



Royal College  
of Nursing

# Left to chance: the health and care nursing workforce supply in England

POLICY REPORT





Royal College  
of Nursing

# Acknowledgements

## **Authored by**

Lisa Bungeroth and Emily Fennell

## **With significant contributions from**

Mike Adams, Androniki Bayliss, Antonia Borneo, Gary Kirwan, Julian Russell and Elaine Whitby

## **With thanks to**

Philip Ball, Anne Corrin, Jane Hughes and Josie Irwin

---

## **RCN Legal Disclaimer**

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2018 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

# Contents

Foreword	4
Executive summary	5
1. Introduction	7
2. The issue – an urgent need to grow the nursing workforce in England	9
3. Evidence and findings – new survey and interview data	11
4. The answers – action needed now	23
Appendix 1: Methods of data collection and analysis	26
Appendix 2: Training and education model	28
Appendix 3: Costed options for incentivising new students into nursing	29
<i>Appendix 3 – References</i>	37
Appendix 4: Table – workforce supply chain data for nursing	40
References	41

# Foreword

**In two reports last year, the Royal College of Nursing set out the scale and impact of England's current nursing shortage. After putting a figure on it, we asked frontline nursing staff how the 40,000 shortfall in health and care affects their day-to-day care of patients. With those powerful testimonies still echoing - and being added to each day – the pages that follow explain in part how England got to this point. We offer ministers, policy-makers and system officials a way out of the current predicament.**

2018 is barely a month old but has brought renewed focus on the existing shortage and patient safety concerns. The troubling headlines will only abate when the overwhelming pressure in the NHS and care system does the same. But the new year gives us the first opportunity to look at the impact of the significant changes to the funding of nurse education.

Five years on from the landmark Francis report, the cross-party Health Select Committee is still calling for the nursing workforce to be expanded 'at scale and pace.' Historically, the number of nurse education places was determined by affordability rather than the needs of the population, the health and care systems and requirements for safe care. We still lack those calculations, but the removal of direct student support was sold as a way to increase numbers trained. Despite these intentions, we can definitively say it did not result in more people embarking on a career in nursing in 2017 and the early indications are that 2018 could be worse still. The overhaul of nurse training has left the future supply of nurses to chance more than it has ever been before.

Faced with stark figures on the falling applications to nursing courses by late summer 2017, ministers made further commitments to create additional training places. One university reveals here that the last-minute panic found as few as nine extra students to take seats in September. In October, the Secretary of State announced a welcome 25% increase in places but more valuable still would be to attract enough students to fill them.

In the same period, the Government opened up a new route to becoming a registered nurse through degree apprenticeships. A new support role, the Nursing Associate, was introduced too. However, the new routes appear set to deliver a very small number of extra nurses. There has not been widespread uptake as employers understandably need additional financial support.

If we were to label today's approach to workforce planning as a patchwork, we risk overstating its elegance or overlooking where the quilt has become threadbare. So piecemeal and disjointed are the attempts to address workforce issues that the pieces are barely stitched together at all. This must change with the first strategy, expected in the summer, from Health Education England. It must address the lack of accountability in current arrangements and, in coherent and detailed terms, explain how Government will reconcile demand with the supply of nursing staff needed for safe and effective care.

In 2020 – Britain's first year outside the European Union – our self-reliance could be tested further if international recruitment becomes more challenging. Students in their first year now will join the workforce that crucial year in too small a number. In five short months, another application deadline looms. If, for a second time, the Government fails to boost student numbers and places for them then 2021 will become a missed opportunity to turn this around. Our suggestion of new grants and the ability to write-off fees, backed up by a high-profile national campaign, would incentivise people to join what remains a rewarding, inspiring and challenging profession.

This report begins to paint the missing picture of where we are headed. The Government asks us to believe that their recent changes alone will lead to more nurses but here we demonstrate the need for more targeted action. A real workforce strategy, sustained investment, routine and more complete forecasting, coupled with legislative accountability, will also be required. Recent history tells us that one should be cautious of predicting the future, but in healthcare we cannot afford to be blindsided.

**Janet Davies**  
**Chief Executive and General Secretary**

# Executive summary

The current approach to workforce planning in England is fragmented and incomplete, with no clear national accountability for ensuring that nursing staff with the right skills arrive in the right parts of the health care system at the right time. The lack of comprehensive data on current nursing staff and training numbers means that national workforce planning is incoherent, and credible workforce strategy impossible. There is a crisis in the nursing workforce: 27% more nurses are now leaving the profession than are joining.<sup>i</sup> Despite the stated intention of recent reform of the model of funding education to grow the numbers of nursing students, the number of those entering education in 2017 did not increase. Simultaneously, Brexit is threatening to cause further instability by throttling the EU recruitment pipeline we currently rely on.

Recent reform by Government introduced big changes to the way nurses are “grown” in England. The historical bursary for tuition was removed, instead putting students into a market-led loan model in higher education (HE). Government claimed that this would “help to secure workforce by enabling universities to offer up to 10,000 extra training places on pre-registration healthcare programmes.”<sup>ii</sup> The £1.2 billion of investment Government had previously made into nursing education vanished, followed by a hollowing out of training funds for continuing professional development (CPD). In parallel, a new vocational route into nursing was introduced through the nursing degree apprenticeship.

Our findings show that despite the intention, reforms have not led to an increase in nursing students compared to 2016 – in some areas the numbers have declined – from mature students to learning disability nursing and in mental health. Projections suggest at this rate of student intake, in 2020 we will not actually have increased the number of new nurses into the workforce.

Stakeholders and the House of Commons Health Select Committee agree that the fastest and most effective route into registered nursing is through higher education<sup>iii</sup> and there are existing unused opportunities. These options will also grow the workforce at a quicker pace than new vocational routes. Government committed to “implement[ing] these reforms carefully; as well as concessions to the unique demands on

healthcare students, we will monitor application rates and make interventions where necessary – particularly for students from disadvantaged backgrounds.”<sup>iv</sup> We’ve provided Government with specific policy initiatives to expand the higher education route into nursing, and we call for incentives to be swiftly put into place (see Appendix 3), to help reverse falling application rates and actively promote meaningful growth of workforce.

While nursing degree apprenticeships are welcome, they do not present a solution to the nursing workforce crisis, partly because the Government has not provided any additional dedicated funding for apprenticeship salaries and backfill costs, plus there is no uplift in health and care funding to cover the levy.

Health Education England (HEE) has now published a consultation on the first “long-term” workforce strategy. The approach it contains has huge gaps and does not set out what workforce is actually needed, including in nursing, or how we might get there. The final strategy must contain what we want for our health and care system, with vision, explicit accountability, the workforce we need, policy levers and how all of this can be meaningfully implemented and supported. Specifically, it must also develop an effective strategy to deliver safe and effective care for patients, that must include:

- identifying and addressing population demand and the workforce that is required to provide safe and effective care
- clear national and local accountability for supply and nurse staffing levels in legislation, as well as sufficient pre-registration degree nursing training places to make safe and effective care possible
- clarity on sustainable investment in the workforce
- accountability and re-investment for professional development
- central data monitoring and collecting, including student recruitment and workforce forecasting.

Any credible strategy must set out how Government will address the current crisis, as well as plan for and invest to ensure in sustained

growth in the number of degree-educated nurses, in response to the needs of our population, so that we can be assured of the safety and effectiveness of health and care services across the country. As part of this strategy, we need a roadmap of what steps will be taken now to address the current crisis, alongside the action that will be taken to ensure that we have a nursing workforce which is equipped to deliver safe and effective care.

Applications for 2018 entry are now open and have already fallen by 13% compared to the same time last year, a total fall of 33% since the same time in January 2016<sup>v</sup>. Government must intervene now to increase the numbers of applicants to meet available training places. In light of rising demand and population need,<sup>vi</sup> this is vital to ensure that the number of nurses entering the workforce in 2021 will rise.

# 1. Introduction

This report puts strategy, funding, delivery and outcomes of the nursing workforce in the centre of conversation about health and care services. It provides an up-to-date snapshot of the numbers of nurses in training in England following the introduction of tuition fees and new vocational routes in 2017. The first numbers of applications for nursing courses in 2018 published by Universities and Colleges Admissions Service (UCAS) show the urgent need for intervention: applications to nursing courses are currently down by 13% compared to the same time last year. This is the second year of fall in applications, making a total fall of 33% compared to January 2016.<sup>vii</sup>

This comes at a time when we are in the middle of a nursing workforce crisis.<sup>viii</sup> For the first time in years there are now more nurses and midwives leaving the profession before retirement, with 27% more nurses and midwives leaving the register than joining.<sup>ix</sup> Since 2012/13, 8,000 nurses have left social care.<sup>x</sup> One in three nurses are due to retire within the next ten years.<sup>xi</sup> The impact of the EU referendum appears to be driving nurses from the EU away,<sup>xii</sup> the Care Quality Commission has raised safety concerns relating to nursing shortages<sup>xiii</sup> and the new funding model and routes are not meaningfully resolving this crisis for now and the longer term. The population and its demand for healthcare continues to grow without sufficient acknowledgement or action on ensuring that both strategy and funding address demand and need.

More than half of the 30,000 frontline staff survey respondents reported a shortfall in planned staffing of one or more registered nurses on their last shift.<sup>xiv</sup> In some cases, registered nurses are being substituted with health care support workers, contributing to unsafe proportions of nurses to patients against the backdrop of current shortfalls in staffing. The research is clear: diluting and substituting the registered nursing workforce with nursing support workers has potentially life-threatening consequences for patients.<sup>xv</sup> Health care support workers are negatively impacted by pressures due to skills mix shortages: our safe staffing survey based on a snapshot of shifts in May 2017 revealed that 41% of all shifts were short of one or more health care support workers.<sup>xvi</sup> This level of risk to staff, patient safety and public protection is totally unacceptable.

The regulator's standards for pre-registration nursing education<sup>xvii xviii</sup> are currently being advanced so that nurses continue to provide high standards of nursing care in the future. These new standards will apply to all existing registered nurses and all graduates entering the workforce. With big shortfalls in the current workforce, this will have a significant implication for the existing capacity of the health care system, as well as on those entering the profession. Any planned increase of people training in higher education and new vocational routes also requires substantial support and supervision, at a time when the nursing workforce is understaffed and overworked. The existing workforce needs to be trained to a new level to mentor and supervise students. With extensive cuts to Continuing Professional Development (CPD) budgets, which exist to help ensure that professional standards are maintained and are responsive to change, it is unclear how any intended growth will be achieved, or how retention issues addressed.

The Government now recognises nurse staffing shortages, and says that supply is an historic issue which needs to be addressed – and not on the basis of funding. The Secretary of State for Health and Social Care acknowledges that “the big problem with workforce strategies is that both me and predecessors in my role have only thought about workforce in terms of the current Spending Review and that’s really what has caused us a problem in the past because we only committed to train people for whom the Treasury had given concrete assurance they were prepared to fund.”<sup>xix</sup>

In October 2017, the Government announced its intention to increase nursing training places by 25%<sup>xx</sup> and in December 2017, HEE, NHS England, NHS Improvement, Public Health England, and the Department of Health and Social Care (DHSC) published a draft ten-year workforce strategy for the NHS.<sup>xxi</sup> A truly strategic approach to growing the UK nursing workforce is urgently needed. This must be based on the actual and increasing health care needs of the population and the provision of safe and effective care,<sup>xxii</sup> yet the draft does not set out how this might happen and there still has been no communication from Government as to how the 25% increase in training places will be achieved, nor how it will be ensured that these are filled with students. It is inevitable

that investment will be required to achieve sustainable growth in the nursing workforce.

Government, employers, higher education institutions (HEIs) and other sector partners, together with the Royal College of Nursing (RCN), must launch a sustained, high-profile national recruitment campaign. This must demonstrate the value and impact of the nursing profession, and a wide range of career opportunities. Government interventions in the teaching profession can serve as a useful blueprint here, including the use of targeted incentives to increase student numbers.

The DHSC, HEE and employers must all work together to unlock extra placement capacity in the system to deliver the volume, type and quality of work-based clinical placements required for pre-registration nursing students, apprentices and training for nursing associates. This must be accompanied by additional funding to support learning in practice and to train and maintain a sufficient number of assessors and mentors. This includes resolving the lack of CPD funding for registered nurses, in line with the Health Select Committee's clear recommendations.<sup>xxiii</sup> Given the increased expectations for pre-registration education, as set out in the new draft Nursing and Midwifery Council (NMC) education standards and framework, the existing workforce must be upskilled to support and work alongside the next generation of nurses.

As set out by the Health Select Committee, essential factors for workforce retention must also be invested in if the nursing shortage is to be resolved<sup>xxiv</sup>, including CPD, pay, wider post-registration training and career development opportunities. These will enable clear career

progression and support the profession to meet the new pre-registration standards, as well as improve care for a higher number of people with increased complexity of needs and co-morbidities in acute and community settings.

In response to the absence of any real-time monitoring in the health and higher education system, we have drawn on emerging intelligence from universities, available data on student numbers, and intelligence from RCN regional offices to provide an up-to-date snapshot of:

- recruitment numbers to university nursing courses in England in the first year of the new funding regime
- potential changes to nursing course provision (because of funding changes)
- take-up and implementation of the new degree apprenticeship route into registered nursing
- take-up and implementation of the new nursing associate role.

In October 2017, we sent a survey to the 52 HEIs offering pre-registration undergraduate nursing courses in England, and just over half of the higher education nursing leads responded. Alongside this, we carried out a small qualitative study with nursing lecturers in HEIs, NHS employer and RCN regional staff across all regions of England. This study involved ten in-depth interviews, so that participants could elaborate on important points and introduce new themes that could not be captured by the survey. This resulted in a clearer understanding of the impact of the reforms (see Appendix 1 for methods of data collection and analysis).



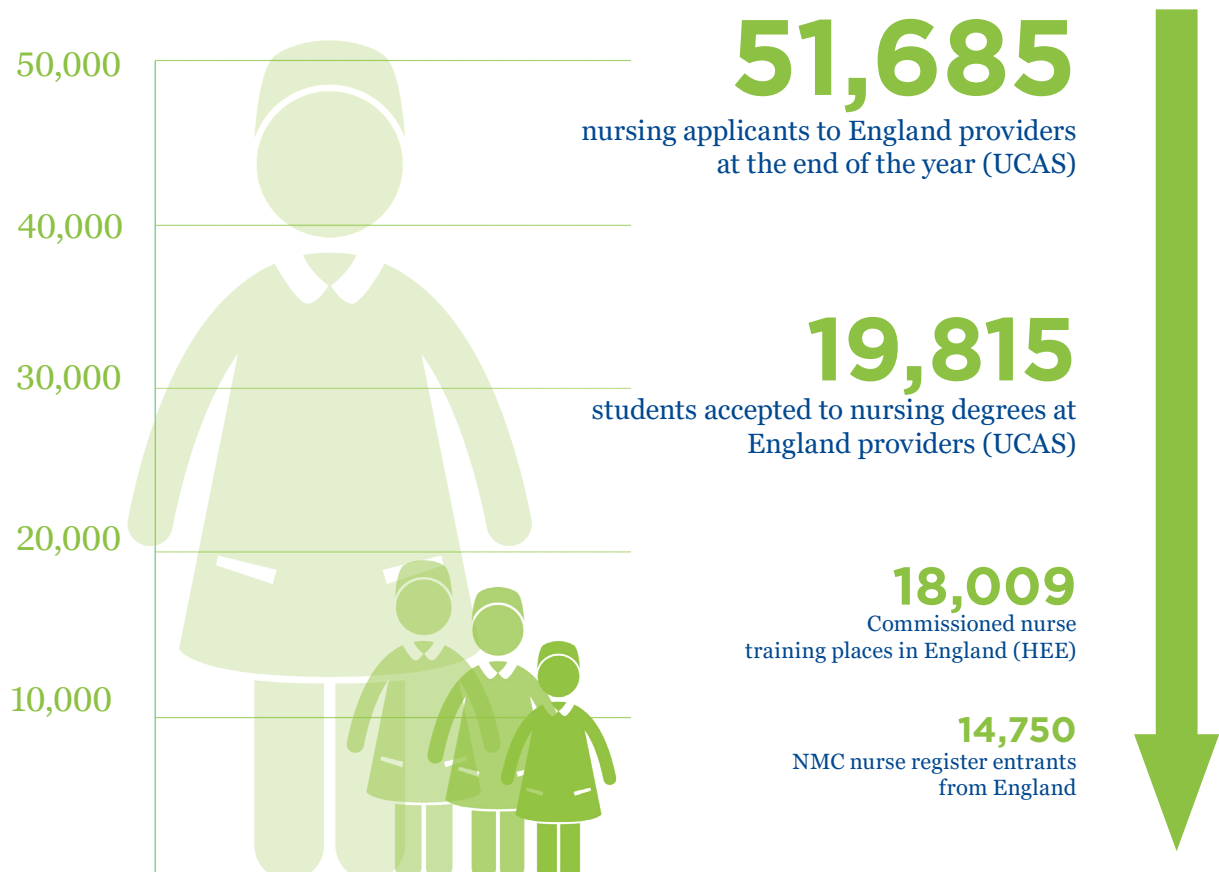
## 2. The issue – an urgent need to grow our supply of nurses in England

Nursing staff report that due to workforce shortages they can no longer do the work they love to a standard that is acceptable to them.<sup>xxv</sup> This is almost exclusively down to factors that could, and should, have been anticipated and addressed by policymakers in a timely manner so that there was no adverse impact on the ability of the workforce to deliver safe and effective care. The numbers of nurses being trained are low – despite rising population demand for health care. The Government has always had direct control over the number of nurses trained annually, but despite this, fewer recruited applicants actually started their course and even fewer graduated. The data for students starting in 2012 and 2013, for example, shows that the final number of registered nurses entering the

workforce is approximately 14,000 on average (see Appendix 4 for more detailed data). This is a drastic fall from the 40–50,000 people who applied for nursing degree courses in those years, and from around 20,000 admitted students. This is the failure of historic workforce strategy and planning to convert applicants into graduates who successfully enter the registered nursing workforce.

