timescale is a significant risk factor around the longer term delivery of the programme.

There is significant national variation in the funding models, length of programme and level of the awards for Dental Hygiene/Dental Therapy programmes across England. However, it is not financially viable to run a hygiene therapy programme under a HEFCE model without some form of top-up funding to recognise the clinical nature of the course, as the students require individual access to their own clinical facilities, materials and patients under close supervision, which can only be provided in a dental hospital or similar dental environment.

There are important interdependencies in terms of training with dental students. For example students on the Bachelor of Dental Surgery programme at King's College London, attend placements at King's College Hospital and the University of Portsmouth. Both King's College Hospital and University of Portsmouth (through its Dental Academy) hygiene/therapy programmes provide an important opportunity for team based training for dental students which would otherwise not be possible. If either of these programmes were destabilised through a reduction in funding then this would adversely impact on dental students' opportunities to experience community based primary care, where this teaching currently takes place.

Question 13:

Do you have any general comments on the content of Chapter 5 which you think the government should consider?

No.

Question 14:

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

No.

Appendix 1: Students who undertake a postgraduate pre-registration course of study: evidence of their ability, value and commitment to the NHS

Professor Dame Eileen Sills, Chief Nurse, Director of Patient Experience Guys & St Thomas' NHS Foundation Trust:

“Our postgraduate student workforce is incredibly valued by GSTT. The calibre of the student is outstanding and it would be a serious retrograde step if we were to lose them or the number reduced due to lack of funding.”

Professor Neil Brimblecombe, Director of Nursing at South London and Maudsley, NHS Foundation Trust:

“Postgraduate students have shown themselves to be a particularly talented and capable group, whose loss would deprive those people using our services of many highly skilled and knowledgeable nurses today, and also many potential future leaders of nursing.

Postgraduate diploma students within mental health nursing practice offer a breadth of experience when they graduate and join our workforce as qualified nurses. Their previous experience both in healthcare and academically often means that they already possess many skills and attributes required to develop and lead clinical practice.

Many of these nurses develop their clinical skills quickly and are able to take up clinical leadership positions rapidly as, for example, as a Band 6 clinical charge nurse on a ward, or a community psychiatric nurse or member of a multi-disciplinary home treatment team.”

Professor Geraldine Walters, Director of Nursing and Midwifery, King's College Hospital NHS Foundation Trust:

“The future NHS needs registered nurses who can take on advanced expanded roles, assume responsibility for managing patients' care, continually update their practice based on best evidence and lead and manage health services. In my experience, and that of my staff, the postgraduate diploma students prepared by King's and other leading universities are ideal candidates for these roles. They are compassionate and caring individuals who have made a considered career choice to enter nursing based on their experience of the world of work. Their previous studies enrich both the nursing and healthcare professions and also the care experience of patients who come into contact with them and (importantly) they can be prepared for registration in two years rather than in three. I would urge the Government to take all possible steps to ensure that this valuable source of nursing recruits is not lost to the profession.”

Nursing

Testimonials from recent postgraduate diploma nursing graduates:

Joanne Hancock (postgraduate diploma in nursing, King's College London, graduated 2013):

".....I was pleased I could do the 2 year postgraduate course as I had already spent 3 years at university. The course allowed me to learn about nursing management, research and political issues in addition to nursing skills. It had a different focus than the BSc course and a different reputation. I spoke to senior staff about this and they see postgraduate students as the future senior staff and managers.

I qualified in summer 2013. I spent a year on an acute ward then was advised to apply for band 6 jobs as I had shown good leadership skills. I became a PDN [practice development nurse] on another acute ward. I have drawn on my skills from the postgraduate diploma and topped it up to a MSc. Tomorrow I have an interview for a ward manager job. I'm sure I wouldn't have progressed so quickly in my career without the postgraduate diploma."

