

Royal College of Nursing response to the Office for Students consultation on the future approach to quality regulation

About the Royal College of Nursing

With a membership of over 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.

Consultation questions

Question 1

Question 1a

What are your views on the proposed approach to making the system more integrated?

Any actions that support increasing the quality of nursing and midwifery education programmes would be welcomed. This proposed approach could reduce duplication and administrative burden.

From a healthcare and nursing perspective, it is essential that any measures of quality are inclusive of all programme types. For nursing and other healthcare programmes, this must explicitly include practice-based and placement learning, which forms around 50 per cent of the programme¹. Given the professional registration element, the capacity and infrastructure of an institution to deliver regulated healthcare programmes should be a core part of the quality assessment. This should include defined faculty requirements, such as sufficient numbers of appropriately qualified staff, practice assessors and supervisors and access to facilities to ensure educational quality. For professionally regulated programmes such as nursing, an integrated system should align with, rather than duplicate, existing regulatory requirements and recognise the interdependence between higher education provision and placement environments.

¹ The NMC Standards for pre-registration nursing programmes require that the curriculum provides “an equal balance of 50 per cent theory and 50 per cent practice learning”.

Question 1b

Do you have views on opportunities to reduce duplication of effort between the future TEF and Access and Participation Plans?

The focus on the experiences and outcomes of students from disadvantaged backgrounds should not be diluted or lost. As nursing can be accessed through widening participation routes and programmes are structured around a 50% theory and 50% practice model, it is important that any changes make a real and sustained difference to applicants and students from disadvantaged backgrounds. However, academic success cannot be viewed in isolation from the requirement for all students to meet the regulatory competencies required for professional registration. Any refocusing of APPs more towards access should therefore improve equality of opportunity across the whole student journey.

Question 2

Question 2a

What are your views on the proposal to assess all registered providers?

The proposal to assess all registered providers, including smaller providers will support students and other stakeholders to make informed choices based on consistent, comparable information about quality across the sector. Therefore, we support the proposal to assess all registered providers.

This can help to:

- Ensure consistent standards for all students, regardless of provider size or type.
- Identify cases and take action where student experience and outcomes aren't sufficiently positive.

From a healthcare and nursing perspective, it is essential that all providers offering regulated programmes are subject to robust quality assessment. OfS-commissioned work on nursing, midwifery and allied health courses found that mature students tend to apply to local universities, with a large proportion of nursing applicants entering via local FE college Access courses, often in small, specialist cohorts². Therefore, a universal assessment approach is particularly important to maintain confidence in the quality and safety of education across the full range of provision.

² [Recruitment of Mature Students to Nursing, Midwifery and Allied Health Courses – Research](#)

Question 2b

Do you have any suggestions on how we could help enable smaller providers, including those that haven't taken part in the TEF before, to participate effectively?

To enable smaller providers, including those that have not previously taken part in TEF, to participate effectively, we would encourage:

- Clear central guidance and templates from the OfS, including worked examples tailored to small providers, to reduce uncertainty and duplication of effort.
- A mentoring or 'buddy' scheme, pairing smaller or first-time providers with more experienced TEF participants to share learning and good practice.
- A staged or phased administrative approach, where new or small providers start with lighter-touch submissions and requirements in their first cycle, with expectations gradually increasing over time as they become more familiar with the process.

From a healthcare and nursing perspective, many smaller providers play an important role in widening participation and delivering practice-based routes. These providers often operate with limited staff capacity and rely heavily on clinical educators. A phased approach to TEF participation as outlined above would therefore help to ensure that involvement in the framework does not create an excessive administrative burden that diverts nursing educators away from teaching, supervision and student support.

Question 3

Question 3a

Do you have any comments on what provision should be in scope for the first cycle? You could include comments on areas such as:

- ***the inclusion of apprenticeships***

Healthcare apprenticeships, including nursing degree apprenticeships, should be included in the first cycle. Bringing apprenticeships into scope from the outset is important both for safeguarding quality and for supporting providers – including further education providers – who play a key role in delivering professional registration programmes via apprenticeship routes, such as nursing degree apprenticeships.

