Response to the Department of Health consultation: Reforming healthcare education funding

June 2016
The Royal College of Midwives
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The Royal College of Midwives’ response to the Department of Health consultation on reforming healthcare education funding.

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives, maternity support workers and student midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

General comments

Lack of consultation

The RCM welcomes the opportunity to respond to this consultation, and we set out our answers to the consultation questions below. However we are extremely disappointed that the consultation offers no opportunity to comment on the main changes to healthcare education funding that were first announced as part of Comprehensive Spending Review (CSR) in November 2015. This compounds the already flawed process by which the Government came forward with the original announcement. Such far reaching changes to the system for financing healthcare students should have involved more consultation with those affected. As the Government admitted on 10th December 2015, in answer to a written parliamentary question¹, it “did not hold any formal discussions or consultations” with the RCM, the Royal College of Nursing or Unison prior to the announcement.

The Government could have used this consultation to remedy this situation and to address the many questions about the potential impact of the proposed changes to healthcare education funding. Instead the consultation treats these fundamental and

¹ [http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2015-12-01/HL4107/]
contentious measures as a *fait accompli* and has narrowly framed the consultation questions in a way that makes it difficult to address the issue of healthcare education funding in a meaningful and considered way.

So before we address the consultation questions, we wish to place on record our opposition to the Government’s proposals, first announced in the CSR, for the reform of healthcare education funding and to set out our assessment of the impact of these changes and what can be done to ameliorate them.

**Impact of proposed reforms on student debt levels**

Under the proposed changes, student midwives, nurses and allied health professionals starting their courses from autumn 2017 would no longer receive free tuition and would instead pay tuition fees. Additionally, the current bursary system would end, replaced entirely by access to loans.

The impact of these changes on those studying to become midwives would be sizeable. The introduction of tuition fees alone would leave those studying to become midwives with debts of £27,000 (or even more if plans, set out in the recent universities White Paper, to allow universities to increase tuition fees beyond the current £9,000 ceiling are enacted).

With regards to bursaries, in 2014/15 there were 6,305 midwifery students in receipt of a bursary. The average paid in that year was £5,645. In its place, students living in London will be able to borrow up to £12,054; students living outside London will be able to borrow up to £9,257 a year and students living in the parental home will be able to borrow up to £7,592 per year.

This means that a student midwife who begins her training in autumn 2017 could accumulate around £60,000 in debt by the time that she graduates. These debts will be repayable for up to 30 years.

It should also be noted that the financial impact could potentially be greater for student midwives than for other healthcare students. The consultation document refers to nurse education throughout and does not appear to recognise some fairly basic differences between student midwives, student nurses and other healthcare students.

For example, there are different education frameworks for midwives. So under Article 40(2)(a)(b) of Directive 2005/36 EC (The Recognition of Professional Qualifications) a midwifery student needs to complete a programme comprising of at least three years full-time theoretical and practical study. Unlike nursing, where it is possible to bridge (APEL) there is no prior accreditation in midwifery. Maternity Support Workers (MSWs) or others who have a foundation health degree qualification, are still required to undertake a full midwifery education programme. The only advanced learning that is accepted is a formal qualification as a general nurse (adult). A general nurse can undertake a full-time midwifery programme for a
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minimum of 80 weeks, which must comprise at least 3,000 hours theoretical and practice based learning. Whilst the level of support provided for these programmes is wholly insufficient, the NHS has used these programmes as a way of quickly rectifying a local need for more midwives. Under these proposals most of these programmes will disappear.

As the consultation document makes clear, the Government intends introducing an exemption for students who already hold a degree, which would enable them to access the same level of student support as other students. With the Institute of Fiscal Studies estimating that some of the poorest students will graduate with debts of up to £53,000\(^2\), students who already hold a degree who go on to study a midwifery (or other healthcare) course could face combined debts of over £100,000.

The consultation document refers to a “small number” of midwifery, nursing and allied health professional students who may already hold a first degree. The RCM disputes this assertion, at least as far as midwifery students are concerned. When we surveyed our student midwife members in December 2015, of the 466 students who responded, 33 per cent had already graduated with a university degree. Of this group, 74 per cent had taken out loans to help pay for their studies. In other words, around one in four of today’s student midwives already holds a degree for which they took out debt to finance.

