



Department
of Health

Equality Analysis (Consultation stage)

Reforming healthcare education funding: creating a sustainable future workforce

© Crown copyright 2016

First published April 2016

Published to DH website, in electronic PDF format only.

<http://www.dh.gov.uk/publications>

Summary

This document accompanies our consultation document on ensuring the success of the reforms to the funding of new nursing, midwifery and allied health students commencing courses from 1 August 2017. This reform addresses key issues associated with the current system of funding these students through NHS bursaries and tuition provided by Health Education England (HEE). Providing access to the standard student support system will increase the level of living cost support available to these students during their studies. Removing the “cap” on annual numbers will enable more students to pursue a career in healthcare who want to and universities will be able to expand their student numbers in a sustainable way.

It is important that these reforms are in accordance with our obligations and responsibilities in respect of equality. Under the Equality Act 2010, the Department of Health (DH), as a public authority, is legally obliged to give due regard to equality issues when making policy decisions. Analysing the effects on equality of this policy reform through developing an equalities analysis is one method of ensuring that consideration of equality issues is built into the policy development process, and informs Ministers’ decision making

In considering the policy to withdraw both the current NHS maintenance bursary and free tuition for all new students starting nursing, midwifery and allied health courses from August 2017 and move them on to the standard student support system, the Secretary of State for Health must comply with the Public Sector Equality Duty (PSED) and consider the Family Test.

This equality analysis will be updated to take into consideration the consultation responses and any new information garnered through it. The updated version will then be published with the Government response to the consultation. Set out in this document is our preliminary assessment of the likely equalities impacts such as they are.

Public Sector Equality Duty (Section 149 Equality Act 2010)

1. The general equality duty within the Act comprises three equality objectives and requires the Secretary of State and public authorities, in the exercise of their functions, to have due regard to the need to:
 - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
 - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
2. The protected characteristics covered by this duty are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The impact of the policy on this duty has been considered within this Equality Analysis but continued analysis will be undertaken following information received from the consultation responses.

The Family Test

3. The Secretary of State must consider and, where sensible and proportionate, apply the Family Test. The five family test questions are:

- What kind of impact might the policy have on family formation?
- What kind of impact will the policy have on families going through key transitions such as becoming parents, getting married, fostering or adopting, bereavement, redundancy, new caring responsibilities or the onset of a long-term health condition?
- What impacts will the policy have on all family members' ability to play a full role in family life, including with respect to parenting and other caring responsibilities?
- How does the policy impact families before, during and after couple separation?
- How does the policy impact those families most at risk of deterioration of relationship quality and breakdown?

The impact of the policy on this duty has been considered within this Equality Analysis.

Any queries and comments about this Equality Analysis should be addressed to:

Workforce Development Team
Department of Health
Room 2W06 Quarry House
Leeds
LS2 7UE

Email: SRbursariestoloans@dh.gsi.gov.uk

Equality analysis

Title: Reforming the funding system and financial support offer for new Nursing, Midwifery and Allied Health Professional students from 1 August 2017

Relevant line in [DH Business Plan 2011-2015](#): Spending Review 2015

What are the intended outcomes of this work?

The intention is to change the funding system and financial support offered to nursing, midwifery and allied health professional (AHP) students. New students beginning their courses from 1 August 2017 onwards will be funded through the standard student support system administered by the Student Loans Company rather than through the NHS Bursary scheme, which supports existing students by providing the NHS Bursary for maintenance, and the cost to universities of their tuition for the entirety of their course. This will increase student opportunities by delivering more nurses, midwives and AHPs for the NHS: provide a better, more sustainable, funding system for nursing, midwifery and AHP students and enable a more sustainable funding model for universities. Following the reform universities will be able to recruit additional students, where capacity allows, over the clinical placement numbers commissioned by Health Education England (HEE) and outlined in the annual HEE Workforce Plan.

Who would be affected?

The change in policy affects only new nursing, midwifery and AHP students who commence their studies from 1 August 2017 onwards. These include students taking approved (NHS funded) pre-registration undergraduate and postgraduate courses in the following subjects:

- Nursing (adult, child, mental health, learning and disability)
- Midwifery
- Dietetics
- Occupational Therapy
- Orthoptics
- Orthotics & Prosthetics
- Physiotherapy
- Podiatry/Chiropody
- Radiography (diagnostic and therapeutic)
- Speech and Language Therapy
- Operating Department Practitioner
- Dental Hygiene
- Dental Therapy

The student support system for tuition and living costs is currently available to most students in

England undertaking approved courses and who meet eligibility criteria. If an eligible student secures a place on a higher education course they are entitled to apply for student support.

Based on the current system, a student who chooses to take a maximum tuition and maintenance loan for three years would graduate with student loan borrowing of between £47,712 and £59,106 depending on the course studied, location and whether or not the student lives in the parental home. This is in comparison to the current system where nursing, midwifery and allied health students on three year undergraduate programmes graduate with student loan borrowing of around £8,000 in total.

Under current Department for Business Innovation and Skills regulations, student loan repayments begin at the start of the financial year after graduation. The graduate only makes repayments if their earnings are over £21,000, and repayments are income-contingent, set at 9% of any earnings over £21,000. If earnings drop below £21,000 for any reason, then repayments stop. Any outstanding loan balance is written off 30 years after the repayment period starts. This means that if at any point a graduate's earnings are below £21,000, their loan repayments will cease (even if they have previously earned over £21,000 and therefore made repayments) and they will not have to begin repaying their loan again until their earnings are over £21,000. The 30 year period is not suspended while loan repayments are not being made.

A small number of nursing, midwifery and allied health professional students may already have a degree in another discipline. Under the current student support system, these potential students would not be eligible to access student support for a second time. To support students who are planning to undertake nursing, midwifery and allied health professional subjects as a second degree, the government will put in place an exemption to enable these students to access the standard student support package.

We consider that this measure will address the concern that students who already have a degree, however funded, will not be able to undertake a second degree to studying nursing, midwifery or an allied health profession. Such students who take on a second undergraduate loan will only be required to make repayments on the second loan once the balance of the first loan has been repaid.

Students on full-time postgraduate masters' courses which are one or two years in length (or equivalent part-time courses studied at 50% and three year part-time courses where there is no full-time equivalent) would be able to apply for a Postgraduate Masters Loan. Students would be able to borrow up to £10,000 over the duration of their course to use towards their fees and living costs. This loan would not be means tested.

For postgraduate loans of £10,000 over two years, repayment will be contingent upon earning and commence once the borrower has an annual income of £21,000 or more. Master's loan repayments will be calculated at 6% of income above the income threshold. Repayments will be made concurrently, alongside repayment of any outstanding undergraduate student loan. Loan repayments will be due in the April after course completion, subject to meeting the annual income threshold.

There will be a one year delay in loan repayment for courses undertaken in academic year 2016/17, for which repayments will commence from April 2019. Borrowers will be able to make voluntary repayments ahead of April 2019 should they wish.

Any outstanding postgraduate Master's loan balance will be written off 30 years after the date the borrower's loan balance becomes due for repayment. These new arrangements would be expected to lengthen the period of time non-medical graduates will make income-contingent repayments, compared to the current system.

