



Faculty Voice Committee (FVC) and Liberation, Equality, Diversity and Inclusion Committee (LEDIC)

31st October 2018, 2pm – 4pm

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|---|-----------------------|---|----------------------------|
| Welcome, apologies and absences | Laura Douds | <i>To note</i> | 339/18 |
| Minutes of the last meeting | Laura Douds | <i>To approve</i> | 340/18 |
| Actions and matters arising from last meeting | Laura Douds | <i>To discuss</i> | 341/18 |
| Terms of reference | Megan Bennett | <i>To note</i> | |
| | | | |
| Current Policy | Laura Douds | <i>To discuss</i> | |
| The Group Chat | Laura Douds | <i>To discuss</i> | |
| | | | |
| Executive Officer reports <i>Update on campaigns, projects, policy and ideas</i> | | | |
| President | Laura Douds | <i>To discuss</i> | 342/18 |
| Vice President (Business & Law) | Mary Copsey | <i>To discuss</i> | 343/18 |
| Vice President (Health, Education, Medicine & Social Care) | Fraser Luther-Yarwood | <i>To discuss</i> | 344/18 |
| Vice President (Science & Engineering) | Matt Hayes | <i>To discuss</i> | 345/18 |
| Vice President (Arts, Humanities & Social Sciences) | Amanda Campbell White | <i>To discuss</i> | 346/18 |
| | | | |
| Campaign Rep updates | All | <i>To discuss</i> | 347/18 |
| Faculty Rep updates <i>An opportunity for all representatives to discuss their projects and campaigns</i> | All | <i>To discuss</i> | 348/18 |
| Paramedic Support Package campaign plan - Health Education Funding Response - NHS Bursaries Consultation Response | Ben Morris | <i>To discuss</i> <i>To discuss</i> <i>To discuss</i> | 349/18 350/18 351/18 |
| | | | |
| Big Ideas* <i>Ideas to be discussed and taken forward</i> | | <i>To note/discuss</i> | |

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| New Policies* <i>A discussion of any recently passed policy</i> | All | <i>To note/discuss</i> | |
| Budget <i>An update on the budget and an opportunity to consider any requests</i> | | <i>To approve</i> | |
| AOB <i>Any other business</i> | | | |
| Health Services for harder to reach groups | Laura Douds | | |
| Date of next meeting | | | |
| 2pm – 4pm, Wednesday 28th November 2018 | | | |



Executive Committee Meeting Minutes
29/08/18 14:00 – 16:00 (16:50)

| Item No | | Action |
|-------------------|--------------------------------|---|
| 1 | 1.1 Attendance | |
| | Amanda Campbell-White | Vice President (Arts, Law and Social Sciences) |
| | Alex Mead | ALSS Faculty Rep (Cambridge) |
| | Blessing Raimi | BME Students' Rep (Cambridge) |
| | Fraser Luther-Yarwood | Vice President (Health, Social Care, Education and Medical Science) |
| | Iqrah Afzal | LAIBS Faculty Rep (Chelmsford) |
| | Jamie Smith | FST Faculty Rep (Cambridge) |
| | Mary Copsey | Vice President (Business) |
| | Matt Hayes | Vice President (Science and Technology) |
| | Oluwadamilare Ojewande | Vice President (ARU London) |
| | Kyia Thompson | Women's Rep (Cambridge) |
| | Laura Douds | President |
| | Tatiana Sapiano | FHSCE Faculty Rep (Chelmsford) |
| | Tiegan Lawson | FHSCE Faculty Rep (Cambridge) |
| | Abigail Dickinson | Activities Manager |
| | Emma Howes | Engagement Manager |
| | Bethan Dudas | Director of Advocacy and Engagement |
| | Megan Bennett | ARU London Manager & Democracy Coordinator |
| | Rose Guy | Campaigns & Education Enhancement Coordinator |
| | 1.2 Apologies | |
| | Michael Turner | Trans Students Rep (Cambridge) |
| Ben Morris | FMS Faculty Rep (Chelmsford) | |
| Sandra Mikosinska | International Rep (Chelmsford) | |

| | <div>1.3 Absences</div> <div><div>Juliet Onuoha</div><div>Disabled Students' Rep (Cambridge)</div><div>Kelly Baker</div><div>ALSS Faculty Rep (Chelmsford)</div><div>Luca Girardi</div><div>LGBT+ Students' Rep (Cambridge)</div><div>Miranda Gayle</div><div>BME Students' Rep (Chelmsford)</div><div>Tavonga Magwenzi</div><div>FST Faculty Rep (Chelmsford)</div></div> | | | | | | | | | | | | | | | | | |
|-------|---|-------|---|-------|--------|-------|--|----|---|-----|--|----|----------------------------------|------|---|----|-----------|--|
| 2 | <div><div>2.1 Acceptance of Previous Minutes</div><div>The minutes of the previous were accepted as accurate.</div><div>2.2 Matters Arising</div><div>Actions: 20th June 2018</div><table><tr><th>ITEM</th><th>ACTION</th><th>OWNER</th><th>UPDATE</th></tr><tr><td>3.1.2</td><td>SU page in student handbook (seen through Course Re Approval) should be updated with accurate SU content. LD to raise at QESC.</td><td>LD</td><td>Ongoing. Will be taken to relevant committee identified in the new structure.</td></tr><tr><td>5.2</td><td>Against NHS cuts: LD to circulate NUS resource for supporting this campaign.</td><td>LD</td><td>To be completed: LD to circulate</td></tr><tr><td>5.12</td><td>Equal Access: re: Refugee Week, LD to publish articles and links to survey.</td><td>LD</td><td>Completed</td></tr></table><div>2.3 Terms of Reference</div><div>MB clarified the meaning of terms of reference</div></div> | ITEM | ACTION | OWNER | UPDATE | 3.1.2 | SU page in student handbook (seen through Course Re Approval) should be updated with accurate SU content. LD to raise at QESC. | LD | Ongoing. Will be taken to relevant committee identified in the new structure. | 5.2 | Against NHS cuts: LD to circulate NUS resource for supporting this campaign. | LD | To be completed: LD to circulate | 5.12 | Equal Access: re: Refugee Week, LD to publish articles and links to survey. | LD | Completed | |
| ITEM | ACTION | OWNER | UPDATE | | | | | | | | | | | | | | | |
| 3.1.2 | SU page in student handbook (seen through Course Re Approval) should be updated with accurate SU content. LD to raise at QESC. | LD | Ongoing. Will be taken to relevant committee identified in the new structure. | | | | | | | | | | | | | | | |
| 5.2 | Against NHS cuts: LD to circulate NUS resource for supporting this campaign. | LD | To be completed: LD to circulate | | | | | | | | | | | | | | | |
| 5.12 | Equal Access: re: Refugee Week, LD to publish articles and links to survey. | LD | Completed | | | | | | | | | | | | | | | |
| 3 | <div>3.1 Deputy President</div> <div><div>LD introduced the election for Deputy President. 2 candidates nominated themselves: Matt Hayes and Mary Copsey. Each candidate presented a brief verbal manifesto.</div><div>A paper ballot was held. LD reminded exec that RON is an acceptable vote.</div><div>Results: RON 1, MC 6, MH 5.</div><div>MC is declared deputy president</div></div> | | | | | | | | | | | | | | | | | |

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| <p>3.2 Financial Support Review</p> <p>BD and LD presented a confidential summary of the proposed changes to financial support. (presentation attached). Summary of national access agreements and current ARU offer (Books plus). This is no longer considered an appropriate method of tackling inequality.</p> <p>New proposals (These only apply to new students): Means tested cash bursaries. 1 core text book for all 1st year modules (including international students). More money for employability activities. Officers have been involved in the discussions and support the move away from Books plus. They want to consult more widely with students including discussion at the November all members meeting.</p> <p>JS asked clarity regarding data sources and thresholds provided, which were confirmed as valid. JS asked why the university discounted the popularity of books plus amongst students. LD and BD clarified that Andrea Cheshire had scrutinised this information with 'fresh eyes' and found it to be inadequate. The major factors in the decision was the lack of impact of Books plus on inequality and the Office For Students decision that Book plus was not appropriate.</p> <p>JS asked for confirmation that 'Widening Participation' and 'OFFA accountable' are the same students. BD confirmed.</p> <p>KT queried the support available for those with parents who may earn above the threshold but do not receive support. LD confirmed that this had been raised and that the hardship fund would be available. KT raised concerns with this process.</p> <p>TS queried the similarity in bursary between families earning £20,000 and £40,000 and the reasoning behind cash bursaries rather than Books Plus. LD noted that the wider flexibility of cash was seen as a positive move.</p> <p>KT questioned the possibility of a bursary counting 'against' applications to the hardship fund (which Books plus didn't impact), as the hardship fund application is already extremely complex. LD will address this with Andrea Cheshire.</p> <p>JS queried the relationship between the funding for access agreements and personal tutoring. BD clarified that the funding for the personal tutoring project was an example of a retention project, but not an inter-dependent project.</p> <p>JS queried the use of the access fund which was previously delivered on top of Books Plus and requested this is queried.</p> <p>JS questioned whether this decision was made without involvement of the SU / Officers. LD reassured Executive Committee that Officers were consulted on several options which were proposed and these can be provided if requested.</p> <p>JS raised a concern that the carers support fund which was incorporated into the hardship fund is not ring fenced and is now being reduced. LD will address this with Andrea Cheshire.</p> <p>JS asked about the time frame for the consultation with students. BD confirmed that the main focus of the consultation will be at the November student members meeting, with info shared from teaching week 1.</p> <p>OO questioned whether repayments of hardship loans would prevent a student graduating. JS confirmed that this was the case.</p> | <p>LD</p> <p>LD</p> |
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| <p>BD stated that staff are investigating the financial impacts on the SU eg: ticket sales income. LS raised concerns that students who are already less likely to achieve are now being measured on engagement in order to receive support. LD confirmed that these measures have been considered by the Officers as attendance / dashboard measures would be problematic. 'Hand in' seemed to be the best balance between simplicity and accessibility, although the timings of hand ins would be inconsistent and students would be consulted. JS questioned the need for any engagement measure and asked if it would be simpler to just give the cash bursaries. JS also raised lecturer absence as an issue.</p> | |
| <p>3.3 Bye-Laws</p> <p>LD provided a brief summary of the proposed updates to the Bye-Laws and asked for these to be taken as read.</p> <p>JS raised a concern that the DEAG was included and then removed as an administrative issue. JS stated that the Deputy President Role was still not clear enough, although this may not need to be included in the bye law, but clarity is needed externally.</p> <p>JS praised the inclusion of feedback forums.</p> <p>AD gave more explanation around the society's bye-law which has received a more substantial update. JS queried student / staff roles within the decision making and AD clarified that student roles are not overtly operational.</p> <p>LD asked for clarity around the 2 options provided for the elections bye-law. MD and EH explained that the options were to include an election committee with student membership or to remove the committee but include students or officers in the planning meetings. JS asked for clarity that the removal of Elections Committee would remove the need for quoracy in any 'planning' meeting. This is correct.</p> <p>JS asked for clarity of the role of Faculty Reps whose roles are changing. LD explained that they will continue to represent the students who elected them for the coming year.</p> <p>LD asked for Exec to vote on the 5 proposed bye-law changes:</p> <p>Bye – Law 2: For: IQ, FLY, TS, AM, BR, MC, TL, LD, KH, KT, JS, ACW Against: none, Abstentions: none</p> <p>Bye-Law 3: For: IQ, FLY, TS, AM, BR, MC, TL, LD, KH, KT, JS, ACW Against: none, Abstentions: none</p> <p>Bye-Law 4: (including the removal of elections committee) For: IQ, FLY, TS, AM, BR, MC, TL, LD, KH, KT, JS, ACW, Against: none, Abstentions: none</p> <p>Bye – Law 6: For: IQ, FLY, TS, AM, BR, MC, TL, LD, KH, KT, JS, ACW Against: none, Abstentions: none</p> | |

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| | <p>3.4 Trustee Appointment</p> <p>LD summarised recent changes to the trustee board and asked Exec to support the proposed candidate Jason Snowdon (an existing member of the Finance and Risk Committee)</p> <p>JS requested reassurance that Finance and Risk Committee would not be left without appropriate staffing. LD stated that recruitment was taking place.</p> <p>For: IQ, FLY, TS, AM, BR, MC, TL, LD, KH, KT, JS, ACW</p> <p>Against: none, Abstentions: none</p> | |
| 4 | <p>4.1 Executive Officer Reports</p> <p>4.1.1 – President LD:</p> <p>This year's team campaign is focussed on housing / rent to address concerns around cost of housing and it's fitness for purpose. Budget requests are not yet ready, but the project plan is complete and deliverables / activities are allocated to officers.</p> <p>LD is leading on various 'history months' to build communities. LD is creating working groups to work with these communities and develop plans for events. Budget requests are attached.</p> <p>A Christmas companionship project plan is attached. Funding will be sought elsewhere.</p> <p>Officers attending residential training and 'Lead and Change'; Networking was useful and a monthly network meeting with Cambridge SU has been arranged.</p> <p>BR asked if this will be used to support history months. LD confirmed this.</p> | |
| | <p>4.1.2 – Vice President Business MC:</p> <p>Business blogs are being created; website design is underway to support students in the Business and Law courses to help build community and share experiences via blogs from eg: Post Graduate / Society / Part Time students.</p> <p>International Support packages are being developed to promote visibility on areas of support available to international students.</p> <p>MC has been inputting into Rep training plans and Course Based Society activities.</p> <p>MC has been monitoring the 2 pilot schemes of the Personal Tutoring plans.</p> <p>Carer's awareness campaign; resources and links have been provided to support knowledge of these students and recognise the various types of carer role which students undertake. MC and ACW explained that they are setting up a donation scheme to support charities linked to carers and those with caring needs. The intention is to work with the RAG / Pokémon / other societies on this. MH queried how Pokémon Society would contribute to carer's awareness. MC clarified that society activities would support relevant charities and events.</p> <p>MC is working with FLY on the part time jobs fairs. Thanks were given to the committee for supporting online surveys / polls. Fairs will be held 23rd October in Chelmsford and the following week in Cambridge.</p> | |

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| <p>4.1.3 – Vice President (Health, Social Care and Education) FLY:</p> <p>Part time jobs fair will be taking place in response to feedback from students that they want more employment opportunities and seasonal work.</p> <p>FLY is working on the promotion of societies to increase their engagement and visibility. Also to provide better opportunities for feedback and support.</p> <p>Peer mentoring: FHSCE has previously trialled peer mentoring schemes and FLY hopes to improve on this practice, to support the diversity of students in the faculty. Students will be paired with those in higher year groups to offer social and basic academic support.</p> <p>KT queried the ‘approved by Exec’ tick box on the project forms. RG clarified that this was an oversight and will be corrected.</p> | |
| <p>4.1.4 – Vice President (Science and Technology) MH:</p> <p>A Society’s Skills project proposal is attached. Faculty Networking Events will be happening shortly after fresher’s.</p> <p>The access to specialist spaces project is currently focussed on Compass House and will move onto Marconi. MH will be addressing this through FPT meetings with senior faculty staff.</p> | |
| <p>4.1.5 – Vice President (Arts, Law and Social Sciences) ACW:</p> <p>The Best Night In campaign is intended to support students who don’t enjoy traditional student nightlife and build this community. Events will be held in SU spaces (eg: toast Tuesdays).</p> <p>Best Night Out will focus on safer nights out including safe sex, consent, bye-stander training and drink awareness.</p> <p>A Body Positivity campaign will include creating a confidence guide and a fashion show with Cambridge School of Art students.</p> <p>A Stress Management campaign will include de-stress fest, breakfast clubs and workshops.</p> | |
| <p>4.1.6 – Vice President (ARU London) OO:</p> <p>OO will be conducting a survey in September to ask students about the need for laptops being provided by ARU London, in place of current bursaries.</p> <p>KT asked for clarity regarding ARUL funding – LD clarified that ARUL is a separate institution financially and that further clarity can be provided outside of the Executive Committee.</p> <p>OO stated that there will be a cultural week in March.</p> <p>Lecture Recording will be developed at ARU London. TS stated that this would be beneficial to all students and should be promoted. MC added that Lecture Capture is currently under discussion.</p> | |