According to the consultation document, healthcare students should be treated no differently to the general student population, who have been required to make a greater financial contribution to their studies. But this argument overlooks some important distinctions between students in the wider higher education system and student midwives, nurses and allied health professionals. In particular, unlike the average student, someone training as a midwife will have clinical placements to attend in addition to their formal classroom tuition. Student midwives are required to undertake 45 weeks of class based learning and clinical placements, a longer academic year than for most students in the wider higher education system. During their clinical placement, which will include night shifts, bank holidays, weekends, caseloading and being on call, student midwives must also support women in labour and undertake at least 40 live births. This leaves them with virtually no time to seek part-time or seasonal work to help avoid the accumulation of excessive amounts of debt and to pay for daily living costs.

We already know that financial hardship is the main reason student midwives drop out of training. Following the CSR announcement on the proposed changes to healthcare education funding, the RCM surveyed newly qualified midwives about their experience as students and employment prospects. Of the newly qualified midwives who responded to our survey, one-third of respondents had considered leaving their course because of financial pressures. A survey of 763 student midwives in 2011 found that 35 per cent of respondents had left their course

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\(^1\) Institute of Fiscal Studies press release, “Budget’s student finance proposals will reduce government spending on higher education, but will raise debt for poorer students and repayments for most graduates”, 21\(^{st}\) July 2015, http://www.ifs.org.uk/publications/7905
because of the financial difficulties they were experiencing. Our concern is that scrapping bursaries and replacing them with loans will simply increase the fear of debt that can never be repaid.

**Impact on widening participation**

Furthermore, bursaries provide vital financial support and help many healthcare students, from a wide range of socioeconomic backgrounds, to complete their studies and go on to become the health care professionals of the future. Without this essential support, many current health care students would have been unable to do so.

Students on midwifery, nursing and allied health profession courses have different characteristics to the ‘typical’ student. They are much more likely to be women; they are slightly more likely to be from black and minority ethnic (BME) backgrounds; and they are much more likely to be older than other students. They are also much more likely to have children and the cost of childcare is an ever increasing rising financial pressure.

**Impact on workforce supply**

The RCM estimates that the NHS in England is short of the equivalent of around 2,600 full-time midwives. Furthermore, around a third of midwives are aged 50 or older, many of whom will be eligible to retire in the next five to ten years. At a time when more midwives are needed, it is important to ensure that there will continue to be a ready supply of applicants for midwifery degree programmes. At present there are around 10 applicants for every place on a nursing course, according to the chair of the Council of Deans of Health. Our concern is that the scale of changes to financing will drastically reduce this number.

The Government claims the opposite will happen and that the reforms will instead deliver a significant increase in the available supply of healthcare professionals. This will be possible because the current cap on the number of training places will be scrapped and instead there will be an effective free-for-all whereby anyone with the requisite grades should be able to train as a healthcare professional. The Government appears to be arguing that there is something inherently wrong with a workforce planning system that attempts to align the supply of healthcare graduates with the future requirements of the NHS. The consultation also claims that the increase in students wishing to go to university subsequent to the introduction of tuition fees, including students from disadvantaged backgrounds, is proof not only

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that the system is working but that applicants are not deterred by the costs incurred while studying.

The RCM is not persuaded by the Government’s belief that increasing the likely debt to be carried by graduates will lead to an increase in training numbers. However, even assuming that the Government’s assertions were borne out we question the wisdom of replacing the current system of workforce planning with a laissez-faire approach to healthcare education.

Current arrangements under Health Education England (HEE) and its local education and training boards (LETBs) should ensure a close relationship between local and national workforce planning and between workforce supply/demand and the commissioning of healthcare student places. While this system needs to improve, it is imperative that arrangements continue to ensure these linkages are in place. They also need to be strengthened to ensure that workforce planning takes full account of workforce requirements across the whole health and care system.

By handing over control of workforce planning to university recruiters, the Government is effectively uncoupling education commissioning from workforce planning and driving through an ideologically based shift towards a free market approach. These proposals will impair the future ability of the NHS to assess and best plan for workforce requirements, as well as in the longer term acting to undermine the role of service providers in general and the relationship that is established between students and their future employers.

