



The Nurse Educator Workforce in Higher Education in England: Capacity, Challenges, and Trends

POLICY REPORT

Acknowledgements

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Executive summary

Nursing is a diverse profession encompassing a range of roles and specialties. While some nursing roles might be more visible to the public and policy makers, many nursing roles are less familiar. In this report we focus on one such role, that of nurse educators working in academic settings in England.¹

Nurse educators teach and train future nursing staff and develop the skills and expertise of existing nursing professionals. The nurse educator workforce is a key piece of the nursing workforce puzzle: the vehicle through which to ensure the quality of our nursing workforce, as well as a critical enabler for safe and effective care and evidence-based practice. But it has all too often been neglected or lacked visibility in wider workforce planning.

While the 2023 NHS Long Term Workforce Plan (LTWP) (NHSE, 2023) set targets to grow the number of nursing students in England, no equivalent targets were set to grow the number of nurse educators needed to support them. The Health Educator Strategy (HEE, 2023) acknowledged the vital role of health educator staff and set principles for growing the health educator workforce and capacity. But there is no action plan for addressing the specific recruitment and retention challenges affecting the nurse educator workforce and concerns have been raised about capacity (CoDH, 2023).

In May 2024, in the context of growing financial pressures on universities in England, we set out to better understand the capacity and composition of the academic nurse educator workforce and how it was being impacted by these pressures. Immediately, we were confronted with a lack of available data about this workforce. To address this evidence gap, between May 2024 and February 2025, we conducted a range of activities to gather evidence and insights on this workforce. This included Freedom of Information (FOI) requests to universities, member surveys and listening events.

Key findings:

- **The academic nurse educator workforce increased between 2013/14 – 2022/23, but workforce growth was uneven and inconsistent across regions.** E.g. Between 2013/14-2022/23 the workforce grew 62% in the East Midlands but in Yorkshire and the Humber it only increased by 9%, and in London it decreased by -4%.
- **Growth in the workforce between 2020 to 2023 appears to have been reactive to increases in student numbers rather than planned.** The peak of growth in educators happened in 2022 following a significant increase in students in 2021.
- **There are significant recruitment challenges.** Over half of the universities that responded to our FOI request reported having nurse educator post vacancies, and over half of these again had vacancies which had been open for 3 months or more.
- **Nearly half the nurse educator workforce is nearing retirement and there is a trend to a more junior educator workforce.** In 2013/14, 55% of the nurse educator workforce in universities were Senior Lecturers, but by 2022/23, that had dropped to 42%. Meanwhile, the proportion of Lecturers within the workforce grew from 19% in 2013/14 to 34% in 2022/23, with 21% of Lecturers aged 34 and under.

¹ We have focused on the educator workforce in academic settings in England due to the distinct characteristics of the nursing and wider higher education sector in England. This includes specific issues affecting the workforce in England at this time which are relevant for the conversations around the NHS Long Term Workforce Plan (this is due to be updated in summer 2025).

- **The nurse educator workforce is not representative of the wider workforce or students.** In 2022/23, 83% of nurse educators in academic settings were from White backgrounds, which contrasts with 39% of nurses and health visitors working in the NHS (NHS England, 2025) and 48% of nurses working in adult social care (Skills for Care, 2024) in England from minority ethnic backgrounds.
- **The financial pressures affecting universities is impacting on nursing courses and educators and exacerbating staffing challenges.** In response to our FOI, more than half of universities reported a decrease in the number of registered nurses employed in their nursing faculty and around 2 in 3 reported a decrease in the number of nurse educator posts (FTE) as well. 74% of educators who responded to our survey said recruitment freezes are currently occurring.
- **The ratio of nurse educators to students varies significantly between universities.** The average ratio of educator² to students for nursing undergraduate courses in England has fluctuated between 1:21 and 1:24 over the past 5 years, and there is significant variation in the ratios at different universities, ranging from 1:2 to 1:45. Worryingly, over half of respondents to our survey said their university is currently increasing the ratio of students per academic assessor.
- **Nurse educators are feeling overworked and unappreciated.** Almost 1 in 4 told us their workload is so overwhelming that it is affecting their personal life.

Throughout our engagement with nurse educators, a recurring theme was their commitment to their students and passion for shaping the current and future nursing workforce. As one educator said: *“I do it for the students first and foremost, they are my new patients, I care for them and if I can get it right for them [sic]”*. But we also heard that staff are *“on their knees”* and that the workforce is under significant strain and unable to do their best for their students.

Nursing education is already suffering with declining applicants and acceptances (RCN, 2025), with staff and faculties under pressure to increase the student intake whilst upholding standards. The evidence of increasing restructures, redundancies, recruitment freezes, and severance within the educator workforce is extremely concerning. A diminishing nurse educator workforce, and/or closure or reduction of nursing programmes or of whole universities will have significant consequences for current nursing students and the quality of their learning environment, experience and outcomes and the attrition rate of nursing students. Insufficient nurse educator staff will also threaten the supply of future nursing staff and ultimately provision by affecting the number of nursing students who can be accepted onto courses. Therefore, the funding crisis affecting universities cannot be viewed separately from the health and care workforce crisis.

If the Government is serious about building an NHS fit for the future, ensuring we have a sufficient nurse educator workforce must be a priority for wider nursing workforce planning. Targeted investment is needed to increase the number of educators across every region in England, and address recruitment and retention challenges. This will require joined up thinking from health and education at all levels. There must also be a focus on increasing the diversity of the workforce and ensuring that it is representative of the wider population, students and workforce.

² We are specifically referring to the role of the academic assessor – the registered nurse, midwife, or nursing associate who independently evaluates a nursing student’s progress and achievement of proficiencies and programme outcomes of nursing students in the academic setting for each part of their course (NMC, 2019).

Recommendations

Workforce:

- The Department of Health and Social Care (DHSC) and the Department for Education (DfE) should jointly produce a nurse educator workforce strategy and fully funded delivery plan to align with, and support, the updated NHS Long Term Workforce Plan due to be published in summer 2025. The plan should:
 - Set targets to grow the nurse educator workforce to the levels required to support an increase in nursing students and include succession planning for the large portion of the educator workforce due to retire.
 - Include actions to address key recruitment and retention issues within the nursing educator workforce, including increased support for professional and career development, as well as support for Higher Education Institutes (HEIs) to give pay parity for nurses who work in academic settings with the NHS.
 - Include actions to address the lack of diversity amongst nurse educator staff within recruitment plans and ensure that the workforce is representative of the wider population, students and workforce.
 - Commit to introducing regular monitoring and public reporting of nurse educator workforce data (including numbers of staff, demographics, regional and role breakdown).
 - Expand opportunities for joint appointments between HEIs and NHS providers.
- HEIs should be consistently engaged and represented in local/regional workforce planning (including at Integrated Care Board level) to support a full understanding of local workforce needs and ensure that the nurse educator workforce is being planned proactively in line with that of wider workforce supply and retention.
- HEIs should work with their clinical partners to develop programmes of work that enable clinical nurses to experience and contribute to nursing higher education programmes to encourage growth in the academic nurse education workforce.

Funding:

- The Government must recognise that nursing is a safety critical profession with severe workforce shortages being a significant risk to the public's health and safety. Considering this, it should immediately provide appropriate ringfenced financial subsidies to higher education and further education institutions to protect all nursing courses and ensure that they can continue to deliver and allocate sufficient funding to grow and sustain our nurse educator workforce.

