



Fund our future nurses

Cost effective options to support nursing students and grow the nursing workforce in England

POLICY - ENGLAND

We need action now.
#FundOurFuture

Contributors

Kelly Hitchcock, Vanessa Furey, Jonathan Barron, Hannan Hagos, Charli Hadden, John Considine, Lucy Bernacki, Antonia Borneo, Lara Carmona, Philip Ball, Gareth Arnold, Fern Bale, John Bryant, Juliet Adkins, RCN Student Committee

The RCN commissioned London Economics to model the undergraduate costed options in this report.

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

1. Foreword	4
2. Introduction	5
3. Executive Summary	6
4. How this nursing supply crisis came about	8
5. Experiences of student nurses now	12
6. Investment in nursing higher education	15
7. Appendices	21
References	26

1. Foreword

A government of any colour can pride itself on taking difficult decisions in what it sees as the public interest. The real test of their strength and leadership is how they respond when faced with clear evidence that, rather than remedy the problem, they've added to it. The reticence they may feel is a luxury the public can ill-afford.

Perhaps to the genuine surprise of Ministers, the number of nursing students in education in England fell in recent years. The funding reform announced in 2015 was sold as a way to boost the number of places and people taking them - with Government labelling the bursary a 'self-defeating cap' as it withdrew the support.

Rather than clamber to take on debt and struggle through their education, tens of thousands of would-be nurses decided the course or career is now out of reach. If this was a patient, the prognosis would now be concerning. This report presents Government and system officials with a range of options - telling leaders that, for us, only one is off the table: sitting on your hands. The damage is so great that decisive action is needed to arrest decline and reverse the trend.

Ministers and NHS England make ever-more ambitious plans without appropriate consideration of the professionals needed. 'Workforce planning' may sound a topic too dry for even the worst pub bore but the public deserves to know the calculations behind every headline-grabbing announcement. All too often, it isn't to be found. Nobody is taking responsibility for staffing for safe and effective care.

This laissez-faire approach fails potential students, current students, the existing nursing workforce and the health and care system as a whole. Worst of all, it fails patients. Fellow nurses will never meet the inspiring colleagues put off by these changes. Nor will the countless people each individual would help over a rewarding career in this profession, working not just in the NHS but public health and social care too.

The Secretary of State and Simon Stevens must now choose which of our options they will introduce. Our range of cost-effective methods can break this cycle with modest investment. In addition to a maintenance grant for all, and extended hardship funding, the options open to them include a universal tuition grant in the form of a bursary. If Government cannot see sense

and reverse the foolhardy decision to remove the bursary, then it could choose to "forgive loans" - providing financial student support and the guarantee of a job in public service in England for loan repayment. Whatever they choose, no nursing student must be made worse off.

My own start in nursing was not uncommon. I didn't join up at 18 years old but was drawn to it in my twenties, with a young family in tow, after beginning working life elsewhere. Nursing, as a course and a career, has long attracted older 'mature' students who bring with them life experience that shapes their outlook, skills and the care they give. While there have been drops across all ages, this is where the drop-off in numbers has been most sharp - this age group, sometimes with a family, caring responsibilities or other demands on their finances, deterred by taking on more debt.

For students of every age who began their course despite these changes, three difficult years of study has been made even harder. New loans barely cover basic food, travel and housing costs. A familiar student tale, some will say - but when you consider that nursing students spend as many weeks on clinical placement as at university, including unsocial hours, it leaves no time for the part-time work that others are able to do.

As the profession's College, we will not allow anyone to repeat a false mantra of nursing courses being 'oversubscribed' as they preside over declining numbers in education year on year. This fall is despite the increasing number of frontline jobs unfilled by qualified nurses - now 42,000 in the NHS in England alone and likely to grow to 48,000 in five years. What is driving experienced nursing staff out of public service? The untenable pressure of trying to provide high quality care without enough colleagues. The 'self-defeating' situation has become a self-perpetuating one.

Leaving it all to market forces simply is not working. We're often reminded that money doesn't grow on trees. Nurses aren't growing in the nearby field either. This opportunity for real return on investment could not be greater - please make a choice and make it bold.

Professor Dame Donna Kinnair
Acting Chief Executive and General Secretary

2. Introduction

Nursing is one of the toughest degree courses you can take. Student nurses are not like other students. They have to spend just as much time on clinical placement as they do in the classroom, and often have longer terms, even over the summer. This leaves little room for part-time jobs to boost income.

This was hard going with the bursary. Now with the added pressure of spiralling debt and a loan that doesn't cover living costs, including the up-front cost of travel to placements, too many students are pushing themselves to their limits to qualify.

As the RCN Student Committee member leading the *Fund Our Future* campaign, too often I hear stories from students who can't cover basic needs such as food and heating. Students forced to turn to family and friends to support them. Students whose own mental health is suffering due to financial pressure.

It is no surprise so many people are dropping out before they graduate.

Add to this the pressure of clinical placements, where instead of learning the skills we need to practice safely and effectively, too often we're used as unpaid support workers. Our placements are full-time hours, in the same shift pattern as the registered nurses who mentor us whilst we learn. On top of this, we complete academic assignments. Then there are our families, homes, children, who deserve time and attention. Our own physical and mental health and wellbeing to look after.

Without real support we cannot continue. Nursing is a great profession and we need to do more to support people to join it. Students around the country are mobilising in support of our call for large-scale investment in nursing higher education, outlined in this report.

For the sake of current and future student nurses and, the future of safe patient care, Ministers have to listen to us – please add your voice to ours.

Kelly Hitchcock
On behalf of the RCN Student Committee

3. Executive Summary

Being a nurse is a hugely rewarding profession. But there are too many people in England who are stopped from joining this incredible career - just when we need them the most. And for those who do make this choice, we are making it incredibly difficult for them to stay in education, and in nursing.

The evidence is clear that patients are safer when more registered nurses are present. The largest international study of links between nurse staffing, education, and mortality found that every 10% increase in nurses with a bachelor's degree was associated with a 7% decrease in the likelihood of patients dying after surgery.¹

Nursing is the largest, most flexible part of the health and care workforce. Nursing is in a prime position to deliver the transformed health and care service England needs to provide safe and effective care which is fit for both now, and the future. This includes the much needed shift towards caring for people in or near their home, rather than in hospital, or in A&E. Everywhere there are people, there are nurses leading from the frontline. And yet there are currently 42,000 unfilled NHS nursing posts in England.

If Government refuses to intervene, this could grow to at least 48,000 in just five years. Other predictions based on the impact of UK's withdrawal from the EU suggest a further 5,000 - 10,000 missing nurses on top of the current gap.² This doesn't even take into account nurses in public health or social care. Or that one in three nurses are due to retire. There is a critical risk of no one taking responsibility for fixing the supply line- to patients, nursing students, nurses and the public. It is always individual students, nurses and nurse leaders who hold the risk, and patients who suffer the consequences, while systemic factors create difficult conditions.

These problems are within the gift of policy-makers to fix. The total spend on agency nursing staff in 2017/18 due to staffing shortages was £927million³. The expansion of agency workers is a reflection of insufficient workforce planning and poor work rewards.

Our student members tell us that while they are studying they are required to provide care that they are not qualified to give, because of extreme staff shortages. Fewer than half (46%) agreed that they had been provided with the

appropriate supervision and support.⁴ This is absolutely essential for learning, and to be ready to provide safe and effective care. The dropout rate for student nurses is high, estimated at 21%⁵. We are simply asking too much of people while they are meant to be learning, at great risk to themselves and to patients. And we are asking too much of registered nurses who are working with such high levels of risk. Student nurses tell us that they are struggling to cover basic costs of living while studying and on placements. That they are worried about graduating with debt that will hang over for them for most, if not all, of their careers. And registered nurses tell us that staffing for safe and effective care is their biggest priority, and their biggest concern.

