****

Workforce Development Team

Department of Health

Room 2W06

Quarry House

Quarry Hill

LEEDS LS2 7UE

June 6th 2016

**The College of Occupational Therapists response to the consultation on ‘The Case for Education Funding Reform’.**

This submission is made on behalf of the College of Occupational Therapists, the professional body for occupational therapists across the UK. The submission is made in response to the Department of Health’s open consultation looking at the case for health education funding reform, launched on April 6th 2016, outlining the changes in arrangements to nurse, midwifery and allied health professional pre-registration courses after 2017.

The College is responding to several points which will have an impact on the future of our workforce and the consequence to the people who use our services.

Our request for members’ contributions yielded comments from; academics, practitioners, managers and employers of occupational therapy services. This response outlines the key messages, concerns and includes some suggestions to improve the arrangements for healthcare students going forwards. We have chosen to provide a full written response because the questions contained within the Department of Health electronic submission did not allow us to fully express and represent the views of our Professional Body and our 31,000 strong membership.

The key concerns in our response are related to the potential impact of these reforms on the following areas:

* Widening participation and the effect on student diversity in occupational therapy degree programmes
* Higher Education Institutions and Practice Placement Education
* Postgraduate study and access for mature students to attain second degrees
* The effect on the growth of research capacity for occupational therapy and other healthcare professions
* Workforce planning and building a sustainable workforce in an age of urban employment crisis

The College welcomes the opportunity to respond to the consultation. We understand that although the outline to the education reforms have been clearly set out, the final details have yet to be settled and we expect that the content of our response will be taken into account when finalising the reform arrangements.

**Widening participation and the effect on student diversity in occupational therapy degree programmes**

The College has received a substantial number of responses to indicate concern that there will almost certainly be a negative effect on widening participation within our degree programmes. HEIs state that they will lose their rich, diverse communities of students from all socio-economic and cultural backgrounds, and including those people who have learning needs and disabilities of their own. Many of our occupational therapy students who have already studied for another degree, or have come to occupational therapy late in life offer a wealth of experience to the profession while others who have come from less wealthy backgrounds may be the first in the family to attend university. Diversity of background and students from families who are new or unfamiliar to the UK system make up a significant proportion of the population of students who currently choose to study occupational therapy. Despite the above, the profession is still relatively narrow in social, class and gender profile

**Key point** –

* *the proposals in the new system will narrow this profile even further as people from the diverse backgrounds described will be even more restricted from applying as a result of new loan systems.*

**Proposal** – *ensure that there are robust metrics and arrangements in place to enable HEIs to continue to promote diversity in their student populations*

**Child-care issues**

It is well documented that a large proportion of the population who apply to do a degree in occupational therapy and other healthcare professions are mature, female, often with young children. As a consequence, costs associated with training as a healthcare professional already do and will continue to have an ongoing impact. The consultation document clearly sets out that there will be some loss in financial support to those students who have childcare responsibilities. The Government proposals are more likely to *limit rather than support* the widening participation agenda and will impact on the additional numbers that are expected to train as healthcare professionals..

**Key point** –

* *there is a risk that the new proposals for education reforms will narrow the profile of applicants as fewer people from diverse backgrounds will be able to afford the cost of loan repayments*
* *all potential students need to be made aware in detail about the financial implications on dependents that may be associated with participation in studies. These costs to students must be accurately communicated in a clear format.*

**Proposal** **-** *We feel strongly that extra support for this group should be offered to help cover significant costs to childcare whilst studying for occupational therapy qualifications*.

**Mature and second degree students**

Mature students have always been a vital element of our workforce. Mature students bring a wealth of benefits to health and social care and contribute to a balance in age profile, providing a supportive environment for younger students and graduates who may have less broad life experience. Mature students report that they will be *deterred from studying because of the fear of accruing large debts*, worry about how they will be able to support themselves and their families. Potential occupational therapy students who already have first degrees are also likely to be put off from studying at degree level as the cost of repayment loans to study is likely to be prohibitive to them applying to study. Academic responses to the potential loss of the mature and widening participation groups substantiate that this group of students provide the labour market with a range of skills and qualities to enable them to engage sensitively across difference health and social care settings.