Ratios:

- HEIs should ensure that there are enough appropriate nurse educator staff available to support high quality, safe and effective learning environments. As part of this, HEIs should publish up to date information on the ratio of students per academic assessor on their pre-registration nursing courses.

Career pathway:

- The DHSC should engage with partners (including the RCN and HEIs) to ensure there is a clear career pathway for nurse educators. This should include structures that facilitate and enable progression through a career framework to incentivise retention of current staff and recruitment of new recruits, as well as encourage movement between clinical and academic settings.

Raising concerns:

- Nurse educators who have concerns about the safety, quality or effectiveness of courses and faculties can and should raise concerns with their employers, or with the NMC via [If you have a concern about an education programme - The Nursing and Midwifery Council](#). The RCN is also available to provide support to members ([Get help and advice from the RCN | Royal College of Nursing](#)).

Next steps for the RCN

- The RCN will engage with a wide range of stakeholders, including nurse educators and nursing students, other professional bodies, and the NMC, to explore the future of nursing education and the solutions to issues highlighted in this report as well as other RCN reports, including [Fixing the Leaking Pipeline](#). This will include how to ensure that the regulatory environment and requirements for nursing education support the best possible learning outcomes for students and the nurse educator workforce.
- The RCN will seek to work with stakeholders to scope and explore the introduction of staff to student ratios for pre-registration nursing education.

Our approach

Between May 2024 and February 2025, we gathered evidence on the nurse educator workforce in England through several activities. For the full methodology see Appendix 1.

Our work included commissioning and analysing a bespoke dataset from the Higher Education Statistics Agency (HESA) to track the size and makeup of the nurse educator workforce. This data provided a snapshot of how the educator workforce has changed and highlighted significant variation in the workforce growth rates, as well as provided demographic data. However, at the time of commissioning, workforce data was only available up until the academic year 2022/23, so it did not provide insights into how the workforce has changed in more recent years. For this reason, we sought to capture evidence on the current situation via:

- Two member surveys which aimed to explore the impact of the financial pressures on higher education institutions, educator staff and courses.
- Two Freedom of Information (FOI) requests sent to universities offering pre-registration nursing degrees. These requested data on staffing levels, redundancies, severances and academic assessors.
- Four online listening events with nurse educators which asked about issues including workloads, career plans, key challenges and what changes are needed.

Nurse educators work in a range of roles in practice clinical settings (such as clinical or practice educators) and in academic settings in Higher Education Institutions (HEIs) and the further education (FE) sector. It is educators working in academic settings who are the focus of this report.

In academic settings, a nurse educator can be anyone involved in the delivery of a nursing course, including administrative, supportive, management and lecturing roles. They teach, mentor and support nursing students on pre-registration, postgraduate and/or Continuing Professional Development (CPD) nursing programmes.

Specific academic educator roles include lecturers, course leaders and researchers. The role of the academic assessor is responsible for collating and confirming the achievement of proficiencies and programme outcomes of nursing students in the academic setting for each part of their course (NMC, 2019). Academic assessors are essential for maintaining high standards in nursing education, as they provide an impartial view of the student's readiness to progress, based on evidence and collaboration (NMC, 2018). The academic assessor must also be a registered nurse, midwife, or nursing associate. As the key teaching roles with student responsibility and those most likely to be academic assessors, a key focus of our work has been lecturing staff, specifically Senior Lecturers³ and Lecturers⁴.

This report is an overview of the findings of this research. It is structured around the key themes and issues arising from the evidence we have gathered about the state of the academic nurse educator workforce in England.

³ This role is classified as Level J within the HESA data (HESA, 2023).

⁴ This role is classified as Level K within the HESA data (HESA, 2023).

Demographic profile of the educator workforce

Age

There is a significant number of experienced nurse educators due to retire with nearly half (47%) of the educator workforce aged 50–65 years (2,890 full person equivalent (FPE)⁵) as of 2022/23. In context of the wider nursing workforce, 17% of nurses and health visitors working in the NHS (NHS England, 2025) and 34% of nurses working in adult social care (Skills for Care, 2024) in England are aged 55 and over.

Between 2013/14 to 2022/23, the percentage of nurse educators aged 34 and under increased from 7% to 12%, from 315 FPE to 740 FPE (+420). The percentage of those aged 66 and over also rose from 1% to 3%, from 65 FPE to 195 FPE (+130).

Figure 1: Percentage breakdown of nurse educator age demographic 2013/14 and 2022/23

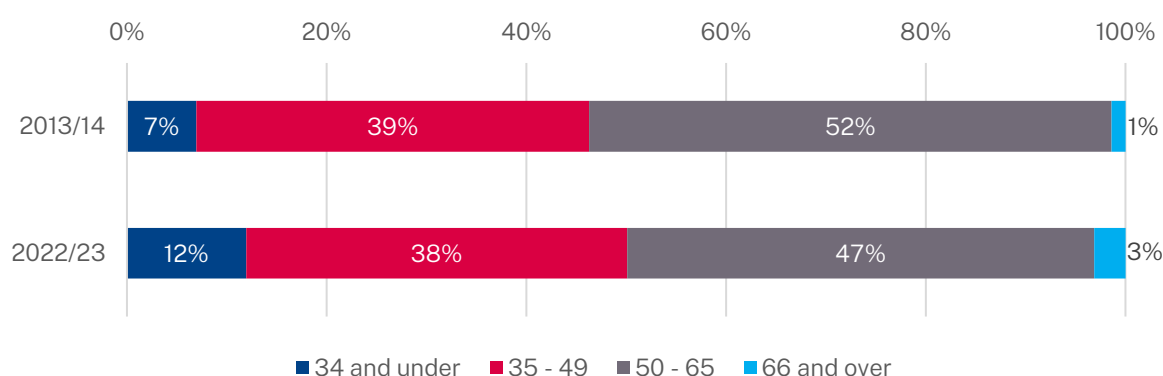


Figure 1 Source: HESA bespoke data

Gender

The gender breakdown of the nurse educator workforce remained mostly the same, with a significant majority recorded as female (79% in 2022/23). The percentage of educators who are female increased by 3% between 2013/14 and 2022/23, while the percentage of male educators decreased by 3% from 24% to 21%. In comparison, 88% of nurses and health visitors working in the NHS (NHS England, 2025) and 85% of nurses working in adult social care in England are female (Skills for Care, 2024).

⁵ Full Person Equivalent (FPE) looks at how much of the (whole) person's working time is engaged in a particular activity. FPE calculations are based on the activity taking place on 1 December of the reporting year. [Staff record 2020/21-FTE vs FPE | HESA](#). In the context of the HESA data provided, an FPE of 1 means that that person dedicates all their working time to nursing education activities. Please note, there may be instances where the total FPE does not equal the sum of the components due to counts being rounded to the nearest 5.

Ethnicity

In 2022/23 the majority (83%) of nurse educators in academic settings were White. Given that 39% of nurses and health visitors working in the NHS (NHS England, 2025) and 48% of nurses working in adult social care (Skills for Care, 2024) in England are from minority ethnic backgrounds, there is evidently a lack of ethnic diversity within the nurse educator workforce. However, there has been some change: between 2013/14 and 2022/23, the percentage of nurse educators from ethnic minority groups increased from 8% (Asian 3%, Black 3%, Mixed 1%, Other 1%) to 13% (Asian 5%, Black 6%, Mixed 2%, Other 1%).