We acknowledge that there are currently a potentially small number of postgraduate healthcare courses (such as healthcare postgraduate diplomas and three year health care masters degrees) which would not be eligible for a Postgraduate Masters Loan under the current rules for eligibility. In the consultation, we set out that the Department will consider how the provision of these courses helps meet the NHS workforce supply requirements. DH will work with health and education sector stakeholders over the coming period to identify the full set of impacted courses and to consider the potential support or solutions that can be made available.

Meanwhile, the Department welcomes any views and responses that might help inform this work in the consultation document.

As announced in Budget 2016, the Government is reviewing the gaps in support for lifetime learning, including for flexible and part-time study. Submissions to the Government regarding ineligibility for postgraduate loans will be considered as part of this review. Details of the review can be found at paragraph 3.9 of the Budget statement:

<https://www.gov.uk/government/publications/budget-2016-documents/budget-2016>

Currently around 1% of the total nursing, midwifery and allied health students study part-time at pre-registration level. Under the current student support system rules, only full-time students are eligible for BIS living cost support system. From 2018/19 the rules will change so that for the first time maintenance loans will be available for part-time students. However, this will mean that for one year only in 2017/18, part time students will only have access to tuition fee loans and not maintenance. We estimate this would impact on around 1% of students. The Government will consider the option to allow new students commencing their courses in 2017/18 to access an NHS maintenance bursary only to mitigate this issue. These students would have access to the BIS student support system for tuition fee loans. Any new students commencing these part time courses from 2018/19 onwards would have access to the BIS student support system.

Students who accept a place for 2016 but defer and commence their courses after 1 August 2017 will be funded on the standard student support system, which is in line with wider changes in Higher Education introduced in 2012. Those existing students that have started before 1 August 2017 that subsequently temporarily suspend their studies will remain on the NHS Bursary system for the full duration of their course and not be transferred onto the student support system part way through their course.

More information about eligibility criteria and payments of the NHS Bursary can be found on the NHS Business Services Authority (BSA) website (current at 05/01/2016):

<http://www.nhsbsa.nhs.uk/Students/816.aspx>

Official bursary scheme rules can be found on the Gov.UK website (current at 05/01/2016):
<https://www.gov.uk/government/publications/nhs-bursary-scheme-rules-2015>

Evidence

What evidence have you considered?

For this equality analysis, the primary sources of evidence are:

- Office for National Statistics (ONS)
<http://www.ons.gov.uk/ons/index.html>

Source of data relating to the UK Population. Where possible, this report has used population estimates for mid-2014, as these are the closest available to the most recent equality monitoring data collection for NHS Bursary recipients. Where this is not possible, 2011 census data has been used.

- NHS Business Services Authority (BSA)
<http://www.nhsbsa.nhs.uk/>

Publishes annual reports containing Equality and Diversity data for current and past recipients of the NHS Bursary covering the following protected characteristics: Sex, Age, Sexual Orientation, Disability, Ethnicity and Religion/Belief.

- Higher Education Statistics Agency (HESA)
<https://hesa.ac.uk/>

HESA publish data on the population of students as a whole, allowing comparison between NHS Bursary recipients and the full student population.

- Universities and Colleges Admissions Service (UCAS)
<https://www.ucas.com/corporate/data-and-analysis>

Publishes data covering applications and admissions to full-time higher education in the UK.

- Higher Education Funding Council for England (HEFCE)
<http://www.hefce.ac.uk/data/>

HEFCE publish data relating to Higher Education at a local and national level.

- Health and Social Care Information Centre (HSCIC)
<http://www.hscic.gov.uk/>

The HSCIC publish data relating to health and social care; of particular interest here is their data regarding the health and social care workforce. They produce data extracts based on

the Electronic Staff Record (ESR)¹ and other data collections.

- Department for Business, Innovation and Skills (BIS)

[BIS \(2015\) Student Finance Equality Analysis, 25th Nov, 2015](#)

<https://www.gov.uk/.../bis-15-639-student-finance-equality-analysis.pdf>

Additional data for disability within the general population was collected from the Office for Disability Issues/Department for Work and Pensions Disability prevalence figures in 2012², and worked out as a percentage of the population estimate for 2012³. Where population data could not be sourced, surveys and samples were used to illustrate trends of the wider group.

¹ <http://www.electronicstaffrecord.nhs.uk/home/>

² <https://www.gov.uk/government/statistics/disability-prevalence-estimates-200203-to-201112-apr-to-mar>

³ 56,567,800 total population estimate in 2012, <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/index.html>

Disability

The profile of current nursing, midwifery and AHP students in receipt of an NHS Bursary compared to the UK population as a whole and the wider current student population is outlined below:

	Nursing, midwifery and AHP students	General UK Population	Students
Disability prevalence	3.5% ⁴	10.0% ⁵	10.1% ⁶

From the available data for current students, the proportion of disabled students appears lower for nursing, midwifery and AHP students receiving the bursary (3.5%, NHS BSA data) than for all students (10.1% of full time students, HESA data) and the population as a whole (10.0%, DWP figures). It could simply be the case that disabled students are less likely to take courses from this subject group for reasons independent of the way the courses are funded. However, the proportion of nursing, midwifery and AHP students classifying themselves as disabled is smaller than the proportion of such students claiming Disabled Students' Allowance (approximately 5%, NHS BSA data), highlighting that there is an issue with data collection concerning disability issues, maybe regarding the definition of disability and whether students choose to define themselves as disabled. Either way, it appears recipients of the NHS Bursary have a lower proportion of disabled members than both the student population and the working age UK population as a whole. Therefore, subject to evidence received through the consultation, we may conclude that the reforms would not affect a disproportionately large number of disabled people.

In terms of the financial impact on disabled people, our assessment is that the standard student support package offers more than the combination of means-tested and non-means-tested bursaries under the current NHS Bursary scheme. Therefore, providing living cost support to new nursing, midwifery and AHP students through the standard student support system will, in general, provide more living cost support for them during their studies. In addition, both the current NHS Bursary system and the student support system provision have a non-repayable allowance available specifically for disabled students (Disabled Students' Allowance, DSA). The rates are comparable across the two funding systems, ensuring students are not worse off whilst studying under the new system than they would have been had they been funded through NHS Bursaries.

⁴ 2.6% of students responded with "Prefer not to say"

⁵ This is the figure for the adult working age population. The figure for the population as a whole is 20.51%

⁶ <https://hesa.ac.uk/free-statistics> – Table 6a: for full time students, 170,735 with a known disability, out of 1,696,030 in total (10.1%).

Under the NHS system, the following DSA is available:

Type of DSA	Amount
Non-medical support	Up to £20,520 for each academic year
Equipment	Up to £5,162 for the whole course
Travel	Actual costs reasonably and necessarily incurred
Other costs	Up to £1,724 for each academic year

Source:

http://www.nhsbsa.nhs.uk/Students/Documents/Students/DSA1_v4.2_Application_and_Guidance_for_Disabled_Students_Allowance.pdf

DSA for the wider student population was changed in 2015/16 to better target those who most need help. Payment is distributed as follows:

Type of Student	Specialist equipment allowance	Non-medical helper allowance	General allowance
Full-time	Up to £5,212 for the whole course	Up to £20,725 a year	Up to £1,741 a year
Part-time	Up to £5,212 for the whole course	Up to £15,543 a year	Up to £1,305 a year

Postgraduates can get a single allowance of up to £10,362 a year.