**Key Points** -

* *Member feedback states that mature students add value to workforce in the following areas– resilience, insight, maturity, wider understanding of lives of others.*
* *Our mature student population are typically settled with families and we know that recruitment and retention are improved as they are likely to remain in the locality they study in, providing stability to the workforce*
* *There is a risk that the depth, richness and quality that our existing students and workforce contribute to society will be lost with the changes to funding arrangements.*

**Proposal -** *ameliorate the debt which will be accrued by this group by offering incentives to study such as; final year bursary schemes to ease the financial pressure which will deter them from applying for occupational therapy programmes in the first place*

**Part-time students**

In a recent publication entitled ‘Making *a Success of Employer Sponsored Education’* Higher Education Policy Institute (HEPI) Report **83**; David Phoenix states that Employer Sponsored Education could provide a workable solution to providing opportunities to widen participation. Phoenix argues that Employer Sponsored Degrees represent the ‘Gold Standard’ for degrees and that they provide a proven solution for funding higher education which has tripartite benefits for the student, the employer and the taxpayer (p.3).

The taxpayer pays less of the cost of study, students can emerge with no debt and employers can enjoy improved productivity and staff retention. (See real case example of a part time student in Appendix 1)

**Key Point -**

* *There is a risk that a decline or loss of part time options for study, and reduction of mature students entering the OT workforce will have a detrimental effect to our skill mix and patient care.*

**Proposals -**

* *We expect the Department of Health to recognise the value of ongoing part-time provision as a key part of our diverse higher education ecosystem*
* *We expect the Department of Health to continue to fund employer supported part-time programmes to enable part-time routes to occupational therapy*
* *Final year bursaries would support this group to achieve their qualification with less debt*

**Higher Education Institutions**

One of the decisions of the 2015 Comprehensive Spending Review is to increase student numbers in healthcare professions by 10,000 by 2020. By freeing the cap from limitations and giving HEIs control over their own numbers the way will be opened for HEIs to look at stabilising their incomes and open the way for long term development plans to be made for the planning of a future occupational therapy workforce. This is particularly welcomed as Health Education England (HEE) take into account only the workforce needs of the NHS, when the reality is that occupational therapists work in a range of statutory and non-statutory settings which include social care, housing, schools, prisons, welfare benefit agencies and numerous voluntary and independent sectors which work to support the public sector. However, the cost of training AHPs including occupational therapists far exceeds the nominal £9,000 annual assumption and HEIs will need to assure themselves of the financial viability of courses going forward which could pose a threat to potential training availability for a number of courses.

**Key points –**

* *We welcome the opportunity for HEIs to create stable opportunities for income and to be able to increase the healthcare professions workforce*
* *HEIs will need to make long term development plans to ensure financial viability and how they will be able to contribute to the future healthcare workforce*
* *The increase in student numbers means there will be an increased need to locate practice placement opportunities for healthcare students*
* *Occupational therapists work in a wide range of settings outside statutory NHS and Social care settings, which include housing, schools, prisons, welfare benefit agencies, schools and third/voluntary sector locations*

**Proposals –**

* *Consider the above when allocating resources, especially those linked to practice placements and looking at long term growth*
* *There is a serious risk that there will not be enough practice placement settings available unless the placement funding is placed within the HEI*
* *It is vital to ensure that the funding for practice placement follows the student and this will best be achieved by locating the funding in the HEI*

**Practice placements**

With the freeing up of places and the potential for increased student numbers, the College is concerned that HEIs will be competing for practice placement opportunities. We are currently unclear how this will develop, given that the NHS still plans to commission practice placements in accordance with their workforce planning figures. Extra placements will still need to be available for occupational therapy students. The arrangements for funding to support practice placements has not yet been made clear and is not currently consistent across the HEE regions. As circumstances stand, there is currently no mandatory requirement for NHS funded organisations (or other agencies) to offer practice placements and there is variable engagement across different providers. It is concerning that we are not yet clear how the new funding arrangements will help HEIs who provide occupational therapy programmes. There is a risk that the current arrangements for practice placement funding will change and an *already complex and inconsistent system*will open the way to further variations around supporting practice placement opportunities across all sectors and employing authorities.