Figure 2: Percentage breakdown of nurse educator ethnicity 2013/14 and 2022/23

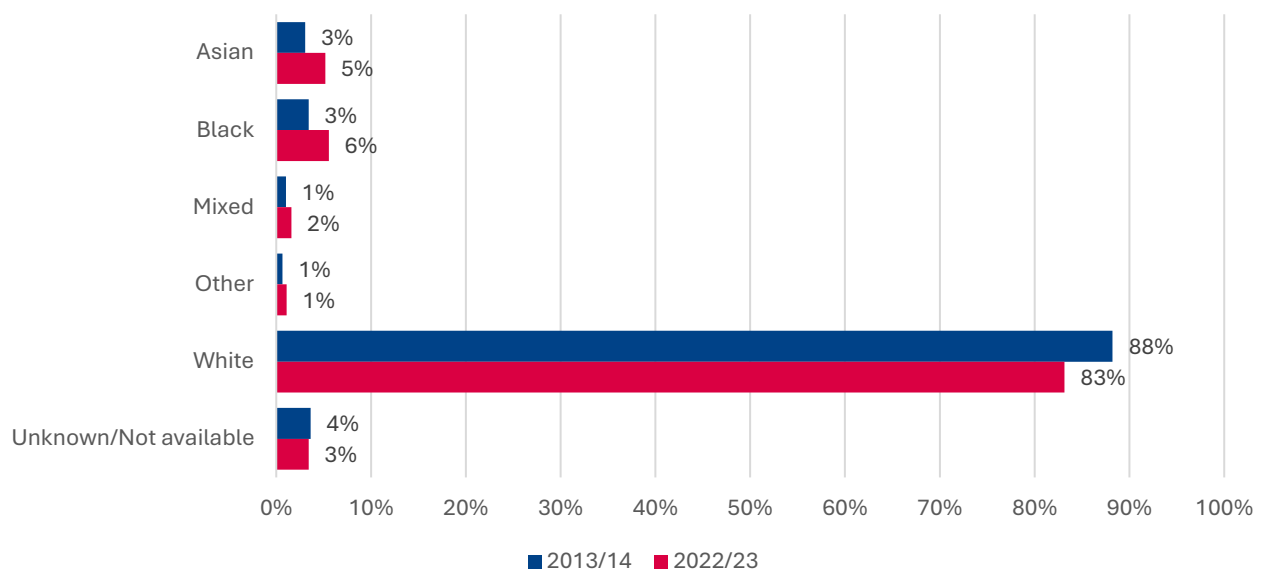


Figure 2 Source: HESA bespoke data

Trends in the workforce

Nurse educator workforce numbers

HESA data for the academic years from 2013/14 to 2022/23 shows that overall, the educator workforce in England grew 36% from 4,555 FPE positions in 2013/2014 to 6,180 in 2022/2023 – an increase of 1,625 educators. However, it is important to note that this figure includes all educator staff supporting a university nursing course, including staff in administrative and management roles who are not necessarily teaching or in roles providing direct support to students.

Figure 3: Educator workforce FPE from 2013/14 to 2022/23

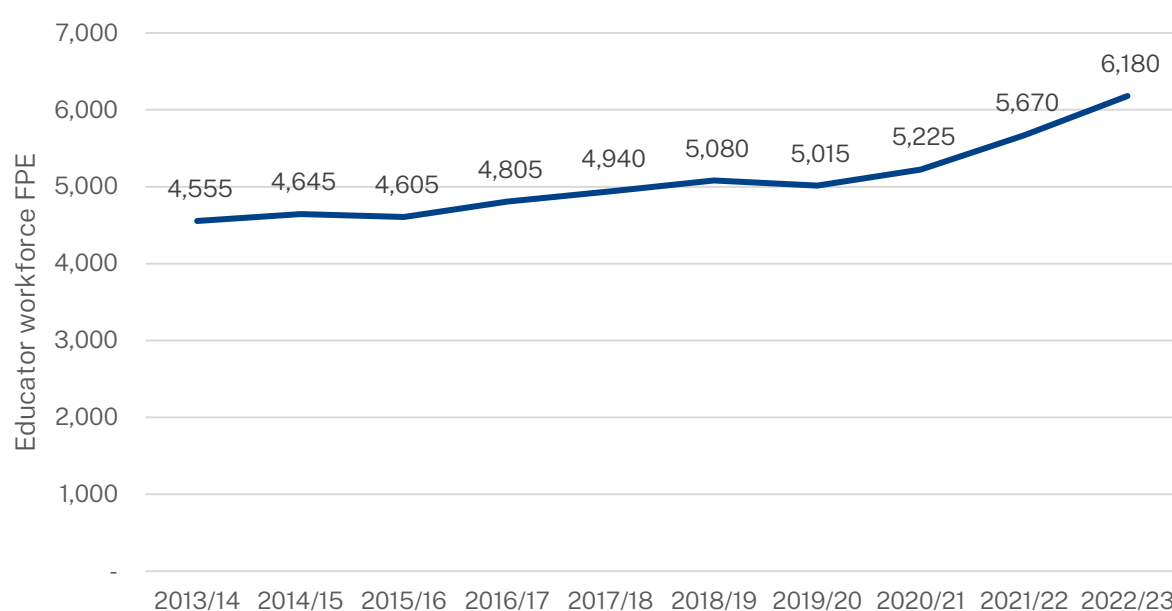


Figure 3 Source: HESA bespoke data

Furthermore, despite the overall trend for England being one of growth, across different regions of England growth in the academic nurse educator workforce was uneven. For example, the East Midlands had the largest increase, growing 62% (+220 FPE) between 2013/14 to 2022/23, while Yorkshire and the Humber only increased by 9% (+40 FPE) in this period. London was the only region where the overall workforce decreased (by -4%, -30 FPE) in the same period.

The biggest staffing increase took place between 2021/22 and 2022/23, when the workforce grew by 9% (+510 FPE). This coincides with the increase in student places in England in 2020 and 2021 during the COVID-19 pandemic, when interest in studying nursing increased significantly (RCN, 2025). During the same period, 23,240 students were accepted on to pre-registration nursing courses (UCAS, 2024). However, nearly half the growth in the educator workforce came from just two regions: the North West and the North East. Growth also does not tell the whole story: for example, in the North West, despite showing an increase in the number of nurse educators overall between 2021/22

and 2022/23, this growth did not necessarily align with the increasing volume of nursing students in that region. In fact, the ratio of nurse educators to students in the North West was on average 1:26 in 2022/23, but one university in the region had a staff to student ratio of 1:45 during the same period.

In response to our FOI of universities in 2024, the overall trend is that the nurse educator workforce has increased. However, there has been significant variation in the level of growth across regions and universities. At the individual university level, a quarter (14 out of 56) said that their nurse educator workforce had remained the same across the 5-year period from 2020/21 to 2024/25. 9% (5 out of 56) said that there had been a decrease in their nurse educator FTE workforce and that they had lost nurse educator posts due to redundancy over the last 5 years.

We would not expect growth to be the same across the board and there will be different contexts and requirements in different areas - for example, there could be changes to the number of universities offering nursing courses within a particular area, or a change in the number of places each university has available, which affect the number of educators required. However, we are concerned that the significant variation in the rate of growth in the educator workforce over the last five years could indicate variation in the quality and availability of support and teaching available for nursing students across different universities and regions of England. In the context of growth in the numbers of nursing students and the ambition to significantly increase the numbers of nursing students in the future (NHS England, 2023), this patchy and uneven growth in the number of educators is concerning. It is also concerning in the absence of a clear plan or strategy for the nurse educator workforce, no agreed consistent safe ratios for nursing educators per students to inform effective workforce planning, and in the absence of publicly available data on nursing courses and the educator workforce.