The Government’s claim that it is an ‘injustice’ that the majority of applicants for healthcare training places are not successful appears to be based on a simplistic notion that the cap on training places is the sole impediment to accessing pre-registration programmes. This ignores the rigorous recruitment and selection processes that require applicants to demonstrate that they possess both the academic ability and the right values to successfully pursue a career in a healthcare profession. With regards to values, it is worth recalling that following the Mid-Staffordshire Report, Sir Robert Francis recommended that recruitment processes, both into training and employment, take into account values and behaviours and incorporate evidence that recruits possess appropriate values, attitudes and behaviours. The Government, Department of Health and HEE all committed to implement this recommendation, so it is extremely disappointing to note that the consultation makes no reference to the important contribution that values based recruitment makes to patient safety.

If the only drivers are the number of people wanting to train as healthcare students and the number of universities prepared to accommodate them, then the number of graduates applying for healthcare jobs will bear no relation to the actual demand for these services. Maternity care by its nature is unpredictable, the birth rate is not static, caseloads can become more or less complex, there are peaks and troughs in

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the demands on the service. Under the proposed reforms the risk will be that the future supply of newly qualified midwives will either be significantly less than what is required, thereby exacerbating shortages or there will be a marked oversupply. We can ill afford to reduce in any way the number of midwifery students completing their programmes but the consultation gives no assurance as to what would happen if we do not recruit the number of students we require. On the other hand, what would be the point of scrapping the present system if all it led to were student midwives, after dedicating three years of intense study and accumulating major debts, finding that on qualification they cannot get employment because the supply of graduates far exceeds the demand for their services. That would be the real ‘injustice’.

In any case the national shortage of midwives is not a supply side issue. It is the result of NHS trusts having insufficient funds to employ the number of midwives that they need – so it does not follow that educating more students will feed through to higher quality services.

Undermining national planning will also weaken the ability to grow the workforce needed to deliver new services, such as those outlined in the Five Year Forward View, and to achieve the policy objectives of parity of esteem between physical and mental health services, for example.

We are equally concerned about the implications for practice education, placement availability and support. Were the Government’s projections of an extra 10,000 places by 2020 to be achieved, it is far from clear whether universities that provide healthcare education have the capacity to cope with higher numbers of students. According to the Universities and Colleges Union (UCU) universities that provide healthcare education face a triple whammy from a shortage of teaching staff, worsening staff to student ratios and an approaching retirement bulge. Our own internal survey of midwifery educators has found that as student numbers continue to increase, the number of midwifery lecturers has actually fallen in the last year; as a result the student: teacher ratio, which stood at 13:1 in 2009/10, has continue to increase and is now at 17:1. In addition fewer universities are meeting the NMC standard that staff spend a minimum of 20 per cent of teaching hours supporting students in clinical practice. Furthermore the midwifery teaching workforce is ageing, with 60 per cent of midwife teachers now aged 51 and older. These findings indicate a further concern which is not only about whether universities providing midwifery courses but also whether some universities will find it a challenge to maintain the quality of pre-registration programmes if there is a significant increase in applicants and places.

Providing suitable placement opportunities has significant resource implications and adequate funding is essential to ensure public protection. According to HEE funding for clinical placements has been set so that if there are more students there will be a

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8 Internal RCM survey. Analysis available on request.
lower unit cost for each placement. A further consideration is that in addition to aligning the supply of newly qualified staff with the demand for services, capping student places is also an important mechanism for ensuring that learners attain those skills that will relate to their practice as midwives. This is because not only do student midwives have to undertake at least 50 per cent of their time in a clinical setting participating in direct care but they must also spend at least 40 per cent of this time with their named sign off mentor. The availability of sufficient sign off mentors in any placement area is therefore critically important and a significant factor when it comes to HEI audits of clinical learning environments. This begs the question as to how many more sign off mentors would be needed if the cap on student numbers were removed and indeed how learning environments would cope with a significant increase in students undertaking clinical placements. The implications of lifting the cap, yet to be addressed by Government, are that either providers of placements will need to significant increase expenditure in order to recruit more sign off mentors or that the quality of the learning experience for students will be compromised or that clinical placements will have to be limited due to a lack of available sign off mentors.