- ***the proposal to look separately at partnership provision***

For healthcare and nursing programmes that lead to initial professional registration, delivery frequently involves partner organisations, such as HEIs and further education colleges. Presenting data separately for students taught at partner organisations would

provide a clearer picture of quality across all organisations and identify where additional support is needed.

From a nursing perspective, this level of granularity would give students, employers and regulators confidence in the quality and consistency of programmes delivered through partner organisations.

Question 3b

Do you have any comments on the proposed approach to expanding assessments to include taught postgraduate provision in future cycles?

We support the proposed approach to expanding assessments to include taught postgraduate provision in future cycles. Nursing post-registration and advanced practice education is frequently delivered by HEIs and associated institutions, often in close partnership with NHS employers. Bringing PGT provision into scope has the potential to strengthen quality assurance and enhance the overall student experience for nurses undertaking post-registration study.

Many PGT nursing programmes are taught by practising clinicians and academic staff who are already under significant workload pressure. The 2025 RCN report 'The Nurse Educator Workforce in Higher Education in England' shows that many nursing lecturers are carrying very heavy loads – 33% of respondents said they were responsible for 80 or more students and 91% said staffing cuts have had a negative impact on workloads³. Therefore, any extension of TEF to PGT should avoid placing additional administrative burden on these educators.

Question 4

Question 4a

What are your views on the proposal to assess and rate student experience and student outcomes?

Assessing and rating both student experience and student outcomes together could provide a more rounded picture of quality than focusing on outcomes alone.

From a healthcare and nursing perspective, we would emphasise the following:

- The student outcomes aspect should consider a broad range of measures that reflect the whole student journey, not just final attainment.
- For healthcare courses, the student experience should explicitly include the quality of practice-based and placement learning as students often report this

³ [The Nurse Educator Workforce in Higher Education in England](#)

negatively. RCN's "Fixing the Leaking Pipeline" report⁴ directly addresses the quality of clinical placements, noting that many nursing students report inadequate supervision, long travel times to placements, lack of time for academic work, stress, and financial burdens — all of which negatively affect placement learning experience. For many nursing programmes, placements account for around half of the course and are central to overall quality. Placement quality and learning culture are central to the student experience and directly influence student retention.

- Employment and further study outcomes should be interpreted in the context of NHS workforce shortages and retention challenges. Provider-level performance should not be judged purely on destination data where employment opportunities or local workforce conditions are largely outside the provider's control.

It is also important to note that nursing programmes do not follow a standard academic calendar year and are structured around a 50% theory and 50% practice model. The timing and intensity of placements and varied academic timetables should therefore be considered when interpreting student experience and outcomes data.

Question 4b

Do you have any comments on our proposed approach to generating 'overall' provider ratings based on the two aspect ratings?

We can see the benefits of using student experience and student outcomes to generate overall provider ratings but would urge caution in how employment and further study outcomes are interpreted for healthcare and nursing programmes. For healthcare and nursing programmes, the student experience must include the quality of practice and placement learning. It should be clear how this is reflected within the overall rating.

The majority of nursing and graduates will enter NHS employment as their first destination – the NHS remains the primary employer for nurses in the UK, where they enter a system that is financially constrained and often unable to fund further academic study or release staff for it⁵. Salaries within the sector means that graduates are likely unable to pay for additional academic study themselves. Therefore, limited funded progression routes can decrease the further study indicators, even where the quality of provision is high and graduates are meeting critical workforce needs.

However, we recognise that employment outcomes could also play a positive role in incentivising stronger coordination between HEIs and local health and care systems.