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| 5. | <p>Budgets</p> <p>Note: AM, JS, IA left the meeting: Voting will now take place online for budgets s the committee is not quorate.</p> <p>LD: The budget available is £5000 for the campaigns for the year. Current proposals have reached £5400 and do not yet include the rent campaign. Officers have worked to reduce their budgets to approximately £4000 and are now asking for approval. Officers introduced each budget request including any proposed reductions:</p> <p>Campaign Reps budget maintained at £600</p> <p>History Months budget reduced to 1050</p> <p>Carers Awareness reduced to £270</p> <p>Part Time Jobs Fair maintained at £170</p> <p>Peer Mentoring maintained at £350</p> <p>Society Skills reduced to £280</p> <p>Compass House Protest maintained at £30</p> <p>Best Night In reduced to £250</p> <p>Best Night Out maintained at £230</p> <p>Body Positivity reduced to £200</p> <p>De-Stress Fest reduced to £650</p> <p>LD asked that the Executive Committee were happy to vote based on the newly proposed budgets and figures if these are provided in writing by Friday 31st Aug at midday. Officers agreed to do this and the Executive Committee agreed. Voting will take place online from Friday.</p> <p>RG confirmed that any unspent money from campaigns will be able to be reallocated once the project is completed so future bids would be very likely to be possible.</p> | |
| 6. | <p>6.1 Campaign Rep Updates</p> <p>6.1.1 Women's Rep (Cambridge) KT:</p> <p>Meetings are now arranged with the sexual respect working group. She hopes to get feedback on the proposed name of the universities campaign around these issues, which was discussed by Reps at the away day.</p> <p>KT is working to develop the 'Bringing in the Bystander' training.</p> <p>KT is developing forums and discussion groups.</p> <p>6.1.2 BME Students' Rep (Cambridge) BR:</p> <p>BR has been gathering feedback on the BME experience. She plans to hold BME meetups and provide social opportunities to meet other BME students. This will include increasing visible activity eg: during BME history month, cultural events / Give It a Go events.</p> | |

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| | <p>6.2 Faculty Rep Updates</p> <p>6.2.1 FHSCE Faculty Rep (Cambridge) TL: TL will be working on isolation and exclusion of placement students to build support networks with students in similar situations. TL raised placement concerns regarding electives and locations at the FPT meeting and hopes to improve choice and flexibility in placement choices. TL has been working on a student concern around the cost of tablets used for assessment in placement courses. These have been free on a trial basis until now, but this will be unavailable with the wider roll out to nursing courses. She has been negotiating with faculty staff to appease students concerns. EH praised TL and FLY for effective negotiation on this issue.</p> | |
| 7&8 | <p>Big Ideas & New Policies LD proposed that these 2 agenda items be pushed back to the next meeting due to time constraints. Executive Committee agreed to this suggestion.</p> | |
| 9 | <p>Any Other Business RG reminded Executive Committee members to continue to promote identity meet ups and Fresher's fair. A briefing will be available at each fresher's fair for reps in attendance. KT asked about attendance and timings at Fresher's: RG requested arrival before 10am. KT asked if she could collect sign up info for Bye-stander training. BD clarified that this will need to be provided online and not on paper due to GDPR restrictions. KT will meet with RG to set this up. MC reminded Executive Committee to share vacancies at the SU.</p> | KT |
| 10 | <p>Date and Time of Next Meeting: 26th September 2018, 2pm – 4pm</p> | |

Actions & Matters Arising From Last Meeting



26th September 2018

| ITEM | ACTION | OWNER | UPDATE |
|-------|--|--------|--------|
| 3.1.2 | SU page in student handbook (seen through Course Re Approval). Ongoing, will be taken to relevant committee identified in the new structure. | LD | |
| 3.2 | Financial review: LD to address possibility of bursary counting 'against' applications to the hardship fund with Andrea Cheshire | LD | |
| | LD to address concerns around the carers support fund | LD | |
| 3.1.1 | Food in the library: to include Cambridge in the conversations – LD to raise in upcoming meetings | FLY/LD | |
| | Halal food: LD to ask new uni staff to mark food appropriately | LD | |
| | Student nurses 1:1's TL to check and gather feedback re: Trust policy | TL | |
| 3.1.2 | Policy: MB to share link to current policy | MB | |
| | Exec to specify which policy they would like to prioritise/be involved in before Nov Exeec | All | |
| 4.1 | GRA Consultation: LD to submit response | LD | |
| 4.1.4 | PTJF: FLY to confirm where money will go from non-attenders | FLY | |
| 4.1.7 | KT to meet with Donna-Louise Cobban to clarify existing procedures/consider appropriateness re: ARU Bullying policy | KT | |

EXECUTIVE COMMITTEE UPDATE

LAURA DOUDS - PRESIDENT

My campaigns, policy and other work

**My campaigns**

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| Rent | In progress |
| <p><i>Actions updated: 19-10-18</i></p> <p>The survey is 90% done, and due to go live in early November. Comms plans have been submitted and designs are coming through for shareable images, website banners etc. Met with residential team - they're broadly on board with a lot of what we're doing although they seem a little pessimistic!</p> <p>Exec - how are you able or willing to support us with this campaign so that we get a representative sample?</p> | |
| History months | In progress |
| <p><i>Actions updated: 19-10-2018</i></p> <p>Black history month is underway - the last event is the panel on the 29th called 'Cultural Appropriation: What Is It and Does It Exist?'. Two students from Cambridge are attending to be on the panel, one student from ARU (so far!) and an academic from ARU.</p> <p>Disability History Month working group had the first meeting on 19/10/2018. The broad theme is music, and we have several ideas for guest speakers etc but dates are to be finalised when we know availability.</p> <p>Please let me know if you'd like to be involved with disability history month or LGBT history month. Please let me know what you can do to help promote these events.</p> | |
| Christmas Companionship | Not started |

Actions updated: 19-10-2018

On hold until further research is gathered, other sources of budget have been identified, and have checked that there is a real demand for this. Have meetings in the diary with the chaplaincy and international office to see if there's demand/what they could help with.

Other relevant updates

Actions updated: 19-10-2018

I took a few days holiday and it was GREAT I feel SO much more refreshed.

I met with our NUS contact, Ellis, and we spoke at length about the services NUS can provide us - some of which I wasn't aware of.

The NUS Zones conference is on the 24th/25th October and I'm running for a position on the Union Development Zone Committee. We'll find out the results a day or two after exec (I think!) so I'm keeping my fingers crossed.

The Officers had an away day to reconnect as a team and 're-learn' some of the skills we had originally learned during induction. It was a really useful day and I think the team is working a lot better and we're really rejuvenated after it.

I spoke at a CULC event on the 18th about access to education.

I met with Eva, NUS VP Welfare, at an event about marketisation of Higher Education that was held at Kings College by CUSU. It was really useful and I now have a whole network of people who are anti-marketisation - this will really help out anti-TEF policies.

EXECUTIVE COMMITTEE UPDATE

MARY COPSEY - VICE PRESIDENT (BUSINESS)

My campaigns, policy and other work

**My Campaigns**

| Part Time Jobs Fair | Working on |
|--|------------|
| <p>Actions updated: completed beginning September <i>Third working group - discussed final plans for PTJF's table arrangements, creating a staff router to cover SU stand, sending booking confirmations to employers and working with the team on call backs with booking employers for the fairs.</i></p> <p>Actions in progress: <i>- Flyers will be given out at Freshers fair and throughout october Mary/Fraser will be GOAT throughout October up to the event. -working up to the event promotion, flyering and online promotion.</i></p> | |

| Carers Awareness | Working on |
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| <p>Completed: Meeting with the Advise Team to update the advise page, making it more visual/accessible and informative of what support student carers can receive within the SU, university and externally (GOV support and funds).</p> <p>Update :</p> <ul style="list-style-type: none"> - Follow up required: Spoken to Chris (Volunteer Manager) - logging hours and creating a portal on the volunteer page for carers discussions are happening with MSL - Follow up with Student Services - meetings have been arranged to discuss and develop existing support and introducing my campaign ideas. <p>Action date events - November</p> <ul style="list-style-type: none"> - Carers awareness day will be the 30th November in Cambridge. - Carers awareness day will be 29th November in Chelmsford. - All promotions to be completed and send to Comms; event promo to be made and launched. - Disability History Month - carers awareness campaign links to and can be promoted within to support students and enhance awareness of both campaigns. Meetings to be arranged with Laura and other exec members. - Meetings arranged with Chelmsford Faculty Rep to discuss campaigns going forward. <p>Community Project - Carers Awareness <i>Recycle and reuse! Mary and Amanda have been meeting with sustainability society and the</i></p> | |

University to recycle and reuse and reduce the use of plastics. Therefore, for the community project within the carers awareness campaign we are investigating into using cardboard boxes to hold student donations in.

DONATE DONATE DONATE - Donations collections have started and will run throughout until november for the carers launch.

Business Blogs (faculty of Business and Law)

Working on

Actions updated: Mary completed

- Design briefs been send over to Comms; info-screens and web banners, app banners etc all send over to Comms.
- Spoken to business school, they are onboard with adding email signatures to their emails and promoting to business students.
- Website has been created.

Actions to be completed: - currently ongoing

- Digital posters to be send to business school as they will have them up within the faculty office.
- Launch date tbc as well as Mary, to write the first article and submit.

International Support Package

Working on

Actions updated: Planning and evidence building stage (current-ongoing)

Had meetings with the Chaplin and international office

- Discussions were around the ICAFE and also the international support available, how we can work together to promote visibility and communicate with students.
- Assignment support review, workshops.
- Follow up with Student Services - meetings have been arranged to discuss and develop existing support and introducing my campaign ideas.
- I have been having conversations with the business school, international office, Champlain to see what events we can promote and work on together and whether some of their budgets may be able to cover some of the international campaign.

Action plan going forward: speak to other faculties and get them onboard with this campaign and international support.

- Follow up with international office about international students within other faculties and what (if required) support, development, new ideas are needed).
- Student lead events held by Mary part of campaign - investigating into 1 event per a semester

alongside other international events.

- *Speak to international reps and other exec committee reps to see if they are interested on getting onboard? Tbc.*

Other relevant updates

N/A

EXECUTIVE COMMITTEE UPDATE

FRASER LUTHER-YARWOOD - VICE PRESIDENT (HEALTH, EDUCATION, MEDICINE & SOCIAL CARE)

My campaigns, policy and other work

**My campaigns**

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| Part Time Jobs Fair | In Progress |
| <p><i>A working group has been set in place involving both the union and employability</i></p> <p><i>The dates of the event are 23rd October (Chelmsford) and 30th October (Cambridge) each event will run 11-2</i></p> <p><i>The budget, as shown through the project plan, will solely go towards the promotion of the event</i></p> | |
| Peer Mentoring Programme | In Progress |
| <p><i>Currently working with different members within the faculty to use experience and history to apply a more effective Peer Mentoring Programme</i></p> <p><i>A presentation will be made at both my FPT and FEC</i></p> <p><i>Trial period hopes to commence in January</i></p> | |
| Love Societies | Not started |
| <p><i>Working on from last years' Love Societies project we are aiming to help promote smaller societies, invoke a better feedback mechanism for societies and also start a new Society of the Month awards</i></p> <p><i>Communications have already started with Dan Fow</i></p> | |

Other relevant updates

Actions updated: 17/08/18

Interdisciplinary Learning Activities

Nicky Milner and Ben Morris are partners in the project

A system that brings all medical based courses together to complete a story line diagnosis

We are currently looking to start a focus group for this project to gather student interest

This project has already been granted funding by the LTA

Open Library

Communications have started already and actions now are supported by the CircPolicy survey

Looking to reduce late return fees

Potential to have a food designated area within the library, most likely on the ground floor

Reps and Research

A project I was invited to which looks into the pre-university process of application, acceptance and arrival.

I have already myself completed a 1:1 to discuss my own experiences but we are looking to expand upon this and look into how prospective students can be better support before they even arrive at the university

Hot Food on Young Street

Once Terry's replacement has arrived I will start communications to provide the necessary provisions and facilities at Young Street

EXECUTIVE COMMITTEE UPDATE

MATT HAYES - VICE PRESIDENT (SCIENCE & ENGINEERING)

My campaigns, policy and other work

**My campaigns**

| | |
|---|-------------|
| Access Denied | In Progress |
| <p><i>Actions updated: 19/10/18</i></p> <p>Extended Trial proposal paper drafted. If possible, I would love to get the exec committee to sign this.</p> <p>Marcian Cirstea confirmed that current saturday trials will be sufficiently communicated to students by email.</p> <p>Paper taken to October FSE FPT. Some amendments have been requested by the meeting chair but they are happy to launch a trial within the next 4 weeks.</p> | |

| | |
|---|-------------|
| Society Skills | In Progress |
| <p><i>Actions updated: [19/10/18]</i></p> <p>Approved by Exec</p> <p>23/10/18 - possible date for workshop 1? Same day as Chelmsford PTJF but as they are on different campuses, I don't think this would be an issue however I would like Exec's approval.</p> <p>Talking to Graphic Design Society about maybe running a Graphic Design workshop in SEM2</p> <p>Have started writing the events workshop. Looking at probably an early SEM2 launch in order to not over-saturate the first semester as myself and the other officers have already been doing a lot in SEM1.</p> | |

Other relevant updates

Actions updated: 19/10/18

I have been extensively researching drugs policy. As part of this, I have started a WhatsApp group with Officers from other unions (25 officers from 23 different Unions) to compare how their Institutions treat drugs and how we can begin to create a national movement towards seeing drugs as a Social Care issue rather than a crime. This mostly stemmed from the release and subsequent workshop around the NUS Taking The Hit report. I have spoken to Eva Crossan-Jory from NUS about the possibility of getting drug checking kits on their purchasing consortium.

The first Best Night In/Out events ran with great success. We handed out over 60 sexual health goodie bags and 25 people got screened for Chlamydia and Gonorrhea.

Sat on my first Volunteer of the Month panel which was a really wholesome experience and gave me more of an insight into some of the great things our students have been doing.

Sat on my first Faculty Education committee where I was able to approve, reject, and tweak new modules so that they won't negatively affect students.

Was elected as a National Conference Delegate.

EXECUTIVE COMMITTEE UPDATE

AMANDA CAMPBELL-WHITE - VICE PRESIDENT (ARTS, HUMANITIES & SOCIAL SCIENCES)

My campaigns, policy and other work



My campaigns

| | |
|---|-------------|
| Best Night Out | In Progress |
| <p><i>Actions updated: [19/10/19]</i></p> <p>Matt and I hosted the first Best Night Out on the 2nd October... it was a huge success with roughly 70 students turning up. Created 70 sexual health bags to hand out and only had 4 left over. Terrence Higgins trust came and smashed their KPI of 5, they ended up doing 25 tests.</p> <p>Have had a meeting with Fraser, Ben Morris and Matt about BNO/I for Chelms. The date is for the 28th November! The aim is to have what we had in Cambs replicated in Chelms.</p> <p>After having had the meeting with the SU and Student services we basically turned around to Student services and said the training was too long, not relevant as it's an American programme. They agreed and we're now in the process of helping them create an ARU specific training for the Bringing in the Bystander.</p> <p>I am in the process of writing up a paper for the Permanent Bar for Cambridge campus.</p> | |

| | |
|--|-------------|
| Best Night In | In Progress |
| <p><i>Actions updated: [19/10/18]</i></p> <p>Matt and I had a very successful Best Night In on the 9th October. The event activities were very popular (we had Mario Kart, arts and crafts, scoobies and jewellery making). If I were to do the event I would provide more snacks and drinks as they went within an hour of the event happening.</p> | |

| | |
|-----------------|-------------|
| Body Positivity | In Progress |
|-----------------|-------------|

Actions updated: [19/10/18]

I have created a body positivity working group on Facebook for all students who have asked to be actively involved in the campaign. The group has been created in order to share ideas on the Campaign and spark conversation.

