



**The Royal College of Speech and Language Therapists' policy position
regarding the Department of Health consultation:
Changing how healthcare education is funded**

Supporting paper summarising members' feedback

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Introduction

In April 2016, the Department of Health (DH) published a public consultation regarding plans to change student funding arrangements for nursing, midwifery and allied health profession students in England. Under the new proposals, from 1 August 2017, new nursing, midwifery and allied health students will no longer receive NHS bursaries. Instead, they will have access to the same student loans system as other students.

The proposed reforms are far reaching and have implications for the future of speech and language therapy pre-registration education and the speech and language therapy workforce. The following document supplements the Royal College of Speech and Language Therapists' (RCSLT) policy statement on healthcare education funding in England and outlines further detail regarding RCSLT members' views on the DH's proposals. The document captures feedback from a wide range of groups including students, staff who teach and lead speech and language therapy courses at higher education institutions (HEIs), practice educators and practising speech and language therapists (SLTs).

1. Feedback on the overall content (narrative) of the consultation

1.1: The process for the development of the government's proposals

The failure to involve professional bodies representing the allied health professions and university course leads in the development of the Government's proposals prior to the publication of the consultation is a missed opportunity. Failure to do so has meant that the consultation document reflects a lack of understanding regarding how pre-registration courses operate and includes several inadequate and inappropriate suggestions, particularly in relation to funding arrangements for pre-registration postgraduate study.

We are concerned about the speed at which the Government has progressed its plans and disappointed with the limited debate in the Houses of Parliament on this important issue. There is a need for further consideration and consultation on the details of the Government's policy as its implications are extensive and will affect the delivery of Government health policies and the quality of pre-registration healthcare education in England.

Furthermore, as a growing number of SLTs are employed outside of the NHS, the changes will also have implications for other government departments such as the Department for Education and may affect the supply of SLTs in other settings including schools, justice, private practice, and the voluntary sector.

1.2: Time scales for the consultation and implementation

The current timescales for the consultation and the DH's ambition to publish the Government's consultation response before the parliamentary recess provides insufficient time for careful consideration of submissions made by key stakeholders, such as students, universities and professional bodies. Furthermore, crucial components of the Government's policy, such as arrangements for clinical placements and the system architecture that will underpin the reforms have yet to be determined.

We are aware that at present the DH plans to press ahead with the reforms and its ambitious timescales for implementation. In line with feedback from our members, we encourage the DH to place its plans for implementation on hold and to work in partnership with stakeholders to inform the details of the Government's policies and identify solutions that will support the best outcomes for students, universities and the future workforce.

The current timescales for implementation of the reforms place university courses providers under unnecessary pressure. The university recruitment cycle begins early and HEIs have reported that the current lack of information regarding funding arrangements is hindering speech and language therapy course providers' ability to plan. At present, speech and language therapy courses are in a position where they have published prospectuses and will shortly be hosting open days for the academic year 2017/18. However, they face uncertainty about funding arrangements for courses as the Government has yet to determine integral issues such as the allocation methodology for additional teaching grants.

The timing of implementation and associated financial uncertainty poses a direct risk to existing educational provision such as postgraduate pre-registration courses. There is a significant possibility that if universities are not convinced regarding the financial viability of courses that they may be temporarily suspended (rested) for a year whilst the Government finalises arrangements. Furthermore, this uncertainty could also be detrimental to future workforce supply.

1.3: A focus on nurses

We are disappointed that the consultation document is nurse-centric and predominantly includes examples and modelling relating to the nursing profession. It is important that the DH acknowledges both the value of, and differences between, allied health professionals (AHPs).

The Government's proposals have different implications for pre-registration education in different allied health professions. For example, podiatry courses are few in number and have historically struggled to recruit sufficient student numbers, whereas speech and language therapy courses have typically had a high ratio of applications to student places.

We urge the DH to recognise the unique characteristics of, and different challenges affecting, pre-registration education courses across the allied health professions and to publish data and modelling of how the reforms will affect speech and language therapy students.