Eligible students may get a new computer if they don't already have one, or their current one does not meet the required specification. More information will be provided to students if they're assessed as needing a new computer. Students will need to pay the first £200, which is the minimum cost that any student is likely to incur when buying a computer.

Source: <https://www.gov.uk/disabled-students-allowances-dsas/how-to-claim>

Moving to the standard student support system would be expected to lengthen the time period and the total of student loan repayments students need to make upon graduation.

The loan repayment terms as they stand for academic year 2016/17⁷ state that graduates will pay back 9% of any earnings over £21,000. Disabled people appear slightly more likely to work part time, although the difference is a single percentage point and is not statistically significant (HSCIC ESR data extract). If a graduate works part time, reducing their earnings, then their repayments will also be reduced; if their earnings are reduced below £21,000 their repayments will cease until they once again earn above that threshold. Therefore, a graduate who works part time may, as in all other student categories in other careers, repay their loan more slowly, and there may be a risk

⁷ <https://www.gov.uk/student-finance> (accessed 12/01/2016)

that they will continue to make repayments, as part time students on the loan scheme in all subjects would do, for longer than those working full time but to ensure no disadvantage to those people the portion of their earnings that is going to loan repayments is reduced in accordance with BIS regulations.

Evidence shows that increases in fees in the wider higher education system have not had a detrimental impact on the numbers of disabled students applying to university. The proportion of students declaring a disability has increased year on year from 8.2% in 2010/11 to 10.2% in 2013/14 (BIS, 2015)⁸.

Based on the evidence available (which could be improved upon) it can be concluded that the overall impact from the reforms on the protected characteristic of disability should be broadly neutral. New nursing, midwifery and AHP students with disabilities should not be disproportionately affected by the move to support them through the standard student support system from 2017.

Sex

The profile of current nursing, midwifery and AHP students in receipt of an NHS Bursary compared to the UK population (mid-2014 estimated figures⁹) as a whole and the student population is outlined below:

	Nursing, midwifery and AHP students	General UK Population	Students ¹⁰
Male	11.8%	49.4%	43.9%
Female	86.7%	50.6%	56.1%
Prefer not to say	1.4%	N/A	N/A

A higher proportion of current nursing, midwifery and AHP students are female, when compared to both the student population and the UK population as a whole. The policy like any changes to nursing, midwifery and allied health training would, therefore, be relevant to more women than men. According to NHS BSA data, female students are not significantly more likely to study part time than male students but are more likely to have child dependants. Therefore, considerations around flexible work patterns following graduation are of additional importance here, as women are more likely to take parental leave and/or take career breaks. Considerations around the working patterns associated with clinical placements (e.g. clinical placements can take place at hours of the day or night) and the associated issue of child care expenses are also of importance to female students with caring responsibilities.

As outlined above, the standard BIS student support package offers typically offers around 25%

⁸ BIS (2015) Student Finance EQIA, 25th Nov 2015

<https://www.gov.uk/.../bis-15-639-student-finance-equality-analysis.pdf>

⁹ Office for National Statistics: Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2014

¹⁰ <https://hesa.ac.uk/free-statistics> – Table 1: 2,299,355 total figure is inclusive of full and part-time students

more than the combination of means-tested and non-means-tested bursaries under the present NHS Bursary scheme. Therefore, providing living cost support from the standard student support system from 1 August 2017 for new students will, in general, provide more money for living costs for students during their studies through student loans, than under the present NHS Bursary scheme. The student support system also includes a Parent's Learning Allowance and a Childcare Allowance, which are, in most circumstances, more generous than their counterparts under the NHS Bursary scheme. The NHS Bursary scheme also has a Child Dependents Allowance, which the BIS regulations do not have. In order to mitigate the risk of these prospective students potentially being disadvantaged from changes to funding mechanisms, we have set out in the consultation that we are considering whether there are any specific sets of circumstances which could warrant additional funding above what is available under the BIS student support package. We have asked consultation respondents to consider this.

The new arrangements would be expected to lengthen the time period and total of student loan repayments students have to make following graduation. Concerns about any potential impact on participation from those women who may be more averse to increased borrowing is not supported by the evidence of the 2012¹¹ changes which delivered no such impact, and in any event could be mitigated by the protection for low earners built into the student loans system whereby repayments – set at 9% of any earnings over £21,000 – will either reduce or cease depending on their earnings.

If a graduate's working pattern results in their earnings being reduced, then their repayments will also be reduced; if their earnings are reduced below £21,000 their repayments will cease until they once again earn above that threshold. Therefore, a graduate who works part time may repay their loan more slowly but the portion of their earnings that is going to loan repayments is reduced in accordance with BIS regulations. Similarly, if a graduate takes a career break, their loan repayments will cease during the period of time in which their earnings are below the repayment threshold.

In addition, evidence shows that increases in fees in the wider higher education system have not had a detrimental impact on the numbers of students applying to university. 18 year old women are around a third more likely than men of the same age to go to university in 2014 and disadvantaged 18 year old women are 50% more likely than disadvantaged men of the same age to go to university (BIS 2015; page 27¹²). Participation in higher education by women has continued to increase since the 2012 reforms which introduced £9,000 tuition fees.

While the policy change does not discriminate on the basis of gender, consideration of the 'Pregnancy and Maternity' characteristic is of increased significance for this policy change and is considered in more detail below.

¹¹ BIS (2015) Student Finance Equality Analysis, 25th Nov, 2015
<https://www.gov.uk/.../bis-15-639-student-finance-equality-analysis.pdf>

¹² BIS (2015) Student Finance Equality Analysis, 25th Nov, 2015
<https://www.gov.uk/.../bis-15-639-student-finance-equality-analysis.pdf>

Race

The profile of current nursing, midwifery and AHP students in receipt of an NHS Bursary compared to the UK population (2011 census) as a whole and the student population is outlined below. The data on the general student population is poor, with only 14% of students declaring their ethnicity on their SLC application form.

	Nursing, midwifery and AHP students	General England and Wales Population ¹³	Students ¹⁴
White	76.7%	85.9%	77.2%
Ethnic Minority	21.0%	14.0%	21.8%
Prefer not to say/not known	2.1%	N/A	0.9%

21.8% of the student population as a whole identified as non-white; the equivalent figures for NHS Bursary recipients are 21.0%; both of these figures are higher than for the general population. Therefore, participation in higher education as a whole is higher for all ethnic minorities than for white ethnic groups¹⁵ and the proportion of nursing, midwifery and AHP students identified as non-white ethnicity appears to be comparable to the general student population (although the data for this latter group could be improved upon).

Nursing, midwifery and AHP students of non-white ethnicity are more likely to have no income or resources of their own to declare when applying for their bursary, which points to a higher proportion of those from a minority ethnic group coming from a lower socio-economic background. However, there is also evidence that students from some ethnic minorities are actually more likely to attend higher education than white students, even if they are from a disadvantaged background¹⁶. For example, the entry rate into higher education amongst English, state-schooled 18 years olds from white ethnic groups is 27.2%, Asian 38.7%, Black 34.3%, Mixed 30.6%, Chinese 56.1% and Other 33.4%. From 2017, students of non-white ethnicity would, in general, be expected to benefit from the relatively higher living cost support provided by the standard student support system during their studies relative to that available under the NHS Bursary Scheme.