We cannot afford to lose the nursing students we have, to fail to attract potential new students, to put up barriers to future nurses, and create an unbearable load for the existing workforce.

It is entirely in the gift of Government to act now - all that is needed is leadership and political will. Creating a credible and sustainable pipeline of nurses is fundamental to retention; for students, and for the existing workforce. Efforts to improve workforce retention should start as soon as students are accepted onto their degree, by ensuring that the nursing degree is financially viable for students, as well as for Government. And retention should be seen as a continuum - by acting to fix the broken line of supply, Government can send a positive and clear signal to the existing workforce that help is on the way. That it is worth staying to work in an incredible profession full of opportunity, and critical to transforming health and care services. When asked at a recent event if he would commit to investing in nursing higher education, the Secretary of State for Health and Social Care Matt Hancock said "yes. It is vital that we have more nurses".

The NHS, and the wider health and care system, will not succeed in any ambitious aims without tackling the problems with nursing supply head on. The Prime Minister has given the NHS in England an extra £20.5billion a year⁶. In return, Simon Stevens, the Chief Executive of the NHS in England, will set out an ambitious plan for improving patient care and transforming services over the next 10 years. The Secretary of State for Health and Social Care will sign off on

this plan. But nothing will be possible to deliver without enough nurses.

In the two years since they changed student funding Government has attempted a number of small policy and funding interventions, in an effort to increase supply via secondary routes into nursing, and via a new nursing support role. But the fundamental truth is that these cannot generate the scale or pace of growth that is needed to start closing the workforce gap. Only bulk investment in the undergraduate degree, through tuition and living cost support, is going to have any meaningful impact on attracting and retaining students.

This will cost at least £1billion annually. It should be invested in nursing higher education through a student maintenance grant, support for tuition and greater funding for clinical placements. This must include a maintenance grant for all nursing students and tuition support - a universal tuition grant in the form of a bursary, or in the least, forgivable loans for tuition, in return for working in public service. We challenge Government to create a 50% increase in student numbers the fifth year of new investment. The numbers tell us it is possible, and the appetite exists - if only Government chooses to help people. We are fundamentally clear that no matter which choice Government makes to fix nursing in higher education, it must not leave one single student worse off than they currently are.

The majority of this funding needs to be through the three-year undergraduate route, but Government must not forget that it must also invest in the two-year postgraduate route.

Students must be able to access hardship funding to ensure that no unexpected costs or life pressures whilst studying derail their ambition to become a nurse. We also know that there needs to be investment in secondary routes into nursing, as well as for the training needed for the existing nursing workforce to ensure they are continuously able to supervise and mentor student nurses and new graduates.

We know that the system is crying out for new nurses. Nursing graduates have high rates of employment compared to other subjects. This is true over the long term. Recent LEO data shows that three, five and ten years after graduation,

nursing programmes have the highest proportion of graduates in employment, further study or both.⁷

Until the nursing student and graduate numbers are substantially boosted, it will be a tough few years for the existing workforce. It is essential for morale, and for retention of our existing workforce, to send the message that Government is paying attention and taking action to rectify the extreme shortages that nursing staff are facing right across the country, in care settings everywhere.

“ It’s really tough. I’ve experienced depression in the past and struggling with finances is a trigger for me. [...] Cost comes first in any decision I have to make now. I always ask – is this a necessity? We always used to buy fresh fruit and veg – but it’s all bought frozen now as we can’t afford to waste anything. All flexibility has been taken away – everything has to be planned now.[...] I’ve got two children from a previous relationship who live with their mum. But because they don’t live close to me I’ve had to cut down our visits to once a month because I just can’t afford the fuel costs. ”

4. How this nursing supply crisis came about

The health and care system has been working without a national workforce strategy, without the data needed to produce one, for too long. This has not been resolved, by successive governments or system leaders creating a historic workforce planning problem in England.

Previously, the national budget for nursing higher education and clinical placements was based on the number of nurses NHS providers said they wanted to employ. This meant the supply of registered nurses was never based on the actual number needed to provide safe and effective care for the population of England.⁸

In 2016/17 HM Treasury allocated £1.8 billion for health care workforce, under this system. This included the nursing bursary to cover tuition fees and day to day living costs during clinical placements. This bursary provided:

- a non-means-tested **tuition fee grant** of up to **£9,000** per year;
- a **non-means-tested maintenance grant** of **£1,000** per year (paid in monthly instalments);
- a **means-tested maintenance** grant of up to **£3,191** per year

At that time, students were also able to access means-tested reduced rate maintenance loans.

Alongside the support for students, there were also payments to NHS organisations to fund the provision of clinical placements⁹.

Under this system, the financial envelope drove national workforce planning, so that political decisions about how much to fund the supply

“ I was a mature student and started my degree in 2009 aged 43. With a husband and child to support I would not have been able to fulfil my dream of becoming a registered nurse without any funding. ”

of nurses coming through higher education were not linked to what patients and the wider population actually needed for their care. Because of pervasive failure to get to grips with just how many nurses were needed, the health and care system in England became disproportionately reliant on the international workforce. Across the UK, 15% of nurses and midwives came from overseas (5% from the EU and 10% from outside the EU).¹⁰ They contribute hugely to the richness and diversity of our profession and affirm the global mobility of nurses as a workforce. However, this over-reliance has long been a sticking plaster for a lack of growth in the domestic workforce.

In 2017, Government removed nursing bursaries in England and grants for living costs, directing these ‘savings’ into NHS delivery. This was positioned as introducing a financially sustainable funding system, attached to the promise that the number of nursing students would grow under a market-led model.

In fact, applications have fallen by 32% since the announcement of the bursary removal in 2016.¹¹ Students accepted into nursing courses have fallen 8% in the same period.¹²

This policy introduced short-term savings for HM Treasury, who were no longer providing funding up front. These savings were not passed on to the NHS, just removed from the deficit. But this did not consider what was financially affordable for potential students. It also did not appear to not take into account that, in 30 years time, Government will have to start to write off the accumulated student debt anyhow, costing £1.2 billion annually. If this was understood, it is difficult to consider what this suggests - that those who made the decision were only concerned about the impact on their own budget, and not on any future Government.

These “reforms” have been a disaster, failing entirely to grow the number of students entering the nursing supply. As Government’s stated purpose of this action was to increase the number of nurses, it is by this commitment that outcomes should be judged.

So what now? Our analysis shows that Government can either be faced with having to write off nursing student debt in 30 years or can choose to invest

now to support today's nursing students, arresting the drop in applications, improving student welfare, reducing attrition and increasing retention in service. The choice is crystal clear.

Nursing students aren't like other students. A regular undergraduate degree takes 3,600 hours over the three years. But to become a registered nurse, it's takes at least 4.600 hours, with half of that time in the classroom, and half on clinical

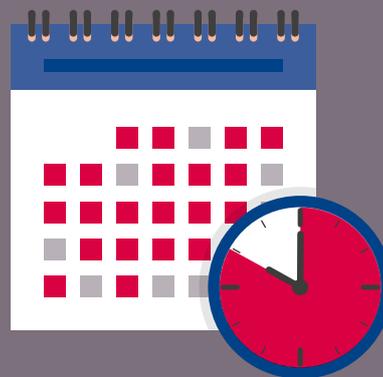
placements, learning required skills and putting them into practice under supervision¹³. Student nurses are not properly supported and there is seriously limited time for part-time work. Those that aren't put off by the high level of debt are often struggling to get by day to day. Those that do undertake paid employment add significant pressure to an already high-intensity programme, impacting on retention rates.

