

Education and Training Committee, 8 September 2016

Reforming healthcare education funding

Executive summary and recommendations

Introduction

At its meeting on 9 June 2016, the Committee discussed Department of Health proposals to reform healthcare education funding in England. This informed our response to the Department's consultation (appended for information).

The Department of Health has recently issued its initial response to the consultation (also appended for information). This commits to supplementary funding to support students in some areas and identifies areas where further consideration is required – including arrangements for postgraduate students and how to ensure adequate supply in small and specialist subjects.

Decision

This paper is to note; no decision is required.

Background information

None

Resource implications

None

Financial implications

None

Appendices

- HCPC response to funding reform consultation
- Department of health response to funding reform consultation

Date of paper

26 August 2016

28 June 2016

Health and Care Professions Council (HCPC) response to Department of Health consultation: 'Reforming healthcare education funding: creating a sustainable future workforce'

1. Introduction

- 1.1 The Health and Care Professions Council welcomes the opportunity to respond to this consultation.
- 1.2 The Health and Care Professions Council is a statutory UK-wide regulator of health, social work and psychological professions governed by the Health and Social Work Professions Order 2001. We regulate the members of 16 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our main role is to protect the health and wellbeing of those who use or need to use our registrants' services.

2. General comments

- 2.1 We make a small number of general comments below about the role of the professional regulators of health and care professionals.
- 2.2 Much of the consultation document raises issues which concern education delivery and workforce which are outside of our remit. We have therefore responded only to those consultation questions which are most directly relevant to our role.
- 2.3 We note that the lists of professions in paragraphs 3.2 and 3.4 refer to 'orthotics' twice. We assume that this is an error and that reference was intended to the profession of 'orthoptics'.

3. Quality assurance of pre-registration education programmes

- 3.1 There is no reference in the consultation document to the crucial role of the nine UK regulators of health and care professionals in quality assuring pre-registration education and training leading to registration.
- 3.2 We assess education programmes against our standards of education and training and standards of proficiency to ensure that only someone who successfully completes a programme which meets our standards is eligible to become registered. A programme has to continue to meet our standards to remain approved. This is an important safeguard that ensures public protection.
- 3.3 The consultation document sets out the Government's aspiration to allow education providers the flexibility to meet demand through increasing the number of places on programmes. Whilst regulation is not a barrier to that

happening, it is important to note that for any programme wishing to substantially increase numbers we would need to see clear evidence that they were able to do so without comprising quality. We will only agree increases to cohort numbers where programmes can demonstrate that they meet our standards – for example, that they have sufficient physical resources and staff numbers to deliver the programme effectively.

4. Consultation questions

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?

4.1 The consultation document does not list paramedic programmes as one of those affected by the reforms. We understand that commissioning and funding arrangements for paramedics are currently a mixed economy. Clarity is required about arrangements for paramedics going forward, particularly given the ongoing work to reform how paramedics are educated in the future. There may be benefits in bringing funding arrangements for paramedic programmes in line with the other allied health professions.

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.

4.2 We consider that in implementing the reforms the effective management of the availability, capacity and quality of practice education is crucial. We welcome the Government's stated ambition of ensuring access to high quality placements which ensure students receive an outstanding experience.

4.3 In our approval process, practice placements is the area in which we impose the highest number of conditions. Even in the current commissioned environment, finding suitable placements can be a challenge for education providers. Without careful management, the availability of high quality practice placements could be an effective barrier to increasing numbers. High quality practice placements includes education providers demonstrating to us that the following is in place:

- The number and quality of supervisors and educators is proportionate to the number of students.
- Supervisors and educators have the knowledge and experience necessary to deliver effective practice education.
- Students have a range of placements which allows them to work in different settings and with different client groups.

4.4 In the absence of direct commissioning arrangements, partnership working between employers and universities will be even more crucial. It is crucial that placement capacity is managed both within each partnership and within the

wider region, recognising that students from multiple HEIs may require placements at the same service providers.

- 4.5 The above highlights the areas where we frequently set conditions because such considerations have been overlooked.
- 4.6 The Government may need to consider what additional support it might provide to facilitate such partnerships and joint-working at a regional level. The Government may also need to consider how it might best support growth in high quality 'non-traditional' placements in the third sector, to supplement the availability and capacity of NHS placements.



Department
of Health

Reforming healthcare education funding: creating a sustainable future workforce

Government Response to public consultation

July 2016

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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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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