Currently, there is no mandatory data collection, monitoring or reporting on the nursing workforce in independent and care sectors. This means that credible national workforce planning is impossible, given that a significant proportion of health and care services are commissioned by the NHS and local authorities but delivered outside

### Class of 2013, graduating 2016



of direct NHS or local authority employment. The higher education system is not currently responsible for reporting on workforce supply in any sector and there is no real-time data to assess whether reforms are generating the required increase in workforce supply.

These reforms, new routes into nursing and new support role, have not been planned strategically to meet population needs over a fixed time frame. No credible publicly available consideration has been given to the existing capacity of the health and care system to deliver the clinical practice elements required for supporting the training of people through either higher education or the various new routes into nursing. In fact, 2017 investment in work-based placements for students was announced too late by Government for the higher education sector or employers to be able to plan recruitment accordingly. Information on the 25% increase in training places Government announced for 2018 is still outstanding and as we now see applications to nursing courses falling, there is no information on how Government will ensure that new training places are filled with students.

Despite a concerted marketing effort in 2017, universities have not seen the expected expansion in the number of nursing students.

It is currently only the higher education route that can safely deliver the number of registrants the health and care service needs. As of autumn 2017, there were just 30 apprentices taking the four-year degree apprenticeship route despite Government intention for up to 1,000 NHS staff taking up training<sup>xxvi</sup>. There were only 2,000 trainee nursing associates enrolled, all of whom will take at least two years to complete training and will remain at least another two years away from further training to advance to the role of registered nurse, if they wish to progress at all. HEE suggests that from 2021, around 2,400 new registered nurses will qualify through the nursing associate route.<sup>xxvii</sup>

Sufficient numbers of registered nurses through the HE route are essential for safe and effective patient care. However, there is a significant risk that numbers will either stay static or fall. This must be mitigated as a matter of urgency. We have identified a range of potential incentives to support applicants to apply for the nursing degree, all of which are available to Government at nominal cost, when considered in the context of the potential positive long-term impact on the health and care system's ability to provide safe and effective care through nurse staffing (see Appendix 3).

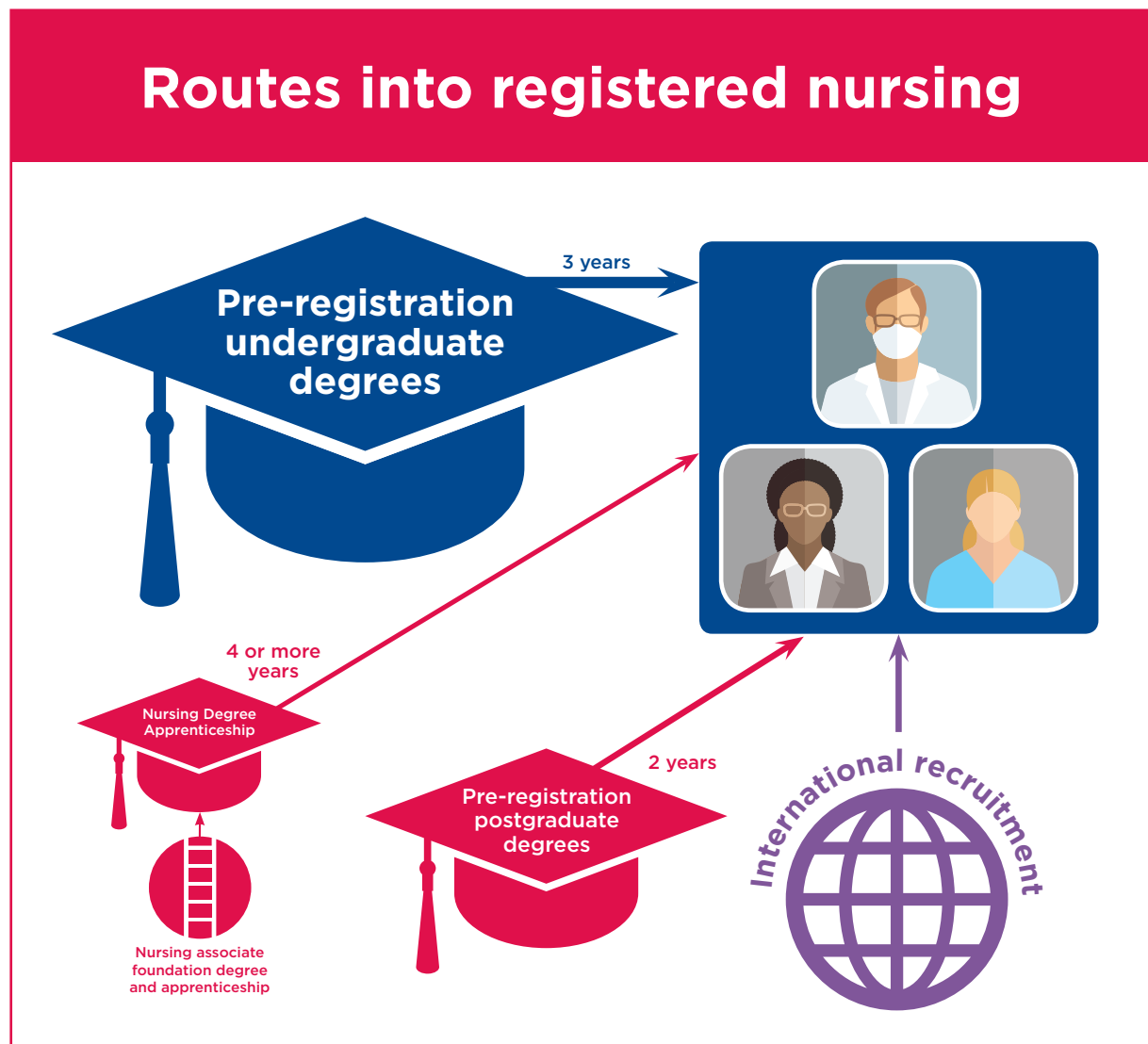
### 3. Evidence and findings

The responsibility for training sufficient numbers of registered nurses lies with the devolved administrations of the individual countries of the UK. For England, this means the DHSC decides on the relevant policies and respective budget. Until 2017, the Government set a financial limit for the funding of HE tuition and workplace clinical placements (see Appendix 2 for more detail on the education model). Historically, this funding was distributed via HEE to universities.

These budgets were based on the number of nurses that organisations told HEE they were likely to need annually as part of local workforce

planning. This was primarily calculated on how many nurses each local organisation could afford to employ, rather than identifying the genuine numbers of registered nurses required in response to a measurement of population need and patient safety.<sup>xxviii</sup> In 2016/17, the HEE budget for the non-medical future workforce stood at £1.8 billion, which included bursary payments for students, practice placement tariffs to trusts and tariffs to universities.<sup>xxix</sup>

In 2016, this investment provided only 27 nursing graduates per 100,000 of the population.<sup>xxx</sup> This is approximately half of what other countries



in the Organisation for Economic Cooperation and Development (OECD) invest to train a nursing workforce to meet population needs. England has sought to supplement its nursing supply by recruiting nurses from other countries, as well as filling funded established registered nurse (RN) posts with agency or temporary workers, but with no significant planned investment to sustainably grow the domestic workforce for the future.

There are two established routes onto the nursing register, also known as pre-registration training.

1. The three-year undergraduate university nursing degree.
2. The two-year postgraduate degree/diploma route for students who already have a degree in another subject and wish to train as a nurse. This represents a small and under-utilised route into the nursing workforce, with just 5% of first-year students in 2015/16 studying at a postgraduate level.<sup>xxxii</sup>

There are also programmes targeted at associate practitioners and health care support workers (HCSWs) who wish to become registered nurses. For example, the Open University programme offers a route for HCSWs to be sponsored by their employer to learn whilst remaining in paid employment. There are relatively small numbers on the national programme: currently 940 trainees are taking part in the four-year programme.<sup>xxxiii</sup>

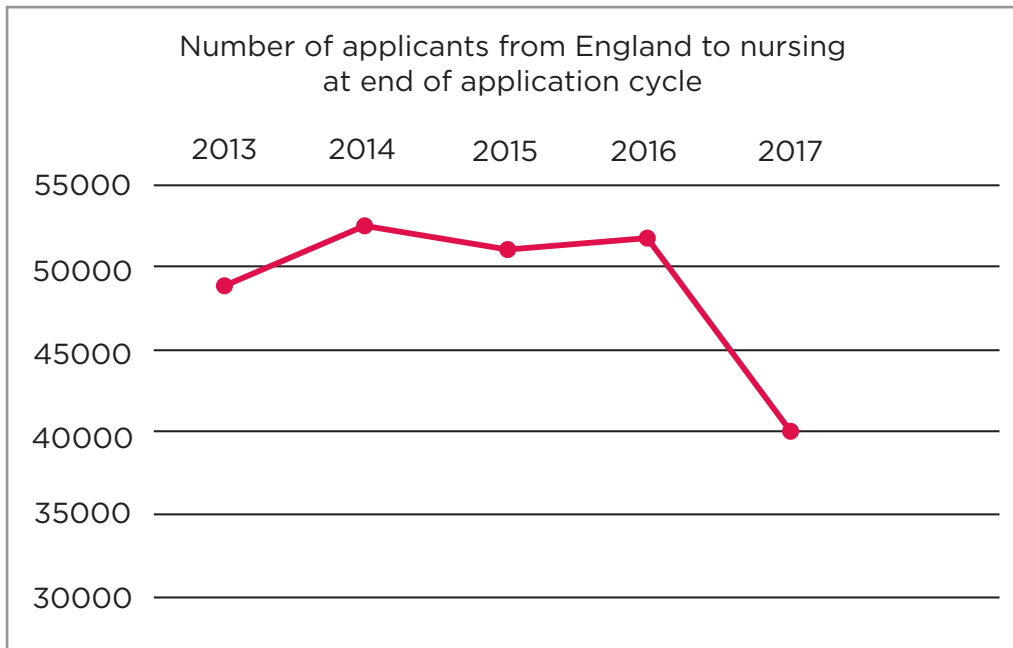
In 2017 the Government introduced a raft of changes to nursing education and training routes in England. The stated purpose of these reforms was to allow expansion of degree education and to introduce new work-based, or vocational, routes into registered nursing.

## Reform of funding for the three-year nursing degree

The majority of initial nurse training takes place through a three-year undergraduate degree. Since August 2017, funding that covered some of the university cost and provided a grant to a nursing student has been replaced with standard tuition fees. The Government claimed that moving to this market-led model would result in up to 10,000 more training places in pre-registration health care by 2020.<sup>xxxiii</sup> The inference was clear – this was expected to generate many more nurses to enter the workforce. The Treasury estimated that this policy decision would save £1.2 billion.<sup>xxxiv</sup>

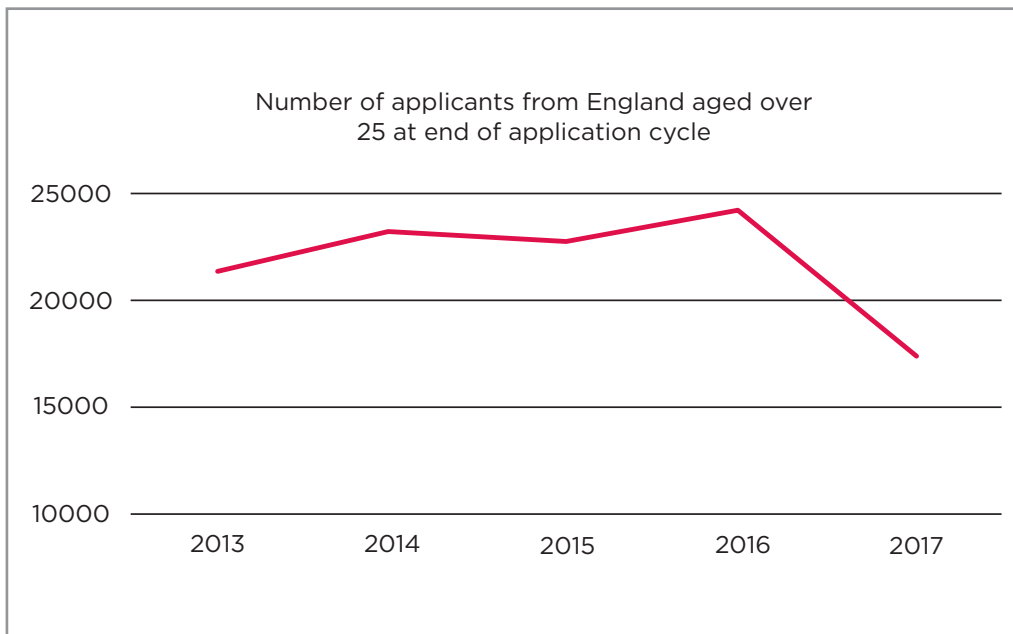
When HEE commissioned nursing student places, universities were obliged to report their student numbers to HEE. With the reform, this relationship has been severed and not replaced. Student numbers are now only collected through the standard higher education data reporting with a time lag of around 15 months for access to this data. Critically, real-time monitoring would allow the Government to respond quickly to trainee shortages where they are occurring. In the absence of this monitoring, the RCN has undertaken this data collection. It is essential that Government takes responsibility for the immediate student recruitment monitoring as part of the new health and care workforce strategy and the setting up of the new higher education regulator Office for Students.

In the first year after the reform, the number of nursing training applicants in England fell by 23% compared with 2016.<sup>xxxv</sup>



Source: UCAS End of cycle unique applicant statistics (2013-2017 cycles) [www.ucas.com](http://www.ucas.com)

Applications by mature students dropped further, by 28%. The first indications for 2018 are that this is a sustained fall, with a 42% drop in applicants aged over 25 compared to the same time in 2016.<sup>xxxvi</sup>



Source: UCAS End of cycle unique applicant statistics (2013-2017 cycles) [www.ucas.com](http://www.ucas.com)

The RCN's local intelligence gathering indicates that the reasons for this fall are likely to be the change in student funding, but also the current working environment and issues around the wider perception of nursing as a profession.

However, despite reduced numbers of applicants, acceptances (that is, students placed on nursing courses) have overall remained at similar levels to previous years

	2013	2014	2015	2016	2017
Number of students accepted onto nursing courses	19,170	21,205	21,460	22,630	22,045
Difference between cycle and previous cycle	-	11%	-0.01%	0.5%	-2.6%

Table 1. Accepted nursing students domiciled in England. Source: UCAS End of cycle data releases (2013-2017)

For students starting courses this autumn, the first numbers have just been released and there is a sustained fall of 13% compared to the same time last year, a total fall of 33% since 2016.

