



The Royal College of **Pathologists**

Pathology: the science behind the cure

## **Response from the Royal College of Pathologists to Consultation on Reforming healthcare education funding: creating a sustainable future workforce**

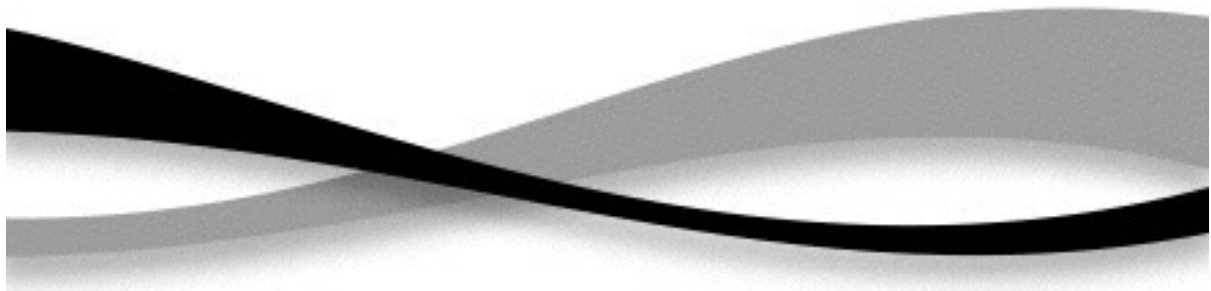
**The Royal College of Pathologists' written submission**

**June 2016**

For more information please contact:  
Rachael Liebmann  
Registrar

The Royal College of Pathologists  
4<sup>th</sup> Floor  
21 Prescot Street  
London  
E1 8BB

Phone: 020 7451 6700  
Email: [registrar@rcpath.org](mailto:registrar@rcpath.org)  
Website: [www.rcpath.org](http://www.rcpath.org)



## **1 About the Royal College of Pathologists**

**1.1** The Royal College of Pathologists (RCPATH) is a professional membership organisation with charitable status. It is committed to setting and maintaining professional standards and to promoting excellence in the teaching and practice of pathology. Pathology is the science at the heart of modern medicine and is involved in 70 per cent of all diagnoses made within the National Health Service. The College aims to advance the science and practice of pathology, to provide public education, to promote research in pathology and to disseminate the results. We have over 10,000 members across 19 specialties working in hospital laboratories, universities and industry worldwide to diagnose, treat and prevent illness.

**1.2** The Royal College of Pathologists comments were made by Fellows of the College during the consultation which ran from 24th May 2016 until the 17th June 2016 and collated by Professor Tim Helliwell, Vice-President.

## **2 CONTENTS**

### **2.1 The Policy - undergraduate and postgraduate courses**

**2.1.1 Consultation question:** After reading the list of impacted undergraduate and postgraduate courses, are there further courses which you think should be included in the scope of the reforms? If yes, what are these courses and why would the current funding and delivery models require their inclusion?

**2.1.2 RCPATH Response:** No. The overwhelming view of our Fellows is that the proposed reforms are the wrong answer to the problem of staff recruitment and retention in the NHS. Most of these people do not go into highly paid jobs and the perception of accumulating a debt of thousands of pounds (even if it were never repaid) is much more likely to be a deterrent to recruitment than an incentive. NHS staff are motivated by a desire to care and wish to work in a caring environment where they are seen to be valued and their education and training are provided by the state as an investment in their futures. The recruitment crisis and the lack of existing training places cannot wait for a loan system to take effect; this is a strategy with significant risk.

### **2.2 The policy - postgraduate Master's loan**

**2.2.1 Consultation question:** Do you have any views or responses that might help inform the government's proposed work with stakeholders to identify the full set of postgraduate healthcare courses which would not be eligible for a postgraduate masters loan and to consider the potential support or solutions available?

**2.2.2 RCPATH Response:** Concerns have been expressed by our Fellows on the likely impact on the healthcare professions which rely on (post)graduate recruitment, including clinical scientists. These people are likely to have loans from undergraduate courses and

are very unlikely to take on additional debt, even if loans were available to this group. Any proposal to extend the proposed reforms to a wider group is likely to exacerbate our recruitment and retention problems at a time when scientific developments demand investment in the workforce. Most of the potentially eligible workers in our fields undertake some apprenticeship training alongside and complementing the academic training. This approach sits better with a bursary scheme than with the loan proposal. The scientific workforce is in great demand across several sectors of the economy – we cannot afford for those who might choose to work in the NHS to be deterred by preferential bursaries or salary enhancements in the private sector. We note that bursaries for allied health professionals still exist in Scotland; removing this option in England risks destabilising the existing precarious situation.

## **2.3 The policy - second undergraduate degree**

**2.3.1 Consultation question:** We think that operating the exemption will support the objectives for encouraging second degree students to undertake nursing, midwifery and allied health courses. Are there any other options, which do not include an NHS bursary, that could be considered?

