



Royal College of Nursing

Shaping nursing since 1916

RCN response to the Department of Health consultation *Changing how health care education is funded*



2. Bursaries



Resolution – Students Committee

That this meeting of RCN congress is appalled by the unilateral decision to abolish student nurse bursaries and calls on Westminster government to work with the RCN to look at all options and agree future student nurse funding arrangements.



There we go. Come in behind you, it use the whole stage, folks. We are all friends here. Now, my reason for doing this

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*Front cover: Show of force – RCN students receive the unanimous backing of delegates at RCN Congress
Above: Third year nursing student and RCN Council member Kathryn Davies addresses RCN Congress, June 2016*

Summary of RCN position

The RCN has fundamental concerns about the consultation plans to remove NHS funding for nursing student training in England and implement a new system of tuition fees and student loans. This system will see future nursing students facing debts of up to £59,000. The RCN, together with a coalition of over 20 major health organisations¹ has set out these concerns to the Prime Minister.

The current demand for nursing student training is based on existing NHS-funded arrangements. If the Government wants to ensure that over 10,000 new places are delivered, it should extend these existing funding arrangements to meet demand rather than bank on a fees and loans based system attracting similar levels of applicants.

The current consultation proposals are 'high-risk' at a time when the NHS and the wider health and social care system is ill-equipped to manage that risk. The proposals lack a full understanding or analysis of the nursing student demographic profile and represent an unprecedented gamble on the future of the nursing workforce and, in turn, the quality of patient care.

Whilst tuition fees and loans exist within other parts of higher education, it is important to recognise that those changes occurred after over a decade of phased introduction. The impact will be worse in health care because there are no transition arrangements; there is no safety net for the NHS.

The changes outlined in the consultation go further than simply adding to the debt burden of future nursing students. The change represents a surreptitious removal of a whole budget that was ring-fenced for the training of non-medical professionals. This could result in an inability to co-ordinate and shape the ongoing professional development of the workforce.

The RCN has undertaken research including a survey with members, focus groups and a review of existing evidence to explore the possible impact of the proposals in relation to three key areas of risk; sustainability of the nursing workforce, ensuring fair and equitable access and placement capacity and quality.

An immediate 'big bang' overhaul of the system, without piloting and evaluating all the risks before implementation, will exacerbate existing shortages in the workforce and other unforeseen circumstances. These risks have been highlighted in evidence provided by RCN members, who have demonstrated an overwhelming absence of confidence in the Government's proposals. A resolution at the RCN Congress 2016 calling on Government to work with the RCN to look at all options and agree future nursing student funding arrangements, received a unanimous endorsement by voting members, and in a wide-ranging survey of our membership² in England we have heard that:

- two-thirds of existing nurses and current nursing students surveyed **would not** have studied nursing if they'd had to take out student loans and pay tuition fees (this rises to 85% for those who were aged over 26 when studying)
- 89% believe that the changes would result in **decreased numbers of nursing students**
- 80% of **nurse educators do not support these proposals**
- 90% of respondents believe that the proposals will **disadvantage** certain groups of students
- 80% of respondents believe that these student funding proposals will have a **negative impact on patient care.**

¹ <https://www.rcn.org.uk/nursingcounts/student-bursaries>

² 17,158 nurses, nursing assistants and nursing students responded to the survey, 14,759 of whom were RCN members responding to a direct email invitation; the remaining members and non-members followed links to the survey via invitations on social media.

The Government claims that moving nursing, midwifery and allied health profession students onto the student support system will bring them in line with the wider general student population, and will lead to an increase in the number of prospective students who can access nursing degree courses in the future. However, this statement is based on the

incorrect assumption that the profile of nursing and midwifery students is similar to the wider student population. It represents a fundamental misunderstanding of the profile of nursing students and the nature of nursing degree courses, and is not based on a like-for-like comparison. We have set out the differences in figure 1.

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“[The proposal] lacks consultation and insight and nurse and RCN involvement. That's simply not good enough when you're impacting nurses and the future profession. This is something that's going to affect who we are working with and who's looking after our patients.”

