THE ROYAL COLLEGE OF MIDWIVES

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RCM response to the Review of Post-18 Education and Funding: Call for Evidence

Q1. This review will look at how Government can ensure that the post-18 education system is joined up and supported by a funding system that works for students and taxpayers. The panel would like to understand your priorities. What, if any, are your principal concerns with the current post-18 education and funding system?

Recent changes to the funding and support for students of midwifery, nursing and allied health professionals have wrongly assumed the future NHS workforce can be left to the 'market'. The decision to charge students for their study and to remove the bursary support during study was ostensibly about 'freeing' universities to take on more students – students the government assumed would be willing and able to take on debt and have other income support for living costs.

However, healthcare study requires both universities and training hospitals to provide the spaces for students to learn. In the first year of operation with student loans, HEE was slow to guarantee government funding for placements for students within hospitals. Consequently, there was no expansion in midwifery training places in England despite the government's rhetoric.

The government has continued to promise increases in training places for various NHS professions and we welcome the announcement of 3,000 extra training places for midwives from the Secretary of State for Health and Social Care in March this year. This follows similar announcements in nurses, sonographers, health visitors and others. Looking at the government approach to the future NHS workforce, the Health Foundation described last year as "characterised by a series of one-off announcements and initiatives, beset by unrealistic timescales and no overall strategy."[1] These announcements belie the promise of more midwifery student places from the switch to loans – it still requires government intervention through HEE to train midwives and AHPs. To say the bursary system placed limits on the number of training places while the new system of loans was a 'freedom' to have 10,000 extra places by 2020 is disingenuous.

This mixed messaging at the top illustrates the problems in NHS workforce education, and it has real consequences. Only this year 21% fewer people applied to study midwifery in England than the previous year when now forced to take on debts that could reach

[1] The Health Foundation (2017). Rising pressure: the NHS workforce challenge. www.health.org.uk/sites/health/files/RisingPressureNHSWorkforceChallenge.pdf

£50,000; the reduction in older students was 28%, as we warned the government about in many representations about the policy after it was announced in the spending review of 2015. We surveyed our student midwife members in December 2015, and of the 466 students who responded, 33 per cent had already graduated with a university degree. Of this group, 74 per cent had taken out loans to help pay for their studies. In other words, around one in four of today's student midwives already holds a degree for which they took out debt to finance.

The 'market' approach also leaves huge gaps in the planning for an influx in students. Our research into the midwifery education workforce shows it is aging and their pay lags behind their colleagues in the NHS. We have yet had any detail from the government about how they will increase the teaching capacity at midwifery education institutions to take these 3,000 extra students, and where the clinical placements will come from. We hope to work constructively with the government to make sure HEIs are ready to take on the students we desperately need to become midwives and begin a career in the NHS. The announcement on training places from the government and the NHS pay deal last month presents a huge opportunity to grow the NHS midwifery workforce, reduce needless spending on agency staff, reduce stress and burnout. We want these two initiatives to succeed but we need honesty from the government about what the introduction of student loans does and does not do, and what is still up to them.

Recently, problems have emerged with the Student Loans Company overpaying students and now limiting any further payments, causing huge financial hardship to students, many of whom are in their final years of study. The students affected are those who have previously been paid a bursary and around 800 students from 20 institutions are affected. If they are forced to leave their courses because of financial difficulty, we have lost some of next year's intake of new NHS staff. We need these students to complete their studies and enter the workforce now more than ever. The SLC has taken full responsibility for this error which has shaken the faith amongst students about the transition to the student loans system.

Part 1: Choice and competition across a joined-up post-18 education and training sector

Q2. How do people make choices about what to study after 18? What information do they use and how do they choose one route over another: for instance, between academic, technical and vocational routes?

