



# Department for Education – Post- Qualification Admissions Reform

## Council of Deans of Health written submission – May 2021

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

### Key messages

1. Universities have a proud record of widening access and participation into healthcare higher education, including working with employers, schools and further education colleges (FECs). They act as drivers of social mobility for graduates moving into highly valued professional jobs. This includes providing programmes via both university-based and apprenticeship routes.
2. 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.
3. If a PQA system is introduced, we would be more supportive of Model 2, which consists of pre-qualification applications with post-qualification offers and decisions.
4. Healthcare student admissions processes require students to go through values-based recruitment interviews. This ensures that students have the necessary values and behaviours to care for patients and service users, gain professional registration, and find employment in the NHS post-graduation.<sup>1</sup> A PQA system would make this unworkable as there would not necessarily 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.
5. The introduction of a PQA system may 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. The proposed condensed timeframes may be a challenge for non-traditional students and may only benefit better supported applicants.

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

6. 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 squeezed timescales which could cause delays for students.
7. 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.
8. In any potential new system, we are opposed to starting the academic year in late October/November, as this would create an extremely short first term for most students. This is a critical term for healthcare students who are onboarded onto programmes and undertake their first practice placement.
9. There is no analysis of the implications of a change to the current system for international students. The UK healthcare higher education sector is internationally renowned and attractive to international students who often progress into NHS employment. These proposals could mean that the UK is out of sync with international admissions timetables and discourage international applicants.
10. Healthcare programmes are popular with students from non-traditional backgrounds, including those who do not apply via UCAS. Many universities also have multiple intakes of healthcare students per annum, including in both terms 2 and 3. These applicants and their needs must be considered and accommodated in any reformed admissions system.
11. 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.
12. 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 due to regulatory requirements.
13. 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. Removing personal statements from the application process may result in higher non-continuation rates. Grades and contextual data will continue to provide important information about applicants.
14. 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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