### Variation across areas and specialties

There are inconsistencies across geographic areas and specific nursing programmes. This variation is present between both different HEIs and the different fields that nursing is divided into adult, child, learning disability and mental health. For each course, an HEI will set the number of students they want to recruit, depending on placement funding, their capacity and that of the practice placement providers in their area, such as the NHS trusts and social care providers.

Overall, our survey reveals a mixed picture for recruitment to **adult nursing courses**, which make up approximately 70% of nursing education provision,<sup>xxxvii</sup> with some recruiting to their target, or over, and others significantly under-recruiting. Regional variation is of importance, with some regions finding most of their HEIs struggling to recruit. Nursing graduates are generally mobile and not tied to their place of training. However, mature students and students with personal caring responsibilities are more likely to stay in their existing location. This may result in a substantial impact on local workforce supply chains when this student cohort graduates in 2020 in the form of local shortfalls of new nurses.

**Child nursing courses**, which make up approximately 11% of all nursing education provision,<sup>xxxviii</sup> have generally managed to recruit to their targets, with 20 out of 21 of the RCN HEI survey respondents that offer child nursing training, reporting recruitment on target or over.

Most significant is the impact on the small and vulnerable provision of learning disability nursing courses, representing just 3% of all nursing education provision.<sup>xxxix</sup> Early intelligence from the Higher Education Funding Council for England (HEFCE) confirms a sharp drop in acceptances for these courses.<sup>xl</sup> There are also reports of universities restructuring their course offering to make up for the shortfall in learning disability applicants. London South Bank University has announced it will discontinue its learning disability nursing course.<sup>xli</sup>

**Mental health nursing courses** are also struggling. There was a general view among interview participants that places in children's nursing continued to be popular, whilst places in mental health and, in particular, learning disability nursing, have always proved a challenge to recruit to.

Level of recruitment	Adult nursing	Child nursing	Mental health	Learning disability
Oversubscribed	10	10	10	1
On target	7	11	8	3
Under-recruited	11	1	6	6
Total respondents providing course	28	22	24	10

Table 2. Survey results: Recruitment to nursing course targets across fields in 2017/18

## Viability and course provision

One of the risks of the new model of funding for nursing degrees is that course provision in the four fields may change across the country. Some courses may simply become financially unviable for universities to run, with a knock-on effect on local workforce supply. However, at the same time, new providers may choose to offer nursing courses as they can now recruit more freely than previously and are able to charge fees. This has been entirely left to chance, with no assessment of the minimum necessary provision across the four fields to meet population needs and no plans for mitigation should this minimum provision not be met.

Our survey shows that it may be too early yet to see to which extent the overall course provision will be affected. Whilst some significant under-recruitment has taken place, no provider in the survey indicated that they were considering changing their course offering for 2018/19. However, some providers did state they may have to do so in the longer term. Similarly, interviews with participants suggested that, whilst recruitment was very challenging, most of the universities had not fundamentally changed their recruitment plans from previous years. Anecdotally, it has been reported that universities have put an extraordinary amount of effort into recruitment in this first year of reform, and it is unlikely that they will sustain this in the long term.

There is some emerging evidence that HEIs are finding it difficult to recruit to postgraduate programmes.<sup>xliii</sup> Fees have been introduced for these courses, too, but are not yet charged due to a delay in necessary legislation. Government has left this part of the funding reform unresolved. This is likely to have caused confusion amongst prospective students as to which courses will be affected by the funding changes, and at which point, therefore putting them off applying. This is particularly concerning because this is an under-utilised route into the nursing workforce that has the potential to attract existing graduates from other fields into nursing within two years.

The central commissioning of the work-based clinical placements of degree training remains with HEE. This is still capped based on the amount of funding the Government chooses to provide. The Government has recognised the need to increase funding for clinical placements,

given that this is the only current lever it still holds if it is to successfully grow the nursing workforce. In October 2017, a commitment to a 25% increase in clinical placement funding from 2018 was made.<sup>xliiii</sup> An initial uplift for 1,500 students had already been made available via HEE very late in the higher education recruitment cycle in August 2017.<sup>xliiv</sup> We asked survey respondents if their institution has accepted this 2017 funding and how many additional places this generated. Only nine out of 27 survey respondents knew their institution had accepted the offer. Of those nine who had accepted, three respondents said that this did not result in any more training places being made available and the remaining six respondents reported small numbers of extra places ranging from nine to 25.

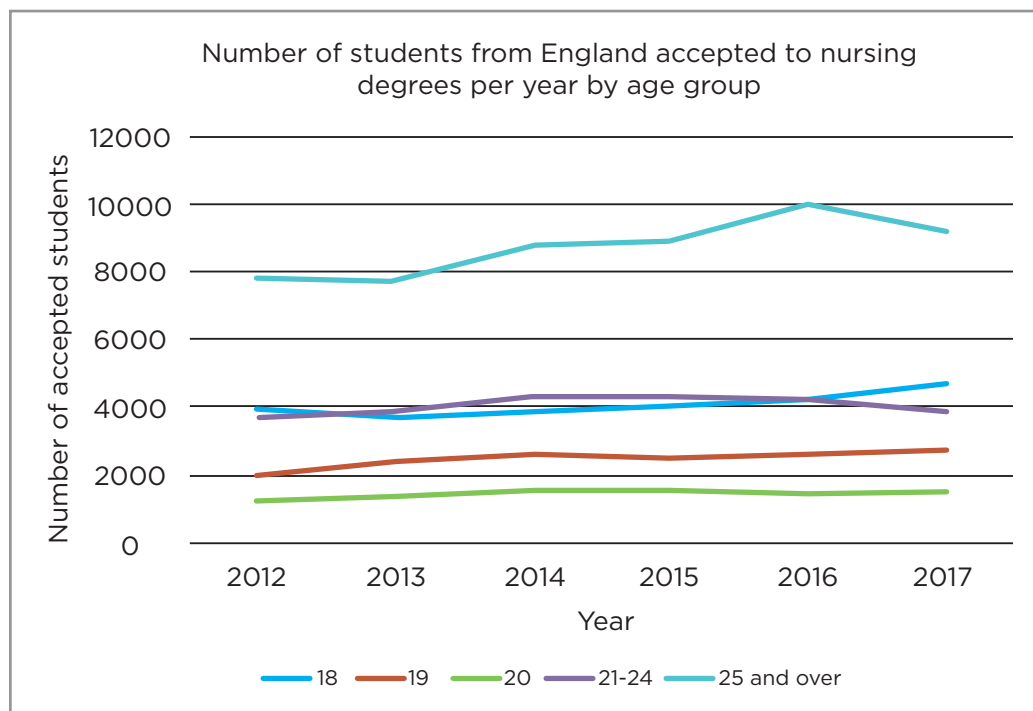
This supports the results of a recent Nursing Times survey which found that while 20 out of 27 respondents had accepted the tariff uplift, only 50% said they would increase the number of students as a result.<sup>xliv</sup> RCN local intelligence indicates that a key factor in enhancing placement funding is ensuring awareness of the increase and a strengthened capacity within the system to deliver this. There was also a sense that the funding had come too late to make a difference – it is vital that Government does not make this same mistake again. As of now, there is no communication on how the extra 25% of training places will be implemented. In addition, clinical placement capacity was mentioned as a barrier to further expansion and the capacity of existing nurses to mentor and supervise the students on their placements is also a finite resource. This indicates that the Government is highly unlikely to be able to increase nursing training places in 2018/19 without a clear strategy and additional investment in the service.

Some universities run two student intakes in an academic year, with one cohort starting in September and a second in February. This is significant for local workforce supply chains, with several trusts reliant on newly qualified nurses entering the workforce twice a year rather than once. Intelligence gathered from RCN regional networks suggests that the spring intake is likely to be stopped in some areas in the future. One survey respondent running a spring intake confirmed that their course was closing. Others stated that because they had under-recruited in the summer, they were hoping to make this up in February.

### Recruitment of students by age

Early indications suggest that the profile of HE students appears to be changing, with applicants now younger than in previous years. Losing mature students continues to be a risky consequence of the reform identified by many stakeholders. Since the introduction of the £9,000 fee payment, there has been a significant and sustained fall of 10% in part-time and mature students.<sup>xlvi</sup> Removing barriers to access to HE is a specific commitment of this Government.<sup>xlvii</sup> For nursing, this is particularly significant as students traditionally had an older age profile before the

funding reform (according to the DHSC, 41% of nursing midwifery and allied health professional students are aged over 25, compared with 18% of the wider student population). The profession, and health and care services, benefit from workforce entrants with significant life experience and they are more likely to remain in the profession.<sup>xlix</sup> Mature students are also more likely to choose the shortage areas of mental health or learning disability nursing.<sup>l</sup> This drop may therefore increase pressures on the already existing staff shortages.



Source: UCAS end of cycle data 2012-17

Applications from mature students to nursing degrees have been disproportionately affected by the funding reform, dropping by 28%.<sup>li</sup> This has resulted in a smaller number of mature applicants placed onto nursing programmes. Applicants accepted to nursing degrees aged 21 to 25 fell by 13% compared with 2016, and applicants accepted aged over 26 fell by 6%.<sup>lii</sup> Local intelligence gathering suggests that applicants to nursing appear to be a younger demographic, with more school leavers and fewer mature applicants.

As well as being more likely to be mature students, nursing students were twice as likely as the rest of the student population to come from low participation neighbourhoods – making a vital contribution to social mobility and widening participation. It is unclear whether Government is monitoring any changes in this area, despite its clear commitment to doing so.<sup>liii</sup>



Field	% of students from low participation neighbourhoods (POLAR3 Quintile 1)
Higher Education Average (England)	10.9
Nursing (adult)	19
Nursing (child)	15
Nursing (learning disability)	21
Nursing (mental health)	22

Percentage of enrolled students on pre-registration nursing programmes in England (2013) from low participation neighbourhoods. Data source: Secondary analysis by Health Education England (HEE) of 2013 HESA data

### The unique profile of nursing students

The nursing student population is markedly different from the wider one. Nursing students are more diverse than other undergraduate groups and usually include more students from low participation neighbourhoods.<sup>liv</sup> They are far more likely to be mature students (41% aged over 25, compared with 18% of the total student population) and to have caring responsibilities.<sup>lvi</sup>

The placement element in their degree means that they spend up to 50% of their degree on placements, making a valuable contribution to the quality of patient care and service delivery across the health care system while they are learning. It also means they have the highest total workload hours of all higher education subjects<sup>lvii</sup>, at 39 weeks per year (and some studying for 48 weeks a year). This severely restricts any opportunity to support themselves through part-time work outside of university. The incentives we have identified and costed (Appendix 3) specifically address these unique characteristics.

### Funding and clinical placements

RCN intelligence gathering reveals emerging issues around fee-paying students as consumers: these have higher expectations and may be much more demanding. This will have implications both for universities and for health care providers in meeting and managing student expectations. For example, regarding types and locations of placements, the quality of clinical teaching, mentorship contact and mentorship relationships, and the quality and content of lectures.

Given that no expansion of student numbers has taken place, in the context of the current workforce crisis, the Government must incentivise entry into nursing education immediately. Supported by a substantial promotional campaign and dedicated investment, the Teach First programme can serve as a model for incentivising graduates from other subjects into the profession. The Treasury has estimated that the introduction of fees for nursing and other health care students equates to a saving of £1.2 billion.<sup>lviii</sup> It is unclear where this funding has been reinvested anywhere in the health and care system.

### The introduction of degree apprenticeships in nursing

Nursing degree apprenticeships were introduced by the Government in England in September 2017 to increase the numbers of registered nurses. A degree apprenticeship in nursing will take approximately four years to complete, leading to a bachelor's degree.<sup>lix</sup> Like a student nurse, an apprentice is a type of learner. They will still be required to undertake clinical placements and be supernumerary.

Apprenticeships offer a route into registered nursing without the cost of tuition fees and loans for the trainee. This may appeal to existing health care support workers; this group holds a large untapped potential for meeting the increasing demand for registered nurses.<sup>lx</sup>

As illustrated by the Health Select Committee inquiry into the nursing workforce, whilst degree apprenticeships are a welcome new route into the profession, they do not generate any

new investment into the system or present a meaningful solution to the workforce crisis.<sup>lxvi</sup>

Apprenticeships are being implemented across a range of sectors to deliver new work-based routes into qualifications. All large employers must pay a mandatory levy, from which they can apply to access a return of funds in order to finance education and assessment for the apprentices they employ. The NHS is one of the biggest levy payers and is creating new apprenticeships across several roles, including nursing, and at all levels of qualification up to postgraduate degrees. A Nursing Degree Apprenticeship Standard<sup>lxvii</sup> has been created, matching the requirements set for all pre-registration nursing education by the NMC.

Employers can only use the levy funding to cover training and assessment costs, and are required to pay apprentices a salary which they are expected to fund out of their existing financial envelope. Subsequently, any increase in degree apprentices would also increase the cost to the employer of salary. In the current financially pressured environment, it will be difficult for employers to increase staff numbers without a correlating increase in funding for the expansion of established nursing posts. NHS Employers state that this extra cost has not been properly factored in: “We think the cost is probably something in the region of £125,000 to £155,000 over the four years of a nursing apprenticeship, and the levy will not capture all that cost.”<sup>lxviii</sup>

Currently, only two universities are running a course, with 30 apprentices in total.<sup>lxix</sup> Planning decisions are affected by requirements for additional funding so that employers can cover the salaries of apprentices and backfill when they are on training. No additional investment has been made to cover this. There has been a large decline in all new apprenticeships since the levy was introduced in 2017. Between May and July 2017, there was a fall of 59% in the number of apprentices across all sectors compared to the same period in 2016,<sup>lxx</sup> and other stakeholders agree it is unlikely to become a major contributor to the workforce.<sup>lxxi</sup> The Government needs to urgently address the issue of funding – both for additional salaries and for backfill for training days – if the degree apprenticeship route is to expand the workforce in any meaningful way.

RCN local intelligence gathering indicated that HEIs and employers are still treading carefully regarding nursing degree apprenticeships. This may be due to the uncertainty over funding issues, given there has been no additional investment into the health care system to cover this new route or to help health care employers to pay the levy. This is perhaps unsurprising, as apprenticeships are still in the very early stages of implementation. However, interviewees have raised some clear issues that need resolving.

The local intelligence has indicated a lack of communication from Government and system-side groups on what exactly the levy could be used for and how else employers might pay for the costs arising from the apprenticeship model (such as salary and backfill for the days the apprentice is at university and on placement – two days a week on average). There is a view that the implementation has been rushed through and many are unsure exactly how it will work. Where existing staff take up these routes, employers are more likely to upskill their own staff but not add to their workforce. This has been raised as an issue, particularly since there will be no additional investment in the health care sector for employers to increase headcount.

As outcomes for degree apprenticeships will be equivalent to mainstream undergraduate nursing degrees, they must comply with the same standards set by the NMC for approved education programmes. As stated, these standards are currently being revised and the new version will be published in 2018 (see above). This is another reason why organisations have been putting off providing nursing apprenticeship programmes; they will need to comply with new standards which have not yet been published. This has also made it difficult for organisations to gauge the content required for apprenticeship training, delaying the delivery of programmes.

The interviews conducted by the RCN found that one potential benefit of the apprenticeship scheme is that apprentices are salaried whilst training and this offers an alternative route into nurse training for those who do not wish to incur debt from student loans. A further benefit is the sense that recruitment to apprenticeships is employer-led, ensuring providers have a say in the type of applicant being offered the training.

Traditional degree students tend to come from all over the country and a large number will return home after graduation. However, with the apprenticeship, it is expected that students will already be living and working locally and retention could potentially be greater. There was also an expectation amongst interviewees that the apprenticeship route may appeal to mature students, as it will allow them to complete their nurse training whilst receiving a salary. This may be a correlating factor to the fall in applications to university courses for this group of students, but it is too early to tell.