We asked members of the RCM Student Midwives' Forum for their feedback on this question. They noted that as midwives' role is to care and support women and families, for many the role is a vocation and calling. They also noted the way age influences how people are encouraged into midwifery:

"I think people in the age bracket 18-22 are influenced by their family and teachers as to what to study after school - during your school years you have work experience placements and speak to careers advisors who guide you in certain directions. The type of course you strive for will be linked with what grades you are expected to achieve. Mature students have a completely different outlook on further study, often they have been influenced by life experiences (such as pregnancy and birth of their own children leading to a desire to become a midwife)"

This comment is supported by the fact that approximately 41% of nursing, midwifery and allied health professional students are aged over 25, compared to 18% of the wider student population.[2]

Other students mentioned personally knowing others working in the professions would give you an insight. Careers advice was viewed both negatively and positively; it could narrowed bright students' choices, or conversely open up students to careers they hadn't thought about before:

> "People make choices using UCAS, careers fairs, what courses they are likely to get in to with predicted grades... I think it has quite a lot to do with the people around you as well, what their professions are as you get an easy insight in to a job…"
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> "The careers advisor came to the class at the beginning of the year so talk about career options and what qualifications we would need to achieve. They offered one afternoon off per week were we could volunteer at a placement e.g. a primary school, GP surgery, hospital ward."
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> "For me and those I know, the decision is very much in the school's hands. I for example had the grades I needed to be a midwife - told the 'careers advisor' I wanted to be a midwife and was told "Oh no, rubbish pay! Rubbish conditions! Plus you have good grades [so go and] study medicine or law" and me being the naive 17 year old listened and went and studied law (hated every minute). The attitudes of teachers and advisors very much affect the decisions, as well as parents and family at home."

The students stressed that information about student finance is now critical to making the right choices; without the bursary and with the introduction of loans, prospective students

[2] DH (2016), Equality Analysis (Response to consultation) *Reforming healthcare education funding: creating a sustainable future workforce,* https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded

(and parents of students) need to become more confident in navigating the system with the right information. One student described the situation as a 'minefield' which badly needed information in 'plain English'. They noted that parents who themselves worked in the NHS would now not be able to vouch for the career in the same way as they previously may have, because of the new funding arrangements with which they were personally unfamiliar.

Q3: How do people make choices later in life about what further study to undertake?

Please see our answer to question 2 above.

Q4: In recent years we have seen continued growth in three-year degrees for 18 year-olds. Does the system offer a comprehensive range of high quality alternative routes for young people who wish to pursue a different path at this age? How can Government encourage provision across a wider range of high quality pathways to advanced academic, technical and vocational qualifications?

Recently the Secretary of State for Health and Social Care has announced that the government will explore new routes into midwifery, but it is unclear at this stage what this entails. There are no easy shortcuts into midwifery. Midwifery is a direct-entry degree-level profession in the UK and EU regulations stipulate students must undertake a 3 year training programme. Because of this, there no way time in training in maternity support can be converted into time on a Midwifery training programme, as is the case for nursing.

The RCM understands there are several organisations interested in forming a Trailblazer to begin the process of creating a Midwifery Apprenticeship Standard, but the NMC is currently reviewing the midwifery education standards. Skills for Health and the NMC have decided it would be unwise to begin to devise an Apprenticeship Standard until the new NMC midwifery education standards are complete. This leaves aspiring midwives with only two routes – direct entry to a course as an undergraduate, or, already being a nurse, a shortened 'conversion' course. The former is the most common form of entry but both routes now attract tuition fees, whereas Apprentices get paid to train. This leaves midwifery at a disadvantage compared to other professions if potential students see avoiding debt as a key requirement of choosing what to study. As stated above, last year 21% fewer people applied to study midwifery after the introduction of student loans and the abolition of the bursary in England.

Q5: The majority of universities charge the maximum possible fees for most of their courses and three-year courses remain the norm. How can Government create a more dynamic market in price and provision between universities and across the post-18 education landscape?

We understand the concern of the government over how all institutions charge the highest price and how this suggests pricing is not reflective of the quality students are receiving. However, things are more complicated for those degrees leading to a regulated profession. The NMC regulates all midwifery education providers and there are set standards that all graduates must meet in order to become a registered professional. It is therefore difficult to see differentials in pricing of midwifery degrees as a policy goal when by definition all institutions should be producing midwifery graduates with same competencies and skills, who have the same earnings potential in the NHS (under Agenda for Change).

Moreover, the quality of teaching is only one part of the quality of a midwifery course. Clinical placements too need to be of quality and each institution makes it own arrangements with universities to give students a place to learn – students do not choose these themselves. It isn't clear the government has understood this in their attempt to make 'a more dynamic market in price and provision'.

Q6: What barriers do current and new education and training providers face in developing innovative or diversified provision?