Rhys Mood, Student Committee Member proposing the resolution calling on Government to work with the RCN to look at all options and agree future nursing student funding arrangements, RCN Congress 2016



Figure 1: The unique profile of nursing students

The demographics of the nursing student population are substantially different from the rest of the student population. The average age of a nursing student is 29, and they are much more likely than other students to have caring responsibilities. **31% of our survey respondents said they had dependent children when they were studying to become a nurse. 10% were single parents.**

Nursing students are much less likely to have taken a traditional route into university, with almost a quarter of all nursing students who entered in 2014/15 having undertaken access courses to obtain their university place³.

As a mature group of students the nursing student population is also much more likely to have other financial and relationship obligations, such as loans and mortgages and caring responsibilities. **23% of our survey respondents told us that they had caring responsibilities for someone sick, disabled or elderly while they were studying for their nursing degree.**

Future salary prospects are also very different for nursing students compared to other students. The starting salary of a newly qualified nurse in England is £8,308 below the UK graduate average⁴.

The unique nursing degree requirements

Subjects allied to health have the highest total workload hours of all higher education subjects⁵. 50% of nursing students' time is spent in clinical practice working directly with patients and their families. 2,300 hours of practice time is required by the Nursing and Midwifery Council and although supernumerary, nursing students make an important contribution to patient care while on placement.

Nursing student courses also run a longer academic year. There is very little opportunity for nursing students to take on part-time work to supplement their income.

Midwifery students

Midwifery students have similar demographics and course requirement challenges to nursing students. A large proportion of midwifery students have childcare and financial commitments that are difficult to manage with long course requirements. There are further demands on student midwives as these students are expected to keep a small caseload of women. This means they are expected to be available to deliver care wherever the woman needs to be seen, in a variety of settings including hospitals, birth centres or children's centres.

³ Nurses: Training: Written question – 38147 <http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2016-05-24/38147>

⁴ High Flyers Research (2016) *The Graduate market in 2016* <http://www.highfliers.co.uk/>

⁵ Neves and Hillman (2016) *the 2016 Student Academic Experience Survey*, HEPI-HEA available: <http://www.hepi.ac.uk/2016/06/09/hepi-hea-2016-student-academic-experience-survey/>

The Department of Health has been successful in widening access to nursing and promoting a diverse workforce, and commentators such as Lord Willis have recognised the importance of initiatives that encourage people with broader life experience to enter the nursing profession.

“There has been an over-emphasis on 18-to-21-year-olds when actually what we need is more a pathway for mature men and women with life experience, who can see nursing as a second career.”

Lord Willis (2014)⁶

The changes proposed will put at risk this continued progress in widening access and potentially cut off the supply line of mature students, whilst also putting off those students who are 18 and face a lifetime of debt.

The Government is once again gambling with short-term decision making in relation to workforce planning. The Government has a poor record in this area. The evidence for this has been robustly set out in recent reports by the Migration Advisory Committee (MAC)⁷, the Health Foundation⁸ and the National Audit Office⁹.

“Across the health system as a whole, there are shortcomings in how the supply of clinical staff is managed, in terms of both planning the future workforce and meeting the current demand for staff”

National Audit Office¹⁰

The RCN has frequently called for increases in student commissions and has highlighted in a succession of Frontline First reports the dangers of an undersupply of nursing. The RCN has also argued that increases to the health workforce must be sustainable and long term, with support available to deliver the unique

elements of a nursing degree course, such as clinical placements and effective mentorships. There is a very real danger that, in the unlikely event of these proposals increasing the number of nursing students, the support structure to underpin their studies and development will not be in place.

Financing is also a key concern for the RCN. The Government has asserted both in the consultation and in public statements that the proposals will give students access to an increase of 25% or more in support for living costs, which will make people more willing to apply for nursing courses. The RCN disputes this claim. The Government has failed to explore the likely impact on future nurses of the substantial increase in debt due to the removal of the NHS bursary and the introduction, for the first time, of annual tuition fees. In seeking to address the workforce planning mistakes of the past, the Government is in reality putting the financial burden on the nurses of the future.

Historically, the funding for a large percentage of the non-medical training was held centrally, first by the Department of Health and then by Health Education England. In moving the overall allocation of funding of pre-registration courses away from HEE’s responsibility, the RCN is deeply concerned that other vital elements of funding will also disappear as part of the overall reforms. Examples of funding for tuition that could be lost include post-registration district nursing and mentorship training.