It is important for the DH to note that many of the benefits outlined in the case for health education reform do not apply to allied health professionals. For example, SLTs are not on the NHS staff shortage list and the use of overseas staff is not a significant concern for our profession.

1.4: An emphasis on numbers

The consultation document places a strong emphasis on increasing the number of places on pre-registration courses, but fails to acknowledge the constraints caused by placement capacity. Many speech and language therapy courses already struggle to meet placement demand and are already having to respond to reduced placement opportunities within the NHS by co-ordinating an increased number of clinical placements in the independent sector.

As the DH and Health Education England (HEE) have not yet established a policy on how clinical placements will work, how additional capacity will be created and the system architecture in which they will operate, the ambition of creating of up to 10,000 more nursing, midwifery and allied health degree places in the lifetime of this Parliament currently appears to be unrealistic. We are unsure how the 10,000 figure was decided upon and how the Department plans to measure progress towards this ambition.

Whilst getting the right grades are a key factor in the admissions process, we are disappointed that the consultation document does not also make reference to the importance of value based recruitment. Higher education institution (HEI) course leads play an important role in selecting applicants who demonstrate the right qualities and values needed to become successful health professionals and reflect the population that they serve.

1.5: The non-NHS workforce

We welcome the Minister's reference to the independent and care sectors in the foreword of the consultation. However, we are frustrated that the consultation document then goes on to focus on the NHS workforce. As highlighted by research by the National Audit Office and the Chief Executive of Health England, there is a growing need to consider the role of the non-NHS workforce as part of workforce planning processes.^{1,2} *The role of the non-NHS workforce is an important consideration which should inform the design of the new student funding system, and system architecture which will support implementation more widely.*

2. Pre-registration postgraduate study

Pre-registration postgraduate courses form a vital part of speech and language therapy pre-registration education, and provide a fast-track route by which graduates from disciplines other than healthcare can gain a pre-registration health qualification and pursue a career in speech and language therapy.

Pre-registration postgraduate courses offer intensive challenging educational environments which allow students to develop excellent academic and research skills which they can apply to their clinical practice. Furthermore, they produce high quality graduates who help to support the supply of SLTs within the NHS workforce and wider sectors, and the research base of the speech and language therapy profession.

RCSLT members are particularly concerned about the following aspects of the DH's proposals regarding pre-registration postgraduate study:

2.1: Course costs

Speech and language therapy course leads have warned the RCSLT that the Government's proposals will threaten the economic viability of pre-registration postgraduate programmes. At present the typical fee income for pre-registration postgraduate courses, with no additional teaching grant top-up, would be insufficient to cover the additional costs of running a clinical/professional training programme, such as placement travel, occupational health screening, disclosure and barring service (DBS) checks.

Under the current proposals, it is likely that there will be a major funding shortfall for pre-registration postgraduate provision meaning that these courses are likely to be unattractive to institutions to offer. Furthermore, there is a significant possibility that if universities are not convinced of the financial viability of pre-registration postgraduate courses they may be temporarily rested whilst the Government finalises arrangements.

There is an urgent need for clarity regarding funding arrangements for universities, including the additional teaching grant administered via HEFCE, and for the DH to address the shortfall between the tuition fees to be paid by students and the actual costs to train students to qualify as a SLT on a pre-qualification programme.

¹ Public Accounts Committee (2016) Oral evidence: Managing the supply of NHS clinical staff in England, HC731 <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/public-accounts-committee/managing-nhs-clinical-staff-numbers/oral/29531.html>

² National Audit Office (2016) Managing the supply of NHS clinical staff in England <https://www.nao.org.uk/wp-content/uploads/2016/02/Managing-the-supply-of-NHS-clinical-staff-in-England.pdf>

2.2: Financial support for pre-registration postgraduate students under-taking pre-registration courses

Concerns regarding the economic viability of pre-registration postgraduate programmes are likely to be compounded by:

- **The amount of loan students are able to access:** The proposed maximum loan amount available to pre-registration postgraduate master students (up to £10,000), will be insufficient to cover even one year's tuition fees for a speech and language therapy masters course which are on average two years and go beyond the length of the normal academic year. Furthermore, due to the intensive nature of pre-registration postgraduate courses it is extremely difficult for students to work during their studies and supplement their income through paid work.
- **Debt aversion amongst students:** The move from bursaries to loans could mean that students who undertake a three year undergraduate degree in another discipline and then complete a two years SLT masters have to repay loans of up to £100k. Due to the increased amount of money that students will have to contribute towards their undergraduate studies following graduation, it is likely that the prospect of having to make large loan repayments will deter them from pursuing further study.
- **Repayment arrangements:** The repayment arrangements for pre-registration postgraduate masters loans are likely to serve as an additional deterrent to pre-registration postgraduate study. *We would welcome clarification from the DH as to why pre-registration postgraduate loan repayments will be made concurrently alongside repayment of any outstanding undergraduate student loan, whilst students who take on a second undergraduate loan will only be required to make repayments on the second loan once the balance of the first loan has been repaid.*

We urge the DH to revise financial support arrangements for postgraduate pre-registration courses to bring student support for these courses in line with those undertaking second undergraduate degrees in these subjects.

2.3: Implications of the current pre-registration postgraduate funding proposals

A possible decline in the number of students wishing to undertake pre-registration postgraduate study could have a detrimental impact upon the research base of the SLT profession as well as the diversity of applicants for SLT courses and the future SLT workforce.

- **Workforce planning and the future SLT workforce:** A dip in pre-registration postgraduate student numbers could be detrimental to the short-term supply of SLTs in the NHS and the delivery of Government priorities such as a shift of care into community based settings as outlined in the NHS Five Year Forward View and the healthcare leadership agenda more widely.
- **The research base of the speech and language profession:** A decline in applications to pre-registration postgraduate courses could have a long-term impact upon the research base of the profession and the delivery of the National Institute for Health Research's clinical research priorities relating to healthcare.
- **Diversity of students:** The limited amount of financial support that pre-registration postgraduates will be able to access to support their studies under the new system

may reduce the participation of mature students and students from disadvantaged backgrounds in pre-registration postgraduate study.

- **Diversity of pre-registration postgraduate course provision:** The DH's proposals have already begun to affect the design of future pre-registration postgraduate course provision. Due to concerns that the planned funding changes may affect funding for pre-registration postgraduate diplomas, several universities are developing plans to convert their speech and language therapy pre-registration postgraduate diploma courses into masters. Whilst this may be an unintended consequence, we are concerned that this will narrow the pre-registration postgraduate offer for speech and language therapy courses and create pressures in the system.

We are aware that the consultation document outlines plans to further consult on arrangements for a small number of pre-registration postgraduate healthcare courses (such as healthcare pre-registration postgraduate diplomas and three year health care masters degrees) which would not be eligible for a pre-registration postgraduate masters loan under the current rules for eligibility. We would welcome the opportunity to further discuss funding arrangements regarding pre-registration postgraduate study with the DH more widely, as there is a need for detailed consideration of a wider range of issues in relation to pre-registration postgraduate study as noted above.

3. Widening participation and fair access

The RCSLT is concerned about access to and the affordability of speech and language therapy courses under the proposed changes to healthcare student funding. We are particularly concerned about the possible impact of the reforms upon the following groups:

3.1: Mature students

Mature students make a vital contribution to the student population and enrich academic study by bringing a mix of professional skills and lived experience. 40.8% of nursing and AHP students are over 25, which is much higher than in the general student population (18%), and one third of nursing/AHP students already have a degree.³

HEI course leads have warned that the move from grants to loans may deter mature students from study in the early years of the reforms due to debt aversion. Mature students are known to be more debt averse than younger students and often have significant financial commitments, such as mortgage repayments and childcare costs.⁴