Have had a meeting with the Pole flex arts society on the campaign and their involvement in the Campaign. Planning a showcase for February sometime of music, arts, performances (literally anything!)

Design work has been started for the campaign it looks sick!

Other relevant updates

Actions updated: 14/09/18

Community project:

Students voted on the charity they wanted their items to be donated too. My community project as part of Mary's carers awareness campaign is fully up and running in Cambridge this week. Will be ready for Chelmsford soon!

General update:

Had our officers away day. Was a very intense and extremely useful day of active learning and learning how to have difficult conversations. We even created a funny element at the end of it which we're going to show at our staff away day!

Have been attending the start of Course Rep training to meet fellow reps, which has been really nice getting to meet new faces.

Laura and I are off to NUS Zones Conference - by the time exec is we will have been at Zones. Zones allow us to understand what we want to change as a student movement, begin to form our collective beliefs and start to take ownership of solutions. Zones is the first part towards National Conference Delegate.

Already started planning on our disability history month with Laura and co.

Have meetings in my diary various faculty people to update them on what I am doing and seeing what they're doing

Ran in the election for National Conference Delegate with my fellow officers. We were all elected!

EXECUTIVE COMMITTEE UPDATE

CAMPAIGN REPSCampaigns, projects and other work

| |
|---------------------------------------|
| Kyia Thompson/Women's Rep (Cambridge) |
|---------------------------------------|

Feminist Self-Defence Classes

These classes take place on Monday in LAB027 from 6pm to 8pm!

Collier Road Entrance

I was contacted by a student that has concerns regarding the lighting on the Collier Road Entrance of the Cambridge Campus. We contacted the council requesting if there were any plans to improve the lighting in this area, however, they have asked us to provide them with numbers regarding the number of students that pass through this area and at what particular times of the day. I am in contact with Rose to discuss implementing a poll via the SU's social media pages.

| |
|------------------------------------|
| Blessing Raimi/BME Rep (Cambridge) |
|------------------------------------|

Update:

Black History Month, the first event went really well and I was able to meet students from African Society and ACS. They have been helpful promoting the events and would be happy to work more with me throughout the year. Some students spoke to me at the Forum and next up is the closing event and some events in Chelmsford. It was great meeting students and represent and I feel they were happy to see the events hold on Cambridge Campus.

Currently in contact with panel speakers for the final event, encouraging students to get involved.

EXECUTIVE COMMITTEE UPDATE

FACULTY REPS

Campaigns, projects and other work

Jamie Smith - FSE Faculty Rep

Update:

- Attending FEC (Faculty Education Committee) and discussed how poor the communication of the restructure had been. The faculty sympathised and said any issues or questions should be directed appropriately (as some of these issues will need to be taken up with a different faculty for where courses have moved).
- Collected feedback from students regarding books plus and reading lists. Would like some support on next steps as I feel this isn't just an FSE issue.
- Collected other feedback ready for the upcoming FPT meeting (18/10/18). When are SSLCs set to finish & is it my responsibility to set up a meeting with my coordinator to analyse the feedback?
- Would like to campaign for all bike locking areas to be covered as many people are now struggling to use the Science Centre bike locks in the awful weather as they're covered. Is this something exec thinks I can take forward in relation to the Save our Space policy? Is this within my remit...?

Alex Mead - AHSS Faculty Rep

Update:

- I was actioned by Matt Hayes at the previous Executive Committee meeting (26/09/2018) to arrange a meeting with AHSS Rep Coordinator, Demi Smith. The purpose of this meeting is to discuss how communication to course reps can be improved. I shall also be using this meeting to get an email sent out to all newly-elected course reps in AHSS informing them who their Faculty Rep (Alex Mead) and Vice President (Amanda Campbell White) is as well as providing them information on course rep guidance. The date of this meeting has yet to be confirmed.
 - Attending the upcoming FPT/FMT meeting (24/10/2018) to discuss general student issues.
 - Attending the upcoming AHSS FEC (Faculty Education Committee) meeting (30/10/2018) to discuss the lack of communication to students regarding the restructure as well as other relevant student concerns.
 - I have emailed the Faculty Student Engagement Manager, Karen Sturt, to arrange a potential meeting in order to discuss potential improvements to the AHSS Buddy Scheme. The meeting has yet to be agreed.
-

Ben Morris - HEMS Faculty Rep

Update:

- I am writing this update off the back of completing the ParaSoc 24hr CPRathon!
- I have been working on a campaign plan to support student paramedics at ARU and across the country. Please see '**Paramedic Support Package**'.
- I met with Laura Douds (SU President) to discuss the changes to the Books Plus scheme; although I do understand why the changes have been made I feel there will be difficulties and opposition to the change of scheme.
- Following the success of BNI/BNO in Cambridge, I met with Amanda (VP AHSS) & Fraser (VP HEMS) to plan BNI&O in Chelmsford! I am very excited for this event!
- I have been approached by 1st year Medical Students regarding an issue surrounding "MedSoc" - lectures have been pushing them to 'take over' the existing MedSoc, and have suggested it should be exclusively for medical students. The current MedSoc is currently run by the PAs. I have suggested organising a meeting with the current committee to see what can be done moving forward. Action for me to meet with Gavin (Course Based Societies Coordinator Chelmsford) & Rachel (HEMS Representation Coordinator).

Additionally, the Medical Students have shared they are feeling isolated due to an intense timetable and a perceived hostility between courses. I am hoping to organise a HEMS social event (? via societies) to overcome this.

- Unfortunately, I have been unable to attend the October FEC & FPT due to placement.

[Tavonga Roy Magwenzi/FST Faculty Rep]

Update:

- Update on the Up your Grant
- I have approached students from different Faculties and Society Reps and have brought to our attention that the Student's Union is not offering enough money for the budgets for activities going on with some societies.
- I have contacted the Enterprise & Entrepreneurship Administrator for Big Pitch, Lance Everett who can assist in increasing grants for the pot in the event.
- Lance has not got back to me yet so once i receive more information i will give a more informed update
- Unfortunately I was unable to attend the FEC and FPT due to lectures.
- I have looked at some of the concerns raised by students in the FST and the most popular was fear of unemployment because most courses do not offer a placement year.

- The courses which do offer placement years do not directly send offers to students in a similar manner to the students in the FHSCE i.e. the NHS directly having placements for nurses and other courses within the Faculty.
- Most students who are in the international society seemed to raise this point and indicated how their chances of employment would decrease significantly without any placement/experience at all which is different from the FHSCE students with enough experience that will set them up good for employment straight after university offering flexibility options for them.
- I want to start an initiative to have the FST to collaborate with various firms/companies respective to courses offered by ARU FST which in turn will have students wishing to have placement experience during their course or temporary positions which provide valuable experience for students after university.
- Action pending; I have already spoken with an official from Chartered Institution of Building and has shown interest in the scheme, and will consult the Dean about the scheme. I haven't had time to meet him because of busy schedule lately.

[Tiegan Lawson/FHEMS Rep]

Update:

- My original idea was having a placement group meetup to help students on Young Street engage with the Student Union and try to keep the uni life going when they might not have contact for weeks with other students.
- I then had a meeting with Rose, and this stemmed into gathering feedback from Young Street students via survey monkey about how students feel on the campus and how their experience differs to 'normal' university students, with engagement to the student union.
- The end goal is to act upon feedback and see if the isolation that I have had feedback about, is a shared experience for most Young Street students. Hopefully engage the placement students with the university while they are on placement/set up a coffee morning bimonthly or something similar.
- After the win with the tablets for one Cohort in Cambridge, I'd like to be able to spread this to other campus' and be able to get students the choice about what device they use. Will get into contact with Peterborough Rep, as they have a similar issue, however they do not have John Smiths. The main goal is to allow students to use any device that is compatible for MyProgress, and if mentors have an issue with using students devices, the student can be loaned a tablet for the placement. Aim to Work with the Reps to spread this to all future/current cohorts- Possibly resolved for current, needs more clarification and communication.
- Looking forward to meeting and working with my course reps, so looking to set up a tea and biscuits morning.

-
- In conversation with the Nursing Society President, to get it known and advertised as there are very few members right now, so then events can be planned!
 - Awaiting meeting regarding placement electives/placement feedback group.
 - Had a meeting with Head of Nursing and Midwifery school Cambridge, working closely with her to try to improve communication between tutors/course leaders and students.

Project Plan

CAMPAIGN PROJECT PLAN

| Project Title | Start Date | End Date |
|----------------------------------|------------|----------|
| <i>Paramedic Support Package</i> | Sept 2018 | --- |

| | | | |
|------------------|-----------------|-----------------|--|
| Lead Officer/Rep | Benjamin Morris | Officer Support | |
| Staff Support | | Exec Support | |

The Problem

Prior to August 2017, students starting a degree in Nursing, Midwifery or in a recognised Allied Health Profession would be eligible for the NHS Bursary. The Government decided to scrap the NHS Bursary system meaning any students who were due to study on these courses from August 2017 would be subject to tuition fees and student loans. Following public consultation, the Government realised that healthcare students were 'unique'; they faced challenges unlike many students across the country, and such, implemented a support package to enable these students to continue their studies. The NHS Learning Support Fund (LSF) was created to give additional funding specifically to these healthcare students. This fund includes financial support for travel & dual accommodation costs as well as childcare & additional hardship.

Despite facing similar challenges to that of nurses, midwives and others on the bursary scheme, paramedic students were excluded from the original NHS bursary and have also been excluded from the NHS LSF.

Additionally, unlike nursing & midwifery, paramedic courses are not included in those eligible for additional funding through student finance as a second degree.

Here at ARU, the ARU Travel Bursary has been set up to help support students with placements (such as paramedics), yet students report there are difficulties in accessing this fund and there appears to be problems with the current system.

Evidence

Hardship experiences of current students (see survey results).

Number of students accessing ARU support fund for travel bursary (exact numbers to be confirmed).

Nationally, students starting at University of Brighton are advised to contact the hardship fund once they enrol.

Vision

1. Paramedic Science / Practice students being granted access and support via NHS LSF.
2. Paramedic Science / Practice courses being included in eligibility for 2nd degree funding.
3. Remove barriers to ARU students to access ARU Travel Bursary.

| Aim | Objectives |
|--|--|
| Increase financial support for paramedic students | <i>What are the specific objectives of this campaign?</i> <i>What will it achieve?</i> |
| | Paramedic Science / Practice students being granted access and support via NHS LSF. |
| | Paramedic Science / Practice courses being included in eligibility for 2 nd degree funding. |
| | Remove barriers to ARU students to access ARU Travel Bursary. |

Project Team

Ben Morris
 Laura Douds
 Fraser Luther-Yarwood
 Tatiana Sapiano
 Tiegán Lawson
 Rose Guy
 Bethan Dudas

| Consultation/Approval | Date | |
|------------------------------|------|---|
| Campaigns Coordinator | | ✓ |
| Executive Committee | | ✓ |
| Students | | ✓ |

| Key Stakeholders | How to get them on board |
|---|---|
| <i>Who will play a big part in your campaign?</i> | <i>How are you going to win them over/get them involved?</i> |
| Matt Hancock (Secretary of State: Health and Social Care) Steve Brine MP (Parliamentary Undersecretary of State for Public Health & Primary Care) Stephen Barclay (Minister of State for Health) | Petition Letters Face-Face |
| Vicky Ford MP (Chelmsford) | Affects her constituents (students). Include stories of the reality of being a student paramedic (Face-Face/Letter) |
| Health Education England | ? Already on board |
| National Union of Students | Highlight benefit to students (face-face) |
| College of Paramedics | Outline benefit to students/progression of profession (Email) |

| | |
|--|---|
| Staff (Unison) | Decrease stress on students – increase attendance & engagement- increase performance. (FTP/Face-Face) |
| Ruth Taylor (Council of Deans of Health) | Highlight benefit to students (via FPT) |
| Students (Paramedic & General) | Highlight benefit to students (via SU Comms) |

| Deliverables | Departments Involved in Delivery | Monitor, Measure and Evaluate (KPIs) |
|---|---|---|
| <i>What will the outputs of the project be (an event, a facebook group)</i> | <i>Are there any specific Students' Union departments/teams that you would like to be involved?</i> | <i>How will you measure the success of the project? How will we know if it has achieved its objectives?</i> |
| <i>Acquisition & Analysis of local data</i> | <i>Students Fac. Reps Rose</i> | <i>Number of student samples Does data confirm problem</i> |
| <i>Presentation to Exec & Faculty</i> | <i>Bethan</i> | <i>Support from Exec & Faculty</i> |
| <i>Website/Page</i> | <i>Comms</i> | <i>Shares/Visits to page</i> |
| <i>Acquisition & Analysis HESA data</i> | <i>Rose</i> | <i>Number of student samples Does data confirm problem</i> |
| <i>National take up</i> | <i>NUS Bethan</i> | <i>Support from NUS</i> |
| <i>Petition to Parliament</i> | <i>Bethan</i> | <i>Number of Signatures (10,000/100,000)</i> |
| <i>Ruskin Journal Article</i> | <i>Ruskin Journal Students</i> | <i>Increased awareness Redirects to website</i> |
| <i>Media Appearance</i> | <i>Comms BBC/Heart/LBC Students</i> | <i>National support & discussion</i> |

Detailed Timeline & budget

| Dates activity | Activity | Action | Who's doing it |
|--|--|---|---|
| October/ November 2018 | Gather data of ARU students for comparison via Student Services & self- research | Data required – No. Hours required for Pre-Reg. Distance to Placement Provider Costs of travel & accommodation (NHS vs Para.) No. Students accessing ARU LSF (All) Proportion of students accessing ARU LSF – Para. Amount allocated from LSF. No. Students with dependants (NHS vs Para.) Maintenance loan allocations | Ben Fac. Reps |
| October/ November 2018 | Analysis of local data | Compare NHS – Paramedics. | Ben Rose |
| November 2018 | Gather stories from students | Speak to students re: experiences | Ben Officers Fac. Reps Course Reps |
| November 2018 | Gather national data for comparison ? £150+ | Data required – Same as above | Ben Rose Bethan |
| November/ December 2019 | Presentation to Exec. | Findings from local data. | Ben |
| December/ January 2019 | Contact other Universities/ SU regarding student experiences | | Ben Laura / Fraser |
| December/ January 2019 | Gather support from NUS & College of Paramedics | | Ben Laura / Fraser Bethan |
| January 2019 | Analysis of national data | | Ben Rose |
| January 2019 | Petition (runs 6 months) | | |
| | | | |

TOTAL COST: £

349/18 FVCLEDIC

Survey Results

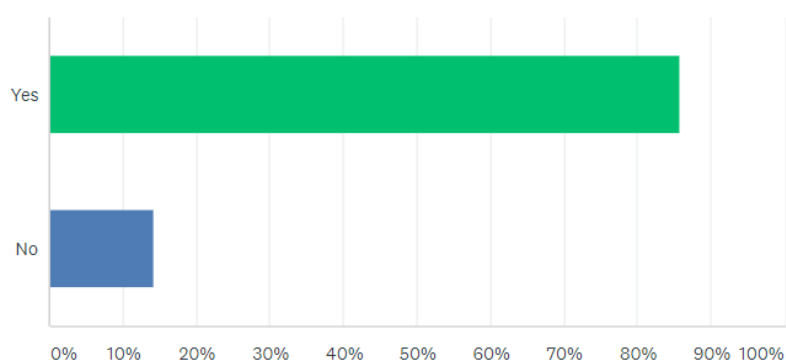
Q1

Customize

Save As ▼

Have you had financial difficulties whilst being on the course?

