STUDENT SUPPORT ARRANGEMENTS – HEALTH RELATED EDUCATION AND TRAINING PROGRAMMES IN WALES

Consultation by the Welsh Government

Response from BMA Cymru Wales

1 August 2018

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation by the Welsh Government on student support arrangements for health-related education and training programmes in Wales.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

RESPONSE

BMA Cymru Wales welcomes the opportunity to respond to this consultation. Following the implementation of the Diamond Review proposals which relate to more general support arrangements for students, we are pleased to see that the Welsh Government is now turning its consideration to more specific support for those on health-related education and training programmes, including the support which has traditionally been provided through the NHS Wales Bursary arrangements.

In responding back in 2015 to the Diamond review itself, and subsequently in 2017 to the Welsh Government’s proposals for taking the findings of the review forward, we made the point that the change in support arrangements for Welsh-domiciled medical students in their latter years of study (when they switch to receiving support through a non means-tested NHS grant, a means tested NHS Bursary and a reduced maintenance loan from Student Finance Wales) can lead to them receiving a reduced level of support compared to that which they received in earlier years. As this may cause clear hardship difficulties for some students, we welcome the fact that the Welsh Government is now following this up by looking at the arrangements provided through the NHS Wales Bursary, as well as at the overall provision of support.

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Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.
We hope that this might offer an opportunity for such disparities to be addressed, and that addressing this particular concern will feature in the Welsh Government’s subsequent deliberations.

In compiling this response, which seeks to provide views on behalf of our membership, we have chosen to confine our response to those questions which we consider are of the most relevance to medical students and those where our membership has a clear view. We have therefore not sought to address every question posed within the consultation document.

Our response is as follows:

**Q1. Should the Welsh Government continue to provide support to those studying health care related programmes?**

BMA Cymru Wales strongly believes that the Welsh Government should continue to provide support to those studying healthcare related programmes. Given the extent of the current challenges which exist in relation to recruitment and retention of healthcare professionals, including doctors, we think it is imperative that such support is retained.

Support is also vital, in our view, in order to ensure that the ‘widening participation’ agenda can continue to be pursued and that we can continue to support students to study medicine and other healthcare professions regardless of their background. To remove such funding would be hugely detrimental to the objective of attracting a more diverse population into medically-related careers.

The more that the Welsh Government can offer an attractive support package for such students, the greater the likelihood that they will seek to choose Wales as a destination for their studies. And it should also be noted that the more students are treated favourably whilst they are studying in Wales, the more this may encourage them to stay in Wales after graduation.

We also know that the Welsh Government wishes to increase the proportion of the healthcare workforce who can communicate with patients through the medium of the Welsh language, so that those patients who wish to receive consultations in Welsh can have greater opportunity to do so. Having an attractive support package may also therefore help more Welsh-domiciled students who are also Welsh speaking to study, and in time, work in Wales. This provides a clear illustration of why having support arrangements for those studying healthcare related programmes in Wales that are favourable in comparison to other parts of the UK can help in furthering broader Welsh Government objectives.

**Q5. Do you agree placement capacity should continue to be managed through a commissioning process, which in the future would be led by Health Education and Improvement Wales?**

We do not consider that placement capacity necessarily needs to be managed by a commissioning process, although we do accept the need for it to be managed effectively. What we feel is key is to ensure that the responsible body has the appropriate training and understanding to carry out this task in a way which is both efficient and safe.

**Q6. Should the NHS Bursary continue in the future what methodology should be used to determine which education and training programmes should be supported through a revised health student support arrangements?**

- Maintaining the current list of programmes
- Refresh the list of eligible programmes each year on the basis of identified priorities within the health system
- Agree a core list as standard with the potential for additional priority programmes to be added as necessary
• Restrict to those programmes which lead to registration and therefore without the qualification individuals are not able to practice in their chosen profession.

• Other

Whilst some of our members have expressed the view that the current list of programmes is broadly appropriate, we also see that there may be merit in the suggestion of agreeing a core list as standard with the potential for additional priority programmes to be added as necessary should it be felt there is a particular need to do so. We consider this would be a preferable way to offer increased flexibility than the suggestion of changing the list on a yearly basis.

Q8. Do you agree that any package of enhanced support for individuals should continue to require individuals to commit to a proportionate period of post-qualification employment in Wales?

We feel that there are many other factors which should be addressed to encourage individuals to remain in Wales after receiving their qualification and would suggest that a favourable working environment that involves factors – such as better employment conditions; better quality training; pay; support for learning the Welsh language; and support in finding employment for spouses/partners – may do more to encourage greater post-graduate retention.