Several mature students who responded to the RCSLT's student survey on healthcare education funding reforms raised concerns about incurring large debts and commented that they would not have applied for their course under the loans system:

“The NHS funding was crucial in enabling me to undertake my studies. Especially as a mature student with children. I would not have wanted to take on a large student loan.”
– RCSLT student survey respondent

³ Department of Health (2016) Reforming healthcare education funding: creating a sustainable future workforce

⁴ National Union of Students (2012) Never too late to learn: mature students in higher education
http://www.nus.org.uk/PageFiles/12238/2012_NUS_millionplus_Never_Too_Late_To_Learn.pdf

A large proportion of SLT mature students are enrolled on pre-registration postgraduate courses. We anticipate that the limited amount of funding support that the DH proposes to make available to pre-registration postgraduate students may serve as an additional deterrent to pre-registration postgraduate study and result in a decline in applications from mature students in the future.

We echo concerns expressed by the Council of Deans that the Government's consultation document under-estimates the risk of a decline in applications from mature students. We urge the DH to introduce measures to support the participation of mature students in higher education and provide greater levels of financial support for pre-registration postgraduates and students with dependents.

3.2: Students from disadvantaged backgrounds

Like mature students, students from disadvantaged backgrounds may be deterred from entering higher education due to debt aversion. Research shows that students from lower social classes are more debt averse than those from other social classes⁵ and HEI course leads have warned that the withdrawal of the NHS bursary may lead to a decline in the number of applications to speech and language therapy courses made by students from disadvantaged backgrounds in the future.

20% of RCSLT members who responded to our student survey on reforms to healthcare education funding provided qualitative feedback expressing that they would have been unable to afford their studies without the NHS bursary and/or would be reluctant to do their course had a loans system been in place. Students also reported that they would be put off studying by the prospect of incurring large debts and having to repay loans over a long period of time:

"The NHS bursary made the course very accessible to myself as I come from a low income family. The idea of student loans would have put me off pursuing a career in speech and language therapy (sic)." – RCSLT student survey respondent

When developing strategies to support the participation of students from disadvantaged backgrounds in higher education it is essential that the Government understands the links between social disadvantage and other barriers to higher education, for example, mature learners are more likely to come from lower socio-economic backgrounds and have family or caring responsibilities. It is also important the DH understands the financial realities that students face for example in relation to placement costs.

3.3: Students with dependents

The provision of sufficient additional allowances for students who have dependents is a key concern for the RCSLT, as the SLT student population is 95% female and includes a high proportion of mature students. Childcare costs are a major barrier to participation in higher education and there is a need to ensure that allowances are available to all students with dependents to support fair access.⁶ As the SLT profession is largely female, this also create a high risk of supply shortfall at all times, and a further supply shortfall could be compounded the reforms which will have a greater effect for SLTs.

⁵ Callender, Claire and Jackson, Jonathan (2005) Does the fear of debt deter students from higher education? Journal of social policy, 34 (4), pp. 509-540. ISSN 1469-7823

⁶ National Union of Students (2009) Meet the Parents: The experience of students with children in further and higher education http://www.nus.org.uk/global/nus_sp_report_web.pdf/

We welcome the Government's statements that under the reforms students with dependents will receive an increase in support for formal childcare costs under the Department for Business Innovation and Skills system and the average increase in day-to-day living costs for all students. However, we are very concerned that paragraph 3.33 of the consultation document lists a number of cases where students may receive lower allowances under the standard student support system at current rates:

"Where a student is means tested to receive maximum amounts, and claims for childcare, there are a small number of exceptional and specific cases where they may receive lower allowances under the standard student support system at current rates. For example, if the student has one child dependent but no adult dependent, or if they have large numbers of children (five or more) and where students may have increased childcare costs because they are required to undertake clinical placements."

We are also concerned that the standard student support system will not apply to pre-registration postgraduate programmes, which typically attract mature students who may have children. We welcome clarification as to whether pre-registration postgraduates will be able to access these allowances.