Answered: 21 Skipped: 0



| ANSWER CHOICES ▼ | RESPONSES ▼ | |
|------------------|-------------|-----------|
| ▼ Yes | 85.71% | 18 |
| ▼ No | 14.29% | 3 |
| TOTAL | | 21 |

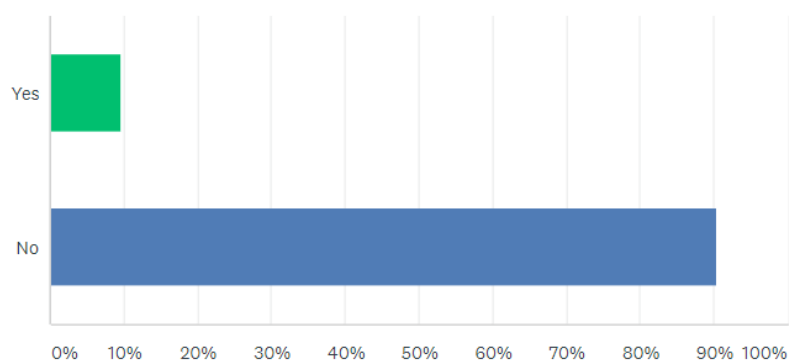
Q2

Customize

Save As ▼

Have you had difficulties arranging childcare whilst being on the course?

Answered: 21 Skipped: 0



| ANSWER CHOICES ▼ | RESPONSES ▼ | |
|------------------|-------------|-----------|
| ▼ Yes | 9.52% | 2 |
| ▼ No | 90.48% | 19 |
| TOTAL | | 21 |

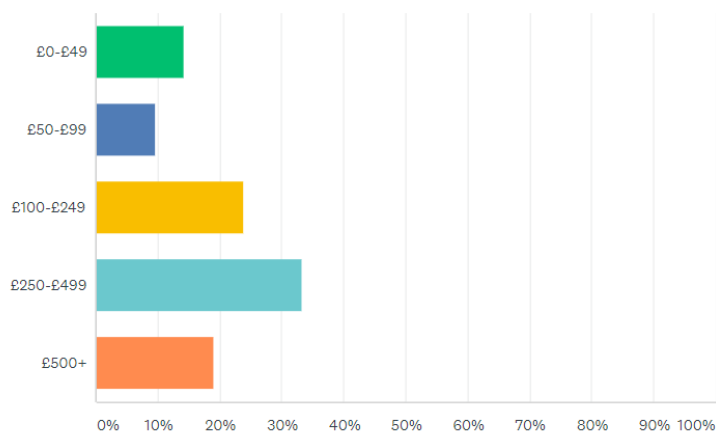
Q3

Customize

Save As ▼

On average, how much do you spend travelling to & from placement and on parking? Per 5 week block:

Answered: 21 Skipped: 0



| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| ▼ £0-£49 | 14.29% 3 |
| ▼ £50-£99 | 9.52% 2 |
| ▼ £100-£249 | 23.81% 5 |
| ▼ £250-£499 | 33.33% 7 |
| ▼ £500+ | 19.05% 4 |
| TOTAL | 21 |

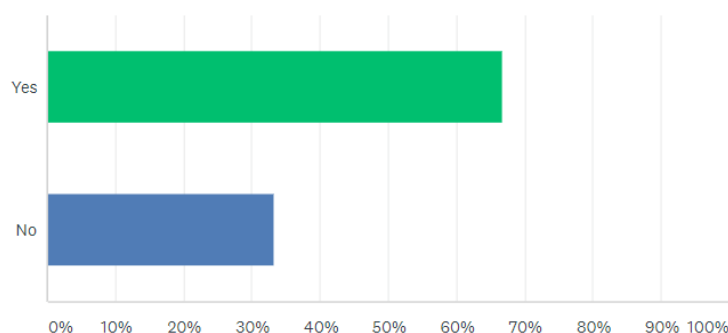
Q4

Customize

Save As ▼

Have you needed to stay at another address (AirBnB, Hotel, Hostel, Family/Friends) whilst completing your placements?

Answered: 21 Skipped: 0



| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| ▼ Yes | 66.67% 14 |
| ▼ No | 33.33% 7 |
| TOTAL | 21 |

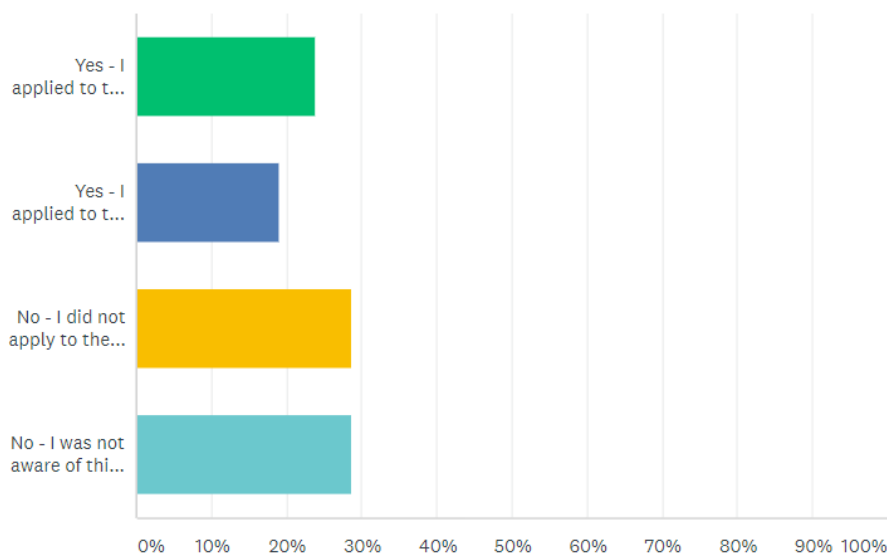
Q5

Customize

Save As ▼

Have you accessed the Anglia Ruskin Travel Fund?

Answered: 21 Skipped: 0



| ANSWER CHOICES | RESPONSES |
|---|-----------|
| ▼ Yes - I applied to the fund and received money | 23.81% 5 |
| ▼ Yes - I applied to the fund but did not receive money | 19.05% 4 |
| ▼ No - I did not apply to the fund | 28.57% 6 |
| ▼ No - I was not aware of this fund | 28.57% 6 |
| TOTAL | 21 |

Additional comments from students:

Due to placement blocks finding additional paid work can be very difficult a lot of places outside of the uni won't take you due to the amount of time off we require

My placement time cost me well over 1k

I wasn't able to receive money due to living closer to placement than I do uni, however it's a bit different when we are in uni 1-2 days a week but placement 4-6 days a week.



Department
of Health

Reforming healthcare education funding: creating a sustainable future workforce

Government Response to public consultation

| |
|---|
| Title: Reforming healthcare education funding: creating a sustainable future workforce |
| Author: DH Workforce Development Team |
| Document Purpose: Government response to consultation |
| Publication date: July 2016 |
| Target audience: |
| Contact details: SRbursariestoloans@dh.gsi.gov.uk |

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Reforming healthcare education funding: creating a sustainable future workforce

Government Response to public consultation

Prepared by DH Workforce Development Team

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| Summary of response themes | 10 |
| Supplementary funding for student offer | 15 |
| Overall conclusion | 18 |
| List of respondents | 19 |

Ministerial Foreword



My predecessor launched the public consultation about reforming student finance for students of nursing, midwifery and the allied health professions by saying ‘we want to hear from as many individuals and organisations involved in nurse training and educations as possible’. Around 1,750 people responded to the consultation, with many contributing thoughtful, detailed ideas and I am pleased to say that the government has listened and adapted our plans accordingly.

We know that whilst undertaking their courses, healthcare students must complete compulsory training in a clinical placement setting – this aspect of their study makes them unique in the student population. Based on the feedback we received throughout the consultation period, we have made a number of provisions to reflect this. These are set out in the following Government Response.

The government remains dedicated to the diversity of the future NHS workforce; we know how important it is that our health service reflects the people it serves and that people from all backgrounds feel that studying for a career in the NHS is accessible. These reforms will provide around 25 percent more up front living cost support for students, more available places for capable applicants and more healthcare workers for the future NHS.

We will implement these reforms carefully; as well as concessions to the unique demands on healthcare students, we will monitor application rates and make interventions where necessary – particularly for students from disadvantaged backgrounds. Reforms to the wider higher education system have increased participation from these groups and we are determined that the same benefits are seen for students of nursing, midwifery and allied health professions. We will work alongside experts in the healthcare higher education sector to ensure our reforms achieve the skilled nursing workforce our NHS and social care providers need, while encouraging students to embark on fulfilling careers in healthcare.

Alongside these reforms we will be introducing apprentice roles for healthcare workers and the new Nurse Associate agenda to widen further access to these professions whilst maintaining the value of degree-level study.

Philip Dunne MP

1. Introduction

The government announced in the 2015 Spending Review that from 1 August 2017, all new nursing, midwifery and allied health professional students will receive their funding and financial support through student loans rather than through the current NHS bursary scheme.

From 2017, new students will have access to the standard student support system provided by the Student Loans Company (SLC) to cover the cost of their tuition fees and means tested support for living costs rather than having their course fees paid by Health Education England (HEE) and receiving a bursary from the NHS Business Services Authority (BSA).

The Department of Health launched a public consultation on the gov.uk website which lasted 12 weeks until 30 June.

1,743 responses were received via Citizenspace, email and hard copy before the consultation closed, and some additional evidence was also received.

Please note that throughout this document where quotes from responses are given they are not necessarily given in full due to limited space, although we have sought to reflect balanced input from respondents.

A list of organisations that responded to the consultation or provided evidence is from page 18.

Responses received after the consultation closed have not been considered as part of the consultation evidence. However, we did consider these and any evidence received after the consultation closed as part of the broader evidence base for the policy decisions and as part of the ongoing Equality Analysis.

2. Overview of question response rates

Some consultation questions asked yes/no answers, with room for further comment, whereas others asked open questions designed to garner a wide range of opinions. We set out below the rate of responses for each question; further analysis of themes to arise from responses will be outlined in Chapter 2.

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?

Clarification: there was a typing error for this question whereby Orthotics was listed for a second time instead of Orthoptics.

14.4% of respondents answered yes;
78.2% of respondents answered no;
7.4% of respondents did not answer the question.

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 Masters loan and to consider the potential support or solutions available?

48.8% of respondents answered this question
51.2% of respondents did not contribute answers

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?

52.7% of respondents answered this question
47.3% of respondents did not contribute answers

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.

58.6% of respondents answered this question
41.4% of respondents did not contribute answers

Question 5: Do you agree that increasing the available support for living costs typically by around 25 percent 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?

19.7% of respondents answered yes;
63.8% of respondents answered no;
16.5% of respondents did not answer the question.

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?

35.3% of respondents answered this question
64.7% of respondents did not contribute answers

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

48.3% of respondents answered this question
51.7% of respondents did not contribute answers

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?

38.3% of respondents answered yes;
40.6% of respondents answered no;
21.1% of respondents did not answer the question.

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?

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.)

23.6% of respondents answered yes;
49.9% of respondents answered no;
26.5% of respondents did not answer the question.

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

45.0% of respondents answered this question
55.0% of respondents did not contribute answers

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.

55.8% of respondents answered this question
44.2% of respondents did not contribute answers

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

47.7% of respondents answered this question
52.3% of respondents did not contribute answers

Question 13: Do you have any general comments on the content of Chapter 4 which you think the government should consider?

44.9% of respondents answered this question
55.1% of respondents did not contribute answers

Overview of question response rates

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

54.4% of respondents answered this question

45.6% of respondents did not contribute answers

3. Summary of response themes

The consultation received a wide range of views on the implementation of higher education healthcare funding reform. A number of respondents chose not to engage with the questions, but called for maintaining the NHS bursary under the current system. Whilst these opinions have been noted, the purpose of the consultation was to invite views on the successful and fair implementation of bursary reform rather than ask about their principles and so these responses have not been considered further.

There were also a number of ideas for reform which were considered by the government but will not be taken forward in the current fiscal context. These included paying healthcare students a form of wages, forgivable loans and loan exemptions.

A number of recurring themes were found in the consultation responses. These are set out below.

Other courses to be included in funding reforms (Question 1)

A number of courses were listed which respondents believed should come under the reform arrangements. These were largely postgraduate courses, many of which were also post-registration. The courses mentioned with the most frequency were: paramedicine, medicine, dentistry, medical scientists, post-registration specialists, foundation degrees, physician associates and social work.

The government accepts that there are some healthcare courses for which current funding models may need to be reviewed and altered in the future. There are some courses where student funding is not consistent across the country and some stakeholders feel this should be addressed.

The government does not believe, however, that changing funding models for the courses listed above should take place within the scope of this reform. Detailed work is required to identify the costs and benefits of moving more healthcare courses onto the standard student support system and it is appropriate for this work to take place at a later date. The courses identified by consultation respondents will help to inform any future work in this area.

Postgraduate and second degree students (Questions 2, 3, 4 12)

A large number of respondents provided information about pre-registration postgraduate and second degree students which, along with data analysis, has informed Government decisions.

Respondents told us that pre-registration postgraduate students may be more likely to be older and have dependants than the undergraduate population. They may also potentially have student loan borrowing already. It was also reported that upon leaving education, they are valuable to the NHS, bringing higher levels of skills, particularly in terms of research and leadership. Furthermore, postgraduate courses are mostly shorter than those on an undergraduate timetable and teach specialised skills.

In addition to this, a number of respondents raised issues with the levels of future postgraduate funding which would be made available via DfE in the new government-funded postgraduate master's loan (PGML), the terms of which were outlined in the consultation document (pp.13-14). Some stakeholders explained that the terms of this loan, designed for the general postgraduate student population, would exclude their pre-registration course because of differing structures. Furthermore, many felt that whilst the PGML may benefit students of other subjects, the loan amount of £10,000 would not be sufficient for pre-registration healthcare students who currently receive full tuition and maintenance funding.

Summary of response themes

Respondents highlighted that a number of healthcare students with a previous degree may come to study their chosen subject later in life and are therefore potentially likely to be older and have child dependants. Large numbers of respondents reacted positively to the proposal that students with an existing degree would, be eligible for a second instalment of student loan funding. Many felt this would help ensure uptake amongst mature students.

We accept that pre-registration postgraduate and second degree students bring valuable qualities to the healthcare student population and to the NHS workforce. We also accept that students who come to pre-registration healthcare courses through postgraduate or second degree routes may be more likely to be older than the general student population. The government has also taken into consideration the numerous submissions calling for students on healthcare master's courses to receive more financial support than that envisaged by the new postgraduate master's loan, which at £10,000 has been designed as a contribution to a student's costs. There is therefore a risk that were funding not available to prospective postgraduate healthcare applicants, student numbers, and therefore workforce supply, could fall. For pre-registration postgraduate courses specifically, a number of responses proposed that funding should be made available on the same terms as for undergraduate students (as currently happens for students of the Postgraduate Certificate in Education). The government is considering this option and others as a long-term solution, but will not be implementing a new funding model for pre-registration postgraduate students beginning their course in 2017.

Ahead of implementing a longer-term solution to ensure pre-registration postgraduate students can continue their valuable contribution to non-medical professions, the government will make funding available for tuition and bursaries for a capped number of pre-registration postgraduate healthcare places for new starters in 2017, based on the same numbers that are currently in place. This is a transitional arrangement only for new entrants in 2017 until a longer-term solution is finalised from 2018 onwards. Further detail will be published in due course.

Clinical placement accessibility (Questions 4, 5, 7, 11)

By far the most frequently mentioned factor for justifying healthcare students' status as 'unique' when compared to the general student population was the compulsory clinical placement element of their courses. Respondents felt that because pre-registration healthcare students have a centrally mandated number of placement hours to complete before they can graduate from their course, that students should be supported to attend those placements.