Midwifery training programmes have some basic requirements under EU legislation that set the minimum number of labours and births that a student must undertake and/or observe. EU legislation also stipulates that midwifery must be a three-year programme. Midwifery does not lend itself to simulated learning and students benefit from quality placements where the midwives have the time and skills to mentor and teach appropriately. As a consequence, with student midwives and trainee doctors all needing the right experience, including delivering babies, it can become difficult to manage demand.

Q7: How can Government further encourage high-quality further education and higher education provision that is more flexible: for example, part-time, distance learning and commuter study options?

There a limited option for midwifery training to be flexible because of the need for clinical placements alongside traditional study. Midwifery students spend 2300 hours in the education in a university setting[3], then spend another 2300 hours in practice placements in the NHS. Most midwifery students are unable to take on part-time work because of this commitment and having access to good quality childcare and care support is essential for them to be able to undertake a midwifery course. There are specific skills that student midwives must develop that do not lend themselves to distance learning. However, new

[3] As stipulated by Directive 2013/55/EU on the recognition of professional qualifications which forms the legal basis for healthcare education in the UK

midwifery education standards are being developed by the NMC and this may allow for new innovative ways to teach.

Q8: To what extent do funding arrangements for higher education and further education and other post-18 education and training act as incentives or barriers to choice or provision: both at the individual and provider level? How does this impact on the choices made by prospective students and learners? What can Government do to improve incentives and reduce barriers?

Our analysis of UCAS data shows that since 2013, applicants to midwifery courses in England have dropped by 35% and older students have been the most affected. In 2013, over 12,000 people aged over 21 applied for a midwifery course in England. By 2017 that figures was only 6,700, a decrease of 45%. For all ages, applicants for the 2015-16 academic year compared to the 2016-17 year saw a 21% drop - the first year without a bursary and with students taking our loans for the tuition costs. These policy decisions to transfer costs from the government onto students has made a grim student recruitment situation worse.

The RCM along with other professional groups and trade unions has urged the government to rethink this policy and at the least begin to work on mitigating factors, such as increased childcare support or means-tested grants for students form poorer backgrounds. We would like to see the DH, HEE and DfE work with us on making sure the best and brightest students from any background can become tomorrow's midwives (see more detail on maintenance support for students in question 10 below).

Part 2: A system that is accessible to all

Q9: What particular barriers (including financial barriers) do people from disadvantaged backgrounds face in progressing to and succeeding in post-18 education and training?

It is important that the NHS workforce reflects the people it cares for and that anyone who wants to dedicate their career to caring for others can have that ambition realised. The introduction of student loans and the abolition of the bursary means midwife graduates can enter the workforce with a debt of £50,000. After 8 years of NHS pay restraint, NHS pay has stagnated and only recently with the new pay deal announcement has the government woken up to the serious repercussions austerity has had on NHS recruitment. Our analysis of UCAS data shows that not only have applications from older people have fallen, but entry into midwifery courses is socially-graded, with those from higher socioeconomic groups being more likely to be accepted onto courses than those applicants from poorer backgrounds. A survey of 763 student midwives in 2011 found that 35 per cent of respondents had left their course because of the financial difficulties they were

experiencing[4]. Our concern is that scrapping bursaries and replacing them with loans will simply increase the fear of debt that can never be repaid which affects those from poorer backgrounds most acutely.

Q10: How should students and learners from disadvantaged backgrounds best receive maintenance support, both from Government and from universities and colleges?

The RCM has been concerned about the impact of removing the bursary for midwifery students from 2017 onwards. We have seen a reduction in the number of applicants who are older, suggesting that those with caring responsibilities and more likely to be living without parental support have been deterred from midwifery.

The provisions under the NHS bursary reform include a grant of £1,000 per year for students with child dependents.[5] 20% of students who accessed the NHS bursary had child dependants.[6] The Exceptional Support Fund is available to eligible students in extreme hardship who have exhausted all other means of funding. A grant of up to £3,000 is available to help students who are eligible for this.[7] There is also support for excess travel and dual accommodation expenses incurred by attending practice placements.

But the drop in applications this year means these initiatives have not gone far enough. During the debates around the removal of the bursary, we presented options for the government to ensure that becoming a midwife remained an option for everyone.