We note that this requirement is not currently in place for medical students in receipt of the NHS Wales Bursary and could foresee significant difficulties if it was introduced for them, given that medical graduates have to apply through a UK-wide application process for foundation training places and therefore have no guarantee that they will be offered an F1 training post in Wales. Such a requirement would therefore be incompatible with the current system by which foundation training posts are allocated.

In relation to medical training in subsequent years, trainees may similarly not be able to secure the training posts they seek in Wales even though they have undertaken earlier parts of their training, either at undergraduate or postgraduate level, here. There will also be other circumstances in relation to some types of specialty training, where it may not be possible to undertake such training in Wales.

Given these factors, it would therefore seem grossly unfair if a requirement was brought in for medical students who receive the NHS Wales Bursary to be required to commit to a proportionate period of post-qualification employment in Wales as it may be completely outside of their control to be able to do so.

Q11. Do you think individuals who have received support for an initial programme should be able to receive support through a Bursary arrangement to undertake additional education and training programmes?

This would appear to be sensible suggestion in our view.

Q12. If yes, do you think second and subsequent programmes should only be supported where the health system in Wales is experiencing difficulties with workforce capacity in specific areas?

Whilst we feel steps should be taken to encourage people to undertake such programmes, we are not convinced that restricting support for second and subsequent programmes in this way is necessarily the best approach.

Individuals perform best in subject areas they enjoy, and steering people too heavily in this way into certain sectors could be counter-productive, potentially leading to the establishment of a less-motivated workforce that is under-performing compared to its potential.
Q13. Should an exception be made to allow first degree holders wishing to study a second degree on a healthcare programme in England access to student support, whilst non healthcare students are not eligible for additional support?

We believe that such an exception should be made given that taking on a healthcare profession of any sort is a major decision. Not everyone who may have the potential to be a healthcare professional may think about making such a choice at the age of 18 or may lack the maturity of thought to do so at that stage in their life.

When specifically considering medicine, it also needs to be recognised that securing a place to study a medical degree is extremely competitive requiring an excellent academic record from age 14, science A-levels at A/A* and the ability to pass rigorous interviews. People may therefore go on to study a different degree first for any number of reasons, with well-recognised routes having been established for people to study medicine as a subsequent degree, e.g. through the existence of graduate-entry medical schools such as Swansea. This is something that we should continue to encourage, rather than to punish financially. With the continuing difficulties that currently exist in recruitment across many aspects of medicine, and with the particular challenges we face in filling certain training posts, the benefits of such an exception are clearly apparent.

Not offering such funding means that the second-degree route is something that is only an option for those wealthy enough to take it up. This would clearly run counter to the widening participation agenda by preventing a large number of capable and compassionate potential applicants from even being able to consider medicine as an option.

Q14. Should the support provided for second and subsequent support packages for health related programmes be conditional upon individuals committing to work in Wales post qualification?

We do not believe that it should, for the same reasons we have already outlined previously in our response to Question 8.

Q15. Do you consider there are issues which relate to equality and diversity which should be taken into account in developing future policy in this area?

Yes, we do.

Q16. If you answered yes, please highlight the issues you feel should be taken into account.

As we have referred to in previous answers, the main issue of concern we have from an equality and diversity perspective is that a retraction of financial support would undoubtedly affect those from poorer backgrounds more than those who are better off financially. And as we have indicated already, this would be counter to the widening participation agenda in relation to medicine and other healthcare professions. In our view, we need to ensure that a person’s financial background does not define their career options.

Q17. Should support programmes be aligned with those for other health related programmes in the future?

It should be factored in that medical and dental courses require a greater level of financial support than other undergraduate courses due to having an academic year which is longer in duration and the courses also being 2–3 years longer.

The longer duration of the academic year also reduces the ability of such students to undertake holiday jobs during the vacation period to supplement their income and help subsidise their studies. On a similar note, the intensity of courses also makes it more difficult to sustain a part-time job during term-time.
We also feel greater support should be provided for travel expenses, including for when students are on placements. This is more of an issue in Wales than in some other parts of the UK because of its geography which means travelling distances (and associated costs) can be substantially greater.

In addition, we would point out that it is not fully clear to us what might be envisioned by such an alignment. We would most certainly have a concern if thought was being given to providing lesser support for Welsh-domiciled students studying medicine or dentistry in another part of the UK than for Welsh-domiciled students studying those subjects in Wales.