Lecturer staff

In 2022/23 there were 4,705 FPE lecturing staff in post in higher education settings for nursing, which accounted for 76% of the overall nurse educator workforce. HESA data shows that there was significant growth overall between 2020/21 and 2022/23 in nurse lecturer roles and the numbers in these roles has increased on average each year since 2020/21 by 9%, equivalent to an additional 390 FPE roles each year. This is in the context of a significant increase in nursing students in 2021 (during the COVID-19 pandemic) (UCAS, 2024). If the lecturing staff numbers continued to grow at this pace, this would mean more staff in these critical roles to provide support and teaching for the rising number of nursing students needed to meet the ambitions of the NHS Long Term Workforce Plan (2023).

However, prior to 2020, lecturing staff numbers had only grown by an average of 2% each year, equivalent to 80 FPE roles each year. If the growth of the lecturer part of the workforce returns to pre-pandemic levels, there is risk that the number of educators working directly with students will be insufficient to support the growth in nursing students needed (NHS England, 2023).

More interestingly, the demographic of lecturing staff over the years reflects a trend towards a more junior educator workforce and could indicate that there are more limited opportunities for Senior Lecturer roles. In 2013/14, 55% of the nurse educator workforce in universities were Senior Lecturers, by 2022/23, that had dropped to 42%. Meanwhile,

the proportion of Lecturers within the overall nurse educator workforce grew from 19% in 2013/14 to 34% in 2022/23, with 21% of Lecturers being aged 34 and under.

Financial pressures on universities

In May 2024, we surveyed our members working in education settings to find out about the impact of financial pressures facing universities on nursing courses. Out of the 545 responses we received from members in England, two thirds (66%) told us that their employer was currently undergoing a process to reduce academic staff, with six in ten (61%) saying that they were directly affected by redundancy, staffing restructures or a recruitment freeze.

These issues were echoed in the discussions at our listening events with nurse educators. We asked participants how nursing courses are being impacted by the financial difficulties facing universities and there were many examples given of changes to staffing within faculties. These ranged from voluntary severance schemes, recruitment freezes, restructures and in some cases redundancies. There were some individual examples of significant staff reductions underway, for example one participant said they had 100 staff in the nursing department at their university at risk of cuts and described the experience as *“extremely stressful and a real struggle.”*

Many participants in our listening events talked about changes to employment contracts. These changes included more people being moved to fixed-term contracts, reductions in the number of contracted hours, recruitment freezes, voluntary severance schemes, and in some cases, courses being cut altogether. This was particularly noted in relation to postgraduate and {CPD} courses, which some participants said were more vulnerable to cuts. We also heard about universities introducing different role names and terms and conditions, so staff are either employed or re-employed on less hours or lower grades with less stability in their new role. Some spoke of staff losses and of the funding issues leading to limited promotion opportunities for staff to progress. As one participant said:

“I’ve put my own education on the back burner. I hear and see the desperation from colleagues across the country where nurse educators are on their knees.”

Some also gave examples of staff losses and cuts in wider teams which were impacting on nursing courses, particularly reductions in administrative services. The impact when staff leave or reduced their working hours was significant, and one participant spoke about the significant barriers to replacing them:

“...we haven’t had any redundancies or anything like that, but when staff have left or reduce their hours then we have to go through hoop after hoop after hoop to justify a replacement and that takes time. It takes a lot of resource to do as well and often you know we put a justification in and it comes back, you have to revise it, you have to demonstrate you need that member of staff. And so it goes on [sic]”

Another participant said:

“We’ve gone through chaos, and we are still going through chaos, for the last five years. This year had compulsory redundancies - we’ve gone down from a team of 45 to a team of 14 and

that's just to teach adult nursing. We have 800 students across 6 cohorts, went from 39 senior lecturers and 11 grade 7 lecturers to 8 senior lecturers and 6 G7s and they made 10 'university practitioners' on 0.8 contracts. I have more students on a part time contract than I did on a full-time contract, and because I am now a university practitioner, I am now unable to continue my PhD even though I have completed 4 out of 5 years of my PhD. Just about to lose 2 more staff who have resigned. Workload is atrocious."

Alarmingly, the situation appears to be worsening. When we asked about this issue in our second FOI of universities in February 2025, worryingly more than half (57%, 27 out of 47) reported that a decrease in the number of registered nurses employed in their nursing faculty since August 2024 (when we had sent out our first FOI request). Around 2 in 3 (65%, 31 out of 48) reported that they had a decrease in the number of nurse educator posts (FTE) between August 2024 and February 2025.

Furthermore, when we re-ran our survey of members working in higher education in February 2025, nearly three-quarters (70%) of respondents (an increase of 4% from May 2024) said that their employer is currently undergoing a process to reduce academic staff costs. And of those, 77% said that this was happening within the nursing department.

Responses to our survey indicate that nursing departments are responding to these pressures in several ways:

- 74% said recruitment freezes are currently occurring.
- 55% said they are currently increasing the ratio of students per academic assessor.
- 54% said staffing restructures within nursing programmes are currently occurring.
- 49% said they are currently reducing advertising senior roles.
- 25% said that voluntary severance as well as voluntary redundancy are currently occurring and 12% stated that compulsory redundancy is currently occurring.
- 18% said they are currently reducing the number of academic intakes over the year.
- 16% said they are currently relying on non-nursing lecturers to teach nursing subjects.

Notably, the percentage of respondents raising these issues increased since the first survey in May 2024.

In terms of how this is impacting individual educators, 78% of respondents told us that they are currently affected by recruitment freezes, and 69% said they are affected by staffing restructuring within nursing programmes. A further 65% said they are affected by moves to increase the ratio of students per academic assessor. This highlights a continued deterioration and instability within, and for, the nurse educator workforce and for nursing courses.

We were also concerned about the availability of nursing courses. In our 2025 survey, 27% of respondents said undergraduate pre-registration nursing courses have been cut (closed) or are at risk of being cut. Nearly a third (31%) of respondents said postgraduate nursing courses have been cut (closed) or are at risk of being cut. Responses to our survey have shown that some universities are reducing the number of nursing student intakes over the year, reducing nurse educator staff/posts, and/or increasing the ratio of students per educator. Combined, these trends pose a significant risk to the quality and

availability of nursing education and could negatively impact on the experience and quality of study for nursing students. As we highlighted in [‘Fixing the Leaking Pipeline’](#), nursing students have reported greater satisfaction with access to resources and learning materials than with their touchpoints with academic staff. Only 46% of students told us that they were satisfied with the quality of their teaching, compared to 32% who were dissatisfied (RCN, 2025).

In response to our FOI of universities in February 2025, nearly half (48%, 29 out of 60) of the universities reported that they have offered voluntary severance for nurse educators over the last five years. Most of the universities have offered voluntary severance to less than five posts over the last five years, but one had offered voluntary severance to 60 nurse educators during the last two academic years. The responses also showed that severance and redundancies have increased over the past two academic years.