Option 1: grants for placements

This would entail dedicated funding for all midwifery, nursing and AHP healthcare students in recognition of the time they spend in their practice placements. To recognise and safeguard the supernumerary status of students, this should be calculated per student rather than by placement setting or hours. This funding would be communicated as recognition of the time given to the NHS while on placement, not payment for work as an employee. It could be distributed easily through the Office for Students, alongside maintenance loans

Option 2: Government pump-prime investment through employers

[4] RCM (2011) *Student midwives: Born into debt and delivered to the dole*. https://www.rcm.org.uk/news-views-and-analysis/news/student-midwives-born-into-debt-and-delivered-to-the-dole
[5] https://www.gov.uk/government/publications/nhs-bursary-reform/nhs-bursary-reform
[6] DH (2016), Equality Analysis (Consultation stage) *Reforming healthcare education funding: creating a sustainable future workforce,* https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded
[7] NHS Business Authority (2017), https://www.nhsbsa.nhs.uk/sites/default/files/2017-07/NHS%20Financial%20Support%20for%20Health%20Students%20-%20Transitional%20Arrangements%202017-18%20V2.pdf

Students receiving a stipend or loan/fee repayment from employers in return for a set number of years' service across the NHS and non-NHS. This could be centrally funded from the Department of Health to pump-prime required growth in the nursing workforce and implemented locally through employers. Students could sign contracts with employers, NHS and non-NHS, whilst studying and receive financial support in return. This could take the form of fee payments and/or stipends for living expenses. There is precedence for programmes like this in social work and teaching. This scheme would accelerate the creation of local market-led, rather than centrally commissioned, workforce development - in line with the last Government's policy. We understand Greater Manchester's health devolution programme is investigating this idea for its local graduates and we await with interest the results of those discussions.

Option 3: means tested grants

This could provide additional support to students from lower socio-economic backgrounds as well as to mature students who may be more debt-averse[8], and would thereby ensure equality of access and a diverse student and health workforce population. Since £9,000 fees were introduced into higher education, there has been a significant and sustained fall in part-time and mature students applying to universities. Since 2009/10 there has been a 10% drop in full-time mature students.[9] Students could receive a supplementary grant from DH in addition to their maintenance loan. This could easily be assessed through the Students Loan Company, which needs to assess the household income for the maintenance loan for every student. Midwives that qualify under the threshold of £25,000, could be given additional support.

The government must urgently consider these options to ensure applications numbers do not continue to slide in the coming years.

Part 3: Delivering the skills the UK needs

Q11: What challenges do post-18 education and training providers face in understanding and responding to the skills needs of the economy: at national, regional and local levels? Which skills, in your view, are in shortest supply across the economy? And which, if any, are in oversupply?

[8] Gorard S, Smith E, May H, Thomas L, Adnett N and Slack K (2006). *Review of Widening Participation Research: Addressing the Barriers to Participation in Higher Education. A report to HEFCE by the University of York, Higher Education Academy and Institute for Access Studies.* York: University of York

[9] Independent Commission on Fees (2015), *Independent Commission on Fees Final Report*. https://www.suttontrust.com/wp-content/uploads/2015/07/ICOF-REPORT-2015.pdf

The Nursing and Midwifery Council set the competencies and skills every midwife must have upon completion of a course to enable their registration to practice. Higher Education institutions are regulated by the NMC to ensure their courses meet the NMC Standards. These Standards are under review and likely to be finalised in January 2019. However, it will take institutions many months to design their courses to fit, and then to recruit students to those programmes. Thus, it is unlikely that the new Standards will be in effect in Higher Education institutions before the beginning of the 2020-21 academic year (September 2020).

Not only does England need more midwives – we estimate that England is short 3,000 WTE midwives currently – but they need to adapt to the vision set out in England for maternity care through the Maternity Transformation Programme. Midwives will need to be working more autonomously in self-managing small teams. They will be working more productively alongside other professionals and be able to personalise care for each and every woman and her family. Enhanced skills in public health, mental health, safeguarding and VAWG are now seen as essential for every midwife as the demographics of our population changes. The NMC Review of Standards will have to take account of this, and the policy goals in the other three UK countries.

The NHS too, however, needs to change, in how it responds to the midwives in the NHS so as to stop the haemorrhaging of skills that we see. Not only do training providers need to serve the NHS, the NHS too has a responsibility to care for its workforce. We know that midwives suffer burnout and bullying; that midwives in their early years can feel overwhelmed.[10] Building resilience must be a two-way street and employees have a responsibility to nurture the skills of the workforce that higher education institutions teach to students.

Q12: How far does the post-18 education system deliver the advanced technical skills the economy needs? How can Government ensure there is world-class provision of technical education across the country?