**2.3.2 RCPATH Response:** See comments to questions 1+2 – we believe that the proposed solution is not the most appropriate one to encourage recruitment and retention of staff. Society, through the Government and HEE, is best placed to provide sustainable funding and investment in the future workforce by whatever appropriate mechanism. One of our Fellows has suggested that, in the worst case scenario of loans being introduced, those who take up substantive employment in the NHS should have all their loans immediately repaid in full. This is some recompense for working in a service where salaries are often less than in comparable jobs in the private sector. Alternatively, those who do not work for the NHS after qualification might incur a financial penalty (although we acknowledge that this is likely to be difficult to enforce).

## **2.4 The policy - widening participation**

**2.4.1 Consultation question:** Are there circumstances, as set out above or otherwise, in which the standard student support system which would be available for nursing, midwifery and allied health students would be inadequate or limit participation? Why is this? We are specifically interested in cases where an individual's circumstances mean that they would not fully benefit from the increase in living cost support or to the same extent as other students.

**2.4.2 RCPATH Response:** See comments on questions 1-3.

**2.4.3 Consultation question:** Do you agree that increasing the available support for living costs typically by around 25% or more, and enabling these students to apply for additional funding through the allowances on offer from the Student Loans Company, would ensure that we continue to have a diverse population of students?

**2.4.4 RCPATH Response:** No. We believe that the proposed loan scheme would be a significant disincentive to recruitment for students from all backgrounds.

**2.4.5 Consultation question:** Are there specific factors relating to healthcare students which you consider we need to take account of in relation to the discretionary maternity support provided by the student support system?

**2.4.6 RCPATH Response:** Probably of minor impact is the fact that many of the allied health professionals who would be affected by this proposal are mature students and therefore more likely to be affected by the demands of having a young family than students undertaking a first degree.

**2.4.7 Consultation question:** Are there any other measures which could be considered to support our principles of fair access?

**2.4.8 RCPATH Response:** We have not identified any other issues.

## **2.5 The policy - part time students**

**2.5.1 Consultation question:** Do you think that the potential options for those new part-time students commencing courses in 2017/18 will support students in continuing to undertake these courses in this transitional period?

**2.5.2 RCPATH Response:** No

**2.5.3 Consultation question:** Do you think that moving all new part-time students onto the Department for Business, Innovation & Skills (BIS) student support system for both tuition and living cost support through the Student Loans Company from 2018/19 will continue to encourage part-time students to undertake these healthcare courses on a part-time basis? If no please set out details of further supporting action you consider may be necessary by the government for students commencing courses from 2018/19 onwards. (Any options including the ongoing use of an NHS bursary or changes to the student support system will not be considered)

**2.5.4 RCPATH Response:** No. See comments on previous questions

## **2.6 The policy - deferment and suspension of studies**

**2.6.1 Consultation question:** Do you have any general comments on the content of this section that you think the government should consider?

**2.6.2 RCPATH Response:** The following is a direct quote from one of our Fellows who is a clinical scientist: "Having left university 10 years ago with a student loan (at the time the tuition fees were much lower than they are now), I would have hesitated to have starting a training post where I had to take out a further postgraduate loan in order to fund an MSc

(required as part of the training.)” The information provided in the consultation document suggests that those people who already have higher degrees (e.g. Masters/PhD qualifications) are not eligible. We want to attract the best scientists into the HSST scheme, many of whom already have a masters or PhD. We will not be able to do this if we are asking them to pay for their MSc fees upfront (without a loan). Can changes be made to the eligibility criteria so that these people can be included?

## **2.7 Social work System architecture**

**2.7.1 Consultation question:** We would welcome respondents’ views on how, in delivering these reforms, we look at the widest possible solutions to ensuring high quality clinical placements. These views will actively inform further stakeholder engagement prior to the government response.

**2.7.2 RCPATH Response:** For the laboratory-based clinical specialties which are the College’s concern, high quality clinical placements will be based in laboratories which are accredited to the standard of ISO15189-2012. These laboratories should be staffed by enthusiastic, appropriately trained professionals who have protected time in their job plans to deliver and supervise the training. This implies a degree of HEE funding of the trainers (out-with that provided through the clinical tariff) and the training environment to ensure the high quality of training.

## **2.8 System architecture - smaller and specialist health subjects**

**2.8.1 Consultation question:** What more needs to be done to ensure small and specialist subject provision continues to be adequately provided?

**2.8.2 RCPATH Response:** The concerns expressed around the need to support small and specialist subject provision are welcomed by the College as many of our 19 specialties are relatively small and under great pressure through early retirements and slow recruitment. The College is likely to support any proposals which genuinely enhance recruitment to these areas. Enhanced support for appropriate, high quality training should be considered.