

Royal College of Nursing Response to the Department for Education Consultation on Higher Education (England)

With a membership of close to half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies, and voluntary organisations.

1. Summary

- 1.1. Nursing is a safety critical profession and therefore nursing education requires a separate set of reforms geared towards increasing the health and care workforce and a sustainable funding stream to ensure delivery of education and skills development to provide safe and effective care to patients .
- 1.2. It is the RCN's view that, a guaranteed supply of nurses is needed to ensure continuity of health and care services across England. Higher and further education systems must support UK health and care systems to meet the needs of the population. To enable this, the Government must make use of every available lever to remove barriers preventing anyone who wants to from becoming a registered nurse, including financial disincentives.
- 1.3. The RCN is clear that the UK Government must prioritise increasing domestic workforce supply to ensure the right number of skilled registered nurses and health care support staff that are needed to deliver safe and effective care in every acute and community setting, in both health and social care, across the country. This must include incentivising people to enter the nursing profession via the primary route, the undergraduate nursing degree.
- 1.4. There are currently around 40,000 (39,652 as at December 2021) registered nurse vacancies in the NHS in England – a rate of 10.3%.ⁱⁱ Whilst this is down 0.2% on the previous quarter, the vacancy rate is showing no sign of significant decline and the decrease is lower than expected for the time of year. A smaller decrease in the nurse vacancy rate between Q2 and Q3 (September to December) in 2020 and 2021 suggest that the boost from new graduates joining the workforce has not made a similar impact to number of vacancies as in previous years. This could indicate that higher than expected number of nurses are leaving, that fewer nursing graduates are joining, or that there is a combination of both factors.
- 1.5. In addition, investment in nursing professional education has never been sufficient or aligned with the ambitions of the health and care service in

England. This was further exacerbated by the 2015 Spending Review which cut 60% of the Health Education England (HEE) budget for Continuing Professional Development (CPD) for nurses (from £205 million in 2015/16 to £83.49 million in 2017/18). In contrast, the 'future workforce' postgraduate medical and dental budget was increased by 2.7% in 2017/18. This is a significant and unfair disparity between the nursing, medical and allied health professions, which must be reconciled.

- 1.6. Any proposals to reform higher education in England must be holistic and sustainable to directly address current workforce and sector needs across the country. The supply of future health and care workforce must be grown by abolishing student-funded tuition fees for nursing pre-registration higher education. Maintenance grants must also reflect actual student need.

2. Student Number Controls

- 2.1. Given the long-term workforce demands of the health and care system, there is a great risk in applying student number controls to nursing degrees. All government policy must enable and promote growth of the nursing workforce in England, including via higher education as the primary route into nursing.
- 2.2. A recent Health Education England (HEE) and UCAS report suggested that the 2021 increase in applications to nursing higher education was the result of the pandemic motivating people to study nursing.ⁱ However, between January 2021 and January 2022, the number of applicants to nursing courses at English universities decreased by 8.3%, from 36,410 to 33,410.ⁱⁱ We expect the 2022 UCAS acceptances and applicants' data which will be released in January 2023 to continue with this trend. It is therefore expedient for Government policy to facilitate and provide incentives for the uptake of courses that will boost the health and care workforce.
- 2.3. It is the RCN's view that policy must not negatively impact nursing placement capacity. There is a shortage of placement capacity for nursing students in generalⁱⁱⁱ. This is further exacerbated by the existing nursing workforce being understaffed and focused on delivering care whilst also providing training and supervision to learners. This is particularly the case in cities where there are two universities offering undergraduate nursing degrees as learners compete for the same placements. Placements must be of good quality and should prepare nursing students to be integrated into the workforce on completion of their studies.
- 2.4. Data highlights a workforce deficit in nursing education due to lower pay, ageing lecturers and a small pool of eligible candidates.^{iv} This must be addressed as a matter of urgency with a sustainable funding approach to secure the future nursing workforce.

2.5. In spite of the capacity issues, the outbreak of the COVID-19 pandemic, saw a range of innovative approaches to maximizing placement capacity and an increase in the development of blended learning programmes, incorporating a mix of training techniques.^v The Government should therefore prioritise the provision of financial and other incentives to higher education institutions and health care providers to continue to explore multimodal approaches to learning and delivering care, instead of student number controls for courses that may help resolve the current health and care workforce shortage.

3. Minimum Eligibility Requirements

- 3.1. Overall, minimum eligibility requirements (MERs) are useful for ensuring students accepted onto courses have the intellectual ability to meet the demands of that programme.
- 3.2. Where minimum eligibility requirements are set based on educational achievement, qualification specification must meet the required minimum necessary for successful study and completion of relevant programmes. MERs should be consistent and should not be adjusted to increase unconditional offers to prospective students.
- 3.3. The course content of the range of level 3 qualifications available must be harmonised to ensure that learners undertaking different routes into higher education, complete their respective courses with the same level of knowledge required to facilitate a smooth transition into higher education. There should be parity in the level of support and recognition given to all level 3 qualification holders in determining which students meet the MERs for entry into higher education institutions.