We need to take account of the fact that competition for medical and dental degree courses is fierce. Whilst it is possible for individuals to apply for up to four courses, there are not that number of courses available to apply to in Wales for either medicine or dentistry. This means less opportunity for Welsh-domiciled students to be accepted to study either medicine or dentistry at a university in Wales, even if that is there first choice.

We should not punish medical or dental students financially simply because they have not been able to secure a place to study at a Welsh university, particularly if we are concerned to encourage more Welsh-domiciled students to study these disciplines. This is clearly an issue given that medical and dental applications from Wales are low and are on a declining trend.¹

**Q18. Which of the proposed options do you think is the most appropriate for the long-term sustainability of the NHS workforce in Wales?**

- **Option 1:** Healthcare students receive the standard student support package, through Student Finance Wales, in the same way as other students. This would not be subject to an agreement regarding post-qualification employment.

- **Option 2:** Healthcare students receive the standard maintenance support package through Student Finance Wales. An NHS Bursary would cover the funding of full tuition fees up to a maximum and an additional funding element for additional costs for clinical placements. This would not be subject to an agreement regarding post-qualification employment.

- **Option 3:** Healthcare students receive the standard maintenance support package through Student Finance Wales. An NHS Bursary would cover the funding of full tuition fees up to a maximum and an additional funding element for additional costs for clinical placements—subject to agreeing a post-qualification employment period.

- **Option 4:** Healthcare students receive the standard maintenance support package and partial funding of tuition fees (e.g. 50%) through Student Finance Wales. An NHS Bursary would cover the remainder of the tuition fee and an additional funding element for additional costs for clinical placements—subject to agreeing a post-qualification employment period.

- **Option 5:** Healthcare students receive the standard fee support package through Student Finance Wales. An NHS Bursary would cover living costs and an additional funding element for additional costs for clinical placements—subject to agreeing a post-qualification employment period.

- **Option 6:** Healthcare students continue to receive the current NHS Bursary arrangements—subject to agreeing a post-qualification employment period.

For reasons we have already covered in our answers to Question 8, we do not feel it is appropriate in the case of medical students for there to be a requirement for them to have a post-qualification employment period in Wales.

We do feel it is important, however, that there is greater consistency regarding the financial support offered to medical students throughout the full duration of their course, rather than having a system where support changes during the latter years of study. As we have already pointed out, this can lead to hardship for some students if it means their level of support is reduced when they switch to receiving support from the NHS Wales Bursary.

¹ [https://www.ucas.com/file/130741/download?token=g_2adVK0](https://www.ucas.com/file/130741/download?token=g_2adVK0)
Providing an additional funding element for the additional costs of clinical placements is something we would most certainly advocate. The financial burden placed on medical students by clinical placements is very much a pressing issue, and many are struggling as a result. We therefore feel this needs to be addressed.

In overall terms, we also believe that the current maintenance package for medical students needs to be improved. Many students simply don’t receive enough to live on and we feel it is unfair that they have to cope with so much financial stress on top of the many other stresses they face in studying medicine.

In presenting its response to the Diamond review, the Welsh Government made a virtue of highlighting the fact that its proposals will mean those students who receive the maximum level of support through the new arrangements will receive the equivalent of the national living wage during term time while they study. However, as we pointed out at the time, this assertion is based on the fact that most degree courses involve around 30 weeks of term-time study, whereas medical students study for 48 weeks of the year. We therefore feel a higher level of support should be provided for medical students to take this into account.

As such, the option from those presented which closest matches our view is option 2. However, we feel the level of the standard maintenance support package provided for medical students should additionally be increased on a pro rata basis, to take account of the longer duration of the academic year for those studying for a medical degree.

Q19. Are there unidentified options that would be more appropriate?
- Option 1: To support healthcare students during their studies? If so, please specify
- Option 2: To encourage students to pursue healthcare courses in Wales? If so, please specify
- Option 3: For the long-term sustainability of the NHS workforce in Wales? If so, please specify

As referred to above, we would propose that the level of the standard maintenance support package provided for medical students should be increased on a pro rata basis compared to that offered for other undergraduate degrees to take account of the longer duration of the academic year for those studying for a medical degree.

Q20 What are your thoughts on the support for healthcare students? Should there be a focus on support for tuition fees or living costs?
- Tuition fees
- Living Costs

We believe that the primary focus should be on living costs. As we have already touched upon, students studying healthcare programmes are already disadvantaged for a number of different reasons (including time pressures, work pressures and the additional costs of undertaking clinical placements) and the current system of financial support does not adequately recompense them for this.