Currently, costs associated with attending clinical placements beyond that which the student could be expected to fund are paid by the NHS BSA - respondents put forward that this practice should continue under the new funding system. The most frequently mentioned costs incurred by students attending clinical placements related to travel and temporary accommodation. Respondents were concerned that under the standard student support system there is a payment amount of £303 that students are expected to fund before they can claim costs to be reimbursed by the government on a non-repayable basis. Responses were unanimous that costs incurred by students when attending placements should be borne by the state and not by individual students.

The government accepts points raised that the clinical placement element of pre-registration healthcare courses is a unique feature which distinguishes students of nursing, midwifery and the allied health professions from the general student population. There are a number of costs associated with attending clinical placements which students of other subjects will not incur. Some funding arrangements in the standard higher education support system may, therefore, not be sufficient for healthcare students without supplementary funding from the Government.

It is the government's view that students' completion of high-quality clinical placements is essential to having a well-trained workforce for the NHS. Therefore, in addition to the expenses

system in place run by the higher education student support system, the government will make available funding for up to £303 pre-registration nursing, midwifery and allied health profession students with the purpose of maintaining access to clinical placements and other areas associated with compulsory study. We will also provide students with funding for unavoidable costs incurred for temporary accommodation with the purpose of maintaining access to clinical placements and other areas associated with compulsory study. The government strongly believes that these courses should remain accessible for all, regardless of background and will make funding available to ensure this is the case.

Childcare and maternity provision (Questions 4, 5, 6, 7)

A number of responses told us that childcare is more expensive during non-standard work hours that nursing, midwifery and allied health students may undertake for their clinical placements. Many respondents therefore felt that these students legitimately needed to claim larger amounts of childcare expenses compared to the general student population.

As with travel and accommodation, the government accepts that the clinical placement element of healthcare courses may mean that nursing, midwifery and allied health profession students incur larger childcare costs than the general student population. Therefore, the government will make available extra childcare funding of £1,000 per person for nursing, midwifery and allied health profession students with the purpose of maintaining access to clinical placements and other areas associated with compulsory study. This will not affect these students' access to childcare support provided by the standard higher education student support system, and in the majority of cases will mean a better deal for those who are studying and have children.

We also received responses which called for the twelve-month paid maternity leave period, administered by NHS BSA under the NHS bursary scheme, to be continued under the standard higher education support system.

The government has considered these responses and believes that there is suitable support offered by Student Finance England (SFE) regulations for students who fall pregnant and need to return to their studies later. Under SFE guidance, living cost support is provided for students who are absent from their course for 60 days for reasons including pregnancy. Extension of living cost support for absences greater than 60 days is provided on a discretionary basis, as long as the student and their Higher Education Institute (HEI) can agree a period of absence and terms of return. SFE have been instructed to be particularly sympathetic towards those students who have dependants. The government expects HEIs to work with their students and SFE to ensure healthcare students who fall pregnant are given adequate support to return to their studies. If students agree their return with HEIs, who then work with SFE, we believe there will be adequate support for pregnant students. It is not in the interest of any party for students to be unable to return to study due to hardship caused by pregnancy.

The government will monitor the impact of reforms on pregnant students and will make interventions if evidence shows it to be necessary.

Part-time students (Questions 8, 9)

The consultation document explained that under the current student support system rules, only full-time students are eligible for a loan for living costs. These rules will change from 2018/19 so that for the first time a loan for living costs will be available for part-time students. However, this would mean that in 2017/18, new part-time students on pre-registration courses would only have access to tuition fee loans and would not be eligible to apply for a loan for living costs through the SLC. The government set out a proposal to give part-time students beginning in 2017 access to the current bursary system for living costs. Responses to this question were

Summary of response themes

mixed but a number of respondents, particularly larger organisations, felt that this arrangement would be fair and reasonable.

The government accepts points made in consultation responses that part-time students are more likely to be older than the general student population and that their decision to study on a part-time basis could be motivated by caring responsibilities or health issues.

The government will, for a capped number of new students who commence part-time courses in 2017/18, continue to provide maintenance bursary support for the duration of their course. Part-time students who enrol from 2018/19 onwards will be eligible for funding provided by the SLC, subject to a wider consultation on part-time undergraduate loans for living costs. It is the government's view that these arrangements will ensure that part-time student numbers are maintained.

Placement commissioning (Questions 11, 13, 14)

Respondents generally felt that this was an important issue affecting the success of the healthcare bursary reforms and a number of problems and solutions were offered by respondents.

Issues raised with the future of clinical placements concerned the capacity of the system to accommodate an increase in numbers, the quality of those placements and the central importance of mentors to any success. Furthermore, respondents also brought up the length of time students had to spend at clinical placements - 2,300 hours for nurses - as this was felt by many to be too long. Furthermore, some larger stakeholders such as trade unions queried the impact that new nursing apprenticeships would have on clinical placement commissioning.

The government acknowledges that having a stable placement commissioning system for a transitional period is important for workforce supply and HEIs, therefore HEE will retain responsibility for commissioning the minimum number of placements for 2017/18. Universities will be free to create additional places on top of these in partnership with their local trusts and will have their HEE-funded placements maintained at existing levels. We received a number of very detailed responses which set out how the future clinical placement funding and commissioning system could be organised beyond this initial period. These included suggestions about changing funding channels, adjusting the roles of existing organisations or creating new bodies to oversee this process.

It is the government's view that more comprehensive work is required to design a system for administering clinical placements which will be fit for purpose. We are committed to a future system which provides high-quality, safe and cost-effective clinical placements for the non-medical student population. More detail on the proposed options to achieve these aims will be released in Autumn 2016.

Small and specialist subjects (Questions 1, 12)

Respondents raised concerns about the impact of the funding reforms on small and specialist subjects critical for workforce supply, for example podiatry, speech and language therapy, orthoptics and others. Solutions offered by respondents included better campaigns to promote lesser-known subjects, targeted funding for students on these courses or the HEIs which run them, or guaranteed jobs for specialist graduates.

The government recognises the importance that specialist courses have to the supply of the future NHS workforce. Some of these courses are run by a small number of HEIs and the government is aware of risks to overall numbers of healthcare specialists should these courses close. The government will develop proposals to mitigate these risks; we will provide more detail in the second response, released in Autumn 2016.

As part of our work to monitor and evaluate relevant data, the government will assess whether further interventions on a local level are needed to support nursing, midwifery and AHP students in certain areas.

4. Supplementary funding for student offer

Through the consultation process, the Department has received evidence of the need for supplementary funding to the higher education student loans system in the case of healthcare students. The Department considers that this funding is needed, given the unique case of healthcare students, to prevent a fall in both the number and diversity of these students, and otherwise to ensure there is a continued workforce supply of healthcare workers.

Many respondents have pointed out the unique case of healthcare students because of the compulsory clinical placement element of their courses; these students have to complete a mandatory number of placement hours, which take place in real-life clinical settings, in order to graduate from their course. To ensure the success of the reforms, the Department wishes to make available targeted funding to cater for the unique situation of healthcare students. This funding includes provision for travel, dual accommodation and childcare allowances, funding to ensure the supply of postgraduate healthcare students, and an exceptional hardship fund for certain cases.

Exceptional Hardship Fund

The Department of Health has considered the responses provided and recognises that, in a small number of cases, there may be scenarios where students find themselves facing severe financial hardship. Under the reformed system, all nursing, midwifery and allied health students within the scope of these reforms will be under the purview of the Director for Fair Access.

However, the Department recognises that, even with this level of additional support, there may potentially be some exceptional cases where students still consider ending their studies prematurely due to severe financial hardship.

For such cases, the Department will work with external experts such as nursing bodies to develop options to support exceptional cases where nursing, midwifery and allied health students find themselves in severe financial hardship. Further details will be published ahead of the 2017/18 implementation of these reforms.

Childcare Costs

Alongside DH analysis, responses to the consultation suggest that older (female) students are more likely to have child dependents or caring responsibilities. Nursing, midwifery and AHP students with child dependents of a certain age may have to pay for childcare whilst undertaking the clinical placement element of their courses.

The Department recognises support with childcare costs is a key issue and has noted the concerns that in certain, specific situations, some new students with child dependents may potentially find themselves able to access less support on the higher education student support system when compared to childcare support through the NHS bursary system. In order to mitigate any risks to student numbers and attrition from courses, the Department is committed to providing additional support of £1,000 per student with dependents, per academic year, in order to ensure that those students with child dependents can continue to study and attend clinical placements. This will not affect these students' access to childcare support provided by the standard higher education student support system, and in the majority of cases will be a better deal for those who are studying and have children. Further details will be made available prior to students commencing their courses in September 2017.



Travel and Dual Accommodation

The government has noted that students who claim travel expenses under the **standard higher education support system have to pay £303 of these costs themselves**, before they receive non-repayable funding support. This is not the case for students on the NHS Bursary scheme. In order that healthcare students can continue to access clinical placements unhindered, the Department of Health will commit to providing all new healthcare students this £303 payment as a non-repayable grant. This will not affect healthcare students' ability to access funding from the standard higher education support system to pay for their essential travel costing over £303. This stipulation will enable them to fulfil the mandatory number of hours spent on clinical placements over the duration of their course, in order to attain their registrable qualification.

The government recognises that some healthcare courses require students to attend training at clinical placement providers which are long distances from their university or to spend significant time away from their place of study. These situations result in either greater travel costs or the need to rent extra accommodation.

Providing the case for both educational provision and value for money can be demonstrated, any student who finds that they are at a financial disadvantage as a result of their clinical placement will be entitled to re-imbursement of costs associated with secondary accommodation. Further detail will be published in due course.

Postgraduate students

The consultation acknowledged that, under the current higher education student loans system, there are a number of postgraduate courses which would not be eligible for the postgraduate master's loans package, which at £10,000 has been designed as a contribution to a student's costs. There is therefore a risk that were funding not available to prospective postgraduate healthcare applicants, student numbers, and therefore workforce supply, could fall. For the purposes of securing longer term workforce supply, the government will, for the cohort starting in 2017/18 and for a capped number of students, provide a bursary for tuition and maintenance to meet the full costs of the course for postgraduate students. This will be a transitional arrangement and the intention of the government in the long term is for these courses to reform to fit the standard student funding model from September 2018.

Second degrees

A small number of nursing, midwifery and allied health professional students may already have a degree in another discipline. Under the current student support system, these potential students would not be eligible to access student support for a second time. **To support students who are planning to undertake nursing, midwifery and allied health professional subjects as a second degree, the government will put in place an exemption to enable these students to access the standard student support system, just like students studying for a first degree.**

As is current policy, students who take out two undergraduate loans will not repay the second after the first, but instead will have the second loan balance added on to the first. Loan repayments will remain income dependent. The SLC will issue further guidance on this.

Part-time students

The consultation indicated that in 2017/18, part-time students will only have access to tuition fee loans and will not be eligible to apply for a loan for living costs through the SLC. For this reason, the Government will, for a capped number of new students, who commence part-time courses in 2017/18, continue to provide maintenance bursary support for the duration of their course. Further guidance will be issued in due course. The intention is for new students commencing part-time courses from 2018/19 onwards to apply for both tuition and maintenance loans

through the SLC, subject to a wider consultation on part-time undergraduate maintenance loans.

Dental Therapy and Dental Hygiene

We have received feedback from consultation responses and stakeholders including the Dental Schools Council that including Dental Therapy and Dental Hygiene in the scope of the reforms would have a detrimental effect on workforce supply. This is because several dental therapy and hygiene courses are supplied by dental schools, such as The Greater Manchester School for Dental Care Professions, rather than universities. If these courses were included in the scope of the reforms, students at these dental schools would not be eligible for funding under SLC rules and these courses would be forced to close. Based on information given to us at Health and Education National and Strategic Exchange meetings, we estimate this situation applies to a quarter of current dental and hygiene courses.

Given that this would have serious implications for future workforce supply, the government intends to fund a capped number of students for the 2017/18 cohort on the same, non-repayable terms as under the current system. This will be a transitional arrangement and the intention of the government in the long term is for these courses to reform to fit the standard student funding model. We expect course providers to begin developing options to reform their courses for cohorts from 2018/19 onwards.

Monitoring and evaluation

The government is committed to monitoring, in detail, data regarding application rates, diversity statistics and workforce supply following the implementation of the reforms. A new group has been established to take forward this piece of work, with representatives from DH, DfE HM Treasury, HEE and the Higher Education Funding Council for England (HEFCE). The group will work with Higher Education Statistics Agency and the Universities and Colleges Admissions Service to ensure the data garnered is precise, relevant and up-to-date.

Small and specialist subjects

It is clear from consultation responses that there are some concerns in the healthcare higher education sector about applications for small and specialist subjects; i.e. those with a small number of participants, or where workforce supply is dependent on only a few HEIs. The government recognises these concerns and is committed to monitoring participation rates in these subjects and, in the future, making targeted interventions where necessary to ensure student demand or course supply do not suffer damaging falls. The Department will work with DfE, HEFCE, HEE and other arm's length bodies to outline policy ideas to achieve these goals before implementation in August 2017.

Clinical placement provision

Many respondents highlighted the central importance of clinical placement provision to the overall success of bursary reform. As outlined above, HEE will retain responsibility for commissioning the minimum numbers of clinical placements for 2017/18 in order to provide stability for this transitional period. Universities will be free to create additional places on top of these in partnership with their local trusts and will have their HEE funded placements maintained at existing levels. The government has received a number of detailed ideas for a successful system for funding clinical placements and ensuring the NHS is staffed appropriately beyond this initial period. The government will set out its position in second part of its official response, planned for Autumn 2016.

5. Overall conclusion

The government thanks all organisations and individuals for responding to the consultation.

The government has taken into account, as far as possible, all reasonable responses to the questions in the context of ensuring the reforms are implemented in the most effective way possible, within affordable spending limits.

The Department of Health will now work with its delivery and partner organisations to oversee the successful implementation of the reforms. Based on feedback gathered through the public consultation, the government has developed several options to support those students studying a healthcare course. We believe that these provisions will ensure that healthcare higher education funding reforms are implemented effectively and equitably. We remain committed to the importance of diversity in the NHS workforce and ensuring accessibility to higher education healthcare courses is as wide as possible is a major step towards achieving this.

This response - designed to provide information to students and HEIs - will be followed by another later in 2016. This later response will set out the government's approach to issues of system architecture such as the new clinical placement commissioning system and how we will target the protection of smaller, specialised subjects.