Average student



According to the QAA – Students of a normal bachelor's degree need 360 credits and it's assumed each credit should take 10 hours study. This would mean studying for 40 hours a week. The courses are only 30 weeks a year.

Nursing student



A student nurse will study for up to 45 weeks a year. They need complete 2,300 hours of academic study and had 2,300 hours placement time to be able to qualify as a registered nurse. Shift schedules are often irregular, and this makes it difficult for student nurses to have part-time jobs to support themselves.

Changes to student funding have had a huge impact, and not for the better. The diversity and background of nursing students has radically changed, excluding many who would have previously been able to change their personal and economic circumstances through a rewarding career. Worst hit are mature students, but nearly everyone is struggling.

The removal of the NHS Bursary has resulted in a significant fall in the number of students over 25 applying to nursing courses: 40% since 2016.¹⁴

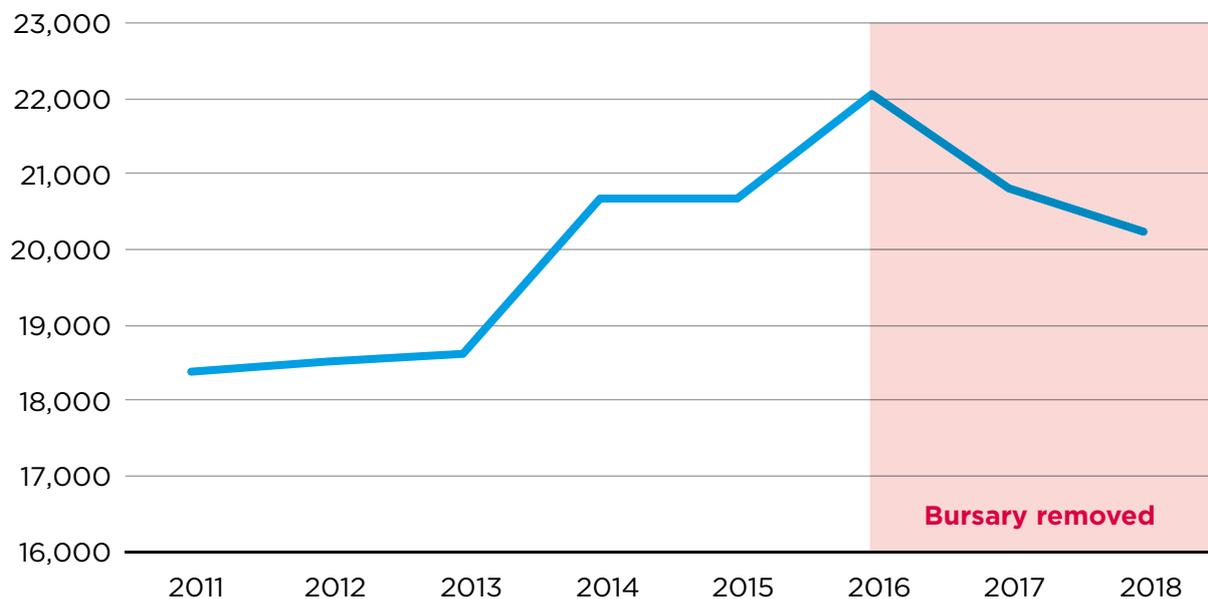
Universities have largely been blamed for failing to increase the student numbers. But the truth is, most worked hard to convert applications into filled places. However, a confused and unsupportive narrative from Government and a lack of placement capacity have prevented growth. Potential nursing students, health and care employers and universities have had to contend with the Government making unclear, and untimely, decisions about how many clinical placements will be funded (which universities have no control over), and introduce belated piecemeal targeted funding for specific routes into nursing, without dealing with underlying issues.

Government has introduced extra routes into nursing other than the undergraduate nursing degree, without sufficient planning for delivery.

“ The university wants us to pay for our own travel to and from placements and then claim what we’re owed back. Before I could do that I had download a 15-page eligibility form. Even with getting the cheapest form of travel I’m still waiting for £350 to come back to me. I’ve waited six weeks and heard nothing. All the £3.20 bus fares add up. They seem to make it hard for people to get back the money they’re entitled to. ”

This includes the nursing degree apprenticeship which takes at least four years to complete, and has not provided employers with sufficient funding to cover the cost. Becoming a registered nursing associate takes two years, and requires at least two years of further study to become a registered nurse. The postgraduate route for people who already have a degree takes two years, but has also had funding decimated.

Number of students accepted on to nursing courses in England (UCAS)



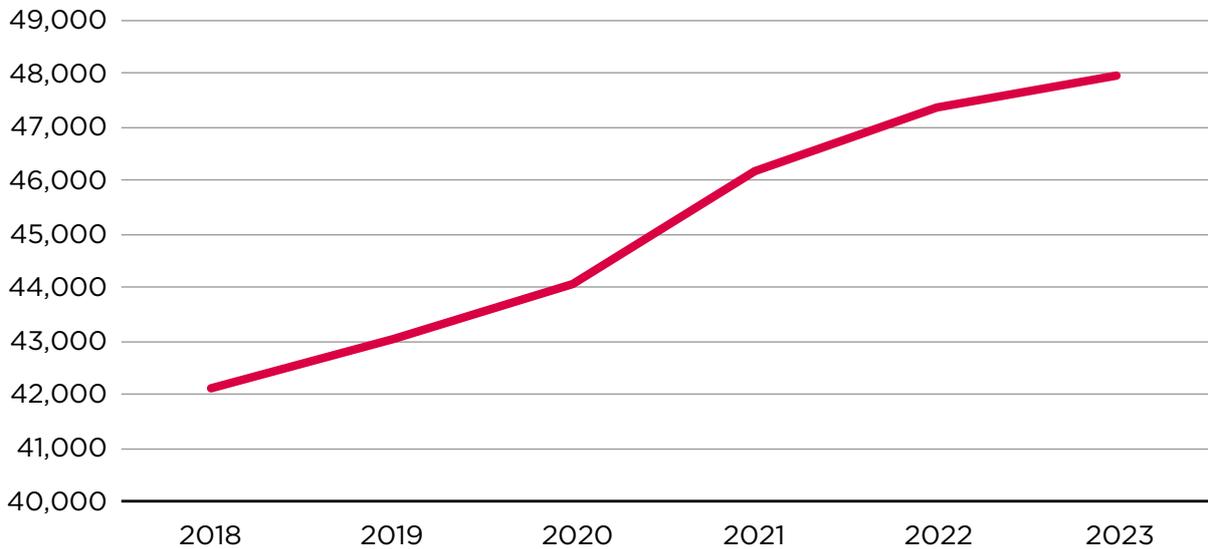
We welcome a range of routes into nursing for people with different backgrounds but none of these can generate the scale needed. Only higher education provides the best and most cost-effective route for growth in a way that plans just how many nurses will be qualified to come into public service.

Incentives such as ‘Golden Hellos’ for postgraduate students in specific fields of nursing are too little, announced too late in

the application timeframe to have any impact on potential students, or on planning. But most importantly, targeted incentives for either professional disciplines, demographics or geographies are only effective if they are in addition to clear and sustained action on the core pipeline that provides nurses.

There is every chance for politicians, policy-makers and system leaders to act to fix this mess.