**Key Points** -

* *Occupational therapists work in a range of statutory and non-statutory settings which include social care, housing, schools, prisons, welfare benefit agencies and numerous voluntary and independent sectors which work to support the public sector.*
* *Occupational therapists do not solely work for the NHS and/or in hospital settings and practice placement opportunities outside this area must be taken into account by HEIs*
* *Unlike nurses, occupational therapists must undertake a minimum of 1000 hours in practice placement settings to qualify for their degree*

**Proposals -**

* *Allocating practice placement funding to HEIs will help enormously to provide stability for practice placements*
* *Parity in providing funding for practice placement settings must be achieved across England*
* *We ask the government to consider funding an AHP project to look at collaborative and new ways in which a range of practice placements can be achieved as well as the number of hours required to meet required standards for qualification.*

**Personal cost implications to students on practice placement**

In order to gain access to a full range of learning opportunities for occupational therapists, the majority of HEIs often have to send students quite a distance from home/HEI. Additional costs associated with practice placements are potentially significant (eg. additional accommodation and/or travel costs) and this provides a significant barrier for many students. The increase in living cost support - currently proposed at 25% - is far from sufficient to meet these extra costs which students will be burdened with. Add to these the existing costs debts accrued for fees and other living costs (some students may find themselves having to pay 2 rents whilst on placement), and healthcare students will find themselves at a significant disadvantage over their peers. This is likely to present a barrier to recruitment and retention on healthcare courses. For all students including those on pre-registration Masters level courses (90 weeks over a 2 year period) there is little opportunity for them to work while studying to support themselves due to course requirements.

**Key Points -**

* *Significant extra travel and accommodation costs for students going on placement must be taken into account when finalising the proposals*
* *Students are expected to contribute £303 of their own money towards placement and travel costs before being reimbursed.*

**Proposals -**

* *We urge the Department of Health to bridge this gap to ensure that students will NOT be even more disadvantaged under the new system.*

**The effect on the growth of research capacity for occupational therapy and other healthcare professions**

We have yet to establish the willingness of graduates who have accrued student debt at undergraduate level to take on additional debt at Masters Level, which may have implications for the OT workforce, its service delivery and development. Anecdotal evidence bolstered by membership responses appears to suggest that even although second loans will not need to be paid until former ones are cleared, that people do not wish to go forwards with the sense of substantial accrued debts hanging over them. The outcome of this may lead to most of our future workforce being educated by undergraduate/first degree method. As the changes to funding currently stand, people who already hold an undergraduate degree are likely not to be tempted to apply to study at Masters Level. It is widely accepted and discussed that the proposed £10000 loan *will not* cover the tuition fees and associated living costs of a pre-registration master’s level programme for occupational therapists. Unlike non-vocational MSc courses, the pre-registration Masters occupational therapy programme runs for 90 weeks over 2 years, and therefore limits opportunities for students to raise income to support themselves whilst studying at the same time.

People who therefore decide to study occupational therapy at this level will need to be financially secure to be able to enrol, be able to self-fund or be in a position to repay loans and extra borrowing incurred as a result of study. There is a risk that these programmes are therefore likely to become less popular with the diverse demographic they currently attract and may be at risk of closing down. This will have a significant impact going forwards on the diversity of the very people that it is important to welcome into the profession for their previous rich life experience, ethnic minority and range of skills.

**Building research capacity for healthcare professions**

Whilst we know that qualifying from undergraduate degree programmes, occupational therapists begin their career with some research skills, there is a risk that the potential loss of post-graduate pre-registration programmes will impact negatively on the necessary growth of a high quality research generation. By saturating the market with undergraduate level students alone, we cannot support the needs of modern society and the growing focus on research/evidence-based practice. Masters students bring with them a higher level of skills and greater confidence into their practice. Bringing research evidence into practice benefits service users, and undertaking research in practice advances practice.

Evidence to support the growth and importance of building research capacity can be found in the National Institute in Healthcare Research Signal Paper which states that there is ‘*positive evidence to show that engaging clinicians and organisations in research is linked to improvements in the delivery of healthcare’*. (NIHR 2016)

This requirement to develop a research base is also reflected in the College of Occupational Therapists Learning and Development Standards for pre-registration occupational therapists (COT 2014). Changes to the funding system for students will put the essential growth of high-level research at risk.