6. List of respondents

Academy for Healthcare Science
Acorns Children's Hospice
ACP
Allied Health Professions Federation
Anglia Ruskin University
Association for Clinical Biochemistry and Laboratory Medicine
Association for Clinical Genetic Science
Association of Chief Children's Nurses
Association of Child Psychotherapists
The Association of Clinical Embryologists
Association of District Nurse Educators
The Association of UK University Hospitals
Aston University
Berkshire Healthcare NHS Foundation Trust
Birmingham Children's Hospital NHS foundation Trust
Birmingham City University
Birmingham City University Students' Union
Birmingham School of Dental Hygiene and Therapy, part of the Birmingham Community Healthcare NHS Foundation Trust
The Birmingham Trust for Psychoanalytic Psychotherapy Child Psychotherapy Training School
Black Country Partnership NHS Foundation Trust
Bliss
Bournemouth University
Bridgewater Community Healthcare NHS Foundation Trust
British & Irish Orthoptic Society - Education Committee
British & Irish Orthoptic Society & British Orthoptic Society Trade Union
British Academy of Audiology
British and Irish Orthoptic Society - Orthoptic Managers
British Dental Association
British Dietetic Association
The British Medical Association (BMA)
British Psychological Society
British Psychological Society Division of Clinical Psychology - South East Coast Branch
British Psychological Society Division of Clinical Psychology - South Central Branch Committee
British Psychotherapy Foundation
British Society for Histocompatibility and Immunogenetics
British Society of Dental Hygiene and Therapy
British Society of Dental Therapy
British Society for Rheumatology
Brunel University London
BSc Hons Nutrition & Dietetics, University of Surrey
Buckinghamshire New University
Bursary or Bust
Calderstones Partnership NHS Foundation Trust
Camden and Islington Foundation Trust
Cancer Research UK
Canterbury Christ Church University
Care Plus Group

Castle Point and Rochford CCG
Central Manchester University Hospitals NHS Foundation Trust
Chartered Society of Physiotherapists
Cheshire and Wirral Partnership NHS Foundation Trust
Chief Nursing Officer of Great Britain: Black Minority and Ethnic Strategic Advisory Group (CNO BME SAG)
Child & Adolescent Psychoanalytic Psychotherapy, Northern Ireland, Information and Resource Group
Child Psychotherapy Workforce and Strategy Group
Christie NHS Foundation Trust
City and Islington College
City Hospitals Sunderland NHS Foundation Trust
City University London Students' Union
City University London
College of Occupational Therapists
The College of Podiatry
The Council of Deans of Health
Council of Osteopathic Educational Institutions
Coventry University Group
Coventry University, School of Nursing, Midwifery and Health
DCHFT
Dental Schools Council
Department of Nuclear Medicine, Royal Liverpool University Hospital
Department of Radiography (Radiotherapy, Diagnostic Radiography & Ultrasound)
Derbyshire Community Health Services NHS Foundation Trust
Diabetes UK
Dietetics Department, Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
DistanceLearningCentre.com
Doctorate in Clinical Psychology, University of Manchester
Doncaster and Bassetlaw NHS Foundation Trust
Dorset HealthCare University NHS Foundation Trust
East and North Herts NHS Trust
East Cheshire NHS Trust
East of England branch of British Psychological Society, Division of Clinical Psychology
East Sussex Healthcare
Eastern Region Student Training Forum – Dietitians
Faculty of Brain Sciences, University College London
Frimley Health NHS Trust
Frimley Park Hospital Dietetics department
General Dental Council
Great Ormond Street Hospital for Children NHS Foundation Trust
Greater Manchester Dental Care Professionals School
Greater Manchester Health and Social Care Partnership
Guy's and St Thomas' NHS Foundation Trust
Hampshire Hospitals NHS Foundation Trust
Heads of Radiography Education Forum
Health and Care Professions Council
The Health Foundation
Hearing and Balance Department, UHMN
Hearing and Balance Services, Berkshire Healthcare NHS
Hospice UK

List of respondents

Huddersfield Students' Union
Institute of Health Visiting
IPCAPA training -at British Psychotherapy Foundation
IPEM
Keele University School of Nursing and Midwifery
Kent Community Health Foundation NHS Trust
Kent County Council
Kettering General Hospital NHSFT
King's College Hospital Clinical Neuropsychology Department
King's College London
King's College London Students' Union
King's Health Partners
Kingston University and St George's University of London
KMPT
Lancashire Teaching Hospitals NHS Foundation Trust
Leeds Beckett University
Leeds Beckett University Nursing Group
Leeds Community Healthcare Trust
Leeds University Union
Liverpool School of Dentistry
Livewell Southwest
Local Community Partnerships CIC
London Councils
London Higher: London Medicine & Healthcare
London Economics
London South Bank University
Manchester Academy for Healthcare Scientist Education
Manchester Metropolitan University
Marie Curie
Medical Physics and Clinical Engineering, Sheffield Teaching Hospitals
MHA
Middlesex University
Middlesex University Nursing Society
MillionPlus, The Association for Modern Universities
National Association of Student Money Advisers
National Union of Students
Neurophysiology Clinic, UHNM
New NHS Alliance
Newcastle upon Tyne Hospitals NHS FT
NHS Business Services Authority
NHSCC Nurses' Forum
NHS East Lancashire
NHS Employers
NHS Improvement
NHS Providers
NHS Stockport CCG
NHSBT
Norfolk and Norwich University Hospitals NHS Foundation Trust
Norfolk and Suffolk NHS Foundation Trust
North Bristol NHS Trust
North Cumbria University Hospital Trust
North East London Foundation Trust

North West Ambulance Service NHS Trust
North West Branch of the Division of Clinical Psychology
North West Council of Deans of Health
Northern School of Child and Adolescent Psychotherapy
Northumbria Students' Union
Nottingham University Hospitals NHS Trust (Nursing Team)
Nottinghamshire Healthcare NHS Foundation Trust
Nuffield Trust
Nursing and Midwifery Council
The Open University
Oxford Brookes University Faculty of Health and Life Sciences
Oxford Health NHS Foundation Trust
Oxford Health
Oxleas NHS Foundation Trust
Parkinson's UK
Peterborough and Stamford Hospitals NHS Foundation Trust
Physician Associate students of the University of Reading
Plymouth University
Portsmouth Hospitals NHS Trust
Queen's Nursing Institute (QNI)
Quality in Care and Education services Limited
Response on behalf of Arts Therapies Professional Bodies - 1) British Association for Music Therapy 2) British Association of Art Therapists 3) British Association of Dramatherapists 4) Association for Dance Movement Psychotherapy
Royal Berkshire NHS Foundation Trust
Royal Bournemouth and Christchurch Hospitals
The Royal College of Midwives
The Royal College of Nurses
Royal College of Pathologists
Royal College of Physicians: Faculty of Physician Associates
The Royal College of Speech and Language Therapists
Royal Free London NHS Foundation Trust
Royal Holloway University of London
The Royal Marsden NHS Foundation Trust
Royal Pharmaceutical Society
Safe Staffing Alliance (SSA)
Salisbury NHS Foundation Trust
School of Biomedical & Healthcare Sciences, Plymouth University
School of Health Professions - Plymouth University
School of Health Sciences, University of Nottingham
School of Nursing, Midwifery & Social Work, University of Manchester
School of Nursing, University of Bradford
SEPT - Department of Nutrition and Dietetics Bedfordshire
Sheffield Hallam University
Sheffield Hallam Students' Union Advice Centre
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Shelford Group
Skills for Care
Society & College of Radiographers
Somerset Partnership NHS Foundation Trust

List of respondents

South Central Strategic Nursing Workforce Group Meeting
South Essex Partnership Trust
South West Branch of the Division of Clinical Psychology, British Psychological Society
South West London and St George's Mental Health NHS Trust
South West Yorkshire Partnership Foundation NHS Trust
Southern Health NHS Foundation Trust
Speech and Language Sciences, Newcastle University
St George's University of London & Kingston University
St. George's University Hospitals NHS Foundation Trust
Staffordshire University
Stockport NHS Foundation Trust
Strategic Placement Group, Coventry University
Surrey and Borders Partnership NHS Foundation Trust
Sussex Partnership NHS Foundation Trust
SW Medical Physics and Clinical Engineering Heads of Departments Network
Tavistock and Portman NHS Foundation Trust
Teesside University - School of Health & Social Care
Together for Short Lives
Torbay & South Devon NHS Foundation Trust
Trafford Clinical Commissioning Group
UCLH NHS Foundation Trust
UEA Students' Union
UH Bristol NHS foundation trust
UHSM
UK Radiopharmacy Group
UNISON
UNITE
Universities UK
University
University Alliance
University College London
University Hospital Birmingham NHS Trust
University Hospital of South Manchester NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University of Bedfordshire
University of Birmingham
University of Brighton
University of Central Lancashire
University of Cumbria
University of Derby
University of East Anglia
University of East Anglia School of Health Sciences
University of Essex
University of Essex Occupational Therapy Teaching Team and Practice Educators
University of Exeter
University of Gloucestershire
University of Hertfordshire
University of Huddersfield
University of Leeds
University of Liverpool
University of Manchester & Manchester Academy for Healthcare Scientist Education
University of Plymouth

University of Portsmouth
University of Reading
University of Salford
University of Sheffield
University of Southampton
University of Southampton Students' Union
University of Sunderland
University of Surrey
University of the West of England
University of West London
University of Worcester
University of York
Wales Health Student Forum
West Hertfordshire Hospitals NHS Trust
West Kent CCG
West London Mental Health NHS Trust
West London Mental Health Service, IAPT in Hammersmith and Fulham
West Midlands Division of Clinical Psychology
Whittington Health
Wigan Borough CCG
Wiltshire Health & Care
Wirral University Teaching Hospital
World Health Student Forum
York St John University

Reforming healthcare education funding: creating a sustainable future workforce

**National Union of Students
response**

June 2016

Introduction

The National Union of Students (NUS) is a voluntary membership organisation which makes a real difference to the lives of students and its member students' unions. We are a confederation of 600 students' unions, amounting to more than 95 per cent of all higher and further education unions in the UK. Through our member students' unions, we represent the interests of more than seven million students, including the vast majority of students undertaking healthcare courses.

NUS implacably opposes the Government's decision to scrap the NHS bursary for nursing, midwifery and allied health professional bodies and replace it with a system of tuition fees and student loans. We have taken this position following extensive discussions with our member students' unions and healthcare students; the proposals are also opposed by a large number of trade unions and health professional bodies including Unison, the Royal College of Nursing, the Royal College of Midwives, the British Medical Association and the British Dental Association. We share a common concern for health and social care in England in general and the wellbeing of the NHS in particular, and a firm conviction that these proposals risk far more harm than good.

The Department has sought to downplay the extent of the change these reforms represent. The reforms end the principle of free education for healthcare students, increase the student loan debt for the poorest healthcare students by seven times or more, and ends the role that the NHS (via Health Education England) plays in managing the supply of its own healthcare professionals. The Department is casually exchanging a system that recognises the value of these professionals and which, at its best, enables careful planning to meet the needs of the NHS, to one which leaves everything to market forces and simply assumes it will all turn out fine. It is no way to run a health service.

We believe everyone stands to lose: students, universities, the Government, the NHS and, most importantly, patients. In holding this consultation exercise, the Department of Health states it does not wish to hear why we, or any other organisation, oppose these proposals, only how best to implement them. However, given the potential impact on students and patients we feel it is imperative for the Department to understand our concerns and think again about the proposals before it is too late.

Our response

In preparing our response we have consulted extensively with our member students' unions, in particular those with healthcare student populations. This has included a roundtable event attended by representatives from these students' unions and input from individual healthcare students, including the grassroots campaign group Bursary or Bust. In addition, we have worked closely on this issue with a number of partner organisations including Unison, the Royal College of Nursing, the Royal College of Midwives, the British Dental Association, the British Medical Association and the Society of Chiropractors and Podiatrists. With Unison, we commissioned London Economics to undertake a detailed analysis of the proposals to inform our response, and the findings are discussed below.

Our response is in two main sections. We begin with an overall analysis of the reforms which details our reasons for opposing the reforms. The Department has chosen to consult on the implementation of its chosen option rather than on the principle but given the potential impact we feel it is vital for the Department to understand why students, students' unions and NUS are so opposed to the changes, and the dangers we believe the Department has failed so far to recognise. The second section responds to the specific questions in the consultation document in that wider context.

We strongly urge the Department to consider all of our comments and concerns, to admit that the decision to scrap the bursary has been in error and to engage with students, their representatives, universities and the wider health and education sectors to identify an alternative.

Section 1 – overall analysis

The weak economic case for reform

The stated rationale for the proposals is to increase student numbers, increase funding for institutions and reduce Government expenditure. The evidence that these reforms will achieve any, let alone all, of these objectives is flimsy, and there is a significant risks that, far from achieving these goals, the reforms may in fact exacerbate staffing shortages and funding pressures, with a consequent impact on patient safety.

It is clear that shifting the system from one where student loan debt would amount to around £7,500 for a three year course to well in excess of £51,000 in total must have some impact. The Department failed to provide adequate analysis of this impact, so to inform our consultation responses, Unison and NUS commissioned independent economic analysis by London Economics (LE)¹. LE are a respected organisation who have conducted similar work on other reforms to health and higher education; amongst other matters, they were able to identify the cost of the new higher education finance system introduced in 2012 would be far more expensive than the Government had first predicted².

LE have developed detailed statistical models and analysed other evidence to find that, in summary:

- given the impact of such an unprecedented percentage increase in the cost of a course, and the student profile of those who undertake healthcare courses, the proposals will vastly increase the debt levels of **students**, and even with a relatively conservative estimate of demand elasticity will reduce the demand for healthcare courses such that not only will the additional graduates fail to materialise, but current supply may not be sustained;
- that given this reduction in demand, and the costs of providing support via agreements with the Office for Fair Access, the additional income for **institutions** may not be realised – and with the addition of the inferred encouragement of greater competition between institutions, some may find courses become unviable; and
- that the cost to **Government** arising from a far higher RAB³ charge for healthcare students, again related to the student profile involved, coupled with greater reliance on agency staff by the NHS as it seeks to make good the shortages in qualified staff, risks eliminating any savings to the public purse.

The detailed analysis, including the basis for the statistical models and illustrations of the impact, can be found in the reports. What these findings show is that these proposed reforms, far from solving the problems the Department identifies, there is a strong risk the reforms will fail and in fact make those problems worse. As such, the economic case for the reforms is weak, the risks are clear, and it is simply reckless for the Department to pursue these changes.

The social value of healthcare education

As much as the economic case for these reforms is highly questionable, economics is not the only reason we oppose the proposals so strongly. There is a well-recognised social value to a number of aspects of these courses: in higher education in general and in educating future healthcare professionals in particular; in ensuring the system works so that the individuals entering the

¹ The London Economics report, plus an addendum responding to one critique of their findings, will be submitted alongside this consultation response. The reports can also be found at the following links:
<http://londoneconomics.co.uk/wp-content/uploads/2016/05/UNISON-NUS-Report-Nurse-fees-and-funding-24-05-2016-FINAL-VERSION-LONDON-ECONOMICS.pdf>

<http://londoneconomics.co.uk/blog/publication/the-impact-of-the-2015-comprehensive-spending-review-on-higher-education-fees-and-funding-arrangements-in-subjects-allied-to-medicine-june-2016/>

² See: www.timeshighereducation.com/news/cost-of-new-fee-regime-may-soon-exceed-the-old/2012146.article

³ Resource, accounting and budgeting charge, which broadly quantifies the loss to Government on the student loans made because of write-offs after 30 years or at death

profession reflect the communities they serve; and in ensuring the service they give to the NHS and other health and social care settings during their training as well as following qualification is adequately recognised.

These proposals fail to recognise this value, actively undermine those objectives, and instead the Department will commodify healthcare education and place students in a position of having to pay very significant sums despite the NHS and other providers relying on them to make a significant contribution to patient care via their placements.

For nursing students, as an example, this amounts to 2,300 hours over the three years of the course – well over one year's work in aggregate, if an individual worked 40 hours a week without holidays. Very often these placements involve overnight or weekend shifts and significant amounts of travel, especially in more rural areas. In some cases, students have to arrange temporary accommodation as their placement is too far away for an ordinary commute.

To be clear, healthcare students on placement form part of the workforce. Though they are in theory 'supernumerary' to the minimum staffing requirements of a given clinical setting, the practice can be very different, and in any event healthcare students carry out a number of tasks in support of their registered colleagues. In many instances, they will be acting to support patients at some of the most sensitive moments in their lives, from birth to death. The great majority of the students we have consulted believe that the introduction of fees is tantamount to having to pay to work, and so deeply unfair and unjust. This is one of the most obvious ways in which healthcare students are different to those on many other programmes and the social value of their education so necessary to recognise.

Nor will the vast majority of healthcare graduates go on to earn very high salaries: the starting salary for a nurse is £21,692, and the average salary overall is around £30,000. Students do not enter healthcare professions for high salaries but because they want to provide excellent care. The psychology involved should not be underestimated: charging fees of £9,000 a year, plus loans for maintenance, for courses during which students are expected to work in health and social care settings for over a year in total, will cause some to question whether the cost is worth the gain.