⁴ [Fixing the Leaking Pipeline](#)

⁵ [The NHS workforce in England - House of Commons Library](#)

Clearer expectations on graduate destinations could encourage providers to work more proactively with Trusts and employers to support effective transitions into employment. Therefore, employment outcomes should be interpreted alongside contextual information about local workforce needs, employer capacity and system level constraints.

The overall rating must be presented in a way that students and stakeholders can understand where specific strengths of challenges lie, rather than just presenting a single headline rating. We also recognise that this approach may create extra workload for assessors.

Question 5

Question 5a

What are your views on the proposed scope of the student experience aspect, and how it aligns with the relevant B conditions of registration?

The scope should recognise that practice- and placement-based learning is an integral part of the student experience for healthcare and nursing students. For many programmes this constitutes around half of the course. The quality of clinical placements – including learning opportunities, supervision and culture – should be clearly within scope of the student experience assessment, not treated as peripheral.

The student aspect experience should also reflect the wellbeing and welfare pressures specific to nursing students, including the demands of placements alongside academic study and the exposure to challenging environments. The consistent application of supernumerary status and how well students are supported to learn rather than fill workforce gaps, is an important component of educational quality and should be reflected in the assessment framework.

Healthcare and nursing programmes are resource-intensive because of their professional and technical nature, which should be recognised as part of the assessment. A large proportion of nursing students have caring responsibilities⁶, or other factors that increase their need for support. The student experience aspect should therefore consider the effectiveness of support, timely access and how well wider university services are configured to meet the needs of nursing students.

Finally, nursing students often carry a significant burden of debt while undertaking demanding programmes alongside additional placement-related costs, including travel and accommodation. Placement intensity can limit their ability to undertake paid work

⁶ [Royal College of Nursing submission to the call for evidence for the review of post-18 education and funding in England](#)

and when students do work alongside their studies, this can negatively affect academic performance. The RCN's Fixing the Leaking Pipeline report demonstrates that financial difficulties are one of the main reasons nursing students consider withdrawing from their degrees, underlining the scale of the debt and cost-of-living burden on this group⁷. The availability and accessibility of welfare, hardship and financial support funds is therefore an important component of their experience and should be recognised within the assessment framework.

Question 5b

What are your views on our initial thoughts on the criteria for the student experience rating (at Annex H)?

You could include comments on:

- ***whether the 'course content and delivery' criteria suggested in Annex H should be framed differently for a provider-level assessment***
- ***whether there is clear enough differentiation between each level, and how this could be improved.***

We have no specific comments. We would expect that any classification system would be able to assist potential nursing students in making good decisions on where to study.

Question 5c

What are your views on the evidence that would inform judgements about this aspect?

You could include comments on issues such as:

- ***what evidence could demonstrate the requirements of condition B1 are met at a provider level***
- ***whether the submission page limit should be reduced***
- ***the proposed inclusion of indicators based on the 'Learning opportunities' theme of the NSS.***

We would expect evidence to include feedback from clinical placement providers, particularly on supervision quality, learning culture and student support in practice settings.

We would also welcome evidence on career planning and employment support, including how providers help nursing students understand and access the full range of

⁷ [Fixing the Leaking Pipeline](#)

nursing career pathways (i.e. not just hospital pathways, but also looking at community, primary care and social care roles).

Question 6

Do you have any comments on our proposed approach to revising condition B3 and integrating the assessment of minimum required student outcomes into the future TEF?

We have no specific comments.

Question 7

Question 7a

What are your views on the proposed approach and initial ratings criteria for the student outcomes aspect?

We have no specific comments on the proposed approach. However, we would emphasise that the commitment to taking contextual factors into account is essential for nursing and other healthcare programmes, given the influence of placement structures, workforce pressures and student demographics on degree completion and employment outcomes.

Question 7b

Do you have any comments on the proposed set of employment and further study indicators, and are there other measures that we should consider using?

Using benchmarked salary data three years following completion may for nursing limit the perceived success or progression following a nursing degree.

