



House of Commons Education Select Committee – The future of post-16 qualifications

Council of Deans of Health

The Council of Deans of Health welcomes the opportunity to contribute to this inquiry. The Council represents over 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Our members educate 175,000 nursing, midwifery and allied health professional students at any given time.

Response

Key messages

1. Universities have a proud record of widening access and participation into healthcare higher education. They act as drivers of social mobility for graduates moving into highly valued professional jobs. This includes working with employers, schools and further education colleges (FECs) to ensure smooth articulation for learners into healthcare higher education.
2. We welcome the Lifetime Skills Guarantee, the Lifelong Loan Entitlement and the introduction of new high quality T Levels, including in Health and Healthcare Science. These developments should provide more choice for learners and ensure that they develop the right knowledge, skills and behaviours necessary to progress into higher education and employment.
3. New technical qualifications at Level 3 in England, such as T Levels, must ensure students can smoothly progress into healthcare higher education, including both university-based programmes and higher-level apprenticeships. Programme outcomes should enable student choice and be aligned closely with entrance requirements for higher level programmes.
4. The Government plans to remove approval and funding for certain existing technical qualifications. This includes BTECs in Health and Social Care and Applied Science which are equivalent to more than one A Level. These are often taken by learners to progress into healthcare higher education. It must ensure that there is sufficient and broad provision at Level 3 to meet the needs of all learners and that no decision about future provision restricts access to higher level education or has a negative impact on widening access and participation.
5. We do not support changing the current university admissions system to a form of post-qualification admissions (PQA). The current system is not perfect and does present significant burden to providers, applicants and the wider system. However, we are concerned that any new

system would increase this burden unnecessarily. If a PQA system is introduced, we would be supportive of a model which consists of pre-qualification applications with post-qualification offers and decisions.

The current system

Universities have a proud record of widening access and participation into healthcare higher education. This includes working with employers, schools and further education colleges (FECs) to ensure smooth articulation for learners into healthcare higher education. They act as drivers of social mobility for graduates moving into highly valued professional jobs, including by providing programmes via both university-based and apprenticeship routes.

The Council supports widening access and participation into healthcare careers. Universities are committed to working with providers of Level 3 programmes to ensure a smooth transition into healthcare higher education. New technical qualifications at Level 3 in England must ensure the ability to progress into healthcare higher education, especially small and vulnerable allied health professions. Programme outcomes should enable student choice and be aligned closely with entrance requirements for higher level programmes.

We welcome the Lifetime Skills Guarantee, the Lifelong Loan Entitlement and the introduction of new high quality T Levels, including in Health and Healthcare Science. These developments should provide more choice for learners and ensure that they develop the right knowledge, skills and behaviours necessary to progress into higher education and employment.

The Government plans to remove approval and funding for certain existing technical qualifications. This includes BTECs in Health and Social Care and Applied Science which are equivalent to more than one A Level. These are typically taken alongside A Levels and can enable progression into healthcare higher education programmes. It must continue to fund and approve academic qualifications in health and social care even where there is some overlap with new T Levels. This is important as existing qualifications are often broader in content than T Levels and there is uncertainty as to whether all T Levels will be available to all prospective learners across England. It must also continue to fund Access to HE diplomas for adults and young people. These provide opportunities for social mobility and are aligned to the levelling up agenda. It must ensure that there is sufficient and broad provision at Level 3 to meet the needs of all learners and that no decision about future provision restricts access to higher level education or has a negative impact on widening access and participation. We must ensure that we have a healthcare workforce that reflects the population it serves.

There is a difference between the needs of 16–19-year-olds and adult learners. We support the continuation of funding for qualifications for adults that overlap with T Levels. Adult learners should also have full access to T Levels. We support a 50% reduction in time on a T Level technical industry placement for adult learners with prior relevant experience. The Government should continue to fund additional specialist qualifications for adult learners that build on qualifications aligned to employer-led standards, qualifications that provide occupational competence against employer-led standards which are covered by T Level occupational specialisms and qualifications focused on cross-sectoral skills.

T Levels

We welcome the introduction of new high quality T Levels, including in Health and Healthcare Science. This should provide more choice for learners and ensure that they develop the right knowledge, skills and behaviours necessary to progress into higher education and employment.