Jing Ting Lau (postgraduate diploma in nursing, King's College London, graduated 2013):

"...The postgraduate diploma enabled me to become a Children's Nurse to begin with, as my Bachelor's degree was in Human Sciences at UCL, and not a healthcare related degree. At the age of 18, I was not sure what career path I ought to take, and so I opted to study human sciences, and worked for 4 years.

I decided to become a nurse aged 25 following experience in the vaccination field and also in voluntary work with St John Ambulance. It took 4 years of maturing personally, and much deliberation, before coming to this conclusion. I could not have made this decision at the age of 18.

When I was completing the postgraduate diploma, I was amazed at the range of ages, personal stories, and healthcare related experience my colleagues brought with them. Not only were they willing to work hard (just as the undergraduate students are), they already knew how to conduct themselves independently in the work environment. They had seen life outside of healthcare, and when the patients we were feeding, bathing, changing, giving medication etc. were really sick, or died, or were violent, or when we were spat at or shouted at, we were able to have a balanced viewpoint."

James Skinner (postgraduate diploma in nursing, King's College London, graduated 2014):

"I would never have taken the decision to become a nurse had the postgraduate route not been available to me The maturity gained through life experience, and the knowledge about myself and my long term career desires gained through completing my first degree were absolutely vital to me, not just in making the decision to become a nurse, but in making that decision with the knowledge that it was the right choice for my career and future. ...

The postgraduate entry to nursing does more than just provide more nurses. It gives rise to a mixing of skills and approaches with a diversity rarely seen in any sector. A

nurse cannot be judged on their clinical skills alone; their ability to be malleable, to have ingenuity and to bring a diverse range of skills and knowledge to their work is what makes them such a unique and vital resource in the NHS. The postgraduate entry encourages this interdisciplinary working and gives space for creativity and new understanding within the nursing discipline."

Alex Swain (postgraduate diploma in nursing, King's College London, graduated 2014):

"I commenced my first post as a staff nurse in September where I worked on a busy psychiatric assessment ward. I was recognised for my conscientious and compassionate approach and ability to lead the team in a hectic environment and was promoted to charge nurse after 12 months. I developed strong working relationships with my colleagues and was acknowledged as a nurse for whom patient care and rapport building was at the centre of her practice. I advocated for both service users and my colleagues as I took a role in service improvement within my ward. I left the post and trust in February and have taken up a position as a community psychiatric nurse in a specialist psychosis team outside of London.

From an early stage in my career I have been encouraged to apply for senior positions. I have no doubt that the postgraduate training programme through King's equipped me well for this. This in part is due to the invaluable life experiences that meant I met the entry requirements for the course. This involved prior work in the NHS in the field of psychiatry and undergraduate academic studies. King's itself proved itself to have the prestige it is known for and provided me with a fantastic learning environment, placement opportunities within a reputable NHS foundation trust and allowed me to realise my potential in this chosen career."

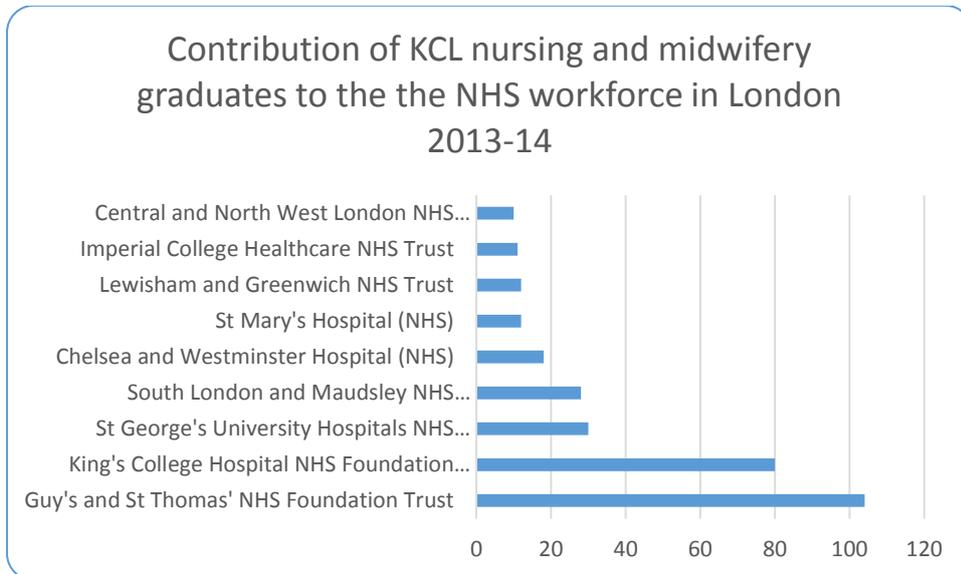
Jack Levine (postgraduate diploma in nursing, King's College London, graduated 2013):

