

Allied Health Professions Federation submission to Treasury Select Committee Inquiry on Student Loans

1. What impact have student loan reforms had on the finances of the higher education sector?

1.1 All Allied Health Professions (AHPs) have seen a decline in total applications. There is no shortage of people wanting to join these professions; the problem has been insufficient numbers of student places commissioned by the NHS over a number of years, and the level of funding per student place. Therefore, under the previous system, NHS commissioning was acting as an artificial cap on graduate numbers, preventing it from meeting demands of employers or potential employees.

Potential post-graduate impact

1.2 An important workforce supply route for many AHPs is the Master's level pre-registration courses. Some AHP students entering Master's pre-registration programmes in 2017/18 continue to receive the NHS bursary as an interim measure. **However, there is a significant lack of clarity regarding the student finance arrangements for 2018/19 onwards.** Currently, prospective applicants do not know if they will receive an NHS bursary that would cover fees and living costs for the two-year duration of the programme. The lack of information about funding is likely to deter prospective applicants from applying to study Post-Graduate pre-registration programmes in 2018/19. These are two year programmes so the decision has longer term implications for how individuals can manage their finances, than for a one year master's. Also it is not just a question of tuition fee loan, but access to a second set of maintenance loans and other aspects of the support package, such as childcare allowance and critically, placement travel and accommodation expenses. Some AHPs, eg drama therapists not only have to pass pre-registration masters courses which have never had NHS bursaries but also have to struggle with additional course costs eg personal therapy and supervision which is fundamental to professional integrity. In addition, fewer postgraduate pre-registration students are continuing to MSc as there is now an even greater financial pressure to commence full-time work as soon as they can at Post Graduate Diploma level. All this risks creating a significant workforce supply shortage in some professions by 2020, including a loss of talent and potential leaders as these graduates tend to have a much stronger trajectory into leadership positions. This lack of certainty is untenable and presents a real risk of the market for these programmes imploding.

1.3 A loss of post-graduate students could have a significant impact on the diversity of the student body and ultimately the workforce for some AHPs, with a loss of mature students (if full time study is no longer an option due to financial constraints), those with families and those from a wider socio-economic background. For example, graduates from Speech and Language therapy post-graduate programmes form a considerable volume of the workforce (around 40% of annual graduations). Over time their impact is even greater as they are two year, rather than 3 or 4 years of an undergraduate course. Universities have told the Royal College of Speech and Language Therapists:

- “We are receiving about 60 phone calls per week from prospective applicants – the number one question is about the funding and we have to tell them we still don't know. “
- “...we are actually considerably down on last year (similar time) by between 45 and 55%”
- “We are theoretically open for applications now but as it hasn't been possible to update the web page for this year, it looks as though we are not open for applications and we have not had any.”

Undergraduate course impact

1.4 The impact of the removal of bursaries and introduction of student finance for nurses, allied health professionals (AHPs) and midwives is not consistent. Some AHPs eg paramedics have never been part of the bursary system and would seek parity with other AHPs. While the introduction of loans it has undoubtedly supported necessary expansion of some education, there has been a significant decline in applications to study for some AHPs. This is potentially de-stabilising for universities' provision of health education overall (including in terms of their human and physical resourcing). For some smaller courses eg dietetics, orthoptics, drama, music and art therapy it may even mean some courses become unviable if the longer term trend continues to be a reduction in numbers of applications.

1.5 In addition, with the move to the standard student loan system, with its high costs and at time significant interest rates, we have concerns that this will put off prospective students from lower socio-economic groups, more mature students or students with families, resulting in a significant loss of talent to the professions and the health and social care workforce and an AHP workforce that may not reflect the diverse population it serves.

1.6 This also risks undermining universities' capacity to provide the kinds of inter-professional and shared learning opportunities that are essential for preparing students for practice in a context of change. It also risks impacting negatively on research capacity and outputs, just when an increasing, welcome emphasis is being placed on inter-professional research activity and knowledge exchange.

1.7 When the Government announced the changes to health education funding in the 2015 CSR, it pledged that the changes would realise 10, 000 additional nurse, allied health profession and midwifery graduates by 2020. The impact of the introduction of student loans in this area on the ability of universities to expand and maintain the range of different profession courses affected needs to be evaluated. The issues also need to be considered carefully within discussions about the recently published draft NHS Workforce Strategy.

1.8 It is also not sufficient for the solution to expanding student numbers to be seen to rest with increasing the practice education tariff budget for nursing, as announced by the Secretary of State for Health in October. It needs to be considered how the tariff can support services to provide practice-based learning for all healthcare students, in line with patient, service and workforce need. It is also essential that this support to services is not confused with recruiting sufficient numbers of students to meet workforce requirements.

1.9 It is also essential that the impact of the funding changes for healthcare students and education are reviewed thoroughly and in a timely way, as indicated by the Public Accounts Committee in its NHS workforce inquiry in May 2016. This evaluation needs not only to consider the impact of number of applicants and students on healthcare programmes, but the profile of applicants and students from an equality, diversity and widening participation perspective.

1.10 It is also essential that the effectiveness and impact of the new specific arrangements made for healthcare students in terms of the additional costs they incur (including the capacity of clinical placements which are often undertaken away from their university and the impact of their undertaking more intense programmes of study with fewer opportunities to earn income through part-time work) are reviewed and evaluated. Again, this needs to be undertaken with close attention paid to equality, diversity, widening participation and being able to maintain part-time work which is critical for some in order to be able to stay on their course.

2. What are the impacts of higher education funding on the public finances?

2.1 The current difference between workforce supply and demand has created difficulties in recruiting to AHP posts. AHPs play a core role in preventing hospital admissions and getting people ready to be discharged from hospital. Workforce expansion to meet demand is required to make savings in health and care spending.