Figure 4: Total number of declared redundancies and severances offered by employers (universities) to nurse educators by academic year

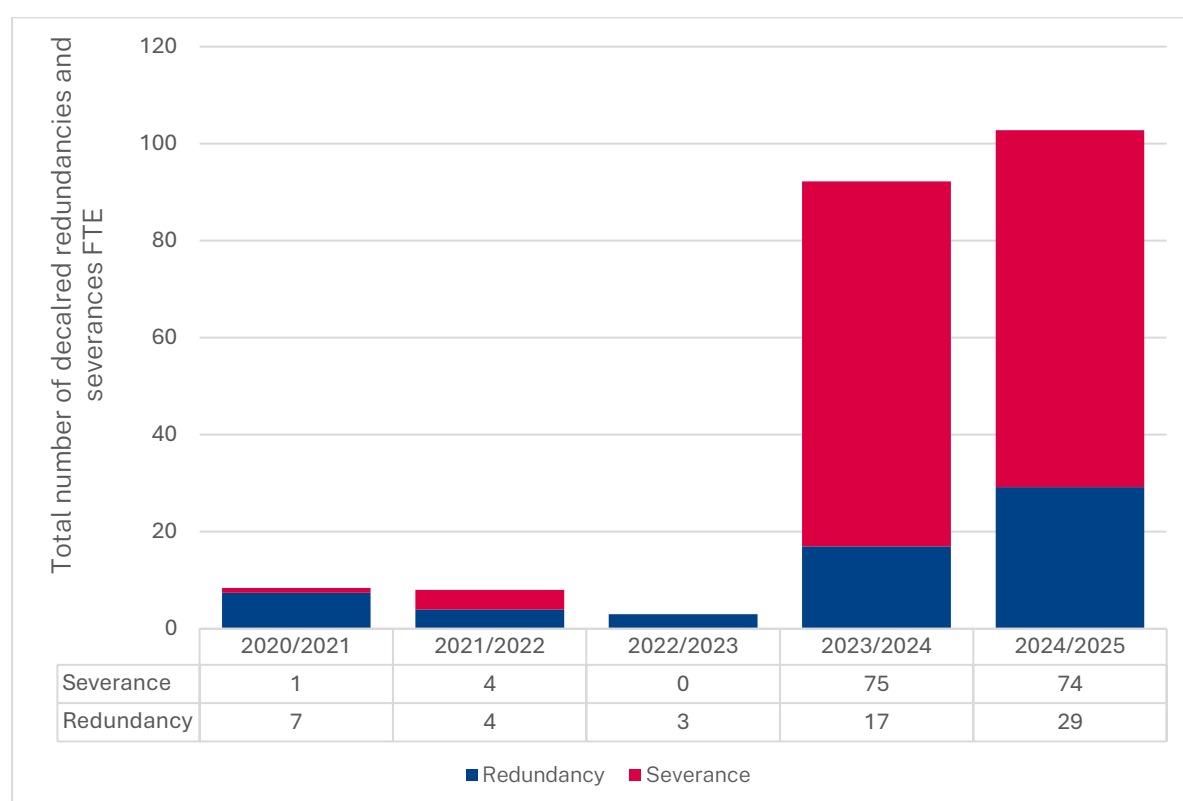


Figure 4 Source: RCN FOI responses

Qualifications and experience

As we have shown, HESA data highlights trends towards a more junior lecturing workforce over the years and a decreasing proportion of Senior Lecturer roles within the workforce. Qualitative responses to our survey of educators also highlighted how restructures within nursing education departments often affect senior members of staff

more, with these staff accepting severance or early retirement. Some highlighted how this leads to a loss of organisational memory and expertise. Overall, a more junior workforce, coupled with a lack of mentors and support because of a loss of more experienced staff has a negative impact and leaves junior staff feeling unsupported. It also impacts on the student experience. Other responses highlighted that restructures and redundancies are also affecting staff morale and increasing the workload of existing staff – educators are leaving but their roles are not being replaced.

“We need to ensure a pipeline of future nurse educators to replace the aging workforce. Employers do not see the value of nurse educators.”

This was echoed in the listening events, where there was discussion about the loss of expertise and experience from staff leaving their posts, which has led to isolation and a lack of support and mentoring for those remaining in post.

HESA data also shows that the number of educators aged 34 and under has been increasing. However, fewer nurse educators who enter academic roles early in their careers hold doctorate degrees, instead opting for teaching post-graduate qualifications or first degrees. This trend could lead to a less academically qualified nurse educator workforce in the long term unless there are more opportunities for continued professional development, research and career development. A more junior workforce could also mean that educators have less clinical and other experience which can also impact on the level of expertise within the workforce. This could detrimentally impact on the quality of the education and learning experience for students.

It is to be welcomed when people join the educator workforce at all levels including earlier in their careers. However, without opportunities for career development and progression, and in the context of a large portion of the workforce who are nearing retirement, there is the risk of knowledge, expertise and experience being lost from the workforce. This could be further exacerbated by staff being lost to severance, redundancy and other cost cutting measures. Furthermore, loss of experienced and senior staff will reduce the opportunities for mentoring and supporting newer recruits, which is key to retention. During our listening events, we also heard from some that recently recruited academic staff are leaving their academic institutions to return to clinical roles due to excessive workloads and lack of progression. It is important that workforce planning addresses all issues affecting retention of staff at all levels, including opportunities for career progression, CPD and workload and morale.

Related to this, HESA data shows that research capacity within the educator workforce has decreased between 2013/14 to 2022/23, during which the number of nurse educators with a research focus in their contracts decreased, while teaching-only contracts increased. In 2022/23, 42% of nurse educators were contracted for teaching only, up from 31% in 2013/14. Over half (54%) were contracted for both teaching and research, but this has decreased by 8% since 2013/14. In 2022/23, only 4% of the workforce was contracted for research only, a decrease from 7% in 2013/14.

It is important to view these issues together – as the evidence has shown, educator posts are becoming more teaching focused and there are simultaneously more junior staff with less experience and academic qualifications entering the workforce. At the same time, there are fewer opportunities for nurse educators to develop research skills and interests and develop their academic qualifications due to workload pressures. During the

listening events with nurse educators, we also heard that educators are struggling to meet the expectations placed on them by their institutions. This includes that nurse educators contribute to the research excellence framework as well as publish research, however many are having to complete this in their own time or not at all due to workload pressures. This will inevitably impact on the extent to which the nursing curricula is informed by research and innovation, which in turn impacts the amount of funding and investment that nursing research is able to attract. It also undermines nursing as a graduate profession and has implications for students and the future of the profession.

Recruitment challenges

When we spoke to nurse educators over four listening events in September and December 2024, we asked about the workforce issues that they face. An overarching theme in the discussions was when staff left their roles (for any reason), there are challenges in trying to recruit to fill their vacant posts. As one participant stated:

“Recruitment of staff has been one of the biggest challenges that I have had over the last couple of years. And I think for every time, with the exception of the post that I’ve just appointed to now, I have had to go out to advert three or four times.”

There was some concern expressed as to how to attract people into the nursing educator roles, as one participant stated:

“My biggest concern as we move forward in all of this is our future education workforce and how we attract them, how we maintain that in a very destabilising environment.”

The challenges with recruiting to vacant educator posts was highlighted by responses to our FOI of universities in February 2025, with over half (52%, 33 out of 63) of the universities that responded reporting having nurse educator post vacancies. Of those universities with vacancies, over half of these again (55%, 18 out of 33) have vacancies which have been advertised (open) for 3 months or more. In total, 21 universities declared having vacant posts in both August 2024 (when we sent our first FOI request) and February 2025 (when we sent our second request). Out of these, eight had vacant posts for three or more months on both occasions.

