2.13 Deputy I. Gardiner of St. Helier North of the Minister for Education and Lifelong Learning regarding his decision not to extend the clinical component grant to students studying in key skill-shortage areas (OQ.249/2025):

Further to his response to Written Question 401/2025 and his decision not to extend the clinical component grant to students studying in a key skills shortage area such as paramedics, occupational, pharmacy, physiotherapy, will the Minister advise what assessment, if any, he has made of the impact this decision may have on Jersey's ability to train and retain home-grown professionals in those fields?

Deputy R.J. Ward of St. Helier Central (The Minister for Education and Lifelong Learning):

I thank the Deputy for her question. The original proposition to extend the clinical grant to more subjects did not include any evidence to show the named subjects are areas of skills shortage or that they are the most urgent skills gaps on the Island. As amended, I was required to review the scope of the clinical courses allowance for related subjects, including the ones mentioned in the question. The decision is not to rule out including other subjects in the future for an additional grant, but the review found that adding a few subjects without proper analysis will not solve the issue of extra costs. It also found a fixed grant would not necessarily give the right level of support because extra costs vary a lot between subjects.

2.13.1 Deputy I. Gardiner:

The Minister mentioned that the flat rate could lead to either under or over-funding for some students. But this is true almost for every element of our higher education grant system, including tuition and maintenance grant. Why then is this the only area where the concern has been used as the reason for inaction when it directly affects professionals that the Island urgently needs to train and retain?

Deputy R.J. Ward:

First of all, P.12 was a number of actions to be taken, I think on my second week in the role, that was passed on to me and had to be reviewed so that I could make the decisions appropriately. I think we are equating things that are not equitable in terms of paying student fees, paying maintenance grants, et cetera, with additional funding for clinical costs across a number of subjects. I would also say it is unclear on what basis the conclusions have been reached that the subjects listed represent key shortage skills. In 2024-25 there were 2,569 vacancies advertised across professional, scientific and technical activities, human health and social work activities; 2 of those were paramedic titles, for example. So we have looked at key skills and I have made the decision that we will, once we gather specific data, try and make specific payment to support as appropriate, as the Deputy suggests, and I agree with that, so we get the best skills on the Island and keep those skills here.

2.13.2 Deputy J. Renouf of St. Brelade:

Can I clarify from what the Minister has said and the example he just gave that he does not think that there are currently skills shortages in any of the listed items in this question?

Deputy R.J. Ward:

No. What I am saying is we do not have the clear data to be making a specific payment to specific areas. Skills Jersey has worked closely with the Economy team and spoken directly to industry and that has produced a whole range of specific skills shortages for the Island, which we are trying to address. So the other thing is around these types of areas, podiatry, et cetera, a reference is made to N.H.S. (National Health Service) payments that are made. They are very different than our students because we are not part of that N.H.S. payment. One of the things to look at in the future, and I would want to explore with the Minister for Health and Social Services and others, is whether there are specific health courses. The element of education that is paid for in Jersey ... so tuition fees and maintenance grants are paid for in Jersey, thus not putting our students into £50,000 or £60,000 worth of debt. Is there a

need for Health to support specific health needs as we move forward? I would be open to that but at the moment that is not the best way to spend a blanket amount of money.

2.13.3 Deputy J. Renouf:

In his answer, the Minister referred, I think, to consultation he had done with Skills Jersey and that they are to produce a list where there were skills shortages. Can he, therefore, confirm whether any of the ones listed in this question were on that list that came out of his consultation?

Deputy R.J. Ward:

No, I do not think they were, but let us not have a word of absolutes here. We want to support our health service as best as possible in funding the right type of education. If additional grants are needed to support people in those clinical areas, we are looking at the best way to support that. I think we need to move it away from the essential skills gap and look at the continuing professional development for this Island, particularly as we may in the end build a new hospital and have new facilities for our people to work in. So that would be important, putting money in the right place at the right time. Just because they are not recognised on a skills shortage list does not mean we do not do anything about it, but we have to do it ... and I have to say I have tried to do this throughout the response to P.12, to take a measured, considered approach and make the changes gradually over time in the appropriate areas, and I think that is what I have done.

2.13.4 Deputy L.M.C. Doublet of St. Saviour:

The Minister may have just alluded to this, but I wondered whether, where a subject is not on the list, is there scope for individuals to appeal directly to the Minister or for Ministerial discretion in this area where they can demonstrate that there is a shortage of key skills locally?

Deputy R.J. Ward:

Yes, and I say to the Deputy that is exactly the point. We have to look around our economy and around our skills, particularly in our service skills, as to whether there does arise a need and what we can do to support that.

[11:15]

I will remind the Assembly that we do pay tuition fees and maintenance here. That is a significant difference to training in the U.K., where you will end up £50,000, £60,000, £70,000 in debt before you even start your career. So we do have a good starting point. Clinical funding is paid to some areas already. If we can extend and use that limited pot of money - and we have to be realistic about what we are spending for the right areas - that would be great. I do think that if they are specific health things like in the N.H.S., it is the N.H.S. that pay that chunk of it and it is the education element in the U.K. - I do not know what they call it now - that offer the grants and loans. We will pay the education part and working together I think that is the best way forward to support what we need on the Island in those specific areas.

2.13.5 Deputy L.M.C. Doublet:

Does the Minister have any examples of any recent appeals, if he is able to give those? Where there are perhaps multiple appeals that are in the same area, is the policy able to flex to take into account any patterns that emerge that the Minister identifies?

Deputy R.J. Ward:

Yes, as the Deputy will know from her time, policy is always difficult to flex. There are not huge numbers of appeals that come forward in this area and we will try to look at them appropriately. However, I think whenever one bends the flex in the policy, one opens up ... I see the Constable of Grouville mouthing the words “can of worms” and I am quite coy, but he is right. But what we want to do, and with the way in which we allocate student finance now, it is a lot easier to track where people are. So we can be much more focused on where those areas might be needed. But as I say, we have to look specifically at what those skills are and what the needs are. Just one thing I would say, for example. A blanket payment does not work because it may well be that one person with a clinical requirement is

to travel 50 miles and do a certain number of things for a number of hours, which is very expensive. Others may be working and experienced within the hospital in which they are training, which is a lot easier and a lot cheaper. One blanket payment will not work, so we have to be very specific in what we do.

2.13.6 Deputy I. Gardiner:

Would the Minister agree that while a perfect formula may take time to develop, an interim allowance could still be introduced even on a modest or pilot basis, and if he discussed with the Minister for Health and Social Services potential co-funding or jointly designed clinical placement support scheme for those related professionals to avoid penalising students in these essential areas once their work of collecting evidence is continued?

Deputy R.J. Ward:

No, I do not agree that blanket payments would be the right thing to do in that way. I do not agree with the word "penalise" either. We are not penalising anybody. We are funding tuition fees. We are funding maintenance. There are clinical components paid for some things. However, I will be more than happy to speak to the Minister for Health and Social Services to look at if there are areas in which we can work together where there is a specific need on the Island, particularly when people are coming back to the Island with those skills. If we can support that, of course. But blanket payments simply do not work. They become, I think, a token gesture towards making things better and they do not solve the problem in the long term. We need to start solving problems in the long term.