Cumulative workforce gap in NHS in England by 2023 (Appendix 1)



Under the current legislation, no one in Government, or in the system, is clearly and visibly accountable for workforce strategy and workforce supply. While other aspects of quality are clearly set out, such as service quality, and financial management - no one appears to be accountable or responsible for ensuring that there

is sufficient workforce to deliver safe and effective patient care. There is an urgent requirement for a clearer, growth-focused policy and funding framework for the health and social care workforce underpinned by clear accountability for workforce supply, and planning, both nationally and locally, set out in legislation.

5. Experiences of student nurses now

The student loan system

After the removal of the bursary, nursing students needed to apply for funding support in the same way as any other student starting a degree. Since 2017 nursing students have been able to apply for a loan to cover their costs while studying. There are two parts; a loan to cover £9,250 a year tuition fees and a separate means-tested maintenance loan of up to £11,354 per year, depending on where they live, to support them whilst they are studying.

On average students taking out maintenance loans in England receive about £6,538¹⁵ per year.

“ There’s so much paperwork to fill in for student finance. It’s very stressful. I feel like I’m constantly filling in forms – and this isn’t made any easier because I use three different childcare providers. I had a lot of stress at the beginning of the year. I had to move and pay not only a deposit but six months’ rent in advance. I had to find £5,000 then and the rent isn’t getting any cheaper now. As winter approaches I’ve got the heating bills to consider too. ”

debt incurred by nursing students will need to be written off 30 years after they graduate.

The idea of taking on such large levels of debt for most of their career can be too much of a daunting prospect for some. Thousands of people who would otherwise be interested in becoming nurses are no longer applying to do so. Nursing students come from a range of backgrounds, and they have traditionally been an older student group than in other degree subjects. They may have families, or existing debt, or other reasons to be debt averse. Our members tell us that they are worried about what having a debt will do for their futures.

For many, there are difficult choices to make about buying food and paying bills. The evidence is clear: since nursing students have had to take on debt to study, and to cover all their living costs, the impact on the number of people wanting to become nurses has been catastrophic. The number one reason people consider leaving their courses are the financial constraints associated with being a student.¹⁶ And attrition is a serious problem, with analysis of Government data showing that this figure is as high as 21% of all nursing students dropping out before they complete their studies¹⁷.

All of this adds up to intense pressure on students’ mental health and their relationships, as they study. A lifetime of debt, plus day-to-day financial struggle, has affected some groups in particular. For example, mature students may have existing debt or dependents, and are more likely to study learning disability or mental health nursing, which are particularly affected by the drop in applications.

Just like a normal loan, the debt starts to gather interest from the moment the money is received. Students start paying off the debt once they earn over £25,000 a year. Once they earn more than that, they pay 9% of the amount over that threshold. After 30 years, if there is any debt still unpaid, it will be written off as a loss by Government.

Modelling out the current profile of the workforce it is very clear that over 45% of the

The costs of living

“ My student loan doesn't cover the cost of my accommodation, nevermind the cost of bills, food, travel to and from placement etc. I am paying 9,000 a year to work, and considering leaving the course because I simply can't afford to train to be a nurse. ”

Nursing students have it tough. Between the 2,300 hours of clinical placements and 2,300 of academic study, there is very rarely time to take on part time jobs to earn extra money, as many other students do. While many students, regardless of subject, can find it difficult to cover everyday expenses such as accommodation, food and household bills, nursing students face considerable additional costs on top of this. Clinical placements can be in a variety of health and care settings up to an hour away from university. Nursing students must cover the costs of their own travel upfront.

The Government no longer provides any support in the form of grants in recognition of this intense stress on students' time and finances. Many report relying on financial support from family and friends to cover basic needs. But for some, this is not even an option. There is often barely enough money to buy food or fuel, or to pay the bills. Unexpected bills, fitting in time to spend with family, Christmas pressure - our student members tell us that all of these create significant hardship and stress. For many, this pressure means they can't afford to do anything that someone might consider part of a normal life.

There is a small hardship fund of around £20 million available to assist students with particular difficulties such as managing travel and childcare costs. However, it is not well promoted, or straightforward to access.

Quality of the learning experience

Clinical placements can be across a range of health and care settings, including in the community, and are a vital part of providing students with the technical, emotional and hands-on skills that nursing demands. They learn by shadowing existing staff, watching them work and learning from their expertise. Nursing students have protected status, as they are there to learn - this means they are not supposed to be counted in the staffing numbers. They should not be inappropriately used to plug workforce gaps before they are qualified.

Student members on clinical placements report an all too common experience - existing staff, too stretched to provide support for education, are often forced to rely on them because of understaffing. Student nurses do placements to learn the skills they need to treat and care for patients safely and effectively. They are not supposed to work as support staff. Any blurring of the lines between education and being inappropriately used because of understaffing risks jeopardising the very reason students go on placement in the first place - to equip them with the skills they need to qualify as safe and effective registered nurses.

Poor experience in clinical placements does not only affect one person's education. If unqualified students regularly feel pressured to undertake activity they are not trained to do, it raises serious concerns around the quality and safety of patient care. It puts the student at significant risk, as well as the nurse in charge who is being forced to call for all hands on deck.

“ I had to give up essential nursing experiences and time with my mentor in order to be moved to another ward with not enough staff on shift. I felt upset and unempowered as I was then used as an extra pair of hands rather than a nursing student being able to learn new things, especially in my third year, I feel like I should have more experience in coordinating care and taking charge of my own patients. I felt demoralised and upset. It depresses me on shift when you cannot spend time with patients when you want to because of other duties than need to be done and cannot take extra learning opportunities because you are needed elsewhere. I feel like when I qualify I won't have the competency mix of skills that I need because nursing students are just seen as an extra care assistant on shift a lot of the time and are not counted as supernumerary on the wards. ”

“ I am often feeling extremely overwhelmed with the amount of work. There are never enough nurses to care for the patients in the way they need to be cared for as I work on a very acute ward and the patients have high needs. I regularly miss breaks to care for patients and am left feeling exhausted, hungry, tired and still feel that I am not giving the best care I can to my patients. I often go home and cry because I am so exhausted and often get home late so do not get to see my children before they go to bed. On top of all this, as a student I am getting paid very little and am taking out payday loans regularly to get by, which adds to my stress. The situation in the NHS at the moment is awful and I have been completely put off of hospital work from various placements. ”

6. Investment in nursing higher education

The Department of Health and Social Care (DHSC) should assume permanent, explicit and overarching strategic responsibility for the future nursing and wider healthcare workforce leading to targeted demand and supply side interventions wherever these are required to ensure supply. This should be underpinned by widely available data on applications and student numbers across all healthcare professions.

We believe that the Government should be aiming for an increase of at least 50% more students starting each year after five years of investment. This would mean that nearly 24,000 additional students would have started on nursing courses over this period and would put Government on track to halving the workforce gap in the short to medium term while also supporting international immigration to address urgent need. If numbers are sustained at this rate, there is potential to close the gap while also getting to grips with population need and a credible workforce strategy.

Wales and Scotland still provide nursing bursaries and the number of students due to start courses in those two countries are up 9% and 13% respectively since 2016. The power of financial support as an incentive for individuals to enter nursing higher education is clear. Wales and Scotland use a bursary model and have driven up student numbers. Northern Ireland also uses this model, but is restricted to the NHS. The role of student funding in attracting students, and that supply aims must be for both NHS and wider public health and care services.

Government has to invest at least £1billion annually in nursing higher education within five years. The priority must be to support more people to do undergraduate nursing degrees, and

to stay in the workforce. However, there must also be investment to grow the number of people studying for a postgraduate degree in nursing and a significant increase in hardship funding for all who need it. Under any changes, it is critical that no one should become worse off than they are currently.