Multiple issues could be impacting on recruitment. However, a specific issue that was raised several times by participants during our listening events was related to pay for educator staff, particularly lecturing staff. Many educators said that pay is not competitive with NHS pay scales and does not recognise and reward expertise and experience. The inability of universities to match NHS pay scales and NHS pay rises means that individuals would have to take a pay cut if they were to move from an NHS role to a lecturer role. This could put people off and even be a factor in people leaving their jobs as educators. This could particularly affect more senior staff who are on higher NHS Agenda for Change pay bands and who would not necessarily want to take a pay cut to move into teaching, which in turn could impact on the level of expertise and experience in the nurse educator workforce.⁶

Another indication of the importance of pay as an issue affecting educators was that when participants in the listening events were asked to rank five issues which they

⁶ The RCN does not negotiate on pay for members working in universities.

believed to have the greatest impact on delivering nursing courses as an educator, 'adequate pay and benefits' was ranked second in terms of having the highest impact (workload and burnout was ranked first).

Staffing levels

The ratio of students to staff in universities is used as a key indicator in the ranking and quality of universities in the UK, and in general, a lower number of students per educator is regarded as a positive indicator in the overall ranking of a university (Complete University Guide, 2025). There is no mandatory formula for calculating this ratio but HESA - which is the source of data for some of the university rankings - calculates the Student: Staff Ratio (SSR) using the student and staff full-time equivalent (FTE) (HESA, 2020).

Student to staff ratios vary across different universities (The Guardian, 2024) and over recent years there have been reports of reductions in university staff leading to increasing ratios of students per staff at some universities (FE News, 2023). Universities also use different measures of whether ratios include/account for professional services staff and support services as well as academic staff.

Ratios were introduced in 1993 by the English National Board for Nursing and Midwifery as a criteria for education programme approval, with a mandated staff to student ratio of 1:10 for midwifery lecturers to midwifery students, 1:12 for nursing and 1:15 for health visiting (Kings College London, 2007). However, when the NMC took responsibility for regulating the approval of nursing training programmes in 2002, it did not include the ratio in its standards (Kings College London, 2007).

The NMC Standards Framework for Nursing and Midwifery Education Standard 4.1 states that 'Theory and practice learning and assessment are facilitated effectively and objectively by appropriately qualified and experienced professionals with necessary expertise for their educational and assessor roles' (NMC, 2023). However, there is currently no specific recommended or mandatory ratio of educators to students for nursing education, or for midwifery, as was highlighted by the Royal College of Midwives (RCM) in their State of Midwifery Education report (2023). This contrasts with some other health care professions. For example, the Chartered Society of Physiotherapy (2024) has recommended a staff to student ratio of 1:15 for physiotherapy (with particular focus on practical classes); the British Psychological Society (2019) has recommended that undergraduate and conversion programmes for psychology must operate a minimum staff to student ratio of 1:20; and the Royal College of Occupational Therapists (2019) has recommended that "Programme documentation related to staffing demonstrates the educator-to-learner ratio is one full-time equivalent educator for every 15–20 full-time equivalent learners." The RCM has called for an academic assessor to student ratio (AA:S) of no greater than 1:19 midwifery educators to students (2023).

During our listening events with educators, it was evident that there is variation in the ratios of students to nurse educators at different universities. For example, in our event with senior nurse educators, when asked for reflections on current ratios of teaching staff to students, some said that their universities were holding to recommended general ratios which were applicable to all courses. One speaker referenced a ratio of 1:20, another said theirs was 1:18. However, during another listening event, one participant said their current ratio was 1:75. This variation highlights the particularly acute challenges

affecting some universities and could also have implications for the quality of teaching and the experience of students, as well as the workload of educators.

The responses to our recent 2025 survey of nurse educators echoed these themes. When asked how many students they are responsible for as an academic assessor, one third (33%) of respondents answered that they are responsible for 80 or more students. Responses also showed that the staff to student ratios in nursing courses are being impacted by the current financial and staffing pressures affecting universities. Of the respondents who reported that their nursing department/faculty is currently undergoing a process to reduce academic staff costs, 65% said that the impact included increasing the ratio of students per academic assessor.

We also explored the topic of ratios in our recent FOI of universities in February 2025. Of the 51 universities that responded with their ratio of academic assessors to students for the last 5 academic years, we calculated that the average over that period was 1:22. However, there was significant variation between regions and individual universities, ranging from as low as 1:2 to as high as 1:45. The average ratio has also fluctuated over the past 5 years -for the 2024/25 academic year universities had an average academic assessor to student ratio of 1:21, but in 2023/24, 2022/23 and 2020/21 it was 1:23, and in 2021/22 it was 1:24.

Figure 5: The average number of students per academic assessor and distribution of the data (minimum and maximum)⁷

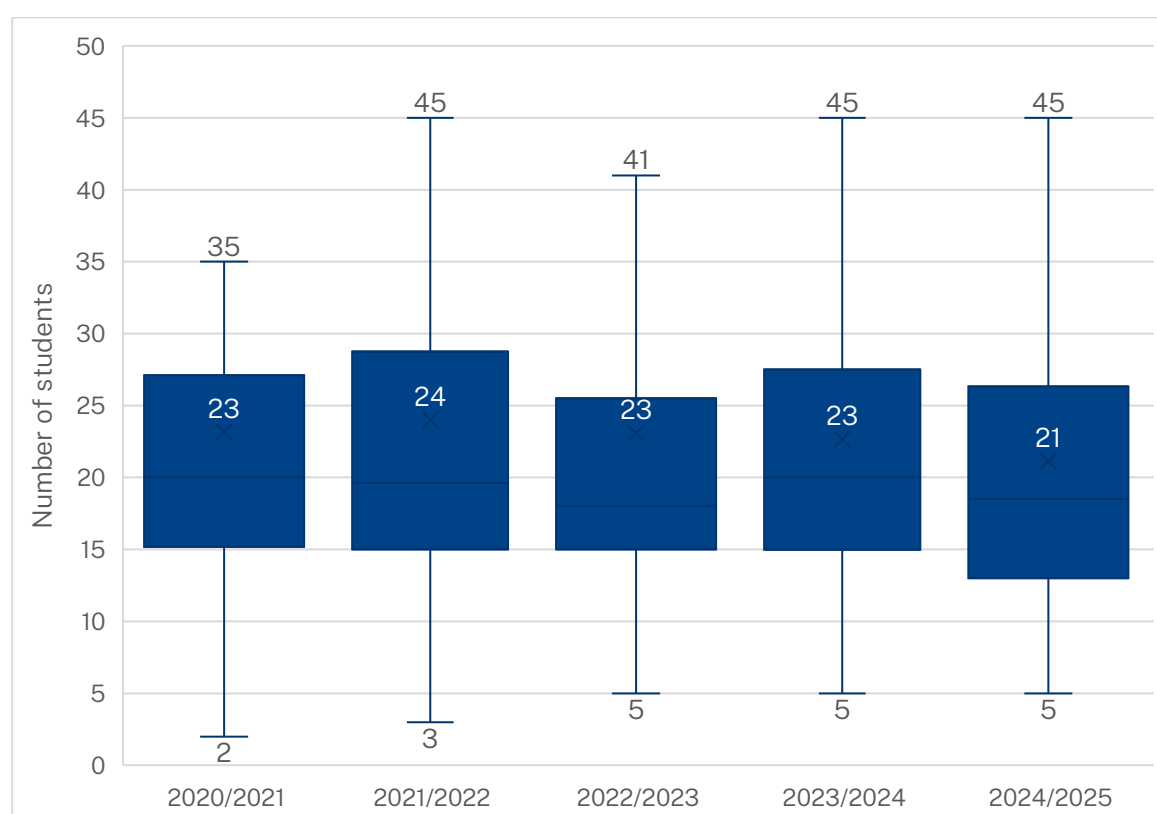


Figure 5 Source: RCN FOI responses

⁷ Outlier figures have been removed from the visual

In response to our FOI of universities, around 3 in 5 (62%, 38 out of 61) universities stated that they do not have a recommended university staff to student ratio. Around 1 in 10 (10%, 6 out of 61) universities said that they did have a recommended university staff to student ratio, but that in nursing their average academic assessor to student ratio is higher than the university's recommended ratio. The introduction of the academic assessor role was intended to make the oversight of the progression of learners and achievement of each part of the programme more robust (NMC, 2019). However, this is not feasible in cases where staff are being expected to manage large numbers of students, greater than existing ratios in some areas.