4. National State Scholarship Scheme

- 4.1. The RCN supports aims to provide financial support to talented, disadvantaged students to succeed in higher education.
- 4.2. However, the government must go further to establish a separate funding mechanism for all nursing and allied health students. This must cover tuition fees, maintenance and living costs. The current funding system leaves nursing students and recently qualified nurses unduly pressured to repay student loans shortly after entering the workforce.
- 4.3. The RCN commissioned London Economics to model the illustrative costs of financial incentives and provided two different costed models to demonstrate that there are several options for delivery, including those which promote retention, and to demonstrate the affordability of government funding of nursing tuition fees. These models are outlined in our 2020 policy report: Beyond the Bursary.^{xvi} The RCN is currently updating this modelling to reflect recent

developments in student loan arrangements which will disproportionately impact nursing graduates due to insufficient pay for nursing staff throughout their careers.

- 4.4. Data^{vi} published indicates that graduates were of the view that tuition fees were too high, amount of debt owed in a burden, interest rates are too high and the repayment period is never ending. Even with a lower repayment threshold of £25,000, new borrowers starting courses from September 2023 will last an extra 10 years than currently. This could see many graduates paying for their degree well into their sixties. The current starting salary for a Band 5 HNS Nurse is £25,655, but the issues with pay progression in nursing careers will see nurses significantly disadvantaged in paying back their loans.

Foundation Years and Access to HE Fees

- 4.5. Funding is an important consideration for mature learners who may need to be incentivised to transfer from established careers to enter nursing education. Reducing fees for foundation years would be a step forward but should be augmented by the abolishing of student-funded tuition fees for nursing students in addition to funding for continuous professional development post-registration.
- 4.6. In the UK, the number of mature applicants (21+) to pre-registration courses increased by 19% between 2020 and 2021.^{vii} The highest increase in this age group was observed among those aged 25 to 29 (a 22% increase or 1,450 more applicants) and 30-34 (a 23% rise or 1,135 more applicants).
- 4.7. After the sharp increase in the number of applicants aged 35 and over between 2019 and 2020 (37% or 3,045 more applicants), in 2021, applicants in this age group increased only by 15% (from 11,335 in 2020 to 13,070 in 2021). In contrast, after a 7% increase between 2019-2020, the number of applicants aged 21 to 24 increased by 18% between 2020 and 2021, from 7,315 to 8,645)
- 4.8. This trend is a positive development since mature students experienced a more significant decline than younger groups since the bursary's removal. For example, between 2016, the last year of the full bursary, and 2018 the number of applicants aged 21 to 24 decreased by 34% (3,615 fewer applicants), and those aged 25 to 29 showed a decrease of 38% (3,410). Among applicants aged 30 to 34 and 35 and older, the drop in the number of applicants was 34% (1,980 fewer applicants) and 30% (3,275 fewer applicants), respectively.
- 4.9. A nurse's education does not end after the undergraduate degree or Level 6 qualification. The Government needs to prioritise investment in continuing professional development for nurses and more sustainable postgraduate (Level 7 onwards) funding and opportunities should be created for nurses to enable them to further their careers and develop specialisms to adequately respond to current societal health needs
- 4.10. Formal and ongoing higher education during a nursing career enables registered nurses to develop their careers and expertise, become specialists in

both acute and long-term conditions such as cancer, respiratory, cardiac, and a variety of others, as well as design, lead and deliver innovative care models to meet changing population health needs. Continuous professional development (CPD) is also a requirement for revalidation and registration every 3 years. Career development is therefore critical to keeping professionals supported within the workforce, essential for ongoing safe and effective practice, and for career progression; all of which contribute to retention.

5. RCN Recommendations

5.1. The RCN continues to call for the UK Government to increase the supply of registered nurses through nursing higher education by increasing financial support and abolishing student-funded tuition fees, for all nursing students in England.

5.2. The Government must:

5.2.1. Fund tuition fees for all nursing, midwifery, and allied health care students and introduce universal, living maintenance grants that reflect actual student need

5.2.2. Reimburse tuition fees or forgive current debt for all nursing, midwifery and allied health care students impacted by the removal of the bursary

5.2.3. Encourage collaboration between higher and further education institutions and health care providers to work to open and maintain opportunities and pipelines through funded innovations such as simulation.

5.2.4. Mandate the allocation of time for CPD for all nursing staff, commit sufficient and dedicated funding to their training, across all health and care settings, alongside pay progression and career development opportunities. Funding must be based on modelling of future service and population-based need, as well as the skills mix required.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

For further information, please contact

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ⁱ [download \(ucas.com\)](#)

ⁱⁱ [2022 cycle applicant figures – 26 January deadline | Undergraduate | UCAS](#)

ⁱⁱⁱ Royal College of Nursing (2019). *Nursing Apprenticeships*. <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/uk-wide/policies/2019/br-0319.pdf?la=en>

^{iv} [CODH.ASC.report_v4.pdf \(councilofdeans.org.uk\)](#)

^v [Expanding placement capacity | NHS Employers](#)

^{vi} [Hidden-Voices-Graduates-Perspectives-on-the-Student-Loan-System-in-England.pdf \(hepi.ac.uk\)](#)

^{vii} RCN analysis of UCAS end of cycle data 2015-2021.