This highlights a further significant concern. For NUS, the social value of education is so great we believe in the principle of free education for all in further and higher education, healthcare students included. Society benefits from a well-qualified population regardless of an individual's specific discipline, and the investment in education should reflect this. In the case of healthcare students that benefit is even more evident and the investment all the more necessary.

Healthcare students and debt

Students on healthcare courses have different characteristics to the 'typical' student. As the Department's own equality impact analysis notes, they are in particular significantly more likely to be women and to be mature students. They are also more likely to have children of their own. They are also much more likely to be from poorer backgrounds than the 'typical' higher education student. All of this is a reflection of the strength of healthcare education and its attraction to those from groups otherwise less likely to take up higher education. We agree that the current bursary system does not provide adequate funding for study for far too many students – but as the reforms increase student debt levels so significantly, and because students will rely entirely on debt for living costs, the Department risks undermining access precisely because of the student profile concerned.

First, the regressive impact of the abolition of maintenance grants in the BIS system should be acknowledged. Grants have been replaced by higher student loans, but these are means-tested, so

that the poorest students will graduate with much higher student loan debts. For students who can claim benefits during study, and who could previously claim the special support grant, an even higher loan amount is available – meaning the most vulnerable of all students will have the highest debts of all, all the more so if they study in London. Worse still, the impact of the changes will mean these students could be thousands of pounds worse off compared with the NHS bursary system – for the detail of this see our answer to question 4 below.

Most of the evidence on debt and its impact on students has not looked at NHS-funded or healthcare students specifically. Nevertheless, the availability of non-repayable grants and the prospect of debt is linked to participation and with the characteristics more prominent amongst healthcare students or who are important if the professions are to reflect society at large. For example, research shows that debt deters poorer students more⁴, and debt particularly deters groups such as lone parents, BME students and Muslim students from entering higher education⁵. We have had Muslim students tell us they have taken up healthcare courses because it avoids student loan debt they consider problematic: although the Government has committed to an alternative student support system which meets some of these concerns, it is not yet in statute and almost certainly will not be ready by the time the Department intends the new rules for healthcare funding will be in place.

We have seen some of the most serious effects of this deterrence in mature and part-time higher education. Mature student applicants fell sharply in 2012 and still have not recovered to the levels seen in 2010 or 2011⁶. Meanwhile, part-time undergraduate student numbers have plummeted since fees rose in 2012 and have yet to show signs of recovery⁷. It is no coincidence that part-time students are overwhelmingly mature. Meanwhile, in further education, the removal of much of the direct funding for adult learning and the introduction of advanced learning loans has resulted in a drop in adult learner numbers in recent years⁸. Indeed, given that many mature learners come through further education before taking up their healthcare degree this is already a threat to the ability of healthcare courses to attract suitably qualified applicants.

Debt has further negative impacts on students who do pursue a course of study: most notably in their propensity to take up excessive part-time work. There is a clear association between part-time work and attainment: students working 15 hours a week are a third less likely to get a good degree than a similar student who did not work⁹.

A UUK study in 2005¹⁰ found that a large minority of HE students (28 per cent) were working to avoid or reduce debt:

“Sixteen per cent were working to avoid taking out a student loan altogether. Reducing the amount of loan via this method was a much more important reason for minority ethnic students, Muslim students, students living with their family, and those studying in London. Such students seemed to be trading time for money.”

⁴ See, for example: [http://eprints.lse.ac.uk/21010/2/Does_the_fear_of_debt_deter_students_from_higher_education_\(LSERO\).pdf](http://eprints.lse.ac.uk/21010/2/Does_the_fear_of_debt_deter_students_from_higher_education_(LSERO).pdf)

⁵ <http://www1.lsbu.ac.uk/ahs/downloads/families/familieswp9.pdf>

⁶ See UCAS figures: www.ucas.com/sites/default/files/app_level_report_2015-dr2_011_04.pdf

⁷ See HESA figures: <https://www.hesa.ac.uk/sfr224>

⁸ See SFA figures: www.gov.uk/government/uploads/system/uploads/attachment_data/file/513851/SFR_commentary_March_2016_QAR_Update.pdf

⁹ www.tandfonline.com/doi/abs/10.1080/02680930801924490?journalCode=tetp20

¹⁰ See p9: http://dera.ioe.ac.uk/5866/1/rd15_05.pdf

The Department of Health's own literature review in 2009¹¹ concluded that bursaries reduced the amount of part-time work undertaken by non-traditional students, and that:

"There is evidence that more healthcare students undertake term time working than students generally... The majority of evidence suggests that students – including healthcare students – work to pay for essentials such as accommodation, travel and childcare costs and/or to avoid debt."

Excessive working will affect the ability of students to concentrate on their degree courses, potentially increasing attrition and reducing attainment, contributing to the recruitment crisis and reducing patient safety.

The Government has also damaged its own case in respect of student loans as an adequate solution by freezing the student loan repayment threshold from 2016 for all students who have started their courses since 2012 – a decision which affects women and BME graduates most. Having reassured students that there is no 'risk' to student loan debt as repayments only begin once earnings exceed a certain level, changing the repayment conditions it promised would be in place without has undermined trust in the system as a whole. How can graduates be certain the repayment conditions will not be made worse in the future?

From participation to graduation, debt has an impact on students, and on the groups of students who are more likely to take up healthcare courses. By contrast, grants have been shown to increase participation by 3.95% for £1,000 of grant¹². For these reasons the Department must think again about these reforms.

These reforms are different

The Department states it is confident the reforms will be successful on the basis that participation has increased for other undergraduates since 2012, despite the increase in fees and loan balances. As we have outlined in the section above, this is not wholly the case, particularly for mature and part-time students.

The Department ignores two other key issues which together mean this change cannot be directly compared to 2012: first, the number of 18-year-olds in the population is in steady decline until 2020¹³, meaning fewer younger students available to take up higher education courses. Second, the scale of this change is far greater: these reforms represent a shift in funding which was brought in over four different major reforms for other undergraduate programmes over 18 years. On every occasion fees were increased there was a decline in applications for at least one year and it defies belief that there will not be a similar effect now, made all the more significant by the other factors at play.

The differences in the student profile of healthcare students, in the context of the reforms and in the scale of the reforms suggests the impact on demand for higher education could be far greater than the Department asserts.

In addition, we now know that the reforms take place against the backdrop of the vote to leave the European Union following the June referendum. This may, in future, mean far fewer EU students taking up courses and provides even greater reason to act with caution before making changes.

¹¹ Available on the National Archives website, see p7: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_101614?IdcService=GET_FILE&dID=198932&Rendition=Web

¹² <http://www.sciencedirect.com/science/article/pii/S0272775714000910>

¹³ See HEPI: <http://www.hepi.ac.uk/wp-content/uploads/2014/02/39DemandforHEto2029summary.doc>

Weak or non-existent evidence

The Department's analysis of the impact of these reforms is in general insufficiently rigorous: evidence is weak or absent, and the scope of the analysis far too narrow. The equality impact assessment, for example, looks only at the effect of debt on participation and not on retention or success.

A particularly troubling aspect of the evidence base is the forecast for the number of new healthcare students the reforms purport to generate over the remainder of the Parliament. The consultation document states the proposals would mean: "an end to the unfairness in the current system which sees two out of three nursing applicants being turned down for a nurse training place on the basis of funding rather than ability." For this reason, the Department claims that the reforms will mean a total of 10,000 extra places by the end of the Parliament.

We have sought in vain to understand the evidence – if there is any – on which the 10,000 figure is based. The economic impact analysis provided with the consultation document says only that, "based on historical evidence on numbers of commissioned places, it has been estimated that an additional 10,000 places might be made available by the end of this parliament." This gnomonic statement does little to explain how this figure has been calculated, and we are concerned that it has been cited without any real evidence to support its use.

It is certainly not the case that two out of three nursing applicants are turned down on the basis of funding. As the Department knows, the application process for healthcare courses is, rightly, more stringent than for many other degree courses. The application numbers it cites includes those who apply but who are not deemed suitable for one or more of a number of reasons: on academic grounds, or because they do not meet the criteria set out in the 'value-based recruitment' framework, or pass a DBS check, or a literacy or numeracy test, or who are not regarded as suitable following an interview. A Freedom of Information request by Unison to universities suggests that only around 18 per cent of applications are from suitably qualified applicants¹⁴.

In light of these findings, the Government's rationale is based at least in part on a highly flawed statistic. We are very concerned that other contentions are based on equally weak evidence.

Inadequate consultation and risk assessment

The reform process as a whole has been deeply flawed. It is unacceptable and wrong for the Department to announce it will abolish bursaries without any prior consultation with students, their representatives, or healthcare professional bodies whatsoever. Worse still, since the announcement there has been desperately little engagement with any of these groups by the Department. The consultation exercise focuses solely on implementation not principle, and, as we have outlined, is accompanied by inadequate and incomplete impact assessments. The impact on students with children is underplayed and there is a total failure to quantify the impact on students claiming benefits, although the reforms may leave them worse off overall.

Neither the consultation document nor the accompanying impact assessments make any attempt to quantify the risk of the proposals failing on their own terms, still less suggest any mitigations that may be put in place. Given the clear risks set out in this consultation response it is an abrogation of the Department's duty to the public to press ahead with the reforms without creating and publishing a risk assessment, and allowing public scrutiny of the mitigations proposed.

¹⁴ For more details see footnote 3 in the second London Economics report

The alternative

In opposing these reforms we are not making the case that the present NHS bursary system is perfect – successive NUS reports, as well as research conducted by trade unions and health professional bodies, evidence that healthcare students struggle with finances, and need more support during their studies. Universities, too, need sufficient funding to ensure the delivery of quality higher education, but this cannot be achieved by placing the burden on students alone.

The Department needs to abandon its proposals and start again. It must engage students, their representatives and other experts in the discussion about the future of healthcare funding. The universities and their representatives who have called for these reforms without themselves having sought any student opinion should also join this conversation. Dialogue and discussion must replace an imposition of will.

However, there is very unlikely to be a solution which means funding rises for both students and universities and direct reductions in the cost to Government. To be clear, these reforms attempt this alchemy but will fail. It is our belief that the Government is pursuing these reforms based primarily on the short-term impact on the deficit rather than the long-term interest of students, universities or the public purse, and is ignoring the clear evidence of the negative impacts that will result.

It is not too late to avoid these impacts, and, with the input of students and other interested parties, develop a better policy, one which recognises that public investment in healthcare education strongly benefits patients and the NHS, as well as other health and social care settings.

Section 2 - Consultation questions

- 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 do not believe any further courses should be included in the scope of the reforms.

There is a lack of consistency in the way paramedic courses are funded at present and NUS believes that all such courses should have been brought into the NHS bursary scheme. We believe that the NHS bursary should be retained and paramedic courses brought into the scope of the bursary system.

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

As far as NUS is able to establish, the reforms would mean removing postgraduate diploma level study from any standard funding route, as well as some other post-registration courses that lead to registerable and recordable qualifications, although this is unclear at present. Aside from the recklessness represented in committing to changes that the Department does not appear to fully understand, removing funding from any such route is a myopic move which will only limit the numbers of professionals in the service. As it is, there is a risk to the take up of postgraduate courses arising from the cost of undergraduate study by certain groups: the HEFCE *Intentions After Graduation Survey 2014*¹⁵ showed that when looking at the undergraduates who intended to go into postgraduate study, those who defined as BME, disabled and mature were less likely to actually enrol in such study. Fear of debt and other financial considerations were cited as the principal reasons individuals were deterred from study in the previous year's research¹⁶ on this topic.

Retaining the NHS bursary scheme which presently funds these students is the obvious and preferable alternative to moving to the new system in the first place. At the very least, the scope of the postgraduate loan scheme should be extended to healthcare courses that would otherwise fail to otherwise qualify for funds, although the nature of the repayments for this scheme – which are concurrent with those for any undergraduate loans – will need to be carefully considered in the context of healthcare funding if we are to ensure an ongoing supply of professionals with these qualifications.

As an alternative, universities could ensure a supply of bursaries for poorer students to enable them to study, but this will not be comprehensive, nor will it be cheap and the universities concerned will struggle to find the extra funding under the new system as outlined above.

- 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?**

As with the existing system, an exemption to the standard rules on funding for second degree students should apply for healthcare courses. To ensure all students receive funding, the same

¹⁵ http://www.hefce.ac.uk/media/hefce/content/What,we,do/Cross-cutting,work/Postgrad/IAGS/IAGS_summary_4.pdf

¹⁶ http://www.hefce.ac.uk/media/hefce/content/pubs/2013/201334/2013_34.pdf

exemption could apply to postgraduate diploma and other similar courses – this is the case for students taking Postgraduate Certificate in Education (PGCE) qualifications and so the principle could simply be extended.

This said, given the implications of the funding reforms for healthcare students, and the impact of previous reforms on other undergraduate students, this implies that the poorest students who start their first course in 2016/17 and who go on to a second degree in healthcare would face a total debt of in excess of £100,000. The prospect of this level of debt, even if it seems unlikely that the graduate would ever pay the full balance off, would still be a major deterrent. It would be far better to retain the NHS bursary scheme as a way of encouraging second degree students, or else to pay them as NHS employees.

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 there are many reasons why the proposed system of support will be inadequate – indeed, will be lower than it is now, contrary to the Department's assumptions – and where it will limit participation.

We have set out in the first section of our response the role that debt plays in the choices and behaviour of students, and in particular those from lower socio-economic groups. In summary, the research evidence strongly suggests such an enormous increase in debt will reduce participation from those groups most deterred by debt, most particularly mature students, those from low income backgrounds and lone parents; all of these groups are more likely to take up healthcare courses than average. Given the proportion of suitably qualified applicants is far lower than the overall application figure suggests, on a fairly conservative estimate of elasticity of demand given the increase in costs, London Economics has estimated that the demand could drop below that which currently exists¹⁷.

Even where these students do still take up courses, they are more likely to make choices that enable them to reduce their exposure to debt, such as taking up excessive part-time hours or choosing to study nearer home, which could reduce access to some of the more specialist professions not available in all areas of the country¹⁸.

We also have some significant concerns about the impact of the reforms on students with children. The Department is making a very partial assessment of the impact of the new system on students with children, and it is not true that the only impact of changing the system will be felt by students with one child or more than five – though even if that were true, it would still be unacceptable. As matters stand lone parents in particular will lose out from the move to this system, but also those households where the student's partner is not dependent on the student but their wages are not high enough to reduce student support either at all or only by a small amount.

As the consultation document notes, it is true that the weekly maxima for childcare funding is higher in the BIS system than for NHS bursaries, and the Parents' Learning Allowance is also higher. Where an adult dependant is included, the rate of adult dependents' grant is also higher. However, these gains may not be offset for some families, partly depending on the cost of

¹⁷ <http://londoneconomics.co.uk/blog/publication/the-impact-of-the-2015-comprehensive-spending-review-on-higher-education-fees-and-funding-arrangements-in-subjects-allied-to-medicine-june-2016/>

¹⁸ <http://www.tandfonline.com/doi/abs/10.1080/03075070802211802>

childcare, but more critically where child dependants are involved because the NHS bursary system retains child dependents allowances which were scrapped for other undergraduates in 2003. The Department appears to underestimate the extent of the impact of scrapping this allowance.

At present the NHS bursary scheme dependents allowance pays £2,448 per year for the first child (or an adult dependent if this applies), and £549 for any subsequent children. The loss of these payments could mean a student parent receiving significantly less support from supplementary grants, easily in excess of £2,000 per year. For this reason, the additional student support for these students would not be nearly as much as the Department claims, and nor would such situations be in any way exceptional.