## The new nursing associate role

The new nursing associate (NA) role is now being introduced in England. The role is designed to bridge the gap between health care support workers and registered nurses and will be an Agenda for Change Band 4 role (registered nurses start from Band 5). Training pilots started in 2017 across 35 test sites, with 2,000 trainee nursing associates. The first nursing associates are expected to qualify in early 2019. From 2018, training is delivered through an apprenticeship programme.<sup>lxxvii</sup> A further 5,000 nursing associates are planned to be trained through the apprentice route in 2018, with an additional 7,500 planned for 2019.<sup>lxxviii</sup> As it is a bridging role in concept, it is expected that upon successful completion of the nursing associate training, staff can progress towards a registered nurse qualification if they wish. This could be either through university or on a longer work-based route via an apprenticeship, with either option taking an additional minimum of two years to complete. According to HEE, initial expectations are for 40% of nursing associate trainees to go on to become registered nurses.<sup>lxxix</sup>

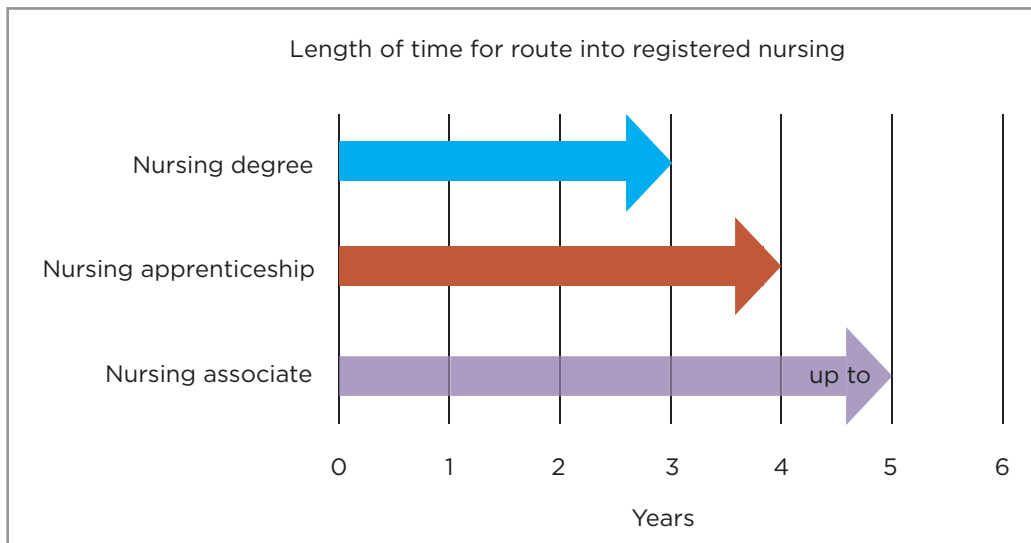
There is considerable confusion over the nursing associate role and instances of substituting registered nurse roles with those of (trainee) nursing associates, so urgent guidance is needed.<sup>lxxx</sup> This “lack of clarity” is echoed by the Health Select Committee.<sup>lxxxi</sup> One Trust, for example, has agreed to reduce the number of FTE registered nurses on its wards by 23.58 to replace them with 24 new nursing associate roles.<sup>lxxxii</sup> There is clear evidence on the necessary skill mix of registered nurses needed to meet

patient safety and this must be considered when assessing the potential impact of any changes to service.

The combination of reforms must not undermine nursing as a profession. University degrees for nursing were established to provide the level of education required for the registered nurse. This includes clinical skills, the wider skills needed for effective leadership and problem solving, such as critical thinking and challenge, as well as the research methodology required to implement and evaluate innovations in treatments and care. Increasingly, nurses are diagnosing, prescribing and leading multidisciplinary teams, leading quality improvement, service design and commissioning. England was the last UK country to adopt and implement degree-level education in 2013, in recognition of the advanced level of practice and clinical knowledge required.<sup>lxxxiii lxxxiv</sup> This is the standard promoted internationally by the World Health Organization.<sup>lxxxv</sup>

Both the degree apprenticeship and nursing associate routes will take considerably longer than the established three-year higher education route. The Health Select Committee has been clear that these are only part of the solution to the current nursing shortage.<sup>lxxxvi</sup> Given the ever-increasing staff shortages, growing the number of students trained via the three-year university degree route must be a top priority. We support the development of new routes but they must be planned strategically. It is vital to plan the volume of new registered nurses entering the health care system against a clear timeframe.

The diagram below shows the length of time taken for each route into registered nursing; routes can be shorter if prior learning and/or experience is recognised through the Accreditation of Prior Experiential Learning mechanism (APEL).



RCN intelligence identifies some clear benefits of the trainee nursing associate (TNA) programme. Feedback from those involved in the delivery of the programme has been positive. The value that TNAs bring to clinical practice and their popularity with staff and patients is seen as beneficial. Similar to the benefits associated with degree apprenticeships, health organisations can develop their own workforce through training TNAs. This in turn, is viewed as improving the skills and retention of the workforce.

Given that NAs will also be trained through the apprenticeship route, similar issues apply (for example, the process is employer-led).<sup>lxxvii</sup> For NAs, not only the route but also the role is new, and its regulation and training standards are still being developed. Unsurprisingly, local intelligence reveals that, while HEIs are interested in delivering training for the new roles, it is only employers that can accelerate the implementation, and organisations involved are keen to see evidence from the pilots before developing their own approaches.

This new role will also be regulated by the NMC<sup>lxxviii</sup> and new standards for nursing associate education, as well as for the apprenticeship, must be developed. Amongst interviewees, the main concern was the delay in the release of these standards. There is agreement that once final standards are approved in September 2018, they will have to provide clarity about what is expected during the two-year course, to allow progression towards registered nurse qualification for those who wish to pursue it.

As with the degree apprenticeship route, universities have existing working partnerships with their provider organisations in delivering traditional degree courses. There were mixed views on how these existing relationships were being affected by the new role. Some felt the new role had been very well received in practice, with local relationships strengthened by the removal of HEE's involvement, and more direct dialogue between universities and health care providers. However, some were more sceptical, explaining that the challenge of universities and employers working together is that they do not always want the same things.

Predictably (given the apprenticeship funding model where no additional funding for salaries is provided), it appears that most individuals enrolled on the pilot scheme are existing members of staff at the sites. However, one participant explained they were in discussions with employers to recruit externally, and this will allow the trusts to grow their workforce instead of simply upskilling their existing staff.

One issue raised during intelligence gathering was the capability of trainees to complete the course and the support they need to gain the academic requirements to become a registered nurse. There were early reports from some universities that some students are struggling to understand the new role, which could lead to increased rates of attrition if TNAs are not fully supported. There is a concern that there are insufficient placements and registered nurse mentors in the various settings to support the

practical learning of TNAs. Therefore, some participants felt that NAs may not be sufficiently equipped to later enter onto a registered nurse training programme if desired. However, the fact that many TNAs come from the existing unregistered health care support workforce means they already have a specific skillset.

Substitution of registered nurses with NAs by financially challenged employers, particularly in the context of significant shortfalls in the registered nursing workforce, could have unintended consequences on the ability to provide safe and effective care. There are already reports of providers reducing their number of registered nurse posts and substituting them with NAs.<sup>lxxxix lxxx</sup> The starting point for planning any health and care service must be safety and effectiveness. For patients, it is fundamentally critical that the clear evidence on the necessary skill mix of registered nurses to meet patient safety is considered and responded to. RCN intelligence reveals concerns over employing NAs inappropriately, in place of registered nurses. This could further dilute the workforce and add to the supply problem, as there would be insufficient numbers of suitably skilled registered nurses who could become mentors.

Some of our interviewees as well as evidence to the Health Select Committee<sup>lxxxi</sup> suggests that the NA role is increasingly developing into a role in its own right, with current trainees not necessarily wishing to progress into a registration at all. The extent of this progression will be critical to determine the future status of this role as a 'bridging' one into registered nursing and therefore the growth of that workforce, as intended by Government.

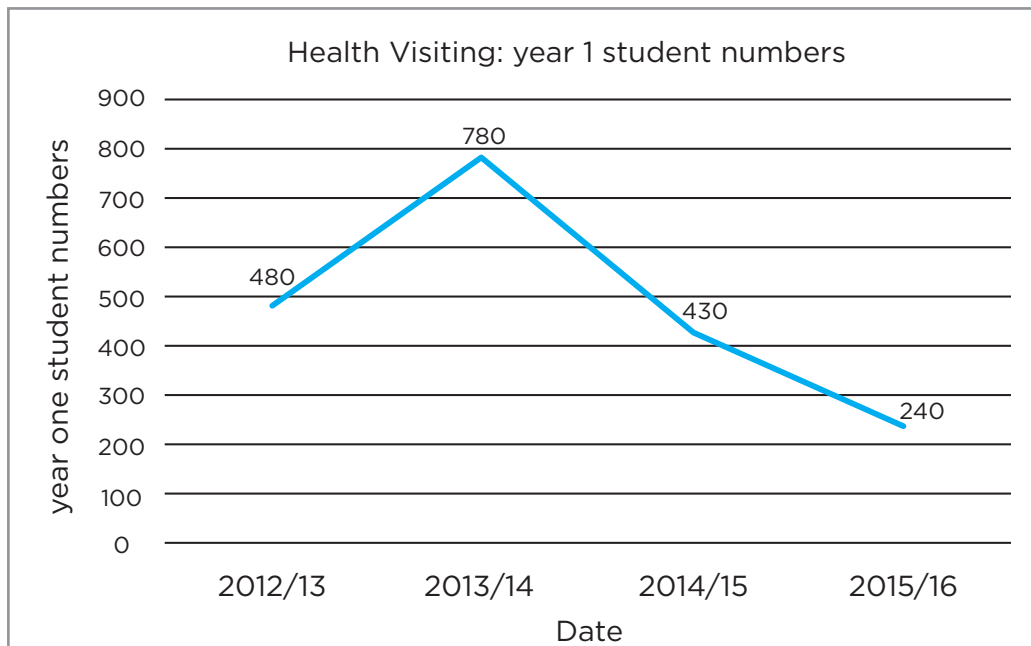
## Retention of the existing nursing workforce

### Continuing Professional Development (CPD)

National funding for CPD, for nurses working in the NHS, is provided through the HEE budget for workforce development. This includes specialist learning at diploma, undergraduate and postgraduate degree levels and stand-alone modules. Budgets for CPD for nurses have been substantially cut in recent years – 60% over the past two years, from £205m in 2015/16<sup>lxxxii</sup> to £83.49m in 2017–18. In contrast, the 'future workforce' postgraduate medical and dental budget will be increased by 2.7% in 2017/18.

<sup>lxxxiii</sup> The Health Select Committee reports the detrimental effect this is having on the existing workforce.<sup>lxxxiv</sup> Investment in advanced nursing is essential to ensure that health and care services are transforming to meet changing population health needs and demographics.

Similarly, post-registration training is badly affected. All specialist post-registration training programmes were under-recruited against HEE's 2016–17 Workforce Plan. The programme group, as a whole, was under-recruited by 22%. Health visiting training recorded the largest under-recruitment, with a shortfall of 34%.<sup>lxxxv</sup> Health visitors have specialist skills that enable them to support new parents and babies at the most critical period of their development. In recognition of this vital role, health visiting training received a brief period of investment in 2011 with the Health Visitor Implementation Plan. This plan set out to invest in more health visitors as a response to low numbers coming through training, and to bolster the capacity of the workforce to deliver essential health promotion activities for babies, children and families. As the graph below demonstrates, since the short-term expansion in numbers experienced after the 2011 Implementation Plan, the number of student health visitors has now fallen far below the level in previous years.



Source: HESA data for year one students Health Visiting between 2011 and 2015

### Fair pay and conditions

Nursing staff in the NHS have been subjected to the public sector pay cap, which has meant a 14% pay cut in real terms since 2010. These cuts have had a clear impact on the profession and have been experienced alongside staffing shortages at a time of unprecedented patient demand and in the context of NHS productivity already being higher than the background rate of the wider economy.<sup>lxxxvi</sup> Low pay exacerbates low morale and inevitably causes skilled nurses to leave the profession. Nursing pay has a direct impact on

staffing levels, workforce morale, recruitment and retention, and, ultimately, patient safety. The top reason cited to the NMC amongst those leaving the profession is ‘working conditions – for example, staffing levels, and workload’.<sup>lxxxvii</sup> Sir Robert Francis QC, Chair of the Mid Staffordshire inquiry and honorary President of the Patients Association told the Health Select Committee that “a huge number of staff are working in, frankly, unacceptable and unsafe conditions.”<sup>lxxxviii</sup>

## 4. The answers

### 1. The Secretary of State for Health and Social Care, the Department of Health and Social Care and the NHS arms-length bodies must develop a credible long-term health and social care Workforce Strategy

The RCN welcomes the current consultation on developing a workforce strategy. However, we must be clear that the current approach does not contain what is needed for our health and care services either now or for the future. A real workforce strategy needs a whole-system approach, must set out what is needed by way of workforce, what levers will be used and how implementation of a strategy will be supported. We call for a real a whole-system approach that looks beyond the health arms-length bodies, to co-develop a meaningful strategy that sets vision, establishes models of partnership working, sets out the workforce we need, the policy levers and funding, as well as designating clear approaches for implementation.

A methodology to determine and respond to population-based demand and need for the nursing workforce, in the context of the evidence base, must be central to the strategy. The Health Select Committee agrees, stating that “future projections of need for nursing staff should be based on demographic and other demand factors rather than affordability” and, referring to the draft strategy, that “the methodology behind these projections is not clear.”<sup>lxxxix</sup>

### 2. Legislation that clarifies accountability for nurse staffing for safe and effective care in all health and care services

While legislation alone won't fix the extent of our demand and supply problem in the workforce, we need law in place to ensure we have the right nursing staff, with the right skills, in the right place at the right time. This includes clarifying accountability and responsibility for workforce strategy, policy, planning and funding at every level – including Ministerial ownership as well as national agencies and local organisations.

### 3. The Office for Students and the Department of Health and Social Care must be responsible for mandated data monitoring and collection

For staffing levels of taxpayer-funded services, such as health care services, there must be statutory requirements for workforce data collection across the whole health care sector and at a sufficient level of detail and granularity. The Health Select Committee is clear that this requires “a nationally agreed dataset to enable a consistent approach to workforce planning and an agreed figure for the nursing shortfall.”<sup>xc</sup> This should also include the latest available student applications and student number data, to enable meaningful and responsive workforce planning. The setting up of the new higher education regulator Office for Students provides a timely opportunity to establish a statutory requirement for this data.

### 4. The Department of Health and Social Care must lead a sustained national communications campaign for the nursing profession

We urge the Government to launch a high-profile national campaign to ensure that as many applicants as possible are encouraged to apply, train and graduate as nurses through higher education – the continued fall of applications to nursing courses in 2018 makes this ever more pressing given the significance of this agenda. Given that university degree is the main route, we ask that the DSHC takes the lead on this campaign, retaining accountability and responsibility for delivery. We want the DHSC to consider co-production of this campaign with the Department for Education alongside the Office for Students as the new HE sector body.

### 5. HM Treasury and the Department of Health and Social Care must provide targeted funding for potential students into undergraduate pre-registration routes and dedicated investment in nursing students

The Government must actively incentivise entry into nursing education immediately through the adoption and funding of targeted incentives. We recommend that this is one of the specific actions Government takes in light of continued falling applications, as requested by the Health Select Committee in its recent report.<sup>xcii</sup> The introduction of fees for nursing and other health care students is estimated by the HM Treasury to equate to a saving of £1.2 billion.<sup>xciii</sup> It is unclear where and whether this funding has been reinvested. Financial support for living costs to incentivise a wider range of applications could take the form of: universal grants for students in recognition of their placements; means-tested grants to maintain diversity; and/or targeted support for parents and carers. For a local targeted approach, a central fund could be created within the DHSC. Employers could access this pot to receive dedicated funding to incentivise and grow the required workforce in their area, for example through tuition fee write-off or stipends in recognition of service. The RCN has submitted costed options to the Government to increase the supply into the nursing workforce (see Appendix 3) and other key stakeholders have acknowledged the need for such incentives.<sup>xciii</sup>

The workforce strategy must also contain targeted initiatives to better understand and address the issue of retention, in line with HEE's RePAIR project work on reducing attrition and improving retention.

### 6. The Department of Health and Social Care and Health Education England must invest in postgraduate pre-registration routes and developing the current workforce

The postgraduate pre-registration route offers a significant policy opportunity to grow the workforce. Yet critically important decisions on the mechanism and quantum of funding remain unresolved. Given both the numbers and the quality of graduates via this route – with significant contributions to the research and leadership cadre, the DHSC and HEE urgently resolving this will bring real and immediate benefits.