Many nurses remain at Band 5 for a substantial period⁸ because of limited funded posts at higher bands and the absence of a clear, consistently implemented career framework⁹. Pay for nursing is generally lower than for many other graduate and healthcare professions. Therefore, using salary three years after graduation as a key indicator risks systematically under-valuing nursing and salary data must be treated with caution, particularly for regulated healthcare programmes. At the same time, there is an opportunity to this data to provide greater transparency by showing how nursing salaries benchmark against other professions, helping to evidence structural pay constraints within the sector.

⁸ <https://ifs.org.uk/publications/progression-nurses-within-nhs>

⁹ [Pathway to Progression: band 5-6 career progression for nursing](#) | Publications | Royal College of Nursing

We would also encourage employment indicators that capture the range of sectors and roles nursing graduates enter, including acute, community, mental health, primary care and social care settings, rather than relying primarily on salary or progression as proxies for success.

Question 7c

What are your views on the proposal to consider a limited set of contextual factors when reaching judgements about this aspect?

We have no specific comments.

Question 8

Question 8a

What are your views on who should carry out the assessments? You could include suggestions for how we can enable more assessors (both academic and student) from small, specialist or college-based providers to take part.

From a healthcare and nursing perspective, we would particularly welcome the inclusion of assessors with expertise in professionally regulated, placement-heavy degree programmes who have experienced clinical placements, who can speak directly to the issues of practice learning and support.

Question 8b

What are your views on only permitting representations on provisional rating decisions of Bronze or Requires improvement?

We have no specific comments.

Question 9

Question 9a

What are your views on our proposal for an alternative means of gathering students' views to inform the student experience aspect where we do not have sufficient NSS-based indicators?

You could include comments on:

- ***the proposed approach to determining whether the NSS data is sufficient (this is expanded on in Annex G)***
- ***the actions we are considering to improve the availability of NSS data for more providers***

- **how student views could be gathered through an alternative means.**

We support the use of alternative methods for gathering students views where NSS data are limited. For nursing students, feedback mechanisms should prioritise simplicity, accessibility and flexibility, given the demands of placement-based study.

The OfS could explore more innovative approaches to engagement, including digital or social media-based tools, targeted engagement during non-placement periods or modest incentives to encourage participation. There may also be value in collaborating with professional regulators such as the NMC and representative bodies such as the RCN to support meaningful engagement with healthcare students.

Question 9b

What are your views on our proposal not to rate the student outcomes aspect where we do not have sufficient indicator data? You could include comments on the proposed approach to determining whether the data is sufficient (this is expanded on in Annex G).

We have no specific comments.

Question 10

Question 10a

What are your views on our proposed approach to including direct student input in the assessment of the student experience aspect for all providers? You could include comments on alternative ways of gathering student input where student submissions are impractical.

We support the inclusion of direct student input in assessing the student experience and would encourage the use of diverse forms of input to reflect the full range of student backgrounds and experiences.

For nursing, this aligns with the NMC Standards for student supervision and assessment¹⁰, which emphasise student involvement, feedback and partnership in learning and assessment processes. Ensuring that a wide range of student voices are heard will strengthen confidence in quality judgements.

Question 10b

How could we help enable more student assessors from small, specialist and college-based providers to take part?

¹⁰ [Standards for student supervision and assessment - The Nursing and Midwifery Council](#)

To enable more student assessors from small, specialist and college-based providers to take part, we would suggest:

- A more qualitative, case-based assessment approach - using qualitative case studies alongside statistical indicators would make the role more meaningful and accessible, particularly for nursing students.
- Mentoring and peer support for student assessors - a structured mentoring scheme, pairing new student assessors with more experienced assessors from other institutions, could incentivise more students to participate.

In addition to these, we would welcome clarify on the training and induction provided to student assessors, and opportunities to make this more engaging.

The OfS could also consider establishing a student assessor working group or forum, providing students with a dedicated platform to contribute, develop skills and evidence participation for their CVs and future careers.