These new arrangements would be expected to lengthen the time period of student loan repayments for students following graduation. Concerns about any potential impact on participation from those in ethnic minority groups who may be more averse to increased borrowing is not supported by the evidence of the 2012¹⁷ changes which delivered no such impact, and in any

¹³ Office for National Statistics – 2011 Census: Ethnic group (detailed), local authorities in England and Wales

¹⁴ <https://hesa.ac.uk/free-statistics> - Table 6a: This data shows UK-domiciled full-time students only

¹⁵ <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/ucas>

¹⁶ <https://www.gov.uk/government/publications/higher-education-participation-socio-economic-ethnic-and-gender-differences>

¹⁷ BIS (2015) Student Finance Equality Analysis, 25th Nov, 2015

<https://www.gov.uk/.../bis-15-639-student-finance-equality-analysis.pdf>

event could be mitigated by the protection for low earners built into the student loans system whereby repayments – set at 9% of any earnings over £21,000 – will either reduce or cease depending on their earnings.

If a graduate's working pattern results in their earnings being reduced, then their repayments will also be reduced; if their earnings are reduced below £21,000 their repayments will cease until they once again earn above that threshold. In the wider higher education system the introduction of an increase in fees has not put young people from disadvantaged backgrounds off from applying for higher education. The proportion of students from disadvantaged backgrounds entering higher education is up from 13.6% in 2009 to 18.5% in 2015, a time frame that includes the 2012 reforms to the BIS student support system¹⁸.

On the evidence, the policy does not discriminate on the basis of ethnicity. The level of nursing, midwifery and AHP students currently receiving a bursary from an ethnic minority background appears to be comparable to the wider student population and, as such, there is no evidence to suggest that the proposed policy would have a disproportionate impact on the participation of such groups on these courses.

It is important to note that there are links between ethnicity and religion. This characteristic is considered further below.

Age

The age profile of current nursing, midwifery and AHP students in receipt of an NHS Bursary compared to the UK population as a whole and the student population is outlined below:

Age Group	Nursing, midwifery and AHP students	General UK Population	Students ¹⁹
Under 25	59.1%	30.5%	81.9%
25+	40.8%	69.4%	18.0%

Current nursing, midwifery and AHP students are in general older than other non-healthcare students, where most of the students are under 21. 40.8% of NHS Bursary recipients are over 25 years of age, compared with only 18% of students generally.

In terms of the financial impact, older students are more likely to have a degree already which would ordinarily exclude them from eligibility for the standard student support package. However, the intention is to exempt nursing, midwifery and AHP students from the equivalent or lower qualification (ELQ) rule and allow these students to apply for support when they already have an equivalent qualification. This will enable them to benefit from the greater level of living cost support during their studies. Students receiving a loan for a second undergraduate degree in a healthcare

¹⁸ <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/ucas>

¹⁹ <https://hesa.ac.uk/free-statistics> - Table 6a: This data shows UK-domiciled full-time students only

subject would increase the potential time period of their student loan repayments but would repay at the same rate and terms as students with only one undergraduate degree. Graduates would only start repayments on their second degree once their first degree had been paid off. The size of and repayment terms of the existing loan would depend on exactly when the student undertook the original degree²⁰.

Students who pursue non-medical studies on a postgraduate course will be able to apply for a Postgraduate Masters Loan providing it meets the BIS criteria. Students would be able to borrow up to £10,000 over the duration of their course to use towards their fees and living costs. This loan would not be means tested. The terms of the Postgraduate Masters Loan are set out below:

- The postgraduate loan interest will be calculated at RPI+3% and interest will accrue from the date the first loan instalment is paid by the SLC to the borrower.
- Repayment of the Master's loan will be contingent upon and commence once the borrower has an annual income of £21,000 or more. The £21,000 annual income threshold will be initially frozen until 2021 and subject to review.
- Master's loan repayment will be calculated at 6% of income above the income threshold. Repayments will be made concurrently, alongside repayment of any outstanding undergraduate student loan.
- Loan repayments will be due in the April after course completion, subject to meeting the annual income threshold. There will be a one year delay in loan repayment for courses undertaken in academic year 2016/17, for which repayments will commence from April 2019. Borrowers will be able to make voluntary repayments ahead of April 2019 should they wish.

Any outstanding postgraduate Master's loan balance will be written off 30 years after the date the borrower's loan balance becomes due for repayment.

The standard loan repayment term of 30 years means that an older student may still be making repayments at an age where others may not. However, this is dependent on personal circumstances and a younger person may equally select to work part-time meaning that their repayments would be spread over a longer period. Concerns about any potential impact on participation from those older students who may be more averse to increased borrowing is not supported by the evidence of the 2012 changes which delivered no such impact, and in any event could be mitigated by the protection for low earners built into the student loans system whereby repayments – set at 9% of any earnings over £21,000 – will either reduce or cease depending on their earnings. This paper also noted that, following the 2012 reforms, although there was an initial dampening of demand in terms of applications for full time undergraduate study among mature students, this has recovered in terms of numbers of students accepted onto courses.

²⁰ http://www.studentloanrepayment.co.uk/portal/page?_pageid=93,6678408&_dad=portal&_schema=PORTAL

Table G1: Number of acceptances by domicile and age groups (2011-2015)²¹

UK institutions, UK and EU domiciled students

Applicant Domicile	Age Group	2011	2012	2013	2014	2015
UK	21-25	49,290	46,325	50,430	51,835	53,520
	26+	42,170	40,605	42,715	46,865	48,690
EU-excluding UK	21-25	5,015	3,715	3,735	3,735	3,895
	26+	985	780	760	675	740
UK and EU Total	21-25	54,305	50,040	54,165	55,570	57,415
	26+	43,155	41,385	43,475	47,540	49,430

A larger number of mature students (i.e. those over the age of 25) would be affected, both in terms of additional availability of training places and changes to the funding model, compared with the general student population. Looking at the wider education reforms introduced in 2012, the evidence shows that the small initial percentage decline in acceptances from mature students was reversed and thereafter participation has risen. Therefore it is a reasonable assumption that the overall policy could lead to an increase in participation, given universities will be able to offer increased places and that all age groups will have access to the student support system. In order to mitigate risks, work is ongoing on the development of options to support any prospective students potentially disadvantaged from changes to funding mechanisms. We are considering whether there are any specific sets of circumstances that arise which could warrant additional funding above that which would be available under the standard student support system, and we are consulting on this aspect of the policy.

The fact that more nursing, midwifery and allied health students are over 25 than the student population, in combination with the data around the gender of NHS Bursary recipients, means that nursing, midwifery and allied health students would be more affected by issues relating both to the characteristic of 'Pregnancy and maternity' and to child dependants. These are considered in more detail below.

Gender reassignment (including transgender)

There is currently no data available on this characteristic for healthcare or other students. Similarly, the Office for National Statistics does not produce estimates of the number of transgender people living in the UK. However, the policy is not considered to have any adverse effect upon students who have undergone / are undergoing gender reassignment. Such students will benefit from the greater level of living cost support during their studies and incur a longer period of student loan repayments upon graduation, but to the same repayment terms, as any other nursing, midwifery and AHP student as a result of the reform.