We have serious concerns that lack of high-calibre growth in the field of research into occupational therapy and other allied health professions would serve to put England out of kilter with the international arena as the shift towards a minimum entry level of Masters to the occupational therapy profession gains traction, not only in Europe and other UK countries but on a Global scale. The potential loss of Masters Students will also influence the shift of a high level group of occupational therapists towards Clinical Academic Career pathways, with subsequent drop in evidence based practice. Contributions to clinical guidelines and many other important key policy developments will be fewer which will ultimately place service users at risk and behind their contemporaries in other UK and European countries.

**Key Points -**

* *Fewer proven critical thinkers, researchers, leaders and change agents will emerge if the proposed funding changes go ahead*
* *Having study 5 years at higher education, Masters students tend to have a more developed level of confidence and can take more responsibility for themselves*
* *Fewer students are able to afford to study at Masters/post-graduate level under the proposed changes*

**Proposals –**

* *Many pre-registration Masters programmes will be at risk of closing if funding proposals are not altered to support masters level students*
* *England will be out of step and lag behind the rest of the world in a growing international arena of research and development in healthcare*

**Workforce planning and building a sustainable workforce in an age of urban employment crisis**

There is uncertainty over what, if any, workforce planning will be put in place for allied health professionals including occupational therapists with the removal of the bursary system. The HEE workforce planning is historically flawed as it fails to take into account the workforce requirements of those outside the NHS. There is a risk for those people who benefit from our services outside of the NHS – and for the profession of occupational therapy as a whole. In response to well documented vacancies in the occupational therapy workforce in London, Health Education England South London’s team commissioned London South Bank University to conduct an investigation of the occupational therapy workforce data across all of London. This study delivers compelling evidence to demonstrate why we should be concerned about the critical state of occupational therapists who work in London, in both the NHS and Social Care settings largely due to accommodation and travel costs to and within London. We continue to be very concerned that the existing proposals for education reform will only serve to exacerbate this issue and not help to resolve it.

Occupational Therapy has been defined in the NHS *Five Year Forward View* (NHS England 2014) as being an ***essential component*** in the delivery of the New Models of Care. Occupational therapists are working with a range of areas, for example, targeting the prevention of unnecessary admission to hospital.

The College of Occupational Therapists is currently gathering data on cost effectiveness within its campaign, *‘Occupational Therapy: Improving Lives, Saving Money’* (COT 2015)*.* The campaign is focused on three key pressure points in the NHS and social care services;

* Keeping people out of hospital
* Reducing pressure on primary care
* Addressing over-reliance on social care

(See Case example 2 in appendix for detailed cost savings made by occupational therapy services.)

We are very concerned that the value of occupational therapy input in services across London and the wider UK is not recognised and embraced.

**Key Points -**

* *Occupational therapists are cost effective and provide value for money; they save the public purse and provide improved lives for service users*
* *Recruitment and retention issues in the occupational therapy workforce in London have been the subject of significant concern for many years and this will not be resolved by the proposed changes in funding.*

**Proposals -**

* *We urge the government to make a contribution towards loan debt and/or ‘golden hello’ incentive to help increase recruitment and retention to these essential London posts*
* *We urge the government to negotiate with Transport for London for free or reduced Tube and bus travel to and from work for health care students and professionals.*

**Summary and Conclusion**

There is no doubt that it is crucial for all allied health professional groups to express our concerns that surround the proposed funding changes to students of healthcare education. Of primary importance is the economic sustainability for HEI providers of pre-registration occupational therapy courses to continue to train and supply occupational therapists.

The occupational therapy workforce will support the aspirations of the Five Year Forward View as well as many of the duties contained within the Care Act 2014 plus other significant Department of Work and Pensions work streams.

To achieve this valued occupational therapy workforce and to serve future patients and other consumers of social care services we need to have a diverse student population that want to train in a healthcare profession but are not financially disadvantaged as a result.

We expect the points of concern and risk that have been outlined in this response will be taken into account when finalising the reforms to student education and funding for healthcare professions.