Given the importance attributed to the ratio of staff to students as a measure of the quality and ranking of a university and/or course, the variation and inconsistency in the ratios of academic assessors to nursing students across different universities in England is concerning. It is also concerning that there is no standard or consistent methodology for determining or monitoring ratios in nursing courses and has significant implications for quality and access. Considering educators reported workload pressures as well as increasing staffing reconfigurations and reductions occurring across universities, the RCN is concerned about the impact on nurse educators, nursing courses and nursing students in the context of the nursing workforce supply crisis (RCN, 2025).

Support for ratios for nursing courses in universities

During our listening events, we asked educators to rank six changes they would like to see implemented to address the challenges within the nursing education sector, such as increased funding for nursing educational programs and increased numbers of educators. The highest ranked change was the introduction of/improved staffing ratios for educators to students.⁸ As one participant stated:

"I think it'd be really useful if the NMC stipulated a safe staff to student ratio for different activities that we perform."

The responses to our recent educator survey in February 2025 also showed support for the introduction of specific ratios for nursing education: four out of five (81%) respondents said that in their professional opinion they feel that recommended academic assessor to student ratios are needed for nursing courses in their institution.

"I feel that having a set number of students per academic assessor provides students with a higher quality relationship with their academic assessor. Likewise for the assessor knowing each of their students better and building that professional relationship."

"I feel that nursing should have the same ratio in classroom as physio [sic] as this ensures that they have the staff."

"An Academic Assessor to student [ratio] would safeguard the quality assurance of nursing education. We would have the flexibility to respond to and engage with practice partners more frequently and provide additional student support where needed."

In terms of a specific ratio, when we asked educators what they feel the ideal number of students per academic assessor should be, around 2 in 3 (68%) supported a ratio of 24

⁸ Based on total of 107 respondents to the poll from the three first events

and below students per academic assessor: 23% said between 20 and 24 students per academic assessor, 18% said between 15 and 19 per academic assessor, 20% said between 10 and 14 per academic assessor and 7% said 9 and below per academic assessor.

Specific recommended ratios for nursing courses and specific nursing education activities could support workforce planning and help to provide more consistency in quality across all courses and institutions. A more consistent approach to determining and monitoring ratios of nurse educators to students is certainly needed, including agreement about which role would be used and how. It is the RCN's view that the most relevant role to consider primarily would be that of the academic assessor, which was introduced by the NMC in 2018 in their standards for student supervision and assessment.

The role of the academic assessor is to be responsible for collating and confirming “the student's achievement of proficiencies and programme outcomes in the academic environment for each part of the programme.” (NMC, 2019). Notably, the academic assessor must be a Registered Nurse, Registered Midwife or Registered Nursing Associate. This specific role was also highlighted by the RCM in their State of Midwifery Education report (2023) which called for an academic assessor to student ratio (AA:S) of no greater than 1:19 midwifery educators to students.

To support a consistent level of quality in learning environments and support for nursing students and to address the workload issues affecting nurse educators, there must be an adequate number of appropriately qualified and experienced staff in place to deliver effective nursing programmes. This should be determined by a consistent, evidence-informed methodology that prioritises safety and quality. HEIs should be transparent in reporting their ratios for students per academic assessor in their institutions.

The RCN will seek to work with stakeholders to explore the introduction of a consistent approach/methodology for determining staff to student ratios and related guidance around recommended minimum and maximum educator to student ratios for pre-registration nursing courses, and in turn other nursing courses in universities.

Morale and workload

During our listening events with educators, participants raised concerns about the workload of educators. Some reported working long hours to try to keep up and feeling stressed. Some also flagged that they were unable to meet the academic requirements of their role due to the nature of nursing courses and that the level of support needed for nursing students, including over the summer period, reduced their time and capacity to undertake the research requirements of their roles. Many also discussed the issue of regulation – the multiple demands of different regulators on nursing courses and how this puts pressure on educator staff. This included the NMC, the Office for Students, Ofsted and even the RCN.

Additionally, many highlighted that the efforts by universities and the pressure on teams to increase the nursing student intake is increasing the burden on educators, as many nursing students are requiring a greater level of support. For instance, some talked about examples where entry thresholds had been lowered to increase intake and/or students

who had language barriers. There was discussion about the current student cohort, including a lot more vulnerable students – this included their experiences in COVID-19 and disruption to their education and wellbeing, and more with additional needs that require adjustments and language barriers. There were some who voiced concern that the universities and/or NHS trusts are not keeping pace with the adjustments required. All in all, there was an overriding sense that workloads were increasing and that many educator staff are feeling demoralised and undervalued.

In the discussion about the impacts of staffing reductions and restructures because of financial pressures, there was a general theme that fewer educator staff were being expected to cover more workload and more students, particularly when staff had left and not been replaced, and/or there were recruitment freezes. We heard examples of nurse educators often having roles across multiple programmes as well as student support, both academic and pastoral, as well as the academic assessor role.

“I don’t have an agreed workload so last-minute modules and work is dumped on the team. I had a complete mental breakdown last winter, had breakdown – 70-80 hours a week working, so many left in team, three doing work of eight/nine people, no acknowledgement of workload, told off for going on annual leave for my birthday, felt bad for going off sick because I was so burnt out and no one would have covered me.”

“The nature of nursing progress doesn’t fall inside standard education programmes. We’re there during the holiday assessing and marking work. There’s a lack of understanding from senior executives inside universities – they don’t understand the intensity of the programmes. In order to progress in terms of drawing research funding, gaining prestige within the university system, you end up working 60 hours a week. The second you drift away from your area of professional expertise there is a lack of understanding”

Of the 132 responses to an online poll undertaken during the listening events⁹ about what their workload as a nurse educator looks like, around 1 in 3 (34%) said their workload is tough to manage and feels overwhelming and almost 1 in 4 (23%) said their workload is so overwhelming that it is affecting their personal life. Only 1 in 20 (5%) said their workload is balanced and does not interfere with their personal life.

In response to a poll asking participants to rank five issues which they believed to have the greatest impact on delivering nursing courses as an educator, workload and burnout was identified as the issue which is having the highest impact on the respondents.

“Morale is low, increased workload because not filling posts, more faculty are sick”

During our listening events with nurse educators, there was discussion about the complexities of teaching university nursing courses. Examples given included the longer study time for nursing students over the summer, which is different to other courses, as well as the practice-based learning requirements of nursing courses which require liaison and collaboration with local placement providers. There were many who felt that the specific unique elements of nursing (and other healthcare courses) are often not understood by wider universities and staff, and therefore not reflected in workload allocation tools. This was seen as contributing to some educators not feeling valued by their employers.