As well as graduates of other subjects, strategic initiatives that target people who already work in the health care system, recognising prior learning and enabling progression to degrees and registration are critically important. Not only might such initiatives – deployed at scale – play a key role in meeting the demand for a clinical workforce, they also widen participation in these professional courses. This is a core mission of higher education, a stated aim of the Government, and can also bring significant benefits to the diversity and quality of the workforce.

Education providers<sup>xciv</sup> estimate that many postgraduate courses could expand by around 50% if more funding were available. They also estimate that funding tuition costs for these programmes at the 2018 fee rate for undergraduate studies (£9,250 per year) and providing a modest student bursary of £7,500 per student per year towards living costs, would significantly support programme expansion. The total cost of this through a two-year postgraduate route would be £33,500 per student. This is less than the average annual premium paid by trusts over a single year for a full-time equivalent agency nurse.



### **7. Health Education England must reverse cuts to and ringfence nurses' continuing professional development budgets**

As part of a system-wide approach to supply and development, considering new pre-registration education standards taking effect in 2018 and 2019 and in line with the Health Select Committee's recommendations,<sup>xcv</sup> the HEE budgets for the CPD of the non-medical health care workforce must be urgently reinstated and opportunities clearly communicated.

### **8. HM Treasury and the Department of Health and Social Care must fully fund the cost of nursing degree apprenticeships**

If the Government wants apprenticeships to become a substantial workforce contributor, it needs to ensure that the route is taken up by all employers across the sector. This will require communication from the Government and system-side bodies on how the levy can be used, and how employers might pay for the costs arising in the apprenticeship model (such as costs for salaries and backfill) and should include additional investment. In the case of the nursing associate, national development of and communication about the role is also urgently required, in line with Health Select Committee recommendations.<sup>xcvi</sup> Policy narratives should reflect that this route will not deliver the numbers the service needs by not distracting from the main undergraduate route into the professions.

# Appendix 1: Methods of data collection and analysis

In October 2017 a survey was sent to 52 HEIs in England running pre-registration nursing education, providing closed and open-ended questions exploring the extent to which recruitment targets were being met across the fields of nursing education that they offer. The survey was sent to individuals in senior academic roles within each institution's nursing school. Responses were received from individuals from 28 institutions.

Alongside this, data was collected through semi-structured, in-depth telephone interviews with eight lecturers in HEIs offering nursing pre-registration degrees. These included: course leaders, admissions tutors and others

with knowledge of the student market and first year intake in such courses. These were complemented by one interview with an RCN regional member of staff who has knowledge of the workings of several universities in the area. In addition, one interview was conducted with an NHS employer to obtain a more comprehensive picture of the impact of the changes from various perspectives. All participants were based in England.

Regional intelligence on recruitment to nursing courses, apprenticeships and the nursing associate programme was also gathered through the RCN regional offices and helped to shape some of the report's findings.

**Please state your job title.**

Open-ended question

**Please state your higher education institution (this is to avoid double counting and will not be made public).**

Open-ended question

**To what extent have you met your original recruitment targets in your pre-registration nursing courses (please respond against all education fields you deliver) adult nursing, child nursing, mental health and learning disability for autumn 17 entry?**

	Oversubscribed	On target	Under-recruited	Unsure/ do not know	Not applicable
--	----------------	-----------	-----------------	------------------------	----------------

**Do you provide a spring intake into pre-registration nursing courses?**

No

**Can you give an early indication on the extent to which you are meeting recruitment targets across the relevant fields for spring intake?**

	Oversubscribed	On target	Under-recruited	Unsure/ do not know	Not applicable
--	----------------	-----------	-----------------	------------------------	----------------

**Do you plan to continue spring intake?**

Yes

No

**Has your institution accepted the HEE placement tariff uplift of just under 6% for 2017/18?**

Yes

No

I don't know

**How many extra nursing training places are being made available? Please provide numerical answers only, if none enter '0'.**

Open-ended question

In the boxes below, please enter the number of extra nursing places being made available across the fields. Please provide numerical answers only, if none enter '0'.

Adult

Child

Mental health

Learning disability

Are you likely to make changes to your course offer for 2017/18?

	Adult nursing	Child nursing	Mental health	Learning disability	Not planned	Not sure/ don't know
Planning to readjust number of places on field/courses to reflect recruitment trends						
Course discontinued						
Change marketing strategy						

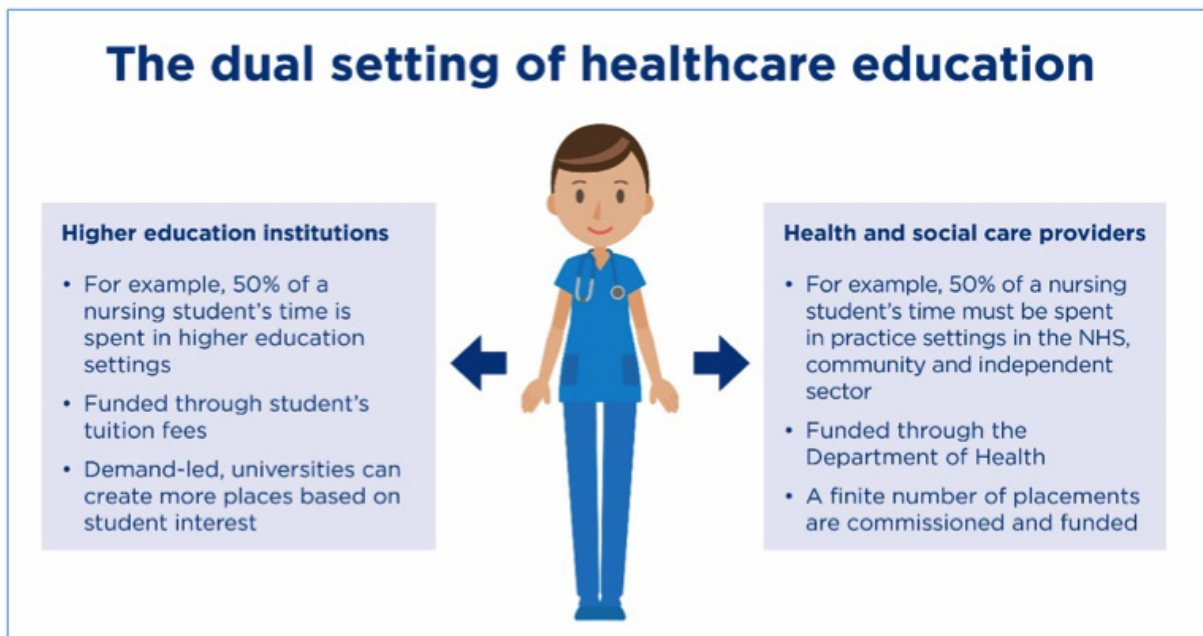
Are you likely to make changes to your course offer for 2018/19 and beyond (notwithstanding responding to NMC changes)?

	Adult nursing	Child nursing	Mental health	Learning disability	Not planned	Not sure/ don't know	Response Total
Planning to readjust number of places on field/courses to reflect recruitment trends							
Course discontinued							
Change marketing strategy							

# Appendix 2: Training and education model

## Nursing education and training

The majority of nurse training takes place via a three-year undergraduate degree. As well as academic study at a HEI, nursing students spend up to half their time in practice-based settings across the health and social care system. This is a legal requirement set by the legislation governing nursing and wider health care education.



Health care education is split between education and practice settings

# Appendix 3: Incentives to expand healthcare student numbers

## Introduction

This appendix sets out a range of actions for developing and incentivising traditional and non-traditional routes into the nursing and healthcare workforce. It has been submitted as a paper to the Department of Health and Social Care and HM Treasury in 2017.

## Background

The 2016 healthcare education funding reform in England moved healthcare students into the standard student support system, now required to access loans. HM Treasury has estimated that this policy decision will be equivalent to a saving of £1.2 billion.<sup>1</sup>

In this content, the term ‘healthcare students’ is used to refer collectively to nursing, midwifery and dental therapy and hygiene students. It does not include medical and dental students. It also focuses on undergraduate students as this is the majority route into the health and care workforce. There is, however, the significant issue of the ongoing uncertainty about how pre-registration post-graduate students will be funded from 2018/19. Without clarification on this, there is the real risk that the market for, and supply to these programmes will be disrupted, having a significant impact on workforce supply from 2020.

In the context of Brexit and the move to the open market, we think that Government needs to actively incentivise the recruitment of many healthcare more students to meet the growing workforce demand. There is a real danger that the current model of education funding for students will have an immediate detrimental impact on the growth of domestic supply we urgently need in England. We recognise that the investment incentives outlined in this paper have a cost attached and that this may be challenging within current budgets. However, in the least, this investment will, in the long term, contribute to efforts to reduce spend on agency staff<sup>2</sup> - of which latest forecasts indicate spend totalling approximately £3bn in 2016/17.<sup>3</sup>

## Demographics and education model

These students are fundamentally different from the wider student population, in that:

- They are more diverse than other undergraduate groups and more likely to include students from low participation neighbourhoods<sup>4,5</sup>
- They are far more likely to be mature students (41% aged over 25, compared with 18% of the total student population)<sup>6</sup>
- They have the highest total workload hours of all higher education subjects<sup>7</sup>. With 39 weeks per year (and some studying for 48 weeks a year), courses are typically longer and extend beyond the normal university semesters
- They spend up to 50% of their degree on supernumerary placements, making a valuable contribution to the quality of patient care and service delivery across the health and care system while they are learning.

Healthcare students are primarily based at the Higher Education Institute (HEI) at which they are enrolled, but spend up to half of their time in practice-based settings. For nursing students specifically, this means they will pay £9,250 in tuition fees<sup>8</sup> for their education in the university setting (2,300 hours)<sup>9</sup>, and then spend another 2,300 hours in practice placements across the NHS and social care.<sup>10</sup>

The nature of placements, occurring in blocks of weeks spread across the year rather than within a consolidated period of time, and in a range of locations away from their university base, limits students’ opportunities to obtain part-time employment at the same time in order to support themselves. This is unlike all other individual students studying on other campus-only degrees.

The infographic on the previous page sets out how healthcare education is split between education and practice.

## Growing the domestic workforce

The population of England needs many more healthcare students to meet the growing healthcare workforce demand. After a significant growth in the number of European Union (EU) entrants to the workforce, we are experiencing a drastic reduction in EU entrants, with the number of EU-trained nurses and midwives joining the Nursing and Midwifery Council register for the first time dropping steeply since July 2016.<sup>11</sup>

- Recent figures show approximately 40,000 unfilled nurse posts in England as of December 2016,<sup>12</sup> with the NHS midwifery shortage in England estimated at 3,500.<sup>13</sup>
- A leaked Department of Health workforce model suggests that the nurse staffing supply in the worst-case scenario could fall by 42,000 after leaving the EU.<sup>14</sup>
- England is currently training around 20,000 nurses a year – this number will remain the same for 2017/18.<sup>15</sup>
- Government intended this funding reform to enable the training of an additional 10,000 nurses, midwives and AHPs across the course of the previous Parliament.<sup>16</sup>

## Incentives

We propose approaches which are practicable, building on existing mechanisms and structures. These solutions would incentivise growth in the domestic workforce and are specific, costed opportunities for Government to consider in order to:

- Mitigate potential risks of the healthcare education funding reform and leaving the EU
- Recognise the unique profile and contribution of healthcare students
- Encourage more entrants into the profession.

Given the existing workforce gaps, for safety, effectiveness and quality, and sustainability of health and care services, we ask that Government, HM Treasury and Department of Health and Social Care consider adopting and implementing all four incentives. We present the below in order of likely effectiveness and viability.

**Option 1: Grants for placements:** provides universal direct support to *all* healthcare students

**Option 2: Investment in health care education through employers:** provides the means to significantly pump-prime workforce growth through a local market-led approach, rather than central commissions (and would fully implement the last Government's intention of the healthcare education funding reform)

**Option 3: Means-tested grants:** ensure that the existing diversity of the student population with regards to socio-economic background and the widening participation agenda is preserved.

**Option 4: Targeted support for parents and carers:** extend existing hardship funding, supporting what Government has already committed to do to support students with caring responsibilities and those suffering severe hardship. It has been included here as the details of Government's activity have yet to be clarified.

## Methodology

Within the following indicative costings the baseline figure used for students includes 20,700 nursing students, 2605 midwifery students, 266 dental therapy students and 53 dental hygiene students, which corresponds to the 2016/17 pre-registration figures as set out in the Health Education England Workforce Plan.<sup>17</sup> These costings are calculated on the basis of the total Department of Health resource DEL for 2017/18, equalling £118.7 billion.<sup>18</sup> We acknowledge that this DEL contains existing allocations, however, the incentives present considerable return on investment and wider benefit which merit consideration both within the existing financial envelope, and beyond.

Cost per incentive are set out per annum and per cohort, i.e. for three years which would allow support for a group of students throughout and including completion of a three-year undergraduate degree.

- The four incentives identified have been costed:
- For the number of students in 2016/17
- For a student number growth of 7%, which we understand is a realistic initial expansion rate
- For a student number growth of 10%, given growing workforce demand

## Option 1: Grants for practice placements

*Provide dedicated funding for all students in recognition of the time spent in practice placements during degree study*

### Rationale

- The Government reform of healthcare education funding is an untested and unprecedented move from central workforce commissioning to market-led workforce development in the UK. This poses risks of market failure. Whilst application numbers have been historically high with five applicants to one place for nursing, they have dropped across all the healthcare related professions in the first year of the reform<sup>19</sup> and the number of applicants to nursing places has not expanded significantly compared to previous years in the first week of clearing.<sup>20</sup>
- Critically, the actual number of training places that will be available in the future is not clear. Whilst funding for additional clinical placements has been made available<sup>21</sup>, it is not obvious how this will translate into additional training places and whether these will be filled. The additional funding provided is also foreseen to cover additional 10,000 training places only, and it is unclear how this will meet workforce demand.
- Government must find ways to enable training numbers to expand and ensure that they can be filled with domestic trainees in response to identified workforce demand. Providing grants for practice placements would be a key success factor in making this happen, by ensuring that the right numbers enter the workforce.
- In impact analysis of the nursing education reform, Government recognised that practice placements place a particular burden on these students, but the proposed new Travel and Dual Accommodation Expenses fund will only reimburse travel and accommodation costs incurred when undertaking practical training on placements.<sup>22</sup> Full details are yet to be made

available. This will therefore not provide a uniform recognition of all students.

- Nursing, midwifery and allied health professional students on courses pre-2017 were eligible for a non-means tested grant of £1,000 per year towards their living expenses along the means-tested allowances when they applied for the NHS bursary<sup>23</sup>.
- This new grant could be defined as recognition of the time already given to the NHS, service delivery settings outside the NHS (within and beyond the public sector), and other practice education settings outside the NHS, while on placement, not payment for work as an employee.

### Design

- To recognise and safeguard the supernumerary learner status of students, this should be calculated per student rather than by practice placement setting or hours, to avoid a mechanism that resembles an employment relationship.

- This grant could easily be distributed through Student Finance England and/or the Student Loans Company, alongside maintenance loans, or it could be distributed through the NHS Business Service Authority, which will process the planned Travel and Dual Accommodation Expenses.

### Impact

- These comparatively small funds would send a strong signal of Government's recognition, appreciation and value of the future healthcare workforce.
- It would also help to encourage students who carry a financial and/or social burden on to degrees and thereby increase entry into the workforce.

### Indicative costing

We have costed this incentive at the same level of £1,000 per year as the non-means tested element of the former direct student support.

Current student numbers	+ 7%	+ 10%
2016/17 – 23,624 students £1,000 per year	+ 1,654 students per year (4,962 per cohort)	Extra 10% + 2,362 students per year (7,086 per cohort)
<b>£70.9m per cohort for three year degree</b>	<b>£75.8m per cohort</b>	<b>£78.0m per cohort</b>
£23.6m per annum NB Calculated as 0.020% of DH budget for 2017/18	£25.3m per annum NB Calculated as 0.021% of DH budget for 2017/18	£26.0m per annum NB Calculated as 0.022% of DH budget for 2017/18

## Option 2: Investment from local employers in return for service<sup>24</sup>

*Students receive a stipend or loan/fee repayment from local employers in return for set service within the NHS and other sectors. This would allow local decision-making and implementation in response to local market fluctuations, including potential failure.*

### Rationale

- The Government healthcare education funding reform has essentially brought the healthcare workforce in line with other

sectors, in terms of a market-led workforce supply. There is a real risk to Government that the healthcare education market it is in the process of creating may fail to deliver the required workforce for the health and care system in England – leading to unsafe and ineffective staffing levels in services. Given the critical nature of the workforce to the health system, it is essential that this is mitigated, and Government has accepted this as a suitable approach to such mitigation in other sectors. Creating a central investment fund for local operation will considerably mitigate this risk, allowing local employers and authorities to support the local market as necessary, and enable smooth implementation of the overall reform.