²¹ <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/ucas> EOC 2015, Table 3

As outlined above, the standard student support system would offer typically around 25% more living cost support than the combination of means-tested and non-means-tested bursaries under the NHS Bursary Scheme. Therefore, providing access to the standard student support system to new nursing, midwifery and AHP students from 1 August 2017 would, in general, provide more living cost support for students during their studies.

However, under these new arrangements the time period of student loan repayments students would be expected to increase. Concerns about the impact on participation of those students who may be averse to taking out increased borrowing could be mitigated by evidence that increases in fees in the wider higher education system did not have a detrimental impact on application numbers for university. In fact, statistics show that in the wider system students are now more likely to apply to university than they were in 2010. In any case, to further mitigate this there is protection for low earners built into the student loans system whereby repayments – set at 9% of any earnings over £21,000 – will either reduce or cease depending on their earnings. If a graduate's working pattern results in their earnings being reduced, then their repayments will also be reduced; if their earnings are reduced below £21,000 their repayments will cease until they once again earn above that threshold.

In addition to this mitigation, evidence shows that increases in fees in the wider higher education system have not had a detrimental impact on the numbers of students applying to university. In fact, statistics show that in the wider system students are now more likely to apply to university than they were in 2010²².

We will consider the impact of the policy change in the light of any new information that may be garnered through the consultation process. Following implementation of the policy, we will continue to monitor developments through existing stakeholder forums and seek other suitable opportunities for feedback in relation to its impact.

Sexual orientation

The profile of current nursing, midwifery and AHP students in receipt of an NHS Bursary compared to the UK population as a whole is outlined below. There is currently only relatively poor data available for the general student population. The proportion of students who identify as LGBT is not known, although it is indicated that around 91% of students identify as heterosexual according to limited sample data from surveys²³.

²² BIS (2015) Student Finance Equality Analysis, 25th Nov, 2015

²³ <http://www.nus.org.uk/global/lgbt-research.pdf>

	Nursing, midwifery and AHP students	General UK Population
Heterosexual/Straight	90.92%	92.80%
Lesbian/Gay	1.62%	1.10%
Bisexual	0.88%	0.50%
Other	N/A	0.30%
Prefer not to say	6.57%	3.90%
Non-response	0%	1.40%

While it is true that fewer NHS Bursary recipients identify as heterosexual than in the UK population as a whole, the figures are broadly similar. The change in policy does not therefore appear to disproportionately affect people of any particular sexual orientation, or have an adverse impact upon them.

As outlined above, the standard student support system would offer typically around 25% more living cost support than the combination of means-tested and non-means-tested bursaries under the NHS Bursary Scheme. Therefore, providing access to the standard student support system to new nursing, midwifery and AHP students from 1 August 2017 would, in general, provide more living cost support for students during their studies.

However, under these new arrangements the time period for repayments would be expected to increase and this may affect some prospective students' participation in such courses if they are averse to taking out increased borrowing. To mitigate this there is protection for low earners built into the student loans system whereby repayments – set at 9% of any earnings over £21,000 – will either reduce or cease depending on their earnings. If a graduate's working pattern results in their earnings being reduced, then their repayments will also be reduced; if their earnings are reduced below £21,000 their repayments will cease until they once again earn above that threshold. Concerns about the impact on participation could be mitigated by evidence that increases in fees in the wider higher education system did not have a detrimental impact on application numbers for university. In fact, statistics show that in the wider system students are now more likely to apply to university than they were in 2010²⁴.

We will consider the impact of the policy change in the light of any new information that may be garnered through the consultation process. Following implementation of the policy, we will continue to monitor developments through existing stakeholder forums and seek other suitable opportunities for feedback in relation to its impact.

²⁴ BIS (2015) Student Finance Equality Analysis, 25th Nov, 2015

Religion or belief

The profile of current nursing, midwifery and allied health students in receipt of an NHS Bursary compared to the population for England and Wales – data taken from the Office of National Statistics and based on the 2011 census rather than 2014 estimates – and the student population is outlined below:

	Nursing, midwifery and AHP students	General England and Wales Population ²⁵	Students ²⁶
Christianity	48.4%	59.2%	34.3%
No Religion/Atheist	35.2%	25.1%	50.0%
Islam	4.4%	4.8%	3.5%
Hinduism	0.9%	1.4%	1.3%
Sikhism	0.4%	0.7%	0.6%
Buddhism	0.5%	0.4%	0.9%
Judaism	0.2%	0.4%	0.7%
Other	2.7%	0.4	5.1%
Prefer not to say/not stated	6.9%	7.2%	3.1

NHS Bursary recipients are more likely to have a religion, and less likely to have no religion, than the general student population, but less likely to have a religion and more likely to have no religion than the England and Wales population as a whole. The policy does not discriminate on the basis of religion or belief; such students would benefit from the greater level of living cost support available during their studies and incur an increased time period of student loan repayments, but to the same repayment terms, as any other nursing, midwifery and AHP student. However, students from some religions may be averse to taking on student loan repayments on religious grounds.

Currently, around 70% of nursing, midwifery and AHP students take on student loan repayments in the form of the reduced rate maintenance loan (designed to top up the amount currently available via the NHS Bursary) of £2,324 per year on average. However, students may currently be able to self-fund in lieu of such a loan. A larger amount of money that also covers fees may not be manageable in the same way. The principles of Sharia-compliant finance may prevent some Muslim students from taking out loans which have real rates of interest and, therefore, the move to loans for tuition and living cost support may discourage some Muslim students from participating. Muslim women have lower participation rates than Muslim men (43% of Muslim students are women²⁷), and their participation rates may be especially affected if they are reliant on family income rather than student loans.

²⁵ Office for National Statistics – 2011 Census: Religion, local authorities in England and Wales

²⁶ NUS Survey of Students' religions. <http://www.nus.org.uk/en/news/research-publications> - data limited to survey sample of 9222

²⁷ http://www.mcb.org.uk/wp-content/uploads/2015/02/MCBCensusReport_2015.pdf

To mitigate this, the Government consulted on whether to introduce an alternative finance product that is Sharia-compliant for religious students in April 2014²⁸. The consultation had almost 20,000 responses, and 94% of respondents said that there would be demand for an alternative finance product which was Sharia-compliant. This alternative model of finance was further outlined in the Higher Education green paper²⁹ in November last year and Government plans to introduce the system through new legislation (subject to Parliament) were confirmed. Therefore, there are no plans as part of this policy development to explore alternative options to this model.

Pregnancy and maternity

As stated above, due to the larger proportion of women on NHS Bursary funded nursing, midwifery and AHP courses and the larger proportion of women over the age of 25, who are most likely to give birth³⁰, the pregnancy and maternity characteristic is relevant for this policy change.

According to NHS BSA data, 1.3% of students in academic year 2014/15 claimed maternity allowance, including a very small number of male students. However, this allowance is in the overwhelming majority of cases claimed by female students. Data on the student population as a whole is poor. The National Union of Students (NUS) has published a report³¹ on student parents, acknowledging that we do not know exactly how many students have children.