Learners need to be able to articulate into university-based higher education healthcare programmes irrespective of qualifications taken at Level 3. This includes T Level students being able to move into university-based programmes. Simultaneously, those undertaking A Levels should be able to progress into healthcare pre-registration apprenticeships if they wish. Student choice is paramount and Government funding should allow for a broad diversity of post-16 qualifications to meet student needs and aspirations.

It should be a requirement for T Level students to have achieved a Level 2 qualification in English and Maths on exit from the T Level. T Levels are devalued without this requirement, which is not in the interests of learners who need these qualifications to progress to higher level programmes. Too many adults have poor functional skills. HEIs already invest in catch up programmes for applicants and new entrants to gain these necessary qualifications, but students should be able to meet these qualifications prior to application.

T Levels include an industry placement of at least 315 hours. For health and healthcare science T Levels this is likely to take place in healthcare practice settings. Whilst we want to expand and maintain access to practice learning opportunities in a range of settings there is not necessarily sufficient practice placement capacity to sustain the recent welcome growth in pre-registration students. Student completion times are already being impacted by placement capacity limitations. This has been exacerbated by the pandemic. Practice placements must therefore be prioritised for pre-registration learners on Level 6 and 5 programmes leading to professional registration. T Level providers must take account of pressures in practice placement capacity for learners and consider using simulated placements rather than traditional placements to fulfil the industry placement requirement.

There is a need for a more effective communications campaign which explains what T Levels are to learners, parents and other stakeholders and outlines the benefits of T Levels to learners and employers.

Post qualifications admissions

The Council does not support changing the current university admissions system to a form of post qualification admissions (PQA). The current system is not perfect and does present significant burden to providers, applicants and the wider system. However, we are concerned that any new system would increase this burden unnecessarily. If a PQA system is introduced, we would be supportive of a model which consists of pre-qualification applications with post-qualification offers and decisions.

Healthcare student admissions processes require students to go through values-based recruitment interviews.¹ This ensures that students have the necessary values and behaviours to treat and care for patients and service users, gain professional registration, and find employment in the NHS post-

¹ <https://www.hee.nhs.uk/our-work/values-based-recruitment>

graduation. A fully PQA system would make this unworkable as there would not be sufficient time for students to apply, be interviewed and then start university quickly. It would also place unnecessary strain on university and healthcare systems to undertake joint interviews in a shortened timeframe, which currently take place across several months.

The introduction of a PQA system may also have a negative impact on widening participation. Our members work with many schools and FECs to support students through the application process. This takes time over the academic year. Overly condensed timeframes would be a challenge for non-traditional students and may only benefit better supported applicants. Changes to the current system could also negatively affect an applicant's easy access to other systems such as student finance and accommodation services. A PQA system would mean unnecessarily squeezed timescales which could cause unintended delays for students.

Most students start to familiarise themselves with an institution as soon as they get an offer. It is important for students to have time to orientate themselves to their university. The support and communications that start at this point are helpful for settling, identity development and ensuring students can thrive. This adaptation to a new environment is important, especially for continuation purposes, but does take time. The shortened timeframe in a PQA system will not allow students this crucial time for orientation. This is especially important for healthcare programmes that can start earlier than other university courses.

Healthcare programmes are popular with students from non-traditional backgrounds, including those who do not apply via UCAS. Many universities have multiple intakes of healthcare students, including in both terms 2 and 3. These applicants and their needs must be considered and accommodated in any reformed admissions system.

The UK healthcare higher education sector is internationally renowned and attractive to international students who often progress into NHS employment. Any reformed system must also consider the needs of international students so that the UK remains in sync with international admissions timetables and continues to encourage international applicants. Additional burden could deter applicants and negatively impact on the throughput of the UK healthcare workforce, especially for smaller vulnerable healthcare professions.

In any PQA system, there is still likely to be a need for a clearing system for students who change their minds. This needs to be considered in planning for any new system. Consideration should be given to the timing of the release of GCSE, BTEC and functional skills qualifications, which should be closer to the release of A Level results. There can be delays in confirming places for healthcare students who need to secure Level 2 qualifications in English and Maths.

In any reformed system, student personal statements should continue to be required. They allow providers to understand an applicant's commitment and intentions more fully, particularly for popular disciplines. They can also be useful to map to values-based recruitment criteria for healthcare programmes. Finally, applicants can currently apply to five university places. If a new system is adopted, there should continue to be a limit on the number of courses applicants can apply to. Otherwise, this

would add additional confusion to the system. It would also cause increased burden for providers with limited benefit to applicants, especially if admissions must be processed in a shorter timeframe.

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