⁹ The online polls referred to were only undertaken in the first three listening events in September 2024, not in the final event in December 2024

“There is that also additional thing that I think as healthcare programmes that we struggle with, which is that you know, we are slightly different to other programmes within the university. So the one size doesn’t fit all.”

Also, during our listening events with nurse educators, participants discussed the impact of workforce pressures (including of people leaving, posts being cut, and vacant posts) on the workforce, their workloads, and nursing students. Some highlighted the pressure that faculties and universities are under to increase nursing student numbers but having fewer staff to teach and support them which impacts on workload and morale. One participant also described how these pressures limit the capacity of staff to generate and deliver expected levels of innovation and progress, for example:

“The establishment wanting to increase student numbers against the backdrop of a decreased workforce. And you know, wanting movement and ideas and innovation when actually we are literally, you know, managing what we’ve got at this moment. So there is this tension; we need to grow, but we’ve actually just lost staff.”

Responses to our survey of educators in February 2025 highlighted the significant impacts that reductions in staffing would have on nursing programmes, both on themselves as well as students. Significantly, the percentage of respondents raising the above impacts had increased since we surveyed in May 2024.

Figure 6: Percentage of respondents who answered ‘Highly negative’ or ‘Somewhat negative’ when asked how nursing programmes would be impacted by reducing staff costs in 2024 and 2025.

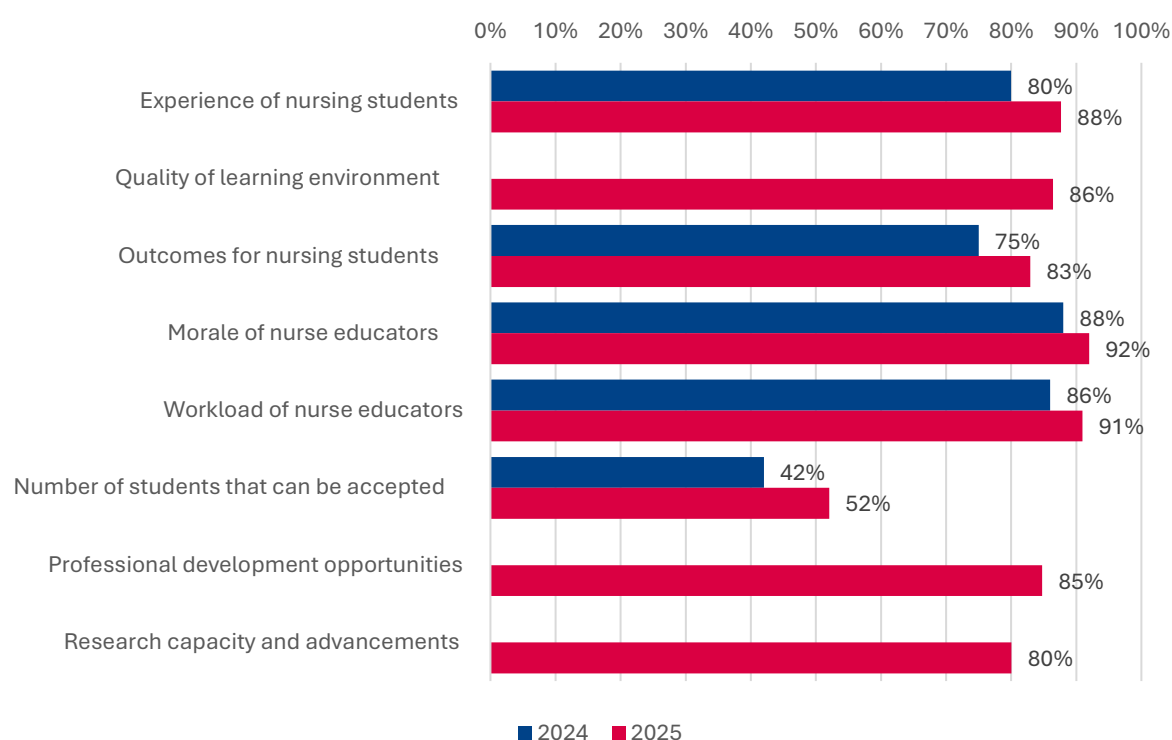


Figure 6 Source: RCN member surveys of nurse educators (2024 and 2025)

When we asked what impact reducing staff costs would have on their career:

- 28% said they would pursue a role in education elsewhere.
- 26% said they would leave the nursing education profession.
- 22% said it would have no change on their career.
- 21% said they would take early retirement.
- 19% said they would go into a clinical role.

This echoes the results of an online poll we carried out of participants during our listening events with nurse educators, to which only 23% said they planned to stay in their current role long term. While 27% said they were either considering leaving their current role in the next year or actively looking for a new job, and 37% said they were staying in their role but open to other opportunities.

Insufficient nurse educator staff could impact workforce supply and provision by affecting the number of nursing students who can be accepted onto courses, the attrition rate of nursing students and the quality of their experiences and learning outcomes. In the context of national workforce shortages and acknowledgement that increases in student nurse numbers are required across England, we would expect to see a steady rate of growth in nurse educators across all regions. However, the instability and unsustainability of the supply of nursing students is a significant risk for the higher education sector and reduces the ability to plan effectively for the long term. Ensuring a sustainable and sufficient supply of nursing students and a sustainable and sufficient nurse educator workforce must therefore be planned and delivered together.

Appendix 1: Methodology

RCN Freedom of Information requests (2024 and 2025)

The RCN sent Freedom of Information (FOI) requests to all universities in England offering nursing degree courses in August 2024 and again in February 2025. These aimed to generate evidence including current staffing figures, redundancies and severances within nursing departments and data about Academic Assessors. A total of 73 FOI requests were sent out to all eligible universities within England. In August 2024, 60 returned with a response and in February 2025, 66 returned with a response.

RCN member surveys of nurse educators (2024 and 2025)

In June 2024, the RCN undertook a survey of members working in higher and further education settings across the UK to which we received views from 545 respondents from England. In February 2025, the survey was undertaken again to identify how the financial challenges had changed and the impact, and we received views from 486 respondents from England. The survey was sent to 13,247 RCN members which equates to a response rate of 4%.

RCN listening events with nurse educators (2024)

The RCN hosted three online listening events with nurse educators in September 2024 with a total of 184 participants across the events. Discussion questions asked how valued educators felt, their workload, career plans, their views on what has the greatest impact on delivering nursing courses and what changes they would like to be implemented to address the challenges within the nursing educator sector. An additional listening event with 45 senior nurse educators was held in December 2024. This listening event was held in collaboration with the Council of Deans of Health.

RCN analysis of Higher Education Statistics Agency (HESA) data (2025)

The RCN commissioned a bespoke dataset from the Higher Education Statistics Agency (HESA) to identify the overall size, composition and trends of the nurse educator workforce between the academic years 2013/14 and 2022/23. The data included the full person equivalent (FPE) of any staff record which was assigned to a nursing course during that academic year. The FPE captures how much of the (whole) person's working time is engaged in a particular activity. The FPE calculations are based on the activity taking place on 1 December of the reporting year. FPE was used to create a count of the overall workforce based on how much of the academic year they were assigned to nursing course activity. All figures reported follow the HESA Standard Rounding Methodology. All FPE figures have been rounded to the nearest multiple of 5 and any percentages based on groups smaller than 22.5 have not been reported. Please note, there may be instances where the total FPE does not equal the sum of the components due to counts being rounded to the nearest 5.

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