In addition, Government must plan to ensure that there is enough funding for clinical placements to match the actual numbers coming through, rather than providing ad hoc growth that doesn't correlate to the range of routes they have created into nursing. A strategic focus on growing placement capacity and funding is vital. Lack of placement capacity constrains the number of student places. Increased funding is critical and must be reflected across all employer organisations, including in the voluntary and private sectors.

A large-scale national campaign to promote recruitment into nursing education is urgently required by the Government, particularly in light of the workforce crisis. Recent campaigns have not been sustained, broadly targeted or adequately high profile. Government must ensure that potential students are aware of all financial support that is on offer. Any support will not act to incentivise students if they simply don't know it exists. It must never be the case that someone is worse off by choosing to become a nurse. The Government must learn from the mistakes made with the reform of nursing higher education funding to ensure that whatever option it chooses it works for student nurses. It must work with the RCN and others, including directly with students themselves, to ensure any changes will be successful.

We commissioned independent economic modelling by London Economics of options for Government to choose.¹⁸

“ Getting to and from placement can sometime cost me a lot of money. Although there is the NHS Learning Support Fund to pay for travel, it only covers you for trains and buses. All the public transport I have used has been very unreliable and there have been times where the train has been cancelled last minute and I have had to get a taxi because I would have waited until it arrived I would have been late. I called the LSF and asked about being refunded and they said that they would not refund a taxi, even if it meant that waiting for the next train would make me late for placement. Of course I don't want to be late for placement because I won't be completing the necessary hours to pass the course but I can't afford to be paying for taxis. ”

Option 1 - universal tuition grant with means tested maintenance grant

This option is similar to the previous student bursary funding model as the student receives funding for tuition fees as a grant. However, in this option all students receive a means-tested maintenance grant of the same value they would currently receive under the loan model. This upfront annual payment could be even more than under the old system, depending on eligibility.

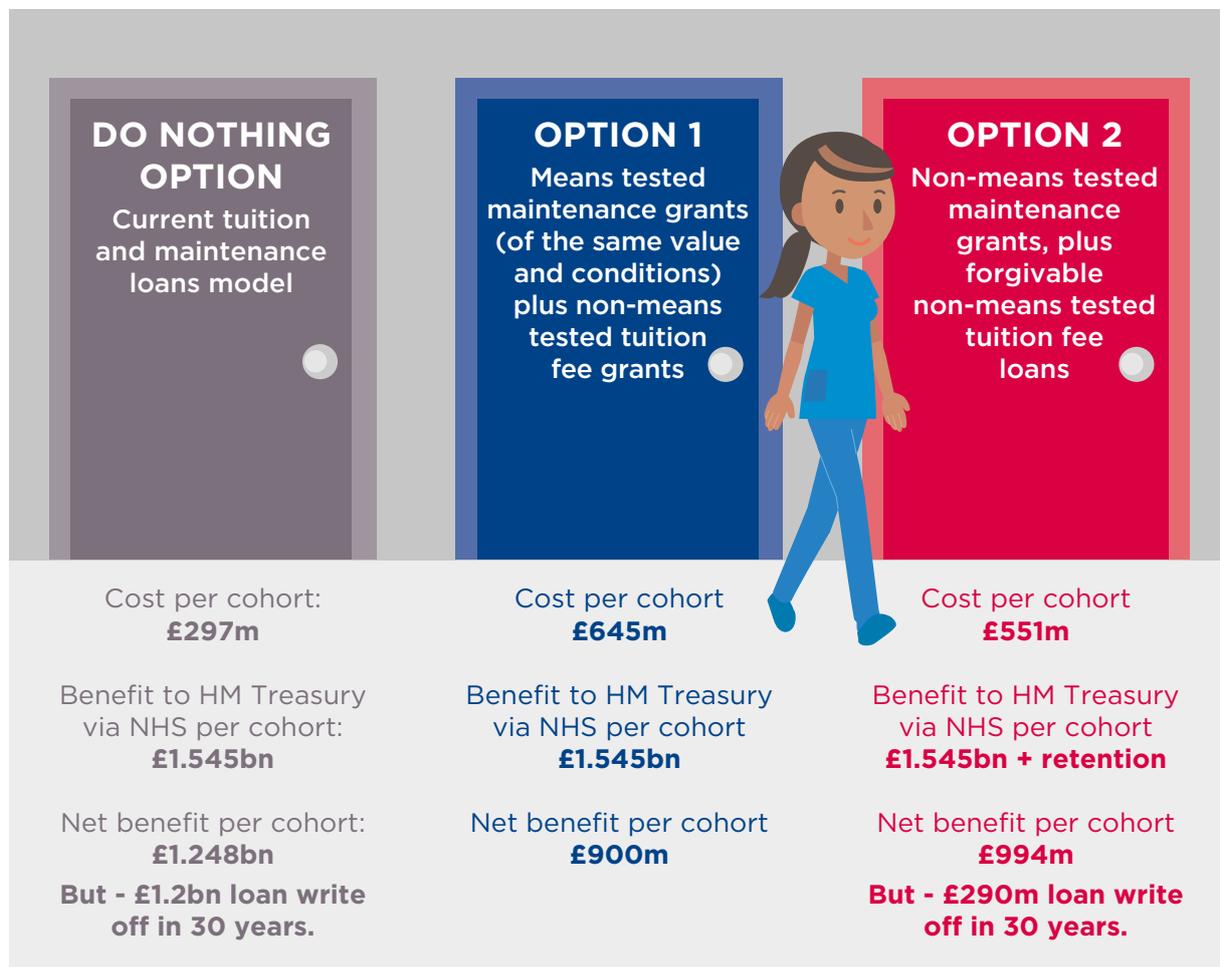
For each year of study, nursing students are given a grant for tuition fees and a means-tested grant for living costs. This could be up to £20,252 for each student per year, the same amount nursing students currently receive through loans.

What this means for a nursing student

- A nursing student gets upfront support for tuition fees and living costs via the maintenance grant. This means students can get on with studying without worrying about debt and can afford to get by day to day.
- For those who need it, access to additional hardship support or the option to take out additional loans
- They will graduate debt-free.

What this means for health and care services

- More people would study to be a nurse and would be better supported with their living costs. That will mean all nurses have more time to give to patients. Because study is being funded, there is a guarantee that nurses will be available.



- It is not easy to predict once people have qualified how many will work in public service or for how long they might stay.

What this means for Government

- Up-front investment of £645million per cohort of students. But with the current system expected to cost Government £1.2billion each year by the time the current loans are written off in 30 years, this option works out cheaper in the long run.
- To create a 50% increase in the number of students Government would need to invest £966million per class of students up front.
- Without the worry of debt burden, more people would study to be a nurse and less people drop out during studies.
- Saving made on parallel reduction of bank and agency staff is likely to be a minimum of £1.545billion and as much as £2.231billion¹⁹.
- It is not easy to predict how many would go on to work as a nurse or stay in public service.

Option 2 - forgivable tuition loan for public service and a universal maintenance grant

The Government has previously used a loan forgiveness scheme to incentivise people to study to become teachers and join the teaching profession. Rather than pay tuition fees up front, students take out a loan like they do now. The difference is they are guaranteed a job on graduation and the Government commits that they will pay off more of the students debt the longer they stay in their career. The scheme showed huge potential even at a time when tuition fees were as little as £1,000 a year but was let down by poor implementation. Hardly anyone knew it existed.

Students would get a non-means tested £10,000 maintenance grant to go towards their living costs each year. Nursing students would take a tuition loan, however, on graduation and entering the nursing register, the Government guarantees a job for at least 10 years. The debt is paid down by the Government; 30% after three years, 70%

after seven years and wiped at 10 years, so long as they are working in public service in England.