"It seems illogical and counterintuitive to make changes that may actively dissuade talented and driven people from varied professional backgrounds from doing their nurse training when surely more developed interpersonal, communication and reflective skills are what we want from our nursing workforce. In my experience, once you've mastered the practical skills of nursing within your given practice area, so much of what then makes a competent nurse a great nurse is time, self-confidence, maturity, and emotional intelligence, and I am firmly of the opinion that the average postgraduate diploma student will naturally possess more of these qualities due to their varied life experience prior to joining the course.

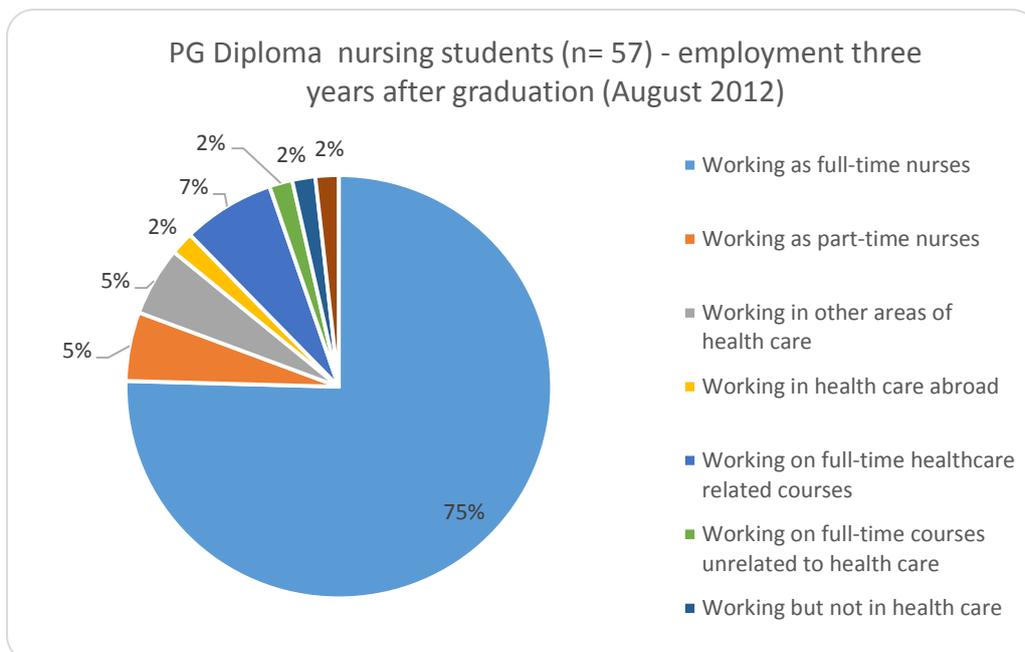
Arguably, anyone who has taken the sometimes momentous decision to leave their careers and become a student again is more likely to be that extra bit dedicated and fastidious in their pursuit of qualifying, and then pursuing and achieving excellence once they do. Scrapping the postgraduate diploma course would undoubtedly deny the profession, and ultimately the public, of many talented and compassionate nurses. It is possible I may have found a different career if the 2 year option had not been available to me, and I truly believe I am a better nurse, mentor, colleague and now deputy manager because of the existence of the postgraduate diploma course at Kings."