Question 11

Question 11a

What are your views on our proposed approach to scheduling providers for their first assessments? You could include comments on:

- ***the factors we should consider in scheduling assessments***
- ***any types of significant events that should lead us not to schedule an assessment in that year***
- ***the sequencing of TEF assessments and APP approvals.***

As we are not a provider, we have no view either way on the specific arrangement.

Question 11b

What are your views on our proposed approach to scheduling providers for subsequent assessments?

As we are not a provider, we have no view either way on the specific arrangement.

Question 12

Do you have any comments or evidence about the factors associated with risks to quality that might be included in the draft risk monitoring tool at Annex I?

From a nursing and healthcare perspective, we would particularly encourage the OfS to draw on intelligence from the full range of professional and representative bodies, including the Royal College of Nursing.

Question 13

Do you have any comments about the proposed set of incentives and interventions associated with TEF ratings? You could include comments on:

- ***the principle that growth in student recruitment should take place at high quality providers***
- ***the potential to link eligibility for new DAPs awards, or extensions to existing DAPs, to higher TEF ratings***
- ***the approach to determining a breach or increased risk of breach, following TEF rating decisions***
- ***whether there are any other incentives and interventions we should consider.***

Nursing is a widening participation profession¹¹, with many students from lower socio-economic backgrounds¹² and who are women and carers. These students are often not able to relocate to study. If growth in student recruitment is restricted to only the highest-rated providers, there is a real risk that local provision in some areas, particularly those served by smaller or Bronze-rated providers, will not be able to expand to meet local workforce needs, and applicants from disadvantaged backgrounds will face reduced opportunities to access nursing education close to home.

Given the already significant workforce shortages in nursing, restricting growth solely on the basis of TEF ratings could further constrain the domestic pipeline. Any policy linking growth in student numbers to TEF ratings should be designed with explicit safeguards for shortage professions such as nursing.

Question 14

Question 14a

What are your views on the range of quality assessment outputs and outcomes we propose to publish?

¹¹ [Widening Participation in the Healthcare Workforce | King's College London](#)

¹² [Laying foundations - Nuffield Trust](#)

We support the publication of quality assessment outputs. These could help inform the ongoing development of NMC standards for students, particularly by providing timely, student-led insights, which has traditionally relied more heavily on educator and provider perspectives.

Question 14b

Do you have any comments on how we could improve the usefulness of published information for providers and students? You could include comments on areas such as:

- ***whether the OfS should have a role in sharing good practice, and how we should do so***
- ***the presentation of TEF outcomes for providers that are not rated for student outcomes.***

It would be appropriate for the OfS to identify and share good practice. Where providers are not rated for student outcomes, this should be made clear and the reasons to not do so included.

Question 15

Do you have any comments on the proposed implementation timeline?

We have no specific comments.

Question 16

Do you have any comments on the two options we have set out for how we could approach publication of TEF ratings during the transitional period, or suggestions of other approaches we could take?

We have no specific comments.

Question 17

Do you have any comments on our approach to ongoing development, or our plans to prepare for the future inclusion of taught postgraduate provision?

We would welcome ongoing development of the framework to support and promote postgraduate and accelerated routes into nursing, which are particularly important for mature students and those who change careers. MNurs and postgraduate entry programmes attract applicants from a wide range of professional backgrounds, and interest in these routes increased significantly following the COVID-19 pandemic.

Ensuring these pathways are accessible and well understood is vital for sustaining the nursing workforce.

Question 18

Are there aspects of the proposals you found unclear? If so, please specify which, and tell us why.

We have no specific comments.

Question 19

In your view, are there ways in which the objectives of this consultation could be delivered more efficiently or effectively than proposed here?

The objectives of this consultation could be delivered more effectively through clearer, student-facing communication about how students' views will be used and why participation matters. Targeted engagement with healthcare students, potentially supported by professional bodies such as the RCN, could help reach students who may otherwise find it difficult to engage due to placement commitments or work.