What this means for students

- Students would be substantially supported with living costs and can focus on their studies.
- Students graduate with lower levels of debt than they currently do and are guaranteed a job once qualified across health and care settings.
- People can have confidence that the longer they stay working in public service in England, the less debt they have to pay back.
- After 10 years in public service, debt is wiped.
- For those who need it, access to additional hardship support or the option to take out additional loans

What this means for health and care services

- More nurses coming through into a wide range of health and care settings.
- Increased capacity for nurses to have more time with patients.
- It would be easier to plan and understand when people will qualify and be able to enter into public service.

What this means for Government

- Up-front investment of £551million per cohort with an additional cost of £290million in 30 years time for students who leave public service before 10 years.
- To create a 50% increase in the number of nursing students, with 24,000 new students starting each year after five years.
- Government would invest £827million upfront with a potential additional cost of £435million in 30 years time.
- More people would study to be a nurse and less would drop out during studies as they would better support with their living costs.
- It would be easier to predict the number of newly qualified nurses entering into health and care.

- Saving made on parallel reduction bank and agency staff, likely to be a minimum of £1.545billion and as much as £2.317billion²⁰.

When implementing this scheme the Government would have to ensure that it would be easy for students to move between employers. It would also need to ensure nurses on either sick or maternity leave were not in anyway adversely affected. If people take a break for either of those reasons they must be able to remain on the scheme and not have years added to the end. Finally, there must be some benefit for people who work part time.

Additional investment required

Appropriate investment in the nursing undergraduate degree, as the primary supply route, must be the priority. However, there are several additional areas where investment is needed to enable this growth in the undergraduate degree route. There must also be investment to generate growth through the other, secondary routes into nursing.

Enabling growth through nursing undergraduate degree

Hardship support

Some students need more support when they are studying. Anyone can suddenly find that finances are unexpectedly tight due to life circumstances or unexpected changes. A significant amount are mature students who may have children or other dependents.

As many as 42% of nursing students may need financial support whilst studying.²¹ Under the previous system students could apply for a means-tested maintenance grant from between £2,200 and £3,200 depending on their circumstances.

Using an average of this and applying it to the number of students who may require additional support during their studies would mean that the Government should ensure that at least £55million is available for those who might need

it during their course. For the number of students to grow by 50% the Government should make up to £82million available. This money must be used to reimburse the full costs of hardship to make sure students stay in study.

In addition, Government has to ensure that the scheme is implemented in a way that is effective. Support should be well advertised to both student nurses and prospective students so that they know it is available if they need it. The process of applying for this type of support should be streamlined and easy for people to access without being too burdensome for those who need it. It also must not result in anyone being worse off by losing money or other benefits they may be entitled to.

Continuing Professional Development

Nurses don't finish studying when they become registered on graduation. To ensure that they keep delivering the best professional care and are able to work at the top of their practice, nurses keep learning. Nursing needs significantly increased investment in post-registration education to support service quality, staff retention and, critically, training capacity. Additionally, nursing's regulator, the Nursing and Midwifery Council (NMC), is bringing significant changes to practice through new standards in 2019. This means the existing workforce needs access to continuous professional development (CPD), to ensure they are ready to practice as required, and to support students to learn and new graduates to work. It's also vital for nurses to continue to practice. The NMC requires nurses to go through a revalidation process every three years. To do that they need to have completed a minimum amount of hours of CPD. But in the first year that it was introduced one third (34%) of nurses reported that they had achieved no more than 10 hours each year.

CPD also enables nurses to develop their careers, become specialists in areas of care such as cancer, as well as design and deliver innovative models of care to meet changing population needs. Career development at work is key to keeping professionals supported within the workforce, essential for ongoing safe and effective practice, and for career progression. Over the last few years, however, Government budget for nursing CPD has been cut by 60% to just £83.49million in 2017/18, down from £205million in 2015/16.

This makes it incredibly difficult for nurses to access the support they need to ensure they have the updated skills and knowledge to mentor and supervise nursing students, and discourages employers from investing in their staff.

Frontline nurses say employers frequently cancel study leave due to staffing pressures, depriving them of learning and development opportunities.

In order to ensure that registered nurses are able to stay working and are able to support the next generation of nurses to join the profession, including while learning on clinical placements, Government must restore funding to at least £205million, the amount it was last at in 2015/16. Without this the system will be unable to support growth needed to close the workforce gap, nor will it be able to retain and support existing staff.

Growing secondary routes into nursing

Postgraduate nursing degree

Students starting on a post-graduate nursing degree receive a maintenance grant of £10,000 a year for the two years of study. In addition, their fees are fully covered.

What this means for students

- A student could focus on qualifying to be a nurse without worrying about how they will get by day-to-day or that they will graduate with even more debt.

What this means for health and care services

- Nurses will be qualified in two years rather than three meaning that they are able to enter into public service.
- Many are likely to be older students, who on average are more likely to enter specialist areas such as mental health and learning disability which are struggling to recruit.

What this means for Government

- Up-front investment of £19,250 per year; at the average number of people starting a postgraduate nursing degree (3,000), it would cost £115million per cohort.

- To create a 50% increase would cost £173million for an additional 1,500 postgraduate nursing students.
- Given that amount nurses earn over their career means that 45% of all their undergraduate loans are written off by the Government after 30 years, it's likely that an even higher amount of the additional debt taken on under the current loan scheme would also need to eventually be written off by Government.

Recognition of prior learning

Additional education models which recognise prior learning of existing workforce, such as health care support workers (HCSWs), should be considered. These should also be properly modelled and planned within a costed workforce strategy.

Nursing degree apprenticeships

Since 2017 people who want to study to be a nurse can choose to do that through a nursing degree apprenticeship that normally takes four years. Apprentices spend part of their time working as a paid employee whilst they study to become a nurse, the rest of the time they are learning, either in academic study or whilst on a placement. However, just like other nursing students when they are learning on a placement they must not be counted as part of the staff, also known as having 'supernumerary' status. Just like other nursing students, they must complete 2,300 hours of academic study and another 2,300 hours on placement.

Apprenticeships can be a positive contribution to workforce supply if properly funded and the training is appropriate. However, there have been challenges with the implementation of the scheme, including the inflexibility of the funding apprenticeship levy such as restrictions on covering salaries and backfill costs, undermining uptake amongst employers. Between August 2017 and April 2018 only 260 people have started nursing degree apprenticeship.

Nursing associate - conversion to nursing degree apprenticeship

In 2015 the Government announced that it was creating a new registered role in England, the nursing associate. The nursing associate is designed as a bridge between unregulated health care assistants and registered nurses. It takes two years to study to become a nursing associate which follows the apprenticeship model, rather than the degree. Once they have registered as an associate, they can choose to study for a further two years to become a fully qualified registered nurse.

The RCN supports the introduction of nursing associates as long as the role is clearly defined and does not result in employers using people in roles that should be filled by registered nurses. The first nursing associates are due to qualify in January 2019 however, between August 2017 and April 2018 only 640 people started a nursing associate apprenticeship, many of which had already been working as a health care assistant.

The numbers for the nursing degree apprenticeship, as well as the nursing associate, are much lower than the 1,000 new nurses the Government expected to qualify through apprenticeships. And rather than lead to an increase in the number of students, the introduction of two new routes means that they are competing with each other, and with higher education, over the clinical placements that are so vital for learning. The system urgently needs to expand the number of placements it can offer so that both these new routes and the much needed increase in student nurses can be accommodated by actually considering how many placements are needed for the breadth of routes they have created into nursing.