- It is commonplace in other sectors for Government and/or employers to create targeted incentives to encourage entry into the workforce, where domestic supply requires growth. Sponsored degrees with flexible arrangements are available across different sectors.<sup>25</sup>

### Existing commitments in teaching

- The Conservative Party manifesto recognised the need to incentivise the teaching workforce and promised to ‘continue to provide bursaries to attract top graduates into teaching. To help new teachers remain in the profession, we will offer forgiveness on student loan repayments while they are teaching’<sup>26</sup> Teach First<sup>27</sup> students earn an unqualified teacher salary while they train. Teach First has been running since 2002 and positively evaluated.<sup>28</sup>
- The Department for Education provides funding to well-qualified students entering teacher training in priority subject areas that are difficult to recruit to, for example Physics and Maths, students training to be Physics or Maths teachers can access scholarships worth up to £30,000 per year<sup>29</sup>

### Existing commitments in social work

- Step Up To Social Work is an intensive full time postgraduate programme.<sup>30</sup> Trainees gain hands on experience working for a local authority and receive a bursary of £19,833 for the course duration, paid for by their future local authority employer. Once qualified, individuals will usually be contracted to spend a period of time with their employer (e.g. 2 years). Step Up has had a positive interim evaluation report, with a high proportion still in the profession three years after graduating and more working in target social work area of child protection than comparator group.<sup>31</sup>

### Design

- A central funding pot could be created within the Department of Health that local employers could access to receive dedicated funding to incentivise and pump-prime the locally required workforce growth.
- Students could sign contracts with employers,

both in the NHS and other employing organisations, whilst studying and receive financial support in return. This could take the form of fee payments and/or stipends for living expenses, depending on what local employers deem appropriate to meet local workforce demand. The latter will be particularly attractive to students as they offer up front support. It would be essential that students were not tied to a particular post for a length of time, but had flexibility to move between different clinical areas within an employer organisation.

### Impact

- A central funding pot could be created within the Department of Health that local employers could access to receive dedicated funding to incentivise and pump-prime the locally required workforce growth.
- Students could sign contracts with employers, both in the NHS and other employing organisations, whilst studying and receive financial support in return. This could take the form of fee payments and/or stipends for living expenses, depending on what local employers deem appropriate to meet local workforce demand. The latter will be particularly attractive to students as they offer up front support. It would be essential that students were not tied to a particular post for a length of time, but had flexibility to move between different clinical areas within an employer organisation.

### Indicative costing

This incentive provides flexibility which would allow local decision-making as to what is required to incentivise local workforce growth as required. We have costed three different incentives that local decision-makers could consider, which are

- A stipend to be paid by employers in return for a contract post-qualification. This has been costed for £12,000 a year, as an example, but would need to be more thoroughly considered in the local context. The teacher training bursaries and funding scales<sup>32</sup> provide a useful orientation here, they range from £3,000 to £30,000 over differing timescales and depending on subjects

Current student numbers	+ 7%	+ 10%
2016/17 - 23,624 students	+ 1,654 students per year (4,962 per cohort)	Extra 10% + 2,362 students per year (7,086 per cohort)
<b>£850.5m per cohort for three year degree</b>	<b>£910.0m per cohort</b>	<b>£935.5m per cohort</b>
283.5m per annum NB Calculated as 0.24% of DH budget for 2017/18	£303.3m per annum NB Calculated as 0.26% of DH budget for 2017/18	£311.8m per annum NB Calculated as 0.26% of DH budget for 2017/18

- Fee payments in return for contract post-qualification have been costed as half fees (£4,625)

Current student numbers	+ 7%	+ 10%
2016/17 - 23,624 students	+ 1,654 students per year (4,962 per cohort)	Extra 10% + 2,362 students per year (7,086 per cohort)
<b>£327.8m per cohort for three year degree</b>	<b>£350.7m per cohort</b>	<b>£360.6m per cohort</b>
£109.3m per annum NB Calculated as 0.09% of DH budget for 2017/18	£116.9m per annum NB Calculated as 0.10% of DH budget for 2017/18	£120.2 per annum NB Calculated as 0.10% of DH budget for 2017/18

### Option 3: Means-tested grants

Provide additional support to students from lower socio-economic backgrounds as well as to mature students who may be more debt-averse<sup>33</sup>, ensuring equality of access and a diverse student and health workforce population.

#### Rationale

- Government has recognised that the student population affected is exceptionally diverse, in terms of socio-economic background, age and ethnicity.<sup>34</sup> It is paramount that equality of access is ensured and a diverse student and health workforce population is preserved. We recognise that Government intends to do this through the targeted support for parents/carers and the planned hardship fund, but would urge it to look at wider measures beyond this.
- Approximately 41% of nursing, midwifery and allied health professional students are aged over 25, compared to 18% of the wider student population<sup>35</sup>.
- A relatively high proportion (37.2%) of all students on subjects allied to medicine are from NS-SEC classes 4,5,6 and 7 compared to most other courses.<sup>36</sup>
- We recognise that the 2012 move to increase tuition fees to £9000 has not had a detrimental effect on the participation of disadvantaged groups. However, we also note that disparities between advantaged and disadvantaged geographical areas remain<sup>37</sup> and that there has been a significant and sustained fall in part-time and mature students applying to universities since the introduction of the new fee regime. Since 2009/10, there has been a 10% drop in full-time mature students.<sup>38</sup> For a Government that has put an increase in social mobility at the heart of what it does, it is essential to consider all measure at its disposal to preserve social mobility where it is already occurring.
- All students entering programmes from 2017/18 have been moved over to a loans system. Currently, the amount of maintenance loan a student is entitled to will depend on household income. If earnings are below £25,000 then the student will be entitled to a full loan, with a sliding scale of means tested contributions towards maintenance for incomes above £25,000.
- Access funding is provided by universities that charge fees that are higher than the minimum level. Such funding is targeted at groups of student who may be put off from attending university. Many universities

provide funding for students from low income backgrounds as part of their access agreements.<sup>39</sup> City University London has a bursary for mature students aged over 21 who earn below a salary threshold,<sup>40</sup> for example, and the University of Portsmouth offers a cash bursary of £750 per year to all eligible new full-time, undergraduate students from England whose household income is £25,000 or less.<sup>41</sup> However, the availability and amount of this funding depends on the university and is therefore not universally accessible for all healthcare students. In the context of unmet workforce demand, Government cannot afford to have potential students deterred and must ensure uniform support.

### Design

- Students could receive a supplementary grant from DH in addition to their maintenance loan.

This could be assessed through the Students Loan Company, which needs to assess the household income for the maintenance loan for every student. Healthcare students who qualify under the £25,000-threshold could be given additional support.

### Impact

- Debt-averse students from lower income backgrounds who may have been deterred from a career in healthcare because of the fee regime will be encouraged, enabling talent to be accessed from people in all areas in our society.

### Indicative costing

- Due to data availability, this incentive is costed for nursing students only. The calculation is based on Higher Education Statistics Agency (HESA) data for all Year 1 nursing students – as defined by JACS codes under B700 and leading to registration with the Nursing and Midwifery Council - in England in 2015/16. These totalled at 18,474 students. 43% of those who gave socio-economic data were in classes 4-7, which have previously been used to identify lower socio-economic backgrounds.
- It should be noted the total number of students with an unknown or not classified socio-economic indicator was 19%, so caution should be exercised when using the above figure in calculations scaled up to the wider student population. We assume that this is due to the relatively high number of mature students who are often direct applicants rather than UCAS applicants. The socioeconomic indicator is mandatory only in the UCAS application.
- The baseline number of nursing students used is as indicated in the HEE workforce plan for 2016/17.<sup>42</sup>

Current student numbers	+ 7%	+ 10%
2016/17 – 20,700 students <sup>43</sup> 43% receive £750 per year	Extra 7% – 1,449 students per year (4,347 per cohort)	Extra 10% – 2,070 students per year (6,210 per cohort)
<b>£20.0m per cohort for three year degree</b>	<b>£21.4m per cohort</b>	<b>£22m per cohort</b>
£6.7m per annum NB Calculated as 0.006% of DH budget for 2017/18	£7.1m per annum NB Calculated as 0.006% of DH budget for 2017/18	£7.3m per annum NB Calculated as 0.006% of DH budget for 2017/18

## Option 4: The Learning Support Fund<sup>43</sup>

*Government has recognised that the distinctive profile of healthcare students with regards to caring responsibilities and potential hardship and will maintain additional financial support to them through the Learning Support Fund.<sup>44</sup> However, the details of this fund, including the amounts available are still unclear.*

- We recognise Government's commitment to supporting carers who choose to study a healthcare degree. The Learning Support Fund has been set up to provide financial assistance to students in three areas - child dependants allowance, travel and dual accommodation expenses (see Incentive 1) and the Exceptional Support Fund.<sup>45</sup> The child dependants allowance and exceptional Support Fund must be easily accessible for students and large enough to support all those in need.

- In its response to the consultation on the funding reform, the Government set out that 'the Department will work with external experts including nursing bodies to develop incentives to support exceptional cases where nursing, midwifery and allied health students find themselves in severe financial hardship'.<sup>46</sup> We look forward to working with the Department and other relevant stakeholders to ensure the provisions will be adequate. We have costed an estimate for the child dependants allowance part below, based on data availability. We expect the Exceptional Support Fund and, travel and dual accommodation expenses also to be adequate.

### Indicative costing

- 20% of students who accessed the NHS bursary had child dependants.<sup>47</sup> The provisions provided following the reform will include a grant of £1,000 per year for students with child dependants.<sup>48</sup>

Current student numbers	+ 7%	+ 10%
2017/18 - 23,624 students	+ 1,654 students per year (4,962 per cohort)	Extra 10% + 2,362 students per year (7,086 per cohort)
<b>£14.2m per cohort for three year degree</b>	<b>£15.2m per cohort</b>	<b>£15.6m per cohort</b>
£4.7m per annum NB Calculated as 0.004% of DH budget for 2017/18	£5.1m per annum NB Calculated as 0.004% of DH budget for 2017/18	£5.2m per annum NB Calculated as 0.004% of DH budget for 2017/18

The incentives are supported by:

British Dental Association

The British Association of Dental Therapists

British Society of Dental Hygiene & Therapy

National Union of Students

Royal College of Midwives

Royal College of Nursing



# Appendix 3: References

- <sup>1</sup> HM Treasury, *Spending Review and Autumn Statement 2015*, p. 114, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/479749/52229\\_Blue\\_Book\\_PU1865\\_Web\\_Accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479749/52229_Blue_Book_PU1865_Web_Accessible.pdf), see also House of Commons Health Select Committee (July 2016) *Report: Impact of the Spending Review on health and social care. First Report of Session 2016–17* HC: 139, <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/139/13902.htm>
- <sup>2</sup> NHS Improvement (2016) *Reducing expenditure on NHS agency staff: rules and price caps*. Available from: <https://improvement.nhs.uk/resources/reducing-expenditure-on-nhsagency-staff-rules-and-price-caps/>
- <sup>3</sup> Letter to all NHS providers from NHS Improvement on 28 February 2017
- <sup>4</sup> Department of Health (April 2016), *Equality Analysis (Response to consultation) Reforming healthcare education funding: creating a sustainable future workforce*, <https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded>
- <sup>5</sup> A relatively high proportion (37.2%) of all students on subjects allied to medicine are from NS-SEC classes 4,5,6 and 7 compared to most other courses: HESA Table SP5 – Percentage of UK domiciled young entrants to full time first degree courses from NS-SEC Classes 4,5,6 and 7 by subject and entry qualification 2014/15, <https://www.hesa.ac.uk/data-and-analysis/performance-indicators/releases/2014-15-widening-participation>
- <sup>6</sup> Ibid.
- <sup>7</sup> Jonathan Neves & Nick Hillman, *The 2016 Student Academic Experience Survey*, Higher Education Policy Institute and Higher Education Academy, <http://www.hepi.ac.uk/wp-content/uploads/2016/06/Student-Academic-Experience-Survey-2016.pdf>
- <sup>8</sup> The HEFCE Teaching Cost Study reported mean unit costs range from £9,259 for Nursing across fields to over £11,300 for Diagnostic and Therapeutic Radiography professions. [http://www.hefce.ac.uk/media/HEFCE,2014/Content/Pubs/Independentresearch/2017/NMAH,Costing,study/NMAH\\_Costin\\_g\\_study.pdf](http://www.hefce.ac.uk/media/HEFCE,2014/Content/Pubs/Independentresearch/2017/NMAH,Costing,study/NMAH_Costin_g_study.pdf)
- <sup>9</sup> As stipulated by Directive 2013/55/EU on the recognition of professional qualifications which forms the legal basis for healthcare education in the UK
- <sup>10</sup> With the exception of AHPs who generally spend up to 1/3 of their time in practice education placements. These will no longer be commissioned by HEE from 2017/18 onwards.
- <sup>11</sup> Nursing and Midwifery Council, Report on EU nurses and midwives May 2017, <https://www.nmc.org.uk/globalassets/sitedocuments/special-reports/nmc-eu-report-june-2017.pdf>
- <sup>12</sup> The Royal College of Nursing (May 2016), *Safe and Effective Staffing: the Real Picture*, <https://www.rcn.org.uk/professional-development/publications/pub-006195>
- <sup>13</sup> The Royal College of Midwives, *State of Maternity Services Report 2016*, [https://www.rcm.org.uk/sites/default/files/SoMS%20Report%202016\\_New%20Design\\_lowres.pdf#page=6](https://www.rcm.org.uk/sites/default/files/SoMS%20Report%202016_New%20Design_lowres.pdf#page=6)
- <sup>14</sup> Lintern S (April 2017) *Exclusive: Leak reveals worst case scenario for nursing after Brexit*, Health Service Journal, 6 April 2017. Available from: [www.hsj.co.uk/topics/workforce/exclusive-leak-reveals-worst-case-scenariofor-nursing-after-brexit/7017082.article](http://www.hsj.co.uk/topics/workforce/exclusive-leak-reveals-worst-case-scenariofor-nursing-after-brexit/7017082.article)
- <sup>15</sup> Health Education England, Commissioning and Investment Plan 2017/18, <https://www.hee.nhs.uk/sites/default/files/documents/Commissioning%20and%20Investment%20Plan%202017-18.pdf>
- <sup>16</sup> Department of Health (July 2016), The case for health education funding reform, <https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded/the-case-for-health-education-funding-reform>
- <sup>17</sup> [https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Workforce%20Plan%20for%20England%202016%20180516\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Workforce%20Plan%20for%20England%202016%20180516_0.pdf)
- <sup>18</sup> Department of Health and HM Treasury (25.11.2015) *Press release: Department of Health's settlement at the Spending Review 2015*, <https://www.gov.uk/government/news/department-of-healths-settlement-at-the-spending-review-2015>

<sup>19</sup> UCAS, *Application rates by the January 2017 deadline*, January 2017. UCAS, *Application rates by the March 2017 deadline*, March 2017.

<sup>20</sup> UCAS, *Statistical releases – Daily Clearing analysis 2017*, <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/statistical-releases-daily-clearing-analysis-2017>

<sup>21</sup> Department of Health, *1,500 extra medical undergraduate places confirmed*, August 2017, <https://www.gov.uk/government/news/1500-extra-medical-undergraduate-places-confirmed>

<sup>22</sup> NHS Business Service Authority, <https://www.nhsbsa.nhs.uk/healthcare-students/courses-starting-after-1-august-2017>

<sup>23</sup> Department of Health (2016) *The NHS Bursary Scheme New Rules: Fifth Edition* available at: <https://www.gov.uk/government/publications/nhs-bursary-scheme-rules-2016>

<sup>24</sup> We acknowledge that the current apprenticeship model has similarities: however, this is an untested route that does not fast-track workforce development and it will take considerable time still until this new route is fully up and running to produce workforce supply. Further, it is unclear how the practice-based education element is going to be delivered within existing system constraints, which are considerable.