­­­­­**References**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College of Occupational Therapists (2015), Occupational Therapy: Improving Lives, Saving Money. <http://cotimprovinglives.com/>

Department of Health (2016) *Reforming Healthcare education funding: creating a sustainable workforce* Available at; <https://consultations.dh.gov.uk/workforce/healthcare-education-funding/consult_view> accessed on 23/05/16

NHS England (2014) NHS *Five year forward view* [*https://www.england.****nhs****.uk/wp-content/uploads/2014/10/5yfv-web.pdf*](https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf)

NIHR Signal Paper (2016) *Participation in healthcare research may be linked to better health care and performance.* Available at; <http://bit.ly/22xXRuv> accessed on 01/06/16

Phoenix (2105) ‘Making *a Success of Employer Sponsored Education’* Higher Education Policy Institute (HEPI) Report **83** Available at; <http://bit.ly/1U7g3t9> accessed on 01/06/16

**Contact**

For further information on this submission, please contact:

Maureen Grove

Education Manager for pre-registration and policy

College of Occupational Therapists

Maureen.grove@cot.co.uk

0207 450 2351

**About the College**

The College of Occupational Therapists is the UK Professional Body and Trade Union for over 30,000 Occupational Therapists, support workers, managers and students. Occupational Therapy enables people of all ages to participate in daily life to improve health and wellbeing. They are the only Allied Health Profession trained at a pre-registration level to work within both physical and mental health.

**APPENDIX**

Case example 1

**Part time BSc in OT provided by the School of Health Sciences, University of Brighton**

Each year a number of occupational therapy assistants are seconded on to this 4 year course whilst continuing to work part-time either for the NHS or Social Care.

**All** former students of these courses have continued to work within the East Sussex area (East Sussex Healthcare NHS Trust or East Sussex County Council) - Loyalty to funders, and place based system of learning enhances retention

**Attrition rates are 0%** amongst seconded students with 5% across the course as a whole; this compares with an average of 11% national attrition rate across OT courses.

The majority of students are aged 30+ when they enter the programme, some have existing first degrees and substantial experience in delivery of front line therapy services which adds value to the course based learning

A rigorous internal selection ensures that applicants are highly motivated and possess the relevant abilities and values to participate.

Tuition fees are currently funded by HEE and the seconding authority receive backfill for the part time hours spent in study (£10,835 in 2015/6) over the 4 year period. Without this support the organisation would not be able to release staff to study.

Case example 2

**Occupational therapists in social care are effective in releasing care hours into the care market when practising a ‘spend to save’ model.**

This allows for greater flow through the system. Devon County Council reviews double-handed packages of care to support individuals and carers in their own homes to be as independent as possible and to self-manage their condition(s). The service is available to all adults living in Devon who meet the Care Act eligibility criteria. A review of double-handed packages of care in 2014 identified 386 double handed care packages across the county at a cost of £3.2m /year for a second career. This has led to severe shortages in care capacity within the marketplace (especially in South Devon) and delays in discharge due capacity issues. The occupational therapists work with hospital discharge teams to review new double-handed packages within 2 - 4 weeks of packages being commissioned and facilitate discharge where sourcing double handed care is difficult and intervention is required to avoid delayed discharge or a residential admission. The occupational therapists also review existing clients to review each package, working with providers to reduce the level of support required, where possible and to raise awareness of techniques to reduce the need for double-handed care.

**Cost savings for 12 months** (Note: this is not based on a full year for all three posts due to staggered start dates)

 North started 16/03/2015, South started 01/05/2015, East started 15/06/2015

 Salary costs: 3 x band 6 O.T.s for 12 month period = £38,610 (with on-costs) = £115,830

**Northern area**

Net savings = £91,822 p.a.\* Care hours released for use elsewhere: 123.75 hours per week

**Southern area** Net savings = £167,407 p.a.\* Care hours released for use elsewhere :225 hours per week

**Eastern area** Net savings - £74,818 p.a. \* Care hours released for use elsewhere:120 hours per week

**Total savings = £ 334,047 p.a. \***(Net savings assume care level for the individuals remain constant for 12 months)

Hours of care released for use elsewhere: **468.75** per week = **24,375** per year

In addition across the 12 month period the occupational therapist interventions prevented or avoided increases in care costs totalling **£170,000** (assuming care level remains constant for 12 months) and avoided an additional 183 hours of care being required or provided.