We have argued that the number of training places in England does need to increase but we have also acknowledged that under successive Governments, the national shortage of midwives has reduced significantly in recent years. Our overall assessment is that the current system for determining training numbers broadly works and is fit for purpose. We believe that the current staffing shortages in the NHS have less to do with workforce planning and more to do with spending constraints on the NHS which has seen spending on health fall from 9.4 per cent of GDP in 2009 to 9.1 per cent in 2014.

In any event, independent economic analysis commissioned by Unison and the National Union of Students (NUS) suggests that the Government’s optimistic assertions about the impact of its changes are not borne out by the evidence.

In particular the analysis by London Economics found that the increased costs will not only leave students substantially worse off, but will result in a likely reduction in higher education participation by 6 to 7 per cent, equivalent to more than 2,000 students in the first year. This will severely impair the ability of the NHS to control staffing costs because, as this report argues, any decline in the level of education commissioning and student numbers will lead to a significant increase in staff shortages in the medium term, leading to an increased dependency on agency and overseas staff.

**Measures needed to mitigate student debt**

The RCM opposes the reforms to healthcare education funding for the reasons outlined above. The Government has failed to make a persuasive case for its reforms, or produce any meaningful evidence in support of its proposals. The Government should think again, withdraw its plans and instead undertake a genuine consultation about how best to fund and support the future healthcare workforce.

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However, if the Government does press ahead with its reforms then it must at least consider ways to mitigate the impact of the debts it is about to saddle healthcare students with. If healthcare students are to lose the bursary and become liable for tuition fees, then it is imperative that measures are put in place that will help offset their debts and thereby reduce the risk of the added costs deterring applicants for healthcare courses. In particular the RCM recommends that the Government to give further consideration to the following options:

- **Forgivable loans**

  Under this option, healthcare graduates would have a proportion of their debt written off in return for committing themselves to working in the NHS for a minimum period of time. Forgivable loans would attract applicants to healthcare education, particularly those from poorer backgrounds, who would otherwise be deterred because of the debt they would be likely to accumulate. At the same time healthcare employers would benefit from the certainty that newly qualified staff would remain in the NHS rather than work overseas, take different jobs or pursue different courses, all of which represent a waste of the investment in their training and in taxpayers’ money. This would help to alleviate staffing shortages and decrease the NHS’s reliance on agency or overseas staff.

  The minimum period of time that staff would commit to and the proportion of debt that would be paid off will need to be determined but this could follow on from a commitment in principle from the Government to further explore this option.

- **Payment for placements**

  As previously stated, student midwives and nurses spend half of their training on clinical placements which prevent many of them from taking part-time or seasonal work to help them pay off some of their debts as well as meeting daily living expenses. Students are deemed to be vocational learners in law, and make a vital contribution to care provision particularly in their final year. They are exposed to the same risks and work the same shifts as healthcare professionals. The Government’s reforms to funding will effectively charge students for working in the NHS.

  We strongly urge the Government to consider introducing payments to students on placements, which reflect the contribution they make to patient care, the expenses they incur for being on placement and the earning opportunities that are available to the general student population but which are denied to them. Options should include:

  - Paying healthcare students a living wage for the work they do on placement
  - Introducing more comprehensive and generous reimbursement for expenses incurred while being on placement.
  - Exempting healthcare students from the BIS student support scheme requirement that students contribute a £300 excess towards their placement travel costs before these are reimbursed.
Response to consultation questions

1. After reading the list of impacted 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?

Since the RCM is opposed to the reforms, and wishes the Government to rescind them, we would not wish to see the reforms extended to other courses.

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

The information contained within this part of the consultation illustrates how remarkably ill-informed the Government is in relation to pre-registration midwifery education. A number of universities currently offer pre-registration post graduate courses in midwifery for those who already have a first degree. There are two possible routes to gain a midwifery qualification – by undertaking a pre-registration three year (4600 hour) course qualifying as a midwife with a post-graduate diploma or for those with a nurse qualification, a course of at least 80 weeks (3000 hours), qualifying as a midwife with either a post-graduate diploma or masters degree. The EU requirements on length of programmes for midwifery mean that neither of these post-graduate courses can be shortened and are therefore over 24 months. Contrary to what is stated in the consultation document these students would therefore be excluded from the proposed post-graduate loan arrangements. The length of these courses are the same as the undergraduate counterparts and require the same level of intensity (if not more as studying at a higher level) so again these students have extremely limited capacity to undertake work outside of their course commitments and so will not have access to other means of financial support as suggested in the consultation document.