The student support package for full time courses also includes a discretionary provision to continue providing living costs support in cases where students suspend their studies for a range of reasons including, but not limited to, pregnancy or adoption. If a student has suspended their studies due to illness which lasts less than 60 days, those students will continue to receive living costs support. Discretionary provision of living costs support for suspension due to illness starts at the 60th day of absence from the course. In all other cases where a student suspends their studies, discretionary payments of support for living costs apply from the first day of absence from the course. The discretionary nature of the provision may have an adverse impact (although this provision is completely consistent with this aspect of the BIS student support package which currently applies to the wider general student population), on those students who fall pregnant during their studies. To mitigate any potential risks, we will continue to monitor the impact of this policy on student application and participation rates post-implementation, but at this stage we do not consider there to be a case for additional financial support beyond what has been provided for in the BIS student support package, as moving nursing, midwifery and allied health students onto the BIS student support system brings these healthcare students in line with the wider general student population. The primary purpose of the standard student support system is to provide financial support for students while they are studying at university.

Furthermore, we will consider the impact of the policy change in the light of any new information

²⁸ <https://www.gov.uk/government/consultations/sharia-compliant-student-finance>

²⁹ <https://www.gov.uk/government/consultations/higher-education-teaching-excellence-social-mobility-and-student-choice>

³⁰ ONS

³¹ www.nus.org.uk/global/nus_sp_report_web.pdf/

that may be garnered through the consultation process. Following implementation of the policy, we will continue to monitor developments through existing stakeholder forums and seek other suitable opportunities for feedback in relation to its impact.

For those who require maternity leave following graduation, there is protection for low earners built into the student support system whereby repayments will either reduce or cease depending on their earnings during that period. If a graduate's working pattern results in their earnings being reduced, then their repayments will also be reduced. If their earnings are reduced below £21,000 their repayments will cease until they once again earn above that threshold. Therefore, if a graduate's income reduces due to a lower rate of maternity pay, the portion of their earnings goes to loan repayments is reduced in accordance with BIS regulations.

Carers

Owing to the older, female demographic of current nursing, midwifery and AHP students, a higher proportion of students are likely to be parents and therefore have child dependants than the wider student population. For example, just over 20% of student nurses claimed at least one form of NHS support for childcare, as seen below.

The table below shows the total number and percentage of nursing, midwifery and allied health students who were in receipt of a NHS Bursary and also claimed an allowance in respect to potential childcare responsibilities in 2014/15:

Award Element	Number of student claimants	Percentage of total non-medical students
Dependents Allowance (Child Element)	15,736	17%
Parent Learning Allowance	16,475	18%
Childcare Allowance	9,283	10%

Source: NHS Business Services Authority

⁽¹⁾Students may be in receipt of one or a combination of all three allowances

Considerations around the working patterns associated with clinical placements (e.g. clinical placements can take place during the the day or night) and the associated issue of child care expenses are also of importance to female students with caring responsibilities. As outlined above, the standard BIS student support package offers substantially more living cost support than the combination of means-tested and non-means-tested bursaries available presently under the NHS Bursary Scheme. Therefore, providing support through the standard student support system will in general, provide more living cost support for students during their studies. In addition, both schemes have non-repayable Childcare Allowance, Parent Learning Allowance and Adult Dependant Allowance.

The NHS Bursary Scheme also has a Child Dependents Allowance, which the BIS regulations do not have, however the BIS regulation rates for the other allowances are generally higher. The exact figures of the allowances can be found in the consultation document. We want to mitigate the risk of any prospective students potentially being disadvantaged from changes to funding mechanisms because of their specific circumstances, and this acting as a disincentive to participation. In order to achieve this, we have asked in the consultation if there are circumstances, as set out above or otherwise, in which the standard student support package which would be available for nursing, midwifery and allied health students would be inadequate or limit participation. We are specifically interested in cases where an individual's circumstances mean that they would not fully benefit from the increase in student support or to the same extent as other students.

Concerns about any potential impact on participation from those with caring responsibilities who may be more averse to increased borrowing) is not supported by the evidence of the 2012³² changes which delivered no such impact, and in any event could be mitigated by the protection for low earners built into the student loans system whereby repayments – set at 9% of any earnings over £21,000 – will either reduce or cease depending on their earnings.³³ Therefore, a graduate who works part time may repay their loan more slowly, but the portion of their earnings that is going to loan repayments is reduced in accordance with BIS regulations. Similarly, if a graduate takes a career break, their loan repayments will cease during the period of time in which their earnings are below the repayment threshold.

We will consider the impact of the policy change in the light of any new information that may be garnered through the consultation process. Following implementation of the policy, we will continue to monitor developments through existing stakeholder forums and seek other suitable opportunities for feedback in relation to its impact and any adverse effects.

Other identified groups

Socioeconomic Groups and Income

At present, each nursing place gets between two and three applicants and approximately two thirds of all applicants do not get the opportunity to study to become nurses. The proposed policy change would ensure that the profession is opened up and anyone who wants to become a nurse who meets the entry requirements would have the opportunity to do so. Admissions will be based on university capacity and student demand rather than Governmental controls.

Whilst it is a loan and not a grant, the standard student support system offers substantially more than the combination of means-tested and non-means-tested bursaries under the NHS Bursary Scheme. In 2012/13, 63% of the Access to Learning Fund at King's College London went to NHS

³² BIS (2015) Student Finance Equality Analysis, 25th Nov, 2015

<https://www.gov.uk/.../bis-15-639-student-finance-equality-analysis.pdf>

³³ [http://www.universitiesuk.ac.uk/highereducation/Pages/StudentStudent loan repayments.aspx#.VpjHpssriUk](http://www.universitiesuk.ac.uk/highereducation/Pages/StudentStudent%20loan%20repayments.aspx#.VpjHpssriUk)

funded students. This is indicative of the fact that the current NHS Bursary is not sufficient to maintain nursing, midwifery and AHP students, when compared to the standard student support system. For example, £7,434³⁴ of loan per year was available for maintenance to each student under SFE provisions in 2015/16, as opposed to £3,643 in grant under the NHS Bursary system³⁵. Therefore, providing support through standard student loans for new nursing, midwifery and AHP students from 1 August 2017 would, in general, provide more living cost support for students during their studies.

Under the reform, the length of time graduates will repay their student loans would be expected to increase because students would now be taking out loans for tuition and living costs. Concerns about the impact on participation from those from lower income groups could be mitigated by evidence that increases in fees in the wider higher education system did not have a detrimental impact on application numbers for university, including among lower income groups. In fact, statistics show that in the wider system students are now more likely to apply to university than they were in 2010³⁶. Statistics show that students on the student support system are now more likely to apply to university than five years ago, despite the increases in fees over that time. This year has seen record entry rates by young people from disadvantaged backgrounds of 18.5%.

As set out above, the standard student support system living cost support is significantly greater than the bursary provision currently in place to assist with living costs. In addition, there is protection for low earners built into the student support system. If a graduate's working pattern results in their earnings being reduced, then their repayments will also be reduced. If their earnings are reduced below £21,000 their repayments will cease until they once again earn above that threshold.