7. Appendices

Appendix 1: Current and projected numbers entering the workforce in England via each route into Registered Nursing

We have calculated projected workforce supply and attrition for England, and applied net change to the current vacancy rate (41,772), based on the current establishment figure for nursing posts (325,049).

Pipeline into registered nursing	2018	2019	2020	2021	2022	2023
Undergraduate degree - Registered Nursing²²	22,045	22,630	22,045	21,060	21,060	21,060
Postgraduate conversion into Registered Nursing degree.²³	1,102	849	827	790	790	790
European Economic Area (EEA) Immigration.²⁴	805	3,594	2,199	2,896	2,548	2,722
Immigration from outside EEA.²⁵	1,093	-546	273	-137	68	-34
Nursing Associates choosing to become Registered Nurses²⁶	0	0	0	200	1,000	1,400
Nursing Degree Apprenticeships.²⁷	0	0	0	0	0	260
Total annual new supply of Registered Nurses²⁸	25,045	26,527	25,344	24,809	25,466	26,198
Total annual average workforce attrition.²⁹	25,400	27,417	26,409	26,913	26,661	26,787
Overall Registered Nursing workforce summary position year on year (supply + attrition)	-355	-890	-1,065	-2,104	-1,195	-589
Cumulative net loss to 2023.³⁰	-355	-1,245	-2,310	-4,414	-5,609	-6,198
Cumulative workforce gap in NHS in England by 2023³¹	-42,127	-43,017	-44,082	-46,186	-47,381	-47,970

Methodology on future supply and vacancy rate

Each route into or out of nursing set out in the above table is based on the following methodology, and any caveats provided.

1.1 Undergraduate degree – Registered Nursing:

- For years 2018-2021, based on projected graduation numbers based on end of cycle UCAS entry numbers minus an attrition rate across the course of study of 19%, calculated based on HESA data for 2012-2015³².
- For years 2022-2023 based on 2021 graduate numbers with the same attrition rate. We have kept the rate the same rather than estimate a continued decrease in the number of applications we have seen in the last two years.
- This does not use the significant increases in accepted student places projected by HEE and DHSC when the bursary was removed as two years into the funding reform we know these estimates to be false.
- There are multiple attrition figures used in the public debate. The figure we used of 19% is based on HESA's data from 2012/13 – 2015/16.

1.2 Postgraduate conversion into Registered Nursing degree:

- This is based on an estimate of approximately 5% of total nursing students studying via the postgraduate route as calculated from Higher Education Statistics Agency (HESA) data for 2012/13-2015/16. Exact numbers of postgraduate students is more difficult than the undergraduate route to calculate exactly as they enter study from a myriad of different application backgrounds that differ for each university. As this figure is a percentage of the undergraduate figure, it follows the future graduation estimates outlined above³³.
- We have not modelled in the impact of the 'golden hellos' package as there is no implementation plan. It is also not yet clear how this programme would increase the net overall number of people studying

postgraduate nursing, rather than just shifting the field of study (in other words, towards learning disability and mental health nursing away from adult nursing).

1.3 European Economic Area (EEA) Immigration and from outside the EEA:

- The numbers for nurses from the EEA and those outside the EEA have been taken from the NMC Register 2018³⁴. The register tells us how many individuals are registered to practice as nurses in the UK but it does not tell us how many are working in nursing roles. Therefore the numbers should be considered as a 'guide' rather than definitive workforce numbers for immigrant nurses working in the UK.
- The NMC Register is constantly fluctuating and thus the data used here is a snapshot of the register as of March 2018. The numbers included in the table are the totals of 'net change' for each year calculated by the numbers of leaver and joiners to the register in each year. The numbers of nurses from the EEA or outside the EEA is identified by the routes used by individuals to join the register.
- Projections for the number of registered nurses from 2019 onwards are calculated by using the average figures for the previous two years (two-year rolling average). A two-year rolling average was used after consideration of what would be the most influential factors on the nursing workforce in the future. The removal of the nursing bursary and the impact of Brexit were found to be among the most highly influential factors. However, these factors have only been significant for the past two years. The loss of the nursing bursary and Brexit will continue to have a highly influential impact on the nursing workforce therefore, it was the data that reflects this impact (the 'two-years') that needed to be used as the basis for finding the most likely workforce numbers in the future.

1.4 Nursing Associates choosing to become Registered Nurses:

- This data is taken from HEE's estimates of the number of trainee nursing associates that were due to start at the nursing associate test sites. It is unclear exactly how many

will continue on to become registered nursing associates when the first cohort join the register in January 2019. But we have taken at face value that all of the first 1,000 trainees will join the register.

- We have estimated a conversion rate of 20%. HEE has at times used a conversion rate as high as 40%. However, we believe this is too high for a number of reasons: the untested nature of the new role, the higher academic requirements of becoming a registered nurse and, because conversions will come primarily from the apprenticeship route, the same bottle neck supply issues that are limiting the number of nursing degree apprenticeships currently³⁵.

1.5 Nursing Degree Apprenticeships:

- The figure of 260 is based on the latest available data for students starting nursing degree apprenticeships in the 2018-18 year (April 2018). This information comes from Anne Milton MP in a response to a parliamentary question from Angela Rayner MP in September 2018.
- It is acknowledged that not all apprentices are doing a four-year route and that there is a large degree of flexibility in the system. However, given there is not an exact data source from which to calculate this, we have used the overall apprentice numbers and based it on a four-year degree.

1.6 Annual workforce attrition of registered nurses:

- The total figures for the attrition of registered nurses have also been taken from the NMC Register 2018. The projections for attrition have also been calculated by using a two-year rolling average. Please see the notes above on European Economic Area (EEA) Immigration and from outside the EEA, for more information.

1.7 Overall current and future vacancy figures:

- The starting vacancy figure is the NHS's workforce vacancy rate as of June 2018 of 41,772. We have conservatively kept the vacancy rate the same and projected this

forward five years. This figure does therefore not take into account the projected growth of the NHS and its workforce which will likely exacerbate the vacancy rate further.³⁶

- As of June 2018 the total number of nurses working in the NHS in England (FTE) is 283,327 (NHS Digital monthly workforce statistics), while the vacancy figure for the same time point is 41,722. We therefore take 325,049 as the current establishment figure for total number of nurses (FTE) in the NHS in England.³⁷

The projected vacancy rates have been calculated as this initial vacancy plus the cumulative net decrease of nurses from the system to 2023.