It is essential that the Government addresses the issues noted above and offers comprehensive financial support to all healthcare students with dependents. As highlighted by the Council of Deans response, there is also a need to cover informal living costs associated with raising children (such as food, accommodation and clothing) as well formal childcare costs.

4. Clinical placements

Clinical placements are a crucial element of pre-registration education and the preparation of competent clinicians. Placements provide opportunities for supervised practice and enable students to develop clinical awareness and practical experience in different speech and language therapy settings.

The RCSLT is particularly concerned about the following aspects of clinical placement arrangements:

4.1: Placement costs

We object to the proposal that students should contribute an excess of around £300 towards their placement travel costs before costs are reimbursed – this is unfeasible for students from disadvantaged backgrounds and reflects a lack of understanding of how placements operate. We urge the Government to urgently reconsider this proposal.

We ask the DH to provide clarification on whether accommodation costs that students incur during placements will be covered as part of the proposals. Under the NHS bursary scheme, students who have to stay in temporary accommodation in order to attend their placement are able to apply for a reimbursement of their accommodation expenses.

Placements both in and outside of university regions can require a large amount of travel and overnight stay, for example, even for students at the University of St Mark and St John in Plymouth a placement *within* the region can necessitate a two to three hour journey each way and the use of overnight accommodation.

We recommend that the DH continues to provide financial support towards the costs of accommodation, as block placements can be extremely expensive. The prospect that students will have to pay for temporary accommodation, whilst continuing to pay for their

permanent accommodation at home (and pay towards travel costs) will be impractical for many students, particularly for those who are from disadvantaged backgrounds or who are mature students.

4.2: Other considerations to be included in the development of clinical placement arrangements

We are pleased that HEE plans to consult with the RCSLT and other professional bodies on arrangements for clinical placements and how extra clinical placement capacity can be created. As part of the formulation of these proposals we encourage HEE to take account of:

- **Placement quality and diversity:** Quality assurance and ensuring that all students have access to good quality practice placements is key. Within the speech and language therapy profession, the diversity of placements available to students is also integral to the quality of placement provided. The RCSLT's Guidelines for Pre-registration Programmes require course providers to include sessions with paediatric and adult client groups and universities organise a range of placements so that students gain experience of working in a variety in both acute and community settings.
- **The non-NHS workforce:** HEE's workforce planning process assumes a primarily NHS-based workforce; however, there is a need to take account of the non-NHS workforce and placements in non-NHS settings. A potential conflict may arise if the number of placements assessed as required by HEE is lower than the actual number of placements required to meet the needs of the students and professional body requirements. This poses a risk for HEIs, as the funding arrangements for placements remain very opaque, particularly in the case of a discrepancy in assessed need.
- **Possible unintended consequences of the new system:** HEIs have expressed concern that the need to increase the number of student placements in the future may create competition and tensions between current education providers, as they may have to compete with one another for limited placement capacity and new providers as they emerge. University staff have suggested that this could pose a risk to placement quality and patient safety if (due to external pressures) providers begin to consider using placements which are not fit for purpose.

We encourage HEE to consider how it might govern such a matter, and respond to wider concerns of HEIs such as worries regarding how the logistics of payments to placement providers might work under the new clinical placements system.

5. System architecture

We are disappointed with the lack of detail in the consultation document regarding the system architecture that will underpin the higher education reforms. Whilst we are aware that controls on student numbers will be removed under the new system and HEE will retain responsibility for commissioning and funding the minimum clinical placements, it is unclear how pre-registration education will be linked to the workforce planning process in the future and if, or how, the DH might address a future imbalance in the supply of health students in relation to patient demand within and beyond the NHS.

Whilst the move from bursaries to loans will bring undergraduate healthcare students funding arrangements in line with their peers studying other subjects, it is important for the DH to recognise the distinction between healthcare professionals and other professions and their role in securing NHS England's vision of high quality care for all – now and future generations.