Policy Statement
Possible changes to Dietetic Pre-registration Education and Training Commissioning

Summary
Dietetic pre-registration training in England is currently commissioned and funded by the NHS through Health Education England. As such, it forms part of an NHS budget which is under intense pressure and scrutiny.

In June 2015 the Council of Deans of Health and Universities UK published a joint statement entitled, ‘Reforming initial education funding for nursing, midwifery and AHP students in England’. Within this statement the organisations argue that the current funding mechanism is no longer working and urges the Government to consider ‘whether the current system of NHS-funded grants can be moved to a system of student loans’. The BDA understands that at the current time the proposal is being given active consideration by the Government in light of its Spending Review 2015, which announced cuts of 40% from Government departmental by 2019-20 and a need to find a further £20bn savings in public spending.

Should the proposal be adopted (either fully or partially), it will provide a wealth of opportunity for the profession and the associated providers (Universities). However, it will also present a number of risks which will need to be adequately considered and mitigated for if the profession is to continue to flourish.

Recommendations
1. Support for widening participation students and those from low income families must be protected.

The BDA feels strongly that the calibre of dietetic students must remain at its current high level. Dietetic students possess both academic excellence and the values of compassion demanded of an ethical and caring NHS and social care system. It is thus crucial that all those students who meet the requisite admission criteria should be enabled to follow their chosen career path and should not be precluded from study on the grounds of finance.

In addition, a substantial proportion of dietitians pursue dietetics either as a second career or having studied a relevant undergraduate degree. In the current system, their dietetic education is funded by the NHS through commissioned places. The BDA is concerned that removal of funding for second degrees (which would instead need to be funded by individuals through career loans) may result in the loss of an experienced segment of the student workforce. The skills and life experience that the more mature student often brings is highly valued, and its loss would be to the detriment of the profession and the NHS.
2. Funding for the delivery of practice education should continue to be provided by the NHS.

Notwithstanding decisions taken with regard to student fees, it is imperative that HEE places equal value on the training of AHPs as is afforded to the training of medics. Therefore, the dietetic profession will be seeking assurances that HEE will continue to financially support the work based element of pre-registration dietetic degrees. A high proportion of dietetic graduates enter the NHS workforce. It is therefore reasonable to expect placements to be funded through the public purse, thus ensuring that NHS, other health and social care services and public health are adequately resourced to train the workforce of the future.

3. Changes to funding mechanisms must be implemented in a gradual and risk averse manner.
If imposed within an unreasonable or unrealistic time frame, significant changes to training funding streams risk destabilising University courses and NHS services. A considered and fully planned approach to change management must be adopted to ensure that Universities have sufficient planning time to adjust their recruitment policies and adapt their student provision.

4. The NHS must ensure that the allied health professions remain an appealing and viable career choice, attracting the highest calibre of applicant.

Dietitians provide vital services to the NHS, not only through the practical application of dietetics, but as leaders and teachers. Dietitians have an important educational remit to train and guide other health professions in the delivery of nutritional advice. In addition, the role of the dietitian within primary care has enormous potential to grow, supporting key community health services including diabetes care, gastroenterology support and obesity management, thus contributing to cost and resource savings across the NHS.

The possible loss of funded training, combined with NHS pay restrictions, austerity measures, an over-stretched workforce and caps to progression routes can all impact on the number of allied health professionals choosing to pursue a senior level NHS career. It is crucial that the NHS strives to recruit and retain strong and competent dietetic leaders, with scope for the NHS to reward them for their achievements.

However student funding is delivered, dietetic workforce commissions need to be high enough to ensure that the crucial role dietitians play in meeting the country’s public health and disease prevention requirements, and managing long term conditions (helping to keep patients in their own homes) can be sustained.

Discussion

Pre-registration dietetic courses across England (and Wales and Northern Ireland) are currently funded by the NHS. This means that dietetic students (alongside a number of other allied health profession (AHP) students) are not required to pay tuition fees and receive a £1,000 grant each year. In addition, there is the potential to apply for an additional means-tested bursary of up to £4,395 per year (which rises to up to £5,469 in London).

Whilst regulated by the Health and Care Professions Council (HCPC), dietetic education in England is commissioned by Health Education England (HEE) and operationally managed on a local (cluster) level by the Local Education and Training Boards (LETBs). Board membership is made up of representatives from local providers of NHS services (commissioners).
Universities are required to meet rigorous quality assurance demands and collect student data. Such intelligence informs future decision making activity around the numbers of students commissioned for the health professions.