We will carefully consider the impact of these changes on access by students from disadvantaged backgrounds and how we continue to encourage and support people from all socio-economic backgrounds to become nurses, midwives and AHPs as part of the consultation. Following implementation of the policy, the intention is to look for suitable opportunities, including through existing stakeholder forums, to monitor developments.

Resident Status and Migrants

The NHS Bursary scheme only applies to those students who have been ordinarily resident in the UK for five years prior to the start of their course. These eligibility criteria also apply to students under the BIS regulations. Therefore, the rules around residency will not change as a result of the proposed policy.

³⁴ <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2015-07-21/HCWS160/>

³⁵ [http://www.nhsbsa.nhs.uk/Documents/Students/Financial_help_for_healthcare_students_2015-16_\(V1\)_04.2015.pdf](http://www.nhsbsa.nhs.uk/Documents/Students/Financial_help_for_healthcare_students_2015-16_(V1)_04.2015.pdf)

³⁶ BIS (2015) Student Finance Equality Analysis, 25th Nov, 2015

<https://www.gov.uk/.../bis-15-639-student-finance-equality-analysis.pdf>

Family Test

The Family Test was introduced on 31 October 2014. The objective of the test is to introduce an explicit family perspective to the policy making process, and ensure that potential impacts on family relationships and functioning are made explicit and recognised in the process of developing new policy.

Rather than limiting nursing places to approximately one third of all applicants for nursing, this reform will ensure that the profession is opened up and anyone who wants to become a nurse will have the opportunity to do so.

The standard student support system offers substantially more living cost support than the combination of means-tested and non-means-tested bursaries under the NHS Bursary scheme.

Generally speaking, independent students are those that have financially supported themselves for three years prior to their course commencing, are married or in a civil partnership or are responsible for a dependent child under the age of 18. The financial assessment of such students for the means-tested element of bursaries and loans does not take into account their parents' income. However, for those that are married or in a civil partnership at the start of their course their partner's income will need to be declared and taken into account for means-testing, potentially decreasing the bursary or loan available to them. On separation, independent students may see an increase in maintenance bursary or loan, unless of course they revert to being dependent on parental income. Under the BIS student support system the proportion of the loan that is means-tested is significantly smaller than under the current bursary rules³⁷.

The student support package for full time courses also includes a discretionary provision to continue providing living costs support in cases where students suspend their studies for a range of reasons, including but not limited to pregnancy or adoption. If a student has suspended their studies due to illness which lasts less than 60 days, those students will continue to receive living costs support. Discretionary provision of living costs support for suspension due to illness starts at the 60th day of absence from the course. However, in all other cases where a student suspends their studies, discretionary payments of support for living costs apply from the first day of absence from the course. Whilst this provision is discretionary and less than the current 12 month maternity support under the NHS Bursary scheme, we do not consider there to be a case for additional financial support beyond what has been provided for in the BIS student support package, as moving nursing, midwifery and allied health students onto the BIS student support system brings these students in line with the wider general student population.

Both the NHS Bursary scheme and the BIS student support systems have an allowance in place for students with an adult dependant, parents' learning allowance, and childcare allowance. The NHS Bursary scheme also has a Child Dependants Allowance, which the BIS regulations do not have. On the whole, however, the BIS regulation rates for the other allowances are generally

³⁷ <http://www.practitioners.slc.co.uk/media/6934/sfe-1617-assessing-financial-entitlement-final.pdf>

higher.

Therefore, where the policy may have an impact it is likely to be through the following:

- Where a low income household has a member commencing a course currently funded by the NHS Bursary, these changes will provide them with increased living cost support, which would be expected to reduce the likelihood of financial pressures affecting the stability of the family relationship.
- A consequence of the policy is that more students from low income backgrounds will graduate with longer periods of student loan repayments. In theory this might delay partners' decision to marry or become financially co-dependent. However, the repayments are income contingent and would therefore be expected to have only minimal or no impact on family relationships.

Engagement and involvement

Was this work subject to the requirements of the cross-government [Code of Practice on Consultation](#)? (Y/N) Y

How have you engaged stakeholders in gathering evidence or testing the evidence available?

The public consultation will be used as the main source of engagement with stakeholders and will feed into further analysis of the impact of these changes, informing both the economic and equality impact assessments and the Government response to the consultation.

How have you engaged stakeholders in testing the policy or programme proposals?

The public consultation will be used to test with stakeholders how the reforms can be successfully delivered.

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

The public consultation will be used to test with stakeholders how the reforms can be successfully delivered.

Summary of Analysis

Nursing, midwifery and AHP students are much more likely to be female, over 25 years of age, have dependants and are slightly more likely to have non-white ethnicity. There are non-repayable grants or allowances in place under both systems for disabled students, and to help students with costs associated with childcare and other caring responsibilities. These are generally higher under the standard student support system than the current NHS Bursary

Scheme.

Placing new nursing, midwifery and AHP students on the student support system will, in general, provide more living cost support for students during their studies, as the student support system is substantially more than the combination of means-tested and non-means-tested bursaries. However, these new arrangements would increase the time period of student loan repayments students have upon graduation. Concerns about the impact on participation could be mitigated by evidence that increases in fees in the wider higher education system did not have a detrimental impact on application numbers for university, including among lower income groups. In fact, statistics show that in the wider system students are now more likely to apply to university than they were in 2010. It is important to note that the policy would place nursing, midwifery and AHP students on the same student support system as the general student population. There is a built in protection for the lowest earners whereby loan repayments cease where earnings drop below £21,000.

There are also considerations around the working patterns associated with clinical placements and the associated issue of travel expenses. The NHS Bursary scheme pays travel expenses to cover the additional cost of travelling to attend a student's clinical placement. Whilst the BIS scheme does have a travel expenses allowance for some students; it does require students to pay the first £303 of their expenses. Again, we have set out in the consultation our commitment to principles of fair access and will consider in further detail the consultation responses on this issue.

Older graduates are more likely to have a degree already. Under the new arrangements, the intention would be to allow students to apply for student support through the student support system when they already have an equivalent qualification. Students receiving a loan for a second undergraduate degree in a healthcare subject would increase the potential time period of their student loan repayments but would repay at the same rate and terms as students with only one undergraduate degree. In terms of repaying both of these loans, the loans do not stack up on top of each other, so the repayments rate is not changed. The repayment terms are 9% of earnings over £21,000. Under current BIS regulations, outstanding student loan student loan repayments are written off 30 years after repayments start, with no adverse consequences for an individual in terms of credit rating.

Older graduates who borrow the money later in life may not pay off their loans until later in life. Concerns about the impact on the participation of these students are addressed by the fact that overall the participation of students across all ages may increase, as seen when reforms to the wider higher education system were introduced in 2012³⁸. However, to mitigate this, loan repayments under the BIS system would cease in the event of earnings dropping below the £21,000 threshold.