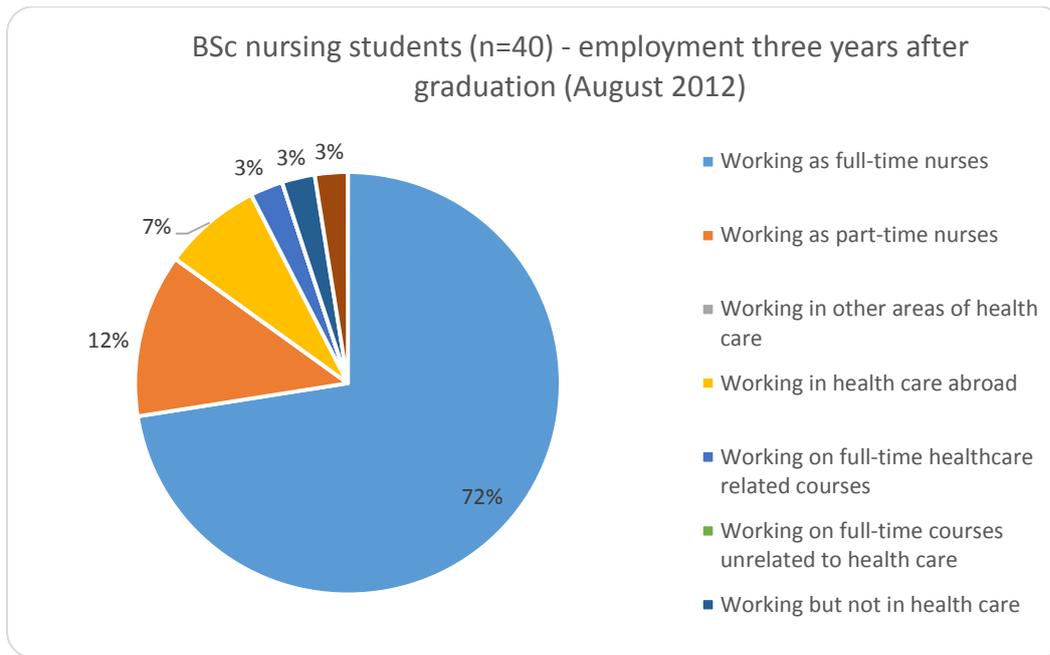
Nursing and midwifery graduate employment of nursing and midwifery students (taken from Destination of Leavers from Higher Education survey 2013/14)

Six months after graduating, our graduate unemployment rate was zero and most of our graduates were employed in London (81%) as nurses or midwives (92%) and in local NHS Trusts. The table below provides employer details where the number of students was >=10.



Three years after graduating a Faculty survey (n = 97) indicates that 89% of nurses who graduated from either the BSc or postgraduate diploma programmes leading to registration in August 2012, continue to be committed to the NHS and a career in nursing:





For dietetics, data for the last 3 years show 86% of BSc graduates employed as dietitians, 9% in further study, 5% other/unemployed; for the MSc/postgraduate diploma 84% working as dietitians, 16% other/unemployed.

Submitted on behalf of King's Health Partners by:

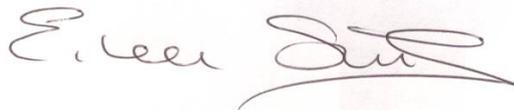
Professor Sir Robert Lechler
Executive Director, King's Health
Partners Academic Health Sciences
Centre



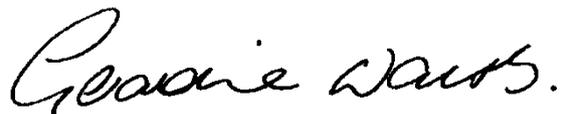
Professor Neil Brimblecombe
Director of Nursing at South London
and Maudsley, NHS Foundation Trust



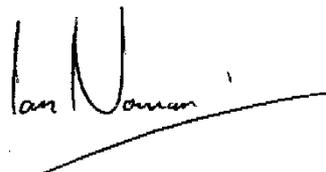
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