We have no comments on this question.

Part 4: Value for money for graduates and taxpayers

Q13: How should students and graduates contribute to the cost of their studies, while maintaining the link that those who benefit from post-18 education contribute to its costs? What represents the right balance between students, graduates, employers and the taxpayer?

[10] RCM (2016). *RCM campaign for healthy workplaces: caring for you survey results*. https://www.rcm.org.uk/sites/default/files/Caring%20for%20You%20-%20Survey%20Results%202016%20A5%2084pp_5%20spd.pdf

The NHS as a whole benefits from midwifery students because the vast majority of midwives who study in the UK practice in the NHS.[11] Unlike other graduates, pay is nationally bargained and midwives benefit from a transparent pay system. However, we have seen in recent years how pay can be restrained, and research from the RCM into those leaving the profession or intending to leave shows that better pay, as well as increased staffing, more supportive management, improved workplace culture and access to flexible working arrangements would keep midwives in the NHS. It must be remembered that these graduates do not leave on a whim, as our research includes testimony from midwives who are heartbroken to be forced to leave the profession. It is not fair to see these midwives as betraying the NHS - it is the NHS which has let them and taxpayers down.[12]

There is a global deficit of midwives and with Brexit looming, the pipeline of midwives from the EU has all but dried up.[13] Therefore it is even more important that the nation sends a message to those studying health and social care here that they are valued, and that the nation recognises that those studying here are essential for the future security of the NHS.

Our answers to question 10 explain some options the government has in getting the balance right between graduates, students, employers and the taxpayer.

Q14: What are the most effective ways for the Government and institutions to communicate with students and graduates on the nature and terms of student support?

We asked our Student Midwives' Forum for their take on this question. Most of their suggestions included social media - live Facebook talks and tweet polls, for example – and they stressed that information be quickly accessible:

"Most kids go looking for the information they want through Facebook and google and expect all the answers if not there they may give up too quickly!"

Other students mentioned the support they received from staff within their college, and posters and leaflets in common study areas:

[11] HESA data obtained by the RCM shows in 2015/16, 84.4% those who completed a midwifery degree in an English institution were employed as a midwife 6 months later.
[12] RCM (2016). Why Midwives Leave – Revisited. https://www.rcm.org.uk/sites/default/files/Why%20Midwives%20Leave%20Revisted%20-%20October%202016.pdf
[13] NMC data obtained by the RCM shows that 225 non-UK EEA midwives joined the NMC register in 2015-16, but only 33 joined during 2016-17.

"In the sixth form college and higher education college I went to the staff were the ones who knew about Student support and promoted it to students. I think having key members of staff in any institute that takes pupils up to the age of 18 could have an individual who has some sort of expertise in this."

Q15: What are the best examples of education and training providers ensuring efficiency in the method of course provision while maintaining quality? And what are the challenges in doing this?

The Midwives in Teaching Report[14] by the NMC and University of Nottingham identified that education quality is best assessed through the use of a matrix of indicators focusing on processes such as admission standards (including widening participation), student retention, responding to equality and diversity, and outcomes such as levels of student attainment, employment statistics and student satisfaction. These measures are further enhanced in professional education by assurance regarding a graduates safety in practice, competence and character. The MinT report also identified key quality indicators for the provision of midwifery education programmes including that there should be sufficient and varied practice placements which provide good quality midwifery education as well as a sufficient critical mass of midwife teachers with the academic, practice and education expertise.

Q16: What are the ways that Government can increase the value for money of post-18 education?

A draft HEE report into the maternity workforce stated that for every student midwife place, we get 0.54wte midwives working in the NHS from that place. We assume this takes into account the popularity of part time work in the NHS, as well as attrition during the course. The government must heed our calls to expand the support to students to keep them in studies so they graduate. They must invest in the teaching workforce, increasing pay to encourage midwifery educators, which lags behind their colleagues in the NHS. They must then continue to invest in the midwifery workforce to reduce workforce pressure and take away the key reason midwives cite for leaving the profession. They must tackle bulling and undermining behaviours by investing in midwifery leadership and create a culture where midwives can balance their fulfilling, rewarding careers with family life.

[14] Nursing and Midwifery Council and University of Nottingham (2010). *Midwives in Teaching Report*. https://www.nmc.org.uk/globalassets/.../Midwifery-Reports/MINT-report.pdf