Appendix 2: Methodology from Economic Costings

Student Profile

- The model considers the total number of full-time English domiciled first year students undertaking first degrees in nursing at English Higher Education Institutions. Based on HESA data available (provided by the Royal College of Nursing), there were a total of 16,020 students of these characteristics in 2016/17 (the most recent year for which this information was available at the time of writing).
- To arrive at these students' continuation/completion rates during study, using 2015/16 data provided by Health Education England (HEE), the total number of actual starts in 7 nursing professions (namely, these are Adult, Child, Mental Health, Learning Disabilities, School, District and Health Visiting) is calculated using the number of planned commissions and the commission post fill-rate. A total of 21,690 students started a nursing qualification for these 7 professions in 2015/16. Using in-course attrition rates provided at Local Education and Training Board (LETB) and profession level, the number of completers by LETB and profession is determined and aggregated up to get total completers in England. This is equal to 17,177, suggesting an attrition rate of 20.8%. It should be noted that this includes all types of courses; degree (2-and 3-year), diploma and masters.
- Based on HESA data, to determine the size of maintenance loans received, first year students are categorised by location of study and living arrangements whilst in study. It is assumed that all students take out the maximum available loan to which they are entitled, and we base eligibility for loans using information from SLC Statistical First Releases on the proportion of students that were previously in receipt of full or partial maintenance grants (to determine the distribution of students by household income band). Based on this, the average maintenance loan received by a full-time first degree undergraduate student stands at £6,538p.s.p.a overall.
- The average gross tuition fee in 2017/18 is £9,250, but as a result of Access agreements and the provision of bursaries and fee waivers by HEIs, the net tuition fee is lower (£9,101). It is assumed that these bursaries and fee waivers are not available to nursing students under Option 1 (where the total cost of study would be carried by the Exchequer). It has been assumed that fees do not increase over the duration of students' courses.
- Loan eligibility has been modelled – by location of study (i.e. Living at Home (21% (full-time students)), Living away from home outside of London (67%), and Living away from home in London (12%) (based on HEFCE data)) -using the current income thresholds provided by Student Finance England.
- The analysis is undertaken by gender – assuming that 90% of nursing graduates are female, and that 10% are male (based on UCAS data).
- An average age at enrolment of 24 (based on UCAS data provided by the Royal College of Nursing) is assumed, and an average study duration of 3 years.
- Pooled Quarterly Labour Force Survey data (for Q1 2001 to Q4 2017) to estimate the average earnings of individuals in possession of first degrees as their highest qualification, and whose occupation is defined as nursing (defined using SOC2010 code 2231). Average earnings were estimated separately by gender and age band (from which we generated 'smoothed' age-earnings profiles by gender), and calculated in January 2017 prices. These were then adjusted these age-earnings profiles for employment probabilities, using pooled Quarterly Labour Force Survey data (for Q1 2004 to Q4 2017) on the average probability of employment among individuals in possession of a first degree in nursing (not necessarily as their highest qualification), again by gender and age band (and again 'smoothed' out by age).

Repayments and scenario assumptions Exchequer costs

- In both the case of the current loan system and Option 2, loans accumulate interest at RPI +3% during the period of study. Post graduation, loans accumulate interest depending on earnings, with individuals earning £25,000 incurring a 0% real rate of interest, increasing to 3% real rate of interest on earnings of £45,000 per annum or above. We assume that loan repayment is 9% of earnings in excess of £25,000 per annum.
 - In the case of the current system, we assume that all loans are written off 30 years from the Statutory Repayment Due Date (SRDD) –which is assumed to be the first year post-graduation.
 - In Option 2, it is assumed that, for graduates working in the NHS
 - 30% of their outstanding loan balance is written off after 3 years in the NHS;
 - 70% of their outstanding loan balance is written off after 7 years in the NHS; and
 - 100% of their outstanding loan balance is written off after 10 years in the NHS.
 - It is assumed that loans for graduates not ever working in the NHS, or working in the NHS for less than 3 years, would only be fully written off 30 years after the SRDD (as in the current system).
 - It is assumed that all thresholds increase in line with average nominal earnings growth (with forecasts taken from medium term and long term forecasts by the Office for Budget Responsibility (OBR), published in October and July 2018, respectively).
- In relation to maintenance grants:
 - In the current scenario, there are no maintenance grants.
 - In Option 1, it is assumed that the level of maintenance grant that would be received is equivalent to the current level of maintenance loan, using the same means-testing and distinctions by location/living circumstances –thus assuming an average grant of £6,538per student per annum.
 - In Option 2, it is assumed a ‘flat’ maintenance grant per student per annum of £10,000, irrespective of household income (i.e. non-means-tested) and location/living circumstances.
 - In relation to teaching grants, the average teaching grant per student derived by dividing the total high-cost subject funding for students in price Band C1 provided by HEFCE in 2017/18 by the underlying number of funded full-time equivalent students in that price band in that year. The average teaching grant per nursing student in England is thus estimated to be £254 per student per annum respectively.
 - In relation to the estimation of the Resource Accounting and Budgeting (RAB) charge, a real discount rate of 0.7% is assumed as per standard HMT practice with respect to student loans accounting. In relation to all other financial flows (including Exchequer costs and benefits), the standard HMT real discount rate of 3.5% is assumed.
 - All nominal price levels were adjusted to (real) constant 2017/18 prices using OBR medium term and long term forecasts of the Retail Price Index.

References

- 1 Aiken, L. et al, 2014, 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study' The Lancet
- 2 National Institute of Economic & Social Research, 'Brexit and the Health and Social Care Workforce in the UK, November 2018
- 3 NHS Improvement, Performance of the NHS provider sector for the year ended 31 Mar 2018, available at: https://improvement.nhs.uk/documents/2852/Quarter_4_2017-18_performance_report.pdf
- 4 Out of 1,500 student respondents to the RCN's 2017 staffing survey
- 5 Based on analysis of Health Education England and Local Education and Training Board Data.
- 6 PM speech on the NHS: 18 June 2018, available at <https://www.gov.uk/government/speeches/pm-speech-on-the-nhs-18-june-2018>
- 7 Department for Education, 2018, Graduate outcomes (LEO): 2015 to 2016
- 8 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-
- 9 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
- 10 NMC, 'The NMC Register 2018', available at: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf> (2018)
- 11 UCAS, 2018 cycle applicant figures - June 2018, <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-june-deadline>
- 12 UCAS statistical releases - daily Clearing analysis, <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018>
- 13 Nurses must have completed 2300hrs of academic study and 2300hrs of clinical placements to be registered with the professional regulator the NMC
- 14 UCAS, 2018 cycle applicant figures - June 2018, <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-june-deadline>
- 15 Calculated by London Economics
- 16 Health Education England, Reducing Pre-registration Attrition and Improving Retention Report, available at <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>. The top reasons why healthcare students consider leaving their courses are discussed in detail from pages 48 - 53.
- 17 Based on analysis of Health Education England and Local Education and Training Board Data.
- 18 Modelling by London Economics. All costings are calculated in constant 2017/18 prices, and is discounted and presented in net present value terms
- 19 This is based on the benefits per cohort over 10 years.
- 20 This is based on the benefits per cohort over 10 years.
- 21 Royal College of Nursing, Left to chance: the health the health and care nursing workforce supply in England, February 2018
- 22 Based on the 28 days after A Levels day Universities and College Admission data for 2018: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018>
- 23 Estimate drawn from HESA Student Record Data 2012/13-2015/16 purchased by the RCN.
- 24 Information drawn from the Nursing and Midwifery Council register, 31 March 2018, <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf>

25 Ibid.

26 Based on an estimate of 20% of nursing associates becoming registered nurses.

27 Based on the first cohort of nursing degree apprentices in their first year on the register.

28 This is the sum of the routes in outlined in the rows above.

29 This is based on the UK wide attrition data as outlined in the NMC Register.

30 This is the cumulative extra vacancies over the projection.

31 This is the initial NHSI vacancy figure plus the cumulative increase in the row above.

32 Based on the 28 days after A Levels day Universities and College Admission data for 2018: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018>

33 Estimate drawn from HESA Student Record Data 2012/13-2015/16 purchased by the RCN.

34 Information drawn from the Nursing and Midwifery Council register, 31 March 2018, <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf>

35 The 40% figure is taken from a letter sent by HEE, Re: Trainee Nursing Associates expansion in Learning Disability services, to providers on 8 August 2018.

36 Quarterly performance of the NHS provider sector: quarter 1 2018/19 <https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-sector-quarter-1-201819/>

37 Quarterly performance of the NHS provider sector: quarter 1 2018/19 <https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-sector-quarter-1-201819/>

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

RCN Online
www.rcn.org.uk

RCN Direct
www.rcn.org.uk/direct
0345 772 6100

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

020 7409 3333

November 2018
Publication code 007 348



Royal College
of Nursing