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?

Given the evidence that as many as one-in-three student midwives already hold a first degree, we do not see how the Government can proceed with its reforms without providing an exemption for second degree students. We do not however believe that the prospect of accumulating the better part of £100,000 of debt will act as a great incentive for current graduates to apply for a midwifery degree programme. Unless the exemption is accompanied by additional measures to offset the debt accruing from a second degree, such as forgivable loans and/or placement
payments, then the Governments reforms are likely to deter applicants who already hold a degree.

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.*

For the reasons stated in our general comments above, the RCM regards the proposed student support system as wholly inadequate and unlikely to prove attractive to aspiring student midwives. Saddling future generations of health care students with even more debt and financial pressures than current students face will inevitably deter many people from applying, because of serious concerns about debt. Our calculations are that most health care students will not be able to pay their loan off within the 30 year repayment term. Instead, the debt will remain throughout their working lives, effectively as a tax on their earnings. Based on current salary levels, our assessment is that repaying the loan will be equivalent to an average pay cut of over £900 a year for a midwife, nurse or allied health professional and this is likely to be exacerbated by the current public sector pay restraint policy and the freeze in the student loan repayment threshold.

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

No. The argument that the move to loans will give health care students access to 25% more financial support than they currently have is pure sophistry, because this is not comparing like with like. By scrapping the bursary and replacing it with access to loans, all the reforms are doing is ensuring that future students will be significantly more indebted than those currently in the system. Our concern is that rather than ensuring that there will be a diverse population of students, these changes on access will act as a disincentive on applicants from lower income backgrounds, on women, mature students, people with caring responsibilities and on those from BME communities.

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?*

The RCM is opposed to the proposal to reduce the value of the discretionary maternity payment that is currently available under the bursary scheme. This is an issue that will potentially affect a disproportionate number of student midwives, given that 99 per cent of student midwife cohorts are women of childbearing age and that a significant proportion are mature students with existing caring responsibilities.
7. Are there any other measures which could be considered to support our principles of fair access?

The measures that we have outlined above, such as forgivable loans and placement payments, would at least make the Government’s proposals less unfair.

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, to the extent that the RCM agrees with the proposal to allow part-time students to access the bursary scheme for living costs during the 2017/18 (whilst disagreeing with the main reform proposals).

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?

No, the RCM believes that the reforms will be as much of a disincentive to part-time students as it will be to their full-time colleagues.

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

No

11. We would welcome respondents’ view 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.

Providing suitable placement opportunities has significant resource implications and adequate funding is essential to ensure public protection. For example, in every setting where students have placements there is a need to have access to highly qualified mentors for support and supervision. Mentors must be adequately resourced and their numbers increased to manage this assumed increase in student numbers. A lack of available sign off mentors must not be used to limit clinical placements.

As stated above we believe that some form of payment must be introduced for clinical placements if we are to avoid a situation where, under these reforms, students will be effectively charged for working for the NHS.
According to evidence from our annual survey of Heads of Midwifery services, 30 per cent of HOMs reported that they had insufficient staff to provide high quality care\textsuperscript{10}. How therefore will it be possible to ask already overstretched midwives to mentor, support, supervise and oversee even more clinical placements? The experience of Return to Practice courses, where there is great reluctance to provide clinical placements for returners because of the time they take up, suggests that maternity services currently lack the capacity to absorb a significant increase in students on placement.

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

It is unclear from the consultation document as to what is meant by small and specialist subjects. There are some areas of the country which struggle to recruit sufficient students onto midwifery courses, in particular the shortened course for nurses wishing to become midwives – cohorts can be as small as 10. We would consider that in this instance midwifery would qualify as small and specialist. There is no assurance provided in the consultation document as to what action would be taken if HEIs fail to recruit sufficient students onto the courses. As stated earlier we cannot afford for midwifery student numbers to be less than they are currently – this will directly impact on the provision of care to women and their families.

\textbf{13. Do you have any general comments on the content of Chapter 4 which you think the government should consider?}

No

\textbf{14. Do you have any further comments on the consultation which you think the government should consider?}

No

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\textsuperscript{10} RCM (2015) The Royal College of Midwives Submission to the NHS Pay Review Body  