<sup>25</sup> Example sponsored degrees in teaching: <http://university.which.co.uk/teachers/introduce-higher-education-options/the-complete-guide-to-sponsored-degrees>

<sup>26</sup> The Conservative Party, *The Conservative and Unionist Party Manifesto 2017*, p 51. <https://www.conservatives.com/manifesto>

<sup>27</sup> [www.teachfirst.org.uk](http://www.teachfirst.org.uk)

<sup>28</sup> <https://www.teachfirst.org.uk/news/independent-evaluation-demonstrates-positive-impact-our-careers-and-employability-initiative>

<sup>29</sup> Department for Education and National College for Teaching and Leadership, *Top graduates to get up to £30k to train to teach core subjects*, <https://www.gov.uk/government/news/top-graduates-to-get-up-to-30k-to-train-to-teach-core-subjects>

<sup>30</sup> Department for Education, *Apply to ‘Step Up to Social Work’*, <https://www.gov.uk/guidance/step-up-to-social-work-information-for-applicants>

<sup>31</sup> DfE Longitudinal Evaluation of the Step Up to Social Work Programme, September 2017, <http://www.bristol.ac.uk/sps/research/projects/current/stepupevaluation/>

<sup>32</sup> <https://getintoteaching.education.gov.uk/funding-and-salary/overview>

<sup>33</sup> Gorard S, Smith E, May H, Thomas L, Adnett N and Slack K (2006). *Review of Widening Participation Research: Addressing the Barriers to Participation in Higher Education. A report to HEFCE by the University of York, Higher Education Academy and Institute for Access Studies*. York: University of York

<sup>34</sup> DH (2016), Equality Analysis (Consultation stage) *Reforming healthcare education funding: creating a sustainable future workforce*, <https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded>

<sup>35</sup> DH (2016), Equality Analysis (Response to consultation) *Reforming healthcare education funding: creating a sustainable future workforce*, <https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded>

<sup>36</sup> HESA Table SP5 – Percentage of UK domiciled young entrants to full time first degree courses from NS-SEC Classes 4,5,6 and 7 by subject and entry qualification 2014/15, <https://www.hesa.ac.uk/data-and-analysis/performance-indicators/releases/2014-15-widening-participation>

<sup>37</sup> Higher Education Funding Council for England (2015), *Higher Education in England 2015*. Key Facts. [http://www.hefce.ac.uk/media/HEFCE,2014/Content/Analysis/HE,in,England/HE\\_in\\_England\\_2015.pdf](http://www.hefce.ac.uk/media/HEFCE,2014/Content/Analysis/HE,in,England/HE_in_England_2015.pdf)

<sup>38</sup> Independent Commission on Fees, *Independent Commission on Fees Final Report, July 2015*.

<sup>39</sup> Office for Fair Access, *Quick Facts*, <https://www.offa.org.uk/press/quick-facts/#criteria>

<sup>40</sup> [http://www.scholarship-search.org.uk/grants/the-city-undergraduate-mature-student-bursary-2015-2016-at-city-university/hc\\_edufin.page\\_pls\\_user\\_sch\\_dets/16180339/220707/s/20602087/sch\\_id/96518/page.htm](http://www.scholarship-search.org.uk/grants/the-city-undergraduate-mature-student-bursary-2015-2016-at-city-university/hc_edufin.page_pls_user_sch_dets/16180339/220707/s/20602087/sch_id/96518/page.htm)

<sup>41</sup> [http://www.scholarship-search.org.uk/grants/university-of-portsmouth-bursary-at-university-of-portsmouth/hc\\_edufin.page\\_pls\\_user\\_sch\\_dets/16180339/220707/s/20602123/sch\\_id/97968/p\\_brwback/20602123/page.htm](http://www.scholarship-search.org.uk/grants/university-of-portsmouth-bursary-at-university-of-portsmouth/hc_edufin.page_pls_user_sch_dets/16180339/220707/s/20602123/sch_id/97968/p_brwback/20602123/page.htm)

<sup>42</sup> [https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Workforce%20Plan%20for%20England%202016%20180516\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/HEE%20Workforce%20Plan%20for%20England%202016%20180516_0.pdf)

<sup>43</sup> Number of nursing students as projected by HEE for 2017/18.

<sup>44</sup> NHS Business Service Authority, <https://www.nhsbsa.nhs.uk/healthcare-students/courses-starting-after-1-august-2017>

<sup>45</sup> NHS Business Authority, <https://www.nhsbsa.nhs.uk/healthcare-students/courses-starting-after-1-august-2017>

<sup>46</sup> DH (2016), Equality Analysis (Response to consultation) *Reforming healthcare education funding: creating a sustainable future workforce*, <https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded>

<sup>47</sup> DH (2016), Equality Analysis (Consultation stage) *Reforming healthcare education funding: creating a sustainable future workforce*, <https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded>

<sup>48</sup> <https://www.gov.uk/government/publications/nhs-bursary-reform/nhs-bursary-reform>

## Appendix 4: Table – workforce supply chain data for nursing

	Class of 2012 (graduate Sept 15)	Class of 2013 (graduate Sept 16)	Class of 2014 (graduate Sept 17)	Class of 2015 (graduate Sept 18)	Class of 2016 (graduate Sept 19)	Class of 2017 (graduate Sept 20)	Class of 2018 (graduate Sept 21)	Class of 2019 (graduate Sept 22)
Number of nursing applicants to England providers by January of application cycle (UCAS)*	-	42,650	45,410	43,970	43,720	33,700	29,390	-
Final number of nursing applicants to England providers at the end of the year (UCAS)	50,720	51,685	55,480	54,110	54,875	42,585	-	-
Number of students accepted to nursing degrees at England providers (UCAS)	19,715	19,815	21,715	22,130	23,280	22,575	-	-
Commissioned nurse training places in England (HEE) **	17,264	18,009	19,206	20,410	20,680	22,180	25,850	30,850
Number of students graduating in year 3 (HESA)	12,910	14,470	-	-	-	-	-	-
NMC nurse register entrants from England	13,770	14,750	-	-	-	-	-	-
Percentage difference between students accepted to nursing courses in England and the number who go on to become NMC registrants	-30%	-26%	-	-	-	-	-	-

Sources: UCAS B7 deadline applicant statistics January (2013-2018) UCAS end of cycle data for B7 Nursing HEE (2015) Commissioning and investment Plan 2016/17, PQ HL1997 Nurses: Training, Higher Education Statistics Agency Student Record Data 2012/13-2015/16, NMC data initial nurse registrants from England (2015-2017).

### Key

 = estimated/forecast

### Assumptions

\* In this table we have used applicant and acceptance UCAS data for UK applicants to England providers to directly correspond with the HESA data on England providers. In the report we have focussed on individuals from England, because they are directly affected by the reforms. There is minimal difference between these two groups.

\*\* HEE stopped commissioning training places in 2017 when they stopped providing funding for students. However, training places are still capped by the numbers of placements funded by HEE. In the absence of any clear information from government, we have estimated future indicative commissions based on public announcements of increased numbers of placements becoming available.

The HEE letter to Higher Education Institutions in August 2017 specifies an uplift of 1,500 more placements compared to last year. For subsequent years we have based our projections on the Secretary of State for Health and Social Care's announcement that an increase of over 5,000 nurse training places will be made available each year from 2018-19, an increase of 25% from 20,680 available in 2016-17 to 25,850 in 2018-19 .



# References

- <sup>i</sup> Nursing and Midwifery Council, *The NMC Register*, 30 September 2017, [www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-30-september-2017.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-30-september-2017.pdf) (accessed 25/01/18)
- <sup>ii</sup> Department for Health and Social Care, Policy paper *NHS bursary reform*, Updated 27 January 2017, <https://www.gov.uk/government/publications/nhs-bursary-reform/nhs-bursary-reform> (accessed 30/01/18)
- <sup>iii</sup> Council of Deans of Health, Written evidence to the Health Select Committee inquiry into the nursing workforce, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/nursing-workforce/written/70875.html> (accessed 25/01/18); House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>iv</sup> Department of Health, *Reforming healthcare education funding: creating a sustainable future workforce*, July 2016, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539774/health-education-funding-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539774/health-education-funding-response.pdf) (accessed 30/01/18)
- <sup>v</sup> UCAS (2018) B7 January Deadline Analysis [www.ucas.ac.uk](http://www.ucas.ac.uk)
- <sup>vi</sup> See, for example, King's Fund, *How hospital activity has changed over time*, December 2016, <https://www.kingsfund.org.uk/publications/hospital-activity-funding-changes>
- <sup>vii</sup> UCAS (2018) B7 January Deadline Analysis [www.ucas.ac.uk](http://www.ucas.ac.uk)
- <sup>viii</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>ix</sup> Nursing and Midwifery Council, *The NMC Register*, 30 September 2017, [www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-30-september-2017.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-30-september-2017.pdf) (accessed 25/01/18)
- <sup>x</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19. HC353. January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>xi</sup> Institute for Employment Studies, 'One in three nurses to reach retirement age within ten years', press release 7 July 2016, [www.employment-studies.co.uk/news/one-three-nurses-reach-retirement-age-within-ten-years](http://www.employment-studies.co.uk/news/one-three-nurses-reach-retirement-age-within-ten-years) (accessed 25/01/18)
- <sup>xii</sup> Nursing and Midwifery Council (2017), *The NMC register 2012/13 – 2016/17*, [www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf) (accessed 25/01/18)
- <sup>xiii</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>xiv</sup> Royal College of Nursing (2017) *Safe and effective staffing: Nursing against the odds*, [www.rcn.org.uk/professional-development/publications/pub-006415](http://www.rcn.org.uk/professional-development/publications/pub-006415) (accessed 25/01/18)
- <sup>xv</sup> Aiken LH, Sloane D, Griffiths P et al (2016) 'Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care', *BMJ Quality & Safety*, 15 November, <http://qualitysafety.bmj.com/content/early/2016/11/03/bmjqs-2016-005567> (accessed 25/01/18)
- Griffiths P, Ball J, Murrells T, Jones S and Rafferty A (2016) 'Registered nurse, healthcare support worker, medical staffing levels and mortality in English hospital trusts: a cross-sectional study', *BMJ Open*, 6:2, <http://bmjopen.bmj.com/content/6/2/e008751> (accessed 25/01/18)
- Aiken LH, Sloane DM, Bruyneel L et al (2014) 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study', *The Lancet*, 383 (9931): 1824–30, [http://thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62631-8/abstract](http://thelancet.com/journals/lancet/article/PIIS0140-6736(13)62631-8/abstract) (accessed 25/01/18)

- Ball JE, Murrells T, Rafferty AM, Morrow E and Griffiths P (2014) 'Care left undone during nursing shifts: associations with workload and perceived quality of care', *BMJ Quality and Safety*, 23:16–125, <http://qualitysafety.bmj.com/content/23/2/116> (accessed 25/01/18)
- Ball JE (2017) Nurse staffing, care left undone and patient mortality in acute hospitals, <https://openarchive.ki.se/xmlui/handle/10616/45563> (accessed 25/01/18)
- Needleman J, Buerhaus P, Pankratz VS et al (2011) 'Nurse staffing and inpatient hospital mortality', *The New England Journal of Medicine* 364(11):1037–1045, [www.nejm.org/doi/full/10.1056/NEJMsa1001025#t=article](http://www.nejm.org/doi/full/10.1056/NEJMsa1001025#t=article) (accessed 25/01/18)
- Kane RL, Shamliyan TA, Mueller C et al (2007) 'The association of registered nurse staffing levels and patient outcomes: Systematic review and meta-analysis', *Medical Care* 45(12):1195–1204.
- Rafferty AM, Clarke SP, Coles J et al (2007) 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis of survey data and discharge records', *International Journal of Nursing Studies* 44(2):175–82.
- Aiken LH, Clarke SP, Sloane DM et al (2002) 'Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction', *JAMA* 288(16):1987–1993, <http://jamanetwork.com/journals/jama/fullarticle/195438> (accessed 25/01/18)
- <sup>xvi</sup> Royal College of Nursing RCN (2017) *Safe and Effective Staffing: Nursing Against the Odds* <https://www.rcn.org.uk/professional-development/publications/pub-006415> (accessed 30.01.18)
- <sup>xvii</sup> Nursing and Midwifery Council (2017) *Standards of proficiency for registered nurses (draft)*, [www.nmc.org.uk/globalassets/sitedocuments/edcons/ec7-draft-standards-of-proficiency-for-registered-nurses.pdf](http://www.nmc.org.uk/globalassets/sitedocuments/edcons/ec7-draft-standards-of-proficiency-for-registered-nurses.pdf) (accessed 25/01/18)
- <sup>xviii</sup> Royal College of Nursing (2017) *Response to the NMC consultations on pre-registration standards and education*, [www.rcn.org.uk/professional-development/publications/pub-006447](http://www.rcn.org.uk/professional-development/publications/pub-006447) (accessed 25/01/18)
- <sup>xix</sup> Lintern, Shaun. Hunt: *New NHS workforce plan will 'lay foundations' for next decade*. *Health Service Journal*, 28 November 2017, <https://www.hsj.co.uk/workforce/hunt-new-nhs-workforce-plan-will-lay-foundations-for-next-decade/7021168.article> (accessed 30/01/18)
- <sup>xx</sup> Department of Health and Social Care (2017) 'Health Secretary announces nursing workforce reforms', news story, 3 October, [www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms](http://www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms) (accessed 25/01/18)
- <sup>xxi</sup> Health Education England (2017) *Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027*, [www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%252c%20Shaping%20the%20Future%20%281%29.pdf](http://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%252c%20Shaping%20the%20Future%20%281%29.pdf) (accessed 25/01/18)
- <sup>xxii</sup> Lintern S (2017) 'Hunt: New NHS workforce plan will 'lay foundations' for next decade', *HSJ*, 28 November 2017, [www.hsj.co.uk/workforce/hunt-new-nhs-workforce-plan-will-lay-foundations-for-next-decade/7021168.article](http://www.hsj.co.uk/workforce/hunt-new-nhs-workforce-plan-will-lay-foundations-for-next-decade/7021168.article) (accessed 25/01/18)
- <sup>xxiii</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>xxiv</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>xxv</sup> Royal College of Nursing (2017) *Safe and effective staffing: Nursing against the odds*, [www.rcn.org.uk/professional-development/publications/pub-006415](http://www.rcn.org.uk/professional-development/publications/pub-006415) (accessed 25/01/18)
- <sup>xxvi</sup> BBC News, *New nursing apprentice role announced*. 30 November 2016, <http://www.bbc.co.uk/news/health-38146395> (accessed 30/01/18)

<sup>xxvii</sup> Health Education England (2017) *Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027*, [www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%252c%20Shaping%20the%20Future%20%281%29.pdf](http://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%252c%20Shaping%20the%20Future%20%281%29.pdf) (accessed 25/01/18)

<sup>xxviii</sup> National Audit Office (2016) *Managing the supply of NHS clinical staff in England*, NAO, [www.nao.org.uk/wp-content/uploads/2016/02/Managing-the-supply-of-NHS-clinical-staff-in-England.pdf](http://www.nao.org.uk/wp-content/uploads/2016/02/Managing-the-supply-of-NHS-clinical-staff-in-England.pdf) (accessed 25/01/18)

<sup>xxix</sup> Health Education England (2017) *Health Education England: annual report and accounts 2016 to 2017*, HEE, [www.gov.uk/government/publications/health-education-england-annual-report-and-accounts-2016-to-2017](http://www.gov.uk/government/publications/health-education-england-annual-report-and-accounts-2016-to-2017) (accessed 25/01/18)

<sup>xxx</sup> Organisation for Economic Co-operation and Development (2017), Nursing graduates (indicator), <https://data.oecd.org/healthres/nursing-graduates.htm#indicator-chart> (accessed 25/01/18)

<sup>xxxi</sup> HESA Student Record Data 2012/13-2015/16

<sup>xxxii</sup> Open University (2017) *Written Evidence to the Health Select Committee inquiry into the nursing workforce* <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/nursing-workforce/written/70895.html> (accessed 25/01/18)

<sup>xxxiii</sup> Department of Health (2016) 'Healthcare student funding consultation', News story, 7 April, [www.gov.uk/government/news/healthcare-student-funding-consultation-launched](http://www.gov.uk/government/news/healthcare-student-funding-consultation-launched) (accessed 25/01/18)