To illustrate this point more clearly, some comparison figures are provided below:

Dependents' grants comparisons (2016/17 figures)

| 1. Lone parent student with one child aged three and a weekly bill for childcare of £160, required for 45 weeks in the year. | |
|--|---|
| <u>NHS bursary system</u> | <u>BIS system</u> |
| <i>Childcare grant</i> 85% of £160pw, with a maximum payment of £128.75pw = £128.75pw, or £5,793.75 for the year | <i>Childcare grant</i> 85% of £160pw, with a maximum payment of £155.24pw = £136pw, or £6,120 for the year |
| <i>Parents' Learning Allowance</i> £1,204 per year | <i>Parent' Learning Allowance</i> £1,573 per year |
| <i>Dependents' Allowance</i> £2,448 per year | <i>Dependents' Allowance</i> £0 |
| Maximum entitlement: £9,445.75 | Maximum entitlement: £7,693 |
| Difference: £1,752.75 | |

| 2. Lone parent student with two children, aged one and four. Weekly bill for childcare is £240, required for 45 weeks in the year. | |
|--|---|
| <u>NHS bursary system</u> | <u>BIS system</u> |
| <i>Childcare grant</i> 85% of £240pw, with a maximum payment of £191.45pw = £191.45pw, or £8,615.25 for the year | <i>Childcare grant</i> 85% of £240pw, with a maximum payment of £266.24pw = £204pw, or £9,180 for the year |
| <i>Parents' Learning Allowance</i> £1,204 per year | <i>Parent' Learning Allowance</i> £1,573 per year |
| <i>Dependents' Allowance</i> £2,997 per year | <i>Dependents' Allowance</i> £0 |
| Maximum entitlement: £12,816.25 | Maximum entitlement: £10,753 |
| Difference: £2,063.25 | |

| | |
|--|--|
| 3. Student in a relationship with low-paid partner and three children aged 3, 5 and 8. Partner is not financially dependent but earns £15,000 per year so their income does not reduce the student's support. Weekly bill for childcare is £270, which required for 39 weeks in the year. | |
| <u>NHS bursary system</u> <i>Childcare grant</i> 85% of £270pw, with a maximum payment of £191.45pw = £191.45pw, or £7,466.55 for the year <i>Parents' Learning Allowance</i> £1,204 per year <i>Dependents' Allowance</i> £3,456 per year Maximum entitlement: £12,126.55 | <u>BIS system</u> <i>Childcare grant</i> 85% of £270pw, with a maximum payment of £266.24pw = £229.50pw, or £8,950.50 for the year <i>Parent' Learning Allowance</i> £1,573 per year <i>Dependents' Allowance</i> £0 Maximum entitlement: £10,523.50 |
| Difference: £1,603.55 | |

Critically, these comparisons are generous to the Department in that they assume that the student is able to find OfSTED registered and approved childcare throughout their course and during their placements. The childcare grant is only paid in respect of this type of childcare, and if the student is not able to do so, not least as this type of provision for weekend and overnight childcare is so limited, then the higher maxima for the childcare grant are of little use and the loss of income still greater. Many students rely on their dependents' grants and the Parents' Learning Allowance to pay for informal childcare and reducing this funding will simply place student parents under greater strain. At best they will have to rely still further on university hardship funds, once again reducing the supposed financial benefit to universities of moving to this new system.

The Department may believe that the higher maintenance loan may still mean higher support for such students overall, even if it does not equal a 25 per cent increase. However, for many students with children, as well as disabled students, the student support system forms only part of the total income on which they rely. Although most full-time students are unable to claim mean-tested benefits, some exceptions apply, relating mostly to those with children and disabled students. The Department has made no attempt that we know of to model the impact of the changes on students with children or disabled students who claim benefits.

In part, the individual impact will depend on the student's individual situation, their family, the length of the course in the year, their housing costs and so on, and some of the detail of the benefit rules following the abolition of maintenance grants have yet to be made fully clear. However, there will be very many instances where students will lose out because of the funding changes and these will not be the exception. To take the student in the first example above:

Student support and social security comparison (2016/17 figures)

| | |
|---|---|
| <p>1. Lone parent student with one child aged three, studying for 45 weeks. Lives in Manchester in a two bedroom flat with monthly rent of £500. This is lower than the local housing allowance cap. The student has a weekly childcare bill of £160, and receives maximum student support and claims Universal Credit while studying.</p> | |
| <p>NHS bursary system</p> <p><i>Bursary and loan</i> £1,000 non-means-tested bursary £2,643 means-tested bursary £1,848 extra weeks allowance £2,324 reduced-rate student loan (£7,815 total)</p> <p><i>Childcare grant</i> 85% of £160pw, with a maximum payment of £128.75pw = £128.75pw, or £5,793.75 for the year</p> <p><i>Parents' Learning Allowance</i> £1,204 per year</p> <p><i>Dependents' Allowance</i> £2,448 per year</p> <p>Maximum student support entitlement: £17,260.75</p> <p><i>Universal Credit</i></p> <ul style="list-style-type: none"> - Maximum payment of £1094.90 per month¹⁹ - less student support income of £287.67 per month²⁰ <p>Total £807.63 per month or £9686.76 per year</p> <p>Maximum overall support: £26,947.51</p> | <p>BIS system</p> <p><i>Student loan</i> £9,347 student loan £1,936 long course loan (£11,283 total)</p> <p><i>Childcare grant</i> 85% of £160pw, with a maximum payment of £155.24pw = £136pw, or £6,120 for the year</p> <p><i>Parents' Learning Allowance</i> £1,573 per year</p> <p><i>Dependents' Allowance</i> £0</p> <p>Maximum student support entitlement: £18,976</p> <p><i>Universal Credit</i></p> <ul style="list-style-type: none"> - Maximum payment of £1094.90 per month - less student support income of £541.16 per month²¹ <p>Total £553.74 per month or £6644.88 per year</p> <p>Maximum overall support: £25,620.88</p> |
| <p>Difference: £1,326.63</p> | |

Even with the increased loan amount the overall support is lower under the new arrangements – and once again, this example flatters the reforms by assuming OfSTED registered or approved childcare is available throughout the year. If the reforms actually reduce the support to some of the most vulnerable students, and it doesn't mean more funding for universities, and it means dubious savings for government, there really is no justification for pursuing them whatsoever.

Finally, none of this is to mention the change in the funding of placement costs. The move away from placement costs reimbursement where costs exceed the standard travel from the student's term-time residence to the institution, whereas the BIS travel grant means students now finding the first £303 of their travel costs for placement. The impact here will depend on the student's standard

¹⁹ Consisting of standard allowance (£317.82), child allowance (£277.08) and housing costs (£500)

²⁰ Reduced rate student loan plus dependent's allowance, divided by 12 months and less £110 disregard

²¹ Student loan for benefits claimants plus long courses loan, less 'student support element' benefit disregard of £3,469, divided by 12 months and less £110 disregard. Note the exact rules around the student support element have yet to be clarified by DWP so exact calculation may be different

travel costs but in at least some cases will mean reduced funding. Of greater concern is the lack of funding where temporary accommodation is required. Many placements, particularly though not exclusively those for specialist professions or in more rural areas, may be some distance from the student's normal place of residence and either too far for a reasonable journey by public transport or not accessible at all at the times required. In that event, temporary accommodation is required; if the student may now have to pay for accommodation twice, that is highly unfair and possibly untenable situation for the individual concerned.

5. Do you agree that increasing the available support for living costs typically by around 25 percent 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, for the reasons we outline in detail in the answer to question four above. The Department has got its sums wrong and in many cases the available support will not be increased by this amount, which threatens the diversity of recruitment and indeed recruitment overall. Debt aversion will also play a part as again we have outlined.

We absolutely agree that healthcare students need more support and that the NHS bursary system caused hardship in many cases, but these reforms will make matters worse for some groups of students, not better.

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?

Given that healthcare students are overwhelmingly women, and much more likely to be mature than students in general, and thus much more likely to become pregnant during study, there are very obvious reasons why healthcare students are different in this regard. The maternity allowance in the NHS bursary scheme has been a positive and progressive innovation and the principle should be extended to other students not removed from healthcare students. The discretionary support in the BIS system is inadequate.

The allowance enables students to continue with the course rather than drop out due to insufficient support during a period of maternity leave. Given that attrition rates are already much higher for healthcare students, it would be perverse to put these students in the position of having to leave the course; given the impact of non-completion on the students would be so much higher given far higher fees and loans, it is essential to do as much as possible to ensure they can complete. The alternative to drop out would be pressure on the student to return to study and placements as soon as possible, with a potential impact on the health of the child or the mother.

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

The new arrangements would mean that healthcare students are brought in to the scope of the Office for Fair Access for the first time. This is in itself one of the few positive aspects of the reforms, as universities should ensure they place as much emphasis on access, retention and success for healthcare students as they do other students. Retention is a particular concern as the average attrition rate for healthcare students is so much higher than for students on average. We are concerned that universities do not fully appreciate this challenge: while their representatives in UniversitiesUK and the Council of Deans for Health have lobbied hard to ensure students pay much more for healthcare courses, they have been much less vocal on the actions that they expect

universities will take to improve access, retention and success as a result of the increased income they expect.

That said, as we have stated we have grave concerns that the additional income generated by the reforms will be much lower than universities anticipate. In part this will be because of the negative impact on demand as forecast by London Economics. In addition, in some areas where there are competing institutions, numbers may rise at one institution only because it is attracting students who would previously have attended neighbouring universities.

The availability of any additional financial support may play a part in attracting students so universities may be incentivised to offer institutional bursaries to healthcare students. However, many universities, particularly those established more recently and which are less wealthy, do not offer institutional bursaries or scholarships to any of their students. Those which do offer financial support generally do so based on financial need – for example, offering bursaries to students in receipt of full state support. The fact that poorer students are more likely to take up healthcare courses may mean this becomes a very expensive undertaking. This risks either such students being excluded from institutional bursary schemes, as is currently the case, and which does nothing to halt any decline in demand for these courses arising from the changes to financial support; or otherwise the additional income to universities is lower because of the expenditure on such support.

If the Department is truly committed to supporting fair access it needs to abandon these reforms and open dialogue with students, their representatives, trade unions, universities and others to discuss the alternatives available.

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?

We support any transitional arrangements that help mitigate the many negative impact of the reforms. However, the experience of the changes on other undergraduate programmes – which the Department has been keen to highlight in its consultation document – suggest, as outlined in Section 1 above, that there will be a significant decline in part-time numbers as a result of the changes. As there is only a very small number of part-time healthcare students, the changes threaten to extinguish part-time study as an option altogether.

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, for the reasons given in our answer to question 8.

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

The reforms will have an impact beyond England, partly in limiting the cross-border flows of students within the UK as Scottish, Welsh and Northern Irish students are deterred from taking up courses in England due to cost, and also students from other EU member states for the same reason.

There is a wider impact on the devolved administrations arising from the impact of the Barnett formula given the We understand Unison have modelled the potential impact and that, other things

being equal, Scotland's budget will be reduced by £52m, Wales's budget by £36m and Northern Ireland's by £19m.

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.

It is in everyone's interest that healthcare students have high-quality placements, with experienced mentors able to give the necessary time and attention to their students to enable them to succeed. Apart from anything else, patient safety must be paramount; staff in too many clinical settings are already overstretched and the Department has to recognise the challenges in absorbing additional student numbers.

Our belief is that demand for healthcare courses will go down as a result of the reforms, and so in fact the pressure on the placement system will likewise reduce. However, if the Department's forecast is correct and the 10,000 additional students are recruited it is by no means clear the system is able to cope. Nurse educators have reported the system is "fragile" as matters stand, and with no extra capacity, though the Council of Deans insists this is not true of all areas of the country²². However, in the absence of central planning by Health Education England (HEE), additional recruitment is unlikely to be confined only to those areas with spare capacity, if indeed they exist.

That the Department is pressing ahead with reform without any apparent mechanism for university recruitment to articulate with HEE placement management is another example of the recklessness of these proposals. If a university decides to double its intake of, say, nursing students, many of whom could be recruited through Clearing just before a course starts, must HEE simply find placements for these students at short notice and hope local hospitals can cope? The consultation document recognises these limitations; with its reference to unspecified "appropriate mechanisms" being introduced to manage demand it seems to be recognising that, far from the cap on student numbers being removed, in practice it will simply exist in a slightly different form.

The students we have spoken to have particular concerns about placement opportunities in rural areas and for small and specialist subjects more generally. Many students already face significant travel to reach placements and the Department cannot expect students to travel exceptional distances because it will not invest properly in the placement system.

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

As we have outlined, there is a very strong risk of lower demand for healthcare courses following these reforms. London Economics have forecast that, for this reason and as a result of the OFFA requirements, this could mean little extra income or perhaps even lower income for universities. In the case of small and specialist courses the drop in numbers could be very small but still threatens the viability of provision in a given institution.

In any case opening up healthcare education to greater market forces may mean that demand decreases in certain parts of the country even if it does increase elsewhere. Planning by HEE is no doubt imperfect, but in its absence the Department risks regional shortages if certain specialist courses close in certain parts of England.

²² <http://www.nursingtimes.net/roles/nurse-educators/placement-system-too-fragile-to-cope-with-student-increase/7001464.article>

NUS believes it would be better to retain a system of planned provision via HEE and an improved bursary scheme which incentivises students to take up small and specialist courses as well as healthcare professions more generally.

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

No.

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

We have a number of additional comments for the Department to consider.

Monthly payments

One of the strengths of the NHS bursary system is that the bursary is paid monthly to students, enabling them to budget more effectively, albeit that the overall income is still inadequate. The move to the BIS system means students being paid in three roughly equal instalments over the year; this will be a particular issue for those on 45 week courses, as one payment will be expected to cover the whole period between April and September. Without retention of monthly payments such students will almost certainly face hardship as their finances are stretched over the summer – just at the time when university hardship funds have been exhausted.

As a result, students will be under significant financial strain and many will take on additional part-time work, affecting their ability to focus on the course – or worse will be forced to leave the course altogether. The Department must recognise this danger and retain monthly payments.

Forgivable loans/golden hellos

During the debate on the reforms, some organisations have suggested some form of forgivable loan system be introduced for NHS employees (that is, the NHS repays all or part the loans of graduates) or a 'golden hello' be paid to new professionals as a means of incentivising recruitment to these courses. Although we recognise the good intention involved in these proposals we do not believe that they are viable solutions to the issues caused by the reforms.

Given the first graduates from the professions affected by the reforms if they were to go ahead will graduate in 2020, after the next general election, the Department cannot guarantee any such scheme will be in place by the time it would take effect. The Government's decision to freeze the student loan repayment threshold despite promising students in 2012 that it would rise by average earnings from 2016 sadly demonstrates that such promises cannot be trusted. For that reason students now could not be confident the Government will not change its mind in the future and the incentivising effect would be blunted.

It is also unclear that NHS employers can afford such largesse without it impacting on pay and conditions for NHS employees more generally. Nor can the Government insist that other health and social care providers follow suit, and many healthcare professions do not operate wholly within the NHS.

Associate nurses

The Department has also indicated that the new associate nursing apprenticeships will form part of the solution to recruitment shortages. NUS is very supportive of apprenticeships, and in creating pathways into nursing that suit a variety of different individuals. However, in the context of the

reforms to healthcare education funding, we are concerned that students from lower-income backgrounds will choose nursing associate programmes instead of nursing degree courses on the basis of cost alone, whereas wealthier students will take up nursing courses at university. The Department must not create a class divide between these two roles.

Retention in the NHS

Finally, we would point out that the crisis of recruitment in the NHS is not simply because the education system is not training enough healthcare professionals; it is because too many professionals are leaving the NHS before retirement because they are overstretched and underpaid. We believe the Department needs to place a greater focus on retention in the NHS to help address staffing shortages, including increased pay for staff in the NHS, a halt to damaging and unnecessary top-down restructures and consultation and engagement with the professions on those reforms which are necessary rather than antagonistically forcing through changes, like those that caused the recent junior doctors' strike.

The Department appears to be taking the same approach to reform of healthcare education funding. We hope that it recognises the mistakes it has made, halts the reforms and

Contacts

NUS would be very happy to discuss our response further with the Department. In the first instance please contact:

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