³⁸ BIS (2015) Student Finance Equality Analysis, 25th Nov, 2015
<https://www.gov.uk/.../bis-15-639-student-finance-equality-analysis.pdf>

From 2016/17, the Government will for the first time provide a loan of up to £10,000 per student for postgraduate Master's study. The repayment due date for postgraduate loan balances will be 6th April following the academic year in which the course is completed (or following withdrawal, where this applies). The UK repayment threshold will be £21,000 in tax year 2019/20. The repayment amount will be 6% of income above the relevant threshold. Repayments will be made concurrently with any other student loan repayments due, i.e. borrowers repaying both loans will have a 15% total deduction taken from their salary

The current student population is comprised of students from a wide variety of circumstances: those from lower income backgrounds, women, mature students, and people with dependants and those from ethnic minorities. We are absolutely committed to ensuring that the changes to funding mechanisms do not have a disproportionate adverse financial impact on such groups and act as a disincentive to participation in these healthcare courses. To this end, the exploration of options to support fair access from students from diverse backgrounds is set out as a key principle in the consultation. Following implementation of the policy, the intention is to look for suitable opportunities, including through existing stakeholder forums, to monitor developments.

Eliminate discrimination, harassment and victimisation

We have considered the impact of these policies on the need to eliminate discrimination and other prohibited conduct.

We believe the policy aligns with the principle of fair access to higher education, placing nursing, midwifery and AHP students on the same student support package as the general student population. Neither the current bursary package nor the standard support package discriminate on the basis of disability, gender, race/ethnicity, age, pregnancy and maternity, religion or belief, sexual orientation or against students who have undergone / are undergoing gender reassignment. Under the move from bursaries to the student support system, the pregnancy and maternity characteristic has increased significance due to a larger proportion of female nursing, midwifery and AHP students and the older demographic. This means that the issue of pregnancy / maternity / dependant allowances will be considered in more detail as part of the consultation, and work is ongoing on the development of options to support any prospective students who may be potentially disadvantaged by changes to funding mechanisms.

Advance equality of opportunity

We have considered the impact of these policies on the need to advance equality of opportunity between people who share a protected characteristic and those who do not in relation to the proposed changes. We have looked in particular at the need to:

- remove or minimise disadvantages suffered by those who share a protected characteristic,
- take steps to meet the needs of persons who share a protected characteristic to the extent those needs are different; and

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The policy aligns with the principle of fair access to higher education placing nursing, midwifery and AHP students on the same student support system as the general student population. The living cost support under the standard student support system will be significantly greater than bursary provision currently in place to assist with living expenses prior to graduation. In 2015/16, £7,434 was available as loan per annum for maintenance of students under Student Finance England provisions, as opposed to a total of £3,643 per annum in grant under the NHS Bursary system. In addition, the BIS regulation rates for allowances for students (i.e. adult dependant's allowance, parents' learning allowance and childcare allowance) are, in general, higher than the NHS Bursary Scheme allowances.

Under the move from bursaries to the student support system, the pregnancy and maternity characteristic and considerations around child dependants also have an increased significance due to the nature of healthcare courses (containing clinical placements) and that a larger proportion of nursing, midwifery and AHP students are female and of an older demographic. We have set out that we intend that students would be entitled to financial support for travel to and from clinical placements under the standard student support package. In addition, the intention is to exempt nursing, midwifery and AHP students from the equivalent or lower qualification (ELQ) rule, which prevents students applying for support if they already have a qualification at an equivalent level to that which they are studying towards. This will ensure that older students who already have a degree have equal opportunity to access student funding for nursing, midwifery and AHP courses as those who do not.

Foster good relations between groups

We have considered the need to foster good relations between persons who share a protected characteristic and those who do not share it. We have considered in particular the need to tackle prejudice and promote understanding.

This system would allow nursing, midwifery and AHP students to receive funding on an equitable basis to other students. In most cases, the student support system supports students at a significantly higher rate than under the existing NHS scheme. Where there appears to be a potential adverse affect on prospective nursing, midwifery and AHP students in certain circumstances under the new funding arrangements, work is ongoing on the development of options to support those who may be potentially disadvantaged as a result and thus to foster good relations.

What is the overall impact?

Rather than limiting nursing places to approximately one third of applicants, this reform will ensure that the profession is opened up and anyone who wants to become a nurse, midwife or AHP will have the opportunity to do so.

The student support for living costs will be significantly greater than the bursary provision currently in place to assist with living costs whilst students are undertaking their course. In the wider higher education system the introduction of £9,000 fees has not put students off from applying for higher education, with record entry rates for young people from disadvantaged backgrounds of 18.5% this year.

The demographic profile of nursing, midwifery and AHP students means that this policy would have the most significant impact on women and older students. Statistically, women over the age of 25 are more likely to give birth, meaning that the pregnancy and maternity, and carers' characteristics are also of increased significance for this policy. As such, the issue of pregnancy / maternity, child dependant allowances and travel expenses will be considered in more detail as part of the public consultation. In addition, the intention is to exempt nursing, midwifery and AHP students from the equivalent or lower qualifications (ELQ) rule, which prevents students applying for support when they have an equivalent qualification already. This will ensure that older students who already have a degree are given the same opportunities to access healthcare courses under the changes.

Addressing the impact on equalities

As part of considering how best to take forward reforms to healthcare education funding, we will consider how we can ensure that aspirant students from all backgrounds can continue to pursue health careers.

The increasing participation from disadvantaged groups in the wider higher education system has been underpinned by access agreements. Any university that wants to charge tuition fees for a full-time course above the basic amount (currently £6,000) for any course up to a maximum of £9,000 (in the 2016/17 academic year) must have an access agreement approved. Access agreements are plans which set out how the institution will promote access to higher education by under-represented groups through measures such as outreach (e.g. summer schools, mentoring, after-school tuition, links with schools and academies in disadvantaged areas); activities to improve retention and success, and financial support such as targeted bursaries and scholarships.

Under the reforms, universities would need to include nursing, midwifery and allied health professional students within their outreach, retention and financial support programmes. Some universities already do this voluntarily, but in the future it will form part of their access agreements. As nursing, midwifery and allied health professional students do not currently pay tuition fees, these students have not been part of the access agreement system. Under this reform all nursing midwifery and allied health professional courses that charge students tuition fees of more than the basic amount (currently £6,000) for any course will come under the access agreement system.

Action planning for improvement

There are data issues in the following areas:

- the quality of disability data in relation to bursary recipients;
- poor data on race for the general student population;
- no data in relation to persons undergoing gender reassignment;
- poor data on sexual orientation for the general student population;
- poor data on pregnancy and maternity for the general student population.

Without such data it will not be possible to assess the true impact upon the groups listed above. Representative bodies are invited to provide further data in relation to these areas as part of the response to the public consultation on this policy.

The consultation will further explore the issue of whether there are defined, specific circumstances where a case could be made for supplementary funding above that offered by the BIS standard student support package. The exemption of nursing, midwifery and AHP students from the equivalent or lower qualification (ELQ) rule, which prevents students applying for support if they already have a qualification at an equivalent level, will also be considered further.

Following implementation of the policy, the intention is to look for suitable opportunities for DH and its delivery organisations, including through existing stakeholder forums, to monitor developments and feedback in relation to its impact.

Please give an outline of your next steps based on the challenges and opportunities you have identified.

We will further inform this equality analysis through working with stakeholders to consider the specific details for nursing, midwifery and AHP students in a reformed system as part of the public consultation.

For the record

Name of person who carried out this assessment: Anna Dignan

Date assessment completed: 22/03/2016

Name of responsible Director/Director General:
Giles Denham/Charlie Massey

Date assessment was signed: 07/04/16