Whilst the current situation ensures that dietetic training is relatively accessible to students from a variety of socio-economic backgrounds, the system is nonetheless problematic in some respects. Some of the key issues can be summarised as follows:

Through data and demand trend analysis, LETBs determine the future NHS requirements for each profession within their local cluster. Whilst decisions are informed, this approach can never be an exact science. The public sector requirement for dietitians goes beyond NHS with dietitians playing a crucial role in public health and social care. In addition, the NHS workforce does not remain static with many choosing to enter into roles within the private sector either immediately upon graduation or more often following a period of NHS / public sector employment. Coupled with this, many students do not remain in the local cluster upon graduation, choosing to enter employment elsewhere in the UK or potentially overseas.

Commissions are influenced by factors other than forecast demand including financial imperatives and demand for other professions. In a commissioning environment with a cash limit, there will always be the risk of see saw commissions to meet short term financial imperatives. In particular, it is believed that a number of allied health professions are under-commissioned due to providers’ channeling their limited finances into nursing resource. Problematically, the number of nursing places commissioned often does not translate into staff numbers due to the high attrition rates often associated with nursing programmes.

The above issues combine to suggest that the demand for dietitians and thus associated pre-registration training is likely to be higher than demonstrated by the formulas applied by LETBs when planning future commissions.

Alongside the above commissioning considerations, it is important to note that workforce planning data collected by HEE does not necessarily reflect the gender demographics of the dietetic profession which is predominantly (around 96%) female. Dietetic managers thus frequently report staffing shortages associated with periods of maternity leave, for which backfill is not always provided. When it is approved, backfill cannot always be recruited due to a lack of available staffing resource (due to shortfalls in workforce planning activity).

For a relatively small profession such as dietetics, the student number controls applied by LETBs can be problematic for the sustainability of University courses. Many currently operate on the edge of viability whereby small changes to commissions can have huge impact on the financial feasibility of a programme. Universities are increasingly seeking to exploit international and business sponsored courses where profit margins and opportunities can be high. Currently, dietetics in England is limited in its ability to exploit these opportunities due to the constraints on dietetic placements associated with a principally NHS focused approach. In addition, delivering health related programmes is costly and money from NHS commissions does not provide the University with significant income. In some cases, this can lead to a lack of investment in relevant University staff, equipment and resources which is problematic for the future development of the profession.

Sourcing practice education placements for dietetic students can be challenging due to a shortage of NHS staff availability and the inability of NHS departments to ring fence payment for such activity. In addition, there is a hurdle for the profession to overcome in recognising the value of broader dietetic training. Such obstacles are harder to overcome because of the intrinsic link between NHS commissioning and student training.
In relation to the study of dietetics, there is limited movement of students between England, Wales and Northern Ireland (where NHS fees are paid) and Scotland (where the majority of University education is free) as students become liable for their University fees if they choose to study outside of their home country. This limits the mobility of the profession and is at odds with the internationalisation and flexibility being seen across other University programmes. However, there is substantial movement after graduation between clusters and across borders.

The above issues have caused increasing concern for a number of years. In an era of public sector financial austerity it is likely that the Department of Health will have limited additional funds to invest in the training of the AHP and nursing workforce and on this premise in June 2015 the Council of Deans for Health and Universities UK invited the Government to consider an alternative approach.

In July 2015, BDA Council considered the impact of the removal of NHS commissions and bursaries on the dietetic profession. Below is a summary of the key opportunities and risks that were identified.

**Strengths**

Clearly the proposal recommends a more economical way of delivering AHP education which will save the NHS significant resource. Fees would not need to be repaid until a minimum level of income was reached (approximately £21,000 p.a.) with the salary for entry level dietitians currently in the region of £21,692. With high attrition rates for some healthcare courses (although dietetics itself boasts low attrition rates) the Government may feel that the current system does not provide value for money and that such investment can no longer be justified without guaranteed return.

Tuition fees generate significant income for Universities. If Universities choose to increase the number of dietetic students, this could in turn lead to an additional income stream for the institution. This money could be used to improve resources and opportunities for the student cohort. In addition, by generating fees, dietetics programmes will be in a position to further raise their profile and demonstrate their value within the higher education sector.

Operating freely and without the constraints of NHS commissioning, University dietetic programmes will be in a position to react more swiftly to workforce intelligence and re-focus accordingly, proactively responding to market demands. Thus if, for example, the data indicates a significant increase in the need for industry aware dietitians, this demand can be met (although still within the regulatory framework of the Standards of Proficiency, Standards of Education and Training and Curriculum Framework). There is a history of workforce planning producing boom and bust in the workforce as long-term planning by its very nature, cannot respond to short term or unexpected changes in demand.

Nutrition and dietetic programmes are very popular and removed from the constraints of NHS workforce planning universities to could plan recruitment to programmes based on demand and the level required to ensure sustainable and vibrant programmes.