2.2 Patient care is affected by services overstretched as a result of the shortfall in the workforce, which also has a knock on effect on public finances – for example, delaying physiotherapy support for musculoskeletal health issues means increased sickness absence and delaying rehabilitation in the community means more people needlessly becoming disabled. Dieticians' roles in the social care setting amongst others, ensure that service users are adequately nourished and there is a reduction in the number of acute admission required and associated costs. Occupational Therapists are the only health and social care profession trained to work in both mental and physical health and in health care and social care provision which gives them particular skills in delivering the service innovations the government seeks. Drama, art and music therapists offer expertise in both mental and physical health, working with clients who have complex and multiple needs and the workforce needs to expand in a diverse and creative way to reflect this. And in the light of 300 additional staff reporting on radiographic images, more practitioners will be required to facilitate the development of advanced clinical practitioners. At a time when the NHS is seeking to transform its services, this shortfall in staff is an inhibitor all AHPs' preventative and public health responsibilities.

2.3 In taking accountability for the changes to health education funding, the Government must evaluate what progress there has been towards the 10,000 additional healthcare students by 2020 and the impact on workforce supply by profession. A key aspect of this evaluation has to be addressing the complexity of projecting and addressing future workforce needs and ensuring these needs are met within a market-based system and anticipated multiple pipelines of workforce supply (i.e. conventional university degrees to which student finance applies and degree apprenticeship routes). This heightens the need for a strategic approach to be taken jointly by the Department of Health and the Department for Education.

3. Should all university courses receive the same level of government subsidy?

3.1 University courses vary significantly in the amount that they cost to deliver and they vary in the impact that they have on society and the economy.

3.2 Public subsidy is required to ensure that the actual cost of healthcare programmes' delivery continues to be recognised. This is essential for maintaining workforce supply to the health and care system and to address current shortfalls in the health and care workforce. These shortfalls are already being exacerbated by Brexit and immigration restrictions on overseas' right to remain in the UK, based on income.

3.3 Workforce planning for health services has failed to deliver the workforce required. Where accountability for workforce planning sits, has been a matter of confusion and the approach taken by Health Education England has not been strategic. This lack of a strategic approach has meant that workforce planning has largely been based on the status quo, and only the status quo of providers within the NHS. This is out of step with the pluralisation of health service provision from all sectors and with trends in population need and system demand. Indeed diversification is necessary in order to create sufficient planned new student places. This has been widely acknowledged, including by other parliamentary committees. (National Audit Office/Public Accounts Committee. Managing the supply of NHS clinical staff in England. 2016. House of Lords Select Committee on the Long-term Sustainability of the NHS. The long-term sustainability of the NHS and adult social care. 2017).

3.4 For AHP degree courses, tuition fees do not meet the full costs of delivery and necessary expansion can only take place with government support. This year, an independent costing review by KPMG for HEFCE found that

AHP courses cost more than the standard tuition fee of £9,250 and these have therefore qualified for additional funding from HEFCE as “high cost courses” (<http://www.hefce.ac.uk/pubs/reports/year/2017/preregcosts/>). It is therefore essential that the results of this costing exercise are kept under regular review and with sufficient public funding continuing to address the higher cost of healthcare programmes’ delivery.

3.5 In terms of the cost of student placements for smaller courses, these are likely to be expensive to run due to the high level of teaching supervision and assessment required in addition to the investment in facilities such as simulation suites and other equipment necessary for the training of practitioners. Without sufficient investment from HEFCE teaching grants/student opportunities funds, it is possible that universities will seek lucrative income from overseas students. In turn this may impact on the availability of practice education placements and the numbers of domestic student places available.

3.6 Deployment of government subsidy needs to be integrated with a reformed approach to workforce planning for the NHS and wider health economy. This needs to also take account of the degree to which apprenticeships will provide another workforce supply route. The Office for Students will have an important role to play in continuing the work of HEFCE in investing in University health programmes, including AHPs. Forgiveness of fees for graduates who move into statutory services (not just NHS but also social care) might be a possible mitigation, but not exclusively – it is still difficult to recruit in some areas.

Finally, you may also find it useful to see a joint briefing from a number of AHPs for a House of Lords debate on bursaries earlier this year: https://www.bda.uk.com/media/pressreleases/house_of_lords_briefing_motion_to_regret_nhs_bursaries.pdf

The AHPF would be happy to provide speakers for oral evidence to the Committee if required .

Yours sincerely



Parmjit Dhanda

Chair, AHPF

Annex: The AHPF

The Allied Health Professions Federation (AHPF) is made up of twelve professional bodies representing Allied Health Professionals (AHPs). The AHPF provides collective leadership and representation on common issues that impact on its members' professions:

- The Association for Music Therapy (BAMT)
- The British Association of Art Therapists (BAAT)
- British Association of Dramatherapists (BADth)
- The British Dietetic Association (BDA)
- British Association of Prosthetists and Orthotists (BAPO)
- British and Irish Orthoptic Society (BIOS)
- Royal College of Occupational Therapists (RCOT)
- Chartered Society of Physiotherapy (CSP)
- The College of Paramedics (CoP)
- Royal College of Speech and Language Therapists (RCSLT)
- Society and College of Radiographers (SCoR)
- The Society of Chiropractors and Podiatrists (SCP)

There are more than 170,000 AHPs working within a range of surroundings including hospitals, people's homes, clinics, surgeries, the justice system, local authorities, private and voluntary sectors and primary, secondary and tertiary education.

AHPs focus on consistent, person-centred, preventative and therapeutic care for children and adults. They are accredited and trustworthy professionals performing a crucial function in the NHS and social care. The breadth and depth of AHP skills and reach make them ideally placed to lead and support transformative changes.