Health Education England (2017) 'Clinical placement funding', News story, 15 August, <https://hee.nhs.uk/news-blogs-events/hee-news/clinical-placement-funding> (accessed 25/01/18)

<sup>xxxiv</sup> HM Treasury (2015) *Spending Review and Autumn Statement 2015*, (p 114), [www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015](http://www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015), (accessed 25/01/18)

See also, House of Commons Health Select Committee (July 2016) *Report: Impact of the Spending Review on health and social care. First Report of Session 2016–17* HC: 139, <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/139/13902.htm> (accessed 25/01/18)

<sup>xxxv</sup> UCAS (2017) *Application rates by the January 2017 deadline*, [www.ucas.com/corporate/news-and-key-documents/news/applicants-uk-higher-education-down-5-uk-students-and-7-eu-students](http://www.ucas.com/corporate/news-and-key-documents/news/applicants-uk-higher-education-down-5-uk-students-and-7-eu-students) (accessed 25/01/18)

UCAS (2017) *Application rates by the March 2017 deadline*, <https://ucascomsb6.ucasenvironments.com/corporate/data-and-analysis/ucas-undergraduate-releases/2017-cycle-applicant-figures-%E2%80%93-march-deadline>

<sup>xxxvi</sup> UCAS (2018) B7 January Deadline Analysis [www.ucas.ac.uk](http://www.ucas.ac.uk)

<sup>xxxvii</sup> HEE (2015) *Commissioning and Investment Plan 2016/17* p4 [www.hee.nhs.uk](http://www.hee.nhs.uk) (accessed 24.01.18)

<sup>xxxviii</sup> HEE (2015) *Commissioning and Investment Plan 2016/17* p4 [www.hee.nhs.uk](http://www.hee.nhs.uk) (accessed 24.01.18)

<sup>xxxix</sup> HEE (2015) *Commissioning and Investment Plan 2016/17* p4 [www.hee.nhs.uk](http://www.hee.nhs.uk) (accessed 24.01.18)

<sup>xl</sup> HEFCE (2017) Unpublished Survey

<sup>xli</sup> *Nursing Times* (2017) 'Exclusive: University cancels learning disability course in wake of bursary removal', 6 October, [www.nursingtimes.net/news/education/exclusive-university-cancels-learning-disability-course-in-wake-of-bursary-removal/7021567-article](http://www.nursingtimes.net/news/education/exclusive-university-cancels-learning-disability-course-in-wake-of-bursary-removal/7021567-article) (accessed 25/01/18)

<sup>xlii</sup> Healthcare Education Group. *Written evidence from London Higher's Healthcare Education Group to the Health Select Committee inquiry into the nursing workforce*, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/nursing-workforce/written/71107.html> (accessed 25/01/18)

- <sup>xliii</sup> Department of Health and Social Care (2017) 'Health Secretary announces nursing workforce reforms', News story, 3 October, [www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms](http://www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms) (accessed 25/01/18)
- <sup>xliv</sup> Health Education England (2017) Letter to Higher Education Institutions: Reforming education funding for nurses, midwives and allied health professionals, 15 August, <https://hee.nhs.uk/news-blogs-events/hee-news/clinical-placement-funding> (accessed 25/01/18)
- <sup>xlv</sup> *Nursing Times* (2017) 'Exclusive: Placement cash 'too late' to drive large student rise', 5 October, [www.nursingtimes.net/news/education/exclusive-placement-cash-too-late-to-drive-large-student-rise/7021486.article](http://www.nursingtimes.net/news/education/exclusive-placement-cash-too-late-to-drive-large-student-rise/7021486.article) (accessed 25/01/18)
- <sup>xlvi</sup> Independent Commission on Fees, *Independent Commission on Fees Final Report*, July 2015.
- <sup>xlvii</sup> Jo Johnson, (20 July 2017) Speech: Jo Johnson: delivering value for money for students and taxpayers <https://www.gov.uk/government/speeches/jo-johnson-delivering-value-for-money-for-students-and-taxpayers> (accessed 30.01.18)
- <sup>xlviii</sup> Department of Health and Social Care (2016) *Reforming healthcare education funding: creating a sustainable future workforce. Government Response to public consultation*, [www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded](http://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded) (accessed 25/01/18)
- <sup>xlix</sup> The Shelford Group (2017) Written Evidence from the Shelford Group to the Health Committee <https://publications.parliament.uk/pa/cm201314/cmselect/cmhealth/171/171vw34.htm> (accessed 30.10.18)
- <sup>1</sup> Council of Deans of Health, Written evidence to the Health Select Committee inquiry into the nursing workforce, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/nursing-workforce/written/70875.html> (accessed 25/01/18);
- <sup>li</sup> UCAS (2017) *Application rates by the January 2017 deadline*, [www.ucas.com/corporate/news-and-key-documents/news/applicants-uk-higher-education-down-5-uk-students-and-7-eu-students](http://www.ucas.com/corporate/news-and-key-documents/news/applicants-uk-higher-education-down-5-uk-students-and-7-eu-students) (accessed 25/01/18)
- UCAS (2017), Application rates by the March 2017 deadline, <https://ucascomsb6.ucasenvironments.com/corporate/data-and-analysis/ucas-undergraduate-releases/2017-cycle-applicant-figures-%E2%80%93-march-deadline>
- <sup>lii</sup> UCAS (2017) *End of Cycle Report 2017: Patterns by subject* [www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/2017-end-cycle-report](http://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports/2017-end-cycle-report) (accessed 25/01/18)
- <sup>liii</sup> Department of Health and Social Care, *Reforming healthcare education funding: creating a sustainable future workforce*, July 2016, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/539774/health-education-funding-response.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539774/health-education-funding-response.pdf) (accessed 30/01/18)
- <sup>liv</sup> Department of Health (2016) *Reforming healthcare education funding: creating a sustainable future workforce. Government Response to public consultation*, [www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded](http://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded) (accessed 25/01/18)
- <sup>lv</sup> HESA (2016) *UK performance indicators 2014/15*: A relatively high proportion (37.2%) of all students on subjects allied to medicine are from NS-SEC classes 4,5,6 and 7 compared to most other courses: HESA Table SP5 – Percentage of UK domiciled young entrants to full time first degree courses from NS-SEC Classes 4,5,6 and 7 by subject and entry qualification 2014/15, [www.hesa.ac.uk/data-and-analysis/performance-indicators/releases/2014-15-widening-participation](http://www.hesa.ac.uk/data-and-analysis/performance-indicators/releases/2014-15-widening-participation) (accessed 25/01/18)
- <sup>lvi</sup> Department of Health and Social Care (2016), *Reforming healthcare education funding: creating a sustainable future workforce. Government Response to public consultation*, [www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded](http://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded) (accessed 25/01/18)

- <sup>lvii</sup> Neves J and Hillman N (2016) *The 2016 Student Academic Experience Survey*, Higher Education Policy Institute and Higher Education Academy, [www.hepi.ac.uk/wp-content/uploads/2016/06/Student-Academic-Experience-Survey-2016.pdf](http://www.hepi.ac.uk/wp-content/uploads/2016/06/Student-Academic-Experience-Survey-2016.pdf) (accessed 25/01/18)
- <sup>lviii</sup> HM Treasury (2015) *Spending Review and Autumn Statement 2015*, (p 114), [www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015](http://www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015), (accessed 25/01/18)
- See also, House of Commons Health Select Committee (July 2016) Report: Impact of the Spending Review on health and social care. First Report of Session 2016–17 HC: 139, <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/139/13902.htm> (accessed 25/01/18)
- <sup>lix</sup> Department of Health and Social Care (2016) *Nursing degree apprenticeship: factsheet*, [www.gov.uk/government/publications/nursing-degree-apprenticeships-factsheet/nursing-degree-apprenticeship-factsheet](http://www.gov.uk/government/publications/nursing-degree-apprenticeships-factsheet/nursing-degree-apprenticeship-factsheet) (accessed 25/01/18)
- <sup>lx</sup> Imison C, Castle-Clarke S and Watson R (2016) *Reshaping the workforce to deliver the care patients need*, Nuffield Trust, [www.nuffieldtrust.org.uk/files/2017-01/reshaping-the-workforce-web-final.pdf](http://www.nuffieldtrust.org.uk/files/2017-01/reshaping-the-workforce-web-final.pdf) (accessed 25/01/18)
- <sup>lxi</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>lxii</sup> Institute for Apprenticeships (2016) *Apprenticeship standard: registered nurse degree apprenticeship (approved for delivery)*, [www.gov.uk/government/publications/apprenticeship-standard-registered-nurse-degree-apprenticeship](http://www.gov.uk/government/publications/apprenticeship-standard-registered-nurse-degree-apprenticeship) (accessed 25/01/18)
- <sup>lxiii</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>lxiv</sup> *Nursing Standard* (2017) 'Exclusive: nursing degree apprenticeships stalled by education changes and funding', 16 August, <https://reni.com/nursing-standard/newsroom/analysis/exclusive-nursing-degree-apprenticeships-stalled-education-changes-and-funding-92256> (accessed 25/01/18)
- <sup>lxv</sup> Bloom J and Hoggan K (2017) 'Apprenticeship numbers fall by 59% after levy imposed', BBC News, 23 November, [www.bbc.co.uk/news/business-42092171](http://www.bbc.co.uk/news/business-42092171) (accessed 25/01/18)
- <sup>lxvi</sup> Council of Deans of Health, Written evidence to the Health Select Committee inquiry into the nursing workforce, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/nursing-workforce/written/70875.html> (accessed 25/01/18)
- <sup>lxvii</sup> Department of Health and Social Care (2017) 'Health Secretary announces nursing workforce reforms', news story, 3 October, [www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms](http://www.gov.uk/government/news/health-secretary-announces-nursing-workforce-reforms) (accessed 25/01/18)
- <sup>lxviii</sup> *Ibid.*
- <sup>lxix</sup> Health Education England (2017) *Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027*, [www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%252c%20Shaping%20the%20Future%20%281%29.pdf](http://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%252c%20Shaping%20the%20Future%20%281%29.pdf) (accessed 25/01/18)
- <sup>lxx</sup> *Nursing Times* (2017) 'Hospital looks to nursing associates to help tackle nurse vacancies', 4 October, [www.nursingtimes.net/news/workforce/hospital-looks-to-nursing-associates-to-help-tackle-nurse-vacancies/7021537.article](http://www.nursingtimes.net/news/workforce/hospital-looks-to-nursing-associates-to-help-tackle-nurse-vacancies/7021537.article) (accessed 25/01/18)
- <sup>lxxi</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)

- <sup>lxxii</sup> Lintern S (2017) 'Trust cuts nurse numbers to make way for nursing associates', *Health Service Journal*, 2 November, [www.hsj.co.uk/the-royal-wolverhampton-hospitals-nhs-trust/trust-cuts-nurse-numbers-to-make-way-for-nursing-associates/7020939.article#.Wfsi88v1aAw.twitter](http://www.hsj.co.uk/the-royal-wolverhampton-hospitals-nhs-trust/trust-cuts-nurse-numbers-to-make-way-for-nursing-associates/7020939.article#.Wfsi88v1aAw.twitter) (accessed 25/01/18)
- <sup>lxxiii</sup> Bowcott O (2009) 'All new nurses to have degrees from 2013', *The Guardian*, 12 November, [www.theguardian.com/society/2009/nov/12/nurses-nursing-qualifications-degrees-nmc-rcn](http://www.theguardian.com/society/2009/nov/12/nurses-nursing-qualifications-degrees-nmc-rcn) (accessed 25/01/18)
- <sup>lxxiv</sup> Bernhauser S (2010) 'Degrees will equip nurses to meet future challenges in healthcare', *Nursing Times*, 106(21): 8.
- <sup>lxxv</sup> World Health Organization (2009) *Global Standard for the Initial Education of Professional Nurses and Midwives*, [www.who.int/hrh/nursing\\_midwifery/hrh\\_global\\_standards\\_education.pdf](http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf) (accessed 25/01/18)
- <sup>lxxvi</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>lxxvii</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>lxxviii</sup> Nursing and Midwifery Council (2017) *regulation for Nursing Associates Moves a Step Closer* <https://www.nmc.org.uk/news/press-releases/regulation-for-nursing-associates-moves-a-step-closer/>(accessed 25/01/18)
- <sup>lxxix</sup> *Nursing Times* (2017) 'Hospital looks to nursing associates to help tackle nurse vacancies', 4 October, [www.nursingtimes.net/news/workforce/hospital-looks-to-nursing-associates-to-help-tackle-nurse-vacancies/7021537.article](http://www.nursingtimes.net/news/workforce/hospital-looks-to-nursing-associates-to-help-tackle-nurse-vacancies/7021537.article) (accessed 25/01/18)
- <sup>lxxx</sup> Lintern S (2017) 'Trust cuts nurse numbers to make way for nursing associates', *Health Service Journal*, 2 November, [www.hsj.co.uk/the-royal-wolverhampton-hospitals-nhs-trust/trust-cuts-nurse-numbers-to-make-way-for-nursing-associates/7020939.article#.Wfsi88v1aAw.twitter](http://www.hsj.co.uk/the-royal-wolverhampton-hospitals-nhs-trust/trust-cuts-nurse-numbers-to-make-way-for-nursing-associates/7020939.article#.Wfsi88v1aAw.twitter) (accessed 25/01/18)
- <sup>lxxxi</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>lxxxii</sup> Health Education England (2014) HEE budget setting for 2015/16, [www.hee.nhs.uk/sites/default/files/documents/11.-Budget-setting-March-15.pdf](http://www.hee.nhs.uk/sites/default/files/documents/11.-Budget-setting-March-15.pdf) (accessed 25/01/18)
- <sup>lxxxiii</sup> Health Education England (2017) HEE proposed budgets for 2017/18, <https://hee.nhs.uk/sites/default/files/documents/7%20-%20Proposed%20budgets%20for%202017-18.pdf> (accessed 25/01/18)
- <sup>lxxxiv</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)
- <sup>lxxxv</sup> Health Education England (2017) HEE Board Meeting Paper Quarter 2 2017/18 Corporate Dashboard, <https://hee.nhs.uk/about-us/how-we-work/our-leaders-structure/board-meetings-papers/hee-board-meeting-17-october-2017> (accessed 25/01/18)
- <sup>lxxxvi</sup> Centre for Health Economics, University of York, Productivity of the English NHS: 2014/15 Update, April 2017, p48, [https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP146\\_NHS\\_productivity\\_update2014\\_15.pdf](https://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP146_NHS_productivity_update2014_15.pdf) (accessed 30/1/18)
- <sup>lxxxvii</sup> Nursing and Midwifery Council (2017) *The NMC register 2012/13 – 2016/17*, <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf> (accessed 25/01/18)

<sup>lxxxviii</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)

<sup>lxxxix</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)

<sup>xc</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)

<sup>xci</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)

<sup>xcii</sup> HM Treasury (2015) *Spending Review and Autumn Statement 2015*, (p 114), [www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015](http://www.gov.uk/government/topical-events/autumn-statement-and-spending-review-2015), (accessed 25/01/18)

See also, House of Commons Health Select Committee (July 2016) *Report: Impact of the Spending Review on health and social care*. First Report of Session 2016-17 HC: 139, <https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/139/13902.htm> (accessed 25/01/18)

<sup>xciii</sup> Council of Deans of Health, Written evidence to the Health Select Committee inquiry into the nursing workforce, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/nursing-workforce/written/70875.html> (accessed 25/01/18)

<sup>xciv</sup> Council of Deans of Health, Written evidence to the Health Select Committee inquiry into the nursing workforce, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/nursing-workforce/written/70875.html> (accessed 25/01/18)

<sup>xcv</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)

<sup>xcvi</sup> House of Commons Health Committee. *The nursing workforce*. Second Report of Session 2017-19.HC353.January 2018. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35302.htm> (accessed 30/01/18)

The RCN represents nurses and nursing, promotes  
excellence in practice and shapes health policies

RCN Online  
[www.rcn.org.uk](http://www.rcn.org.uk)

RCN Direct  
[www.rcn.org.uk/direct](http://www.rcn.org.uk/direct)  
0345 772 6100

Published by the Royal College of Nursing  
20 Cavendish Square  
London  
W1G 0RN

020 7409 3333

February 2018  
Publication code 006 682



Royal College  
of Nursing