The ability to deliver innovative dietetic programmes producing the dietetic workforce of the future (moving beyond the NHS alone into new and exciting sectors) will necessarily generate increased competition between Universities. As with current fee paying courses, dietetics will be able to compete in an international market with each course developing its own unique
selling points and programme focus, thus providing extended choice for the consumer (student). From a research perspective, opportunities for industry collaboration may generate funding and thus raise the profile of dietetics within the Research Excellence Framework.

**Potential Weaknesses or Threats**

There are significant concerns about the potential loss of high quality applicants to pre-registration degree programmes due to students’ inability to support themselves without the NHS bursary and the fear of the debt with which they would be left at the end of their studies. A recent poll of current BDA student members indicated that of the 178 respondents, 9% would have studied an alternative degree and 24% would not have attended University should the fees and bursaries not have been available. In addition, 46% indicated that whilst they would have still enrolled on a dietetics degree programme, they would have had significant concerns about finances. Many respondents indicated that they would have needed to obtain a part time job which would be likely to have significant impact on their studies and may have precluded their course completion.

Current attrition figures for dietetic pre-registration degrees are excellent, standing at less than 10%. There is concern that the introduction of a fee paying approach would lead to higher attrition rates as students struggle to support themselves financially during their studies. Conversely, dietetic education may generate huge financial successes for Universities and thus the employment market may be unable to sustain the numbers of graduates seeking work.

With the need to demonstrate financial success, there is the possibility that some excellent dietetics programmes could be lost from England’s education portfolio. Income generation may become a more powerful indicator than education quality.

Whilst the growth of dietetics into new and innovative sectors is to be welcomed, there is some concern that the emergence of external influencing factors (income generation, industry and international focus etc) may reduce the capacity or the inclination for Universities to deliver graduates with in-depth NHS focus and understanding. This in turn may create a skills gap within the health service. Similarly, significant numbers of graduates may distance themselves from the NHS where pay scales are capped and instead choose to enter into more lucrative facets of the dietetic profession.

The profile of many of the smaller allied health professions is raised through collaborations with other professions and through NHS stakeholder networks. With the loss of common funding streams, these crucial networks may diminish which could potentially leave professions isolated and vulnerable.

**Opportunities**

The value of the professional bodies in accreditation of University courses will be vastly increased. It is likely that students will increasingly seek the professional body logo to indicate quality provision, over and above other courses which may emerge. Whilst all dietetics degrees must be HCPC approved if students wish to practice in the UK, professional body accreditation goes beyond this, mapping to a future focussed BDA curriculum framework, thus
reaching further than the minimum levels of the HCPC Standards of Proficiency and Standards of Education and Training.

With the gender proportion of the dietetic profession currently at around 96% female, there are concerns about the lack of part time or distance learning provision for dietetics pre-registration training. As part of Universities’ widening participation considerations, there is scope for the demand for more flexible learning packages to be met and this may in turn generate interest in dietetics from a pool of students for whom dietetics was previously inaccessible.

Without the constraints of NHS commissioning, dietetic programmes will have greater scope to develop innovative placements and move into emerging markets. Coupled with this, points of difference between dietetic degrees may become more pronounced, creating more choice for the consumer and stronger unique selling points for the Universities. In addition it would allow the profession itself to develop a broader focus, holistically supporting the health and nutritional wellbeing of the population from within as well as external to the NHS.

It is possible that attrition may decrease as students demonstrate true commitment to the profession and their studies, without the influencing factor of financial incentive.

Dietetic training may become more flexible and mobile, potentially able to offer placement opportunities to students from overseas and conversely send UK students abroad to experience alternative practice placements. In addition, Scottish Universities may benefit from increased demand for courses from the rest of the UK as the barriers to programme selection are removed and student choice for English students is no longer driven by NHS bursary regulations.

The BDA Position

The above summarises the BDA’s initial thoughts with regard to the loss of NHS commissioning in England, should this eventuality arise. Clearly, this is a complex issue and will require significant further intelligence and analysis.

It is difficult for the BDA to take a robust position at present when information is scarce and decisions have yet to be made by Government. NHS commissions in England may yet remain in their entirety or may be partially or fully withdrawn. Whatever the outcome of deliberations, it is crucial that dietetics remains a course accessible to all those with the relevant qualifications and values and every effort must be taken to ensure that socio-economics does not adversely affect the calibre of applicants for dietetic degree courses. Dietetics is both a skilled and caring profession and it is of critical importance to the NHS, public health sector, social care and beyond that this is maintained.

Prepared by BDA Education and Professional Development team on behalf of the Education Board and Higher Education Institutes sub-committee.

November 2015
References


http://www.ref.ac.uk/

Survey BDA Student members, open 9th–25th September 2015. 178 respondents.