District nursing teams, through their vital work in the community, have a crucial role in reducing hospital admissions and supporting early discharge. Despite this critical role we know that the numbers of district nurses has

6 <http://www.telegraph.co.uk/news/nhs/10775103/Review-of-nurse-training-to-bring-back-compassion.html>

7 Migration Advisory Committee (March 2016) Partial review: shortage occupation list and nursing <https://www.gov.uk/government/publications/migration-advisory-committee-mac-partial-review-shortage-occupation-list-and-nursing>

8 The Health Foundation (2016) Fit for Purpose? Workforce Policy in the English NHS <http://www.health.org.uk/publication/fit-purpose>

9 The National Audit Office (February 2016) Managing the supply of NHS clinical staff in England <https://www.nao.org.uk/report/managing-the-supply-of-nhs-clinical-staff-in-england/>

10 National Audit Office (2016) Managing the Supply of Clinical Staff in England <https://www.nao.org.uk/report/managing-the-supply-of-nhs-clinical-staff-in-england/>

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fallen dramatically over the last 10 years and the loss of funding for post-registration tuition would only exacerbate the current difficulties, lead to a further drop in numbers and reduce further the provision of essential community-based nursing care. The change could also threaten the Prime Minister's personal commitment to the increase¹¹ of the Health Visitor workforce.

Funding for the accelerated midwifery course for registered nurses may also be under threat, which will have a knock-on impact on future recruitment of midwives as qualified nurses may not wish to leave their current post and salary to undertake this programme.

There is a critical need to look behind the headlines at the 'unintended consequences' and the RCN calls for urgent assurances from Government that the funding allocation for the essential aspects of post-registration tuition is not lost. If implemented these 'stealth' cuts will risk further reductions in the existing workforce at a time when the Government should be focusing on the recruitment and retention of a nursing workforce with the right mix of skills and specialisms to meet the demands of a complex and ageing population.

It appears that these proposals are being rushed through without proper analysis and provision to mitigate the risks. Within the consultation document itself the Government has indicated that there is more work to be done in, for example, the following key areas:

- provision and funding of placements
- student finance for postgraduate education
- small and specialist subject provision

These are fundamental elements of any proposed funding package and need to be taken into account as part of a comprehensive impact assessment. This is just not possible within the timescales proposed. Universities and prospective students will require clarity

on funding arrangements by September 2016 for those applying to start in 2017/18. Rather than rushing through a new approach without suitable evidence on a number of key areas of risk, the RCN is calling for arrangements for 2017/18 to replicate the existing NHS student funding system. The Government must then work collectively with employers, higher education institutions, professional bodies and unions to get the detail right on NHS student finance, and ensure that they are not storing up catastrophic workforce problems in the medium term. There has also been a complete absence of piloting of proposals and any significant changes to student funding must be tested before being fully implemented.

In summary, the RCN calls on Government to suspend these proposals immediately until a model of funding, which does not gamble with the stability of the nursing workforce, can be found.

Specifically the RCN calls for the Government to:

1. immediately suspend the 'high-risk' plans to overhaul the NHS bursary system, ensure existing student funding arrangements are in place for the 2017/18 intake, and urgently bring together all stakeholders for meaningful dialogue on the future of student funding after this date
2. explore other models of funding that fully recognise the unique circumstances of nursing students and that address the core principles that the RCN has identified as being crucial for the delivery of an effective future model of funding
3. develop a fully evaluated pilot scheme across England to test the impact of any proposed changes.

¹¹ <http://www.telegraph.co.uk/news/health/news/9706565/Extra-1000-health-visitors-in-post-next-year-pledges-minister.html>

Chair of RCN Congress Stuart McKenzie, BSc, RMN, shows his support to students following a unanimous vote at RCN Congress in Glasgow



RCN engagement

In preparing this response the RCN has engaged widely with its members and key stakeholders to shape and inform our response. We have had an unprecedented level of engagement from our members, who have voiced an overwhelming lack of confidence in the current Government proposals. Over 17,000 members contributed to the RCN's online survey, despite a very short turnaround available for comment.

Alongside the member survey, RCN promotion and engagement on the consultation reached out to members and non-members through:

- a dedicated section on the RCN website providing a series of resources for members to engage with the consultation
- media activity including a series of nursing press articles, features and news reviews raising awareness of the consultation and the *RCN Bulletin* and *Activate*
- social media promotion including on Facebook (85k followers) and Twitter (68k followers)
- discussion events by RCN Council Committees, professional forums, regional boards and other groups of members
- email correspondence to all members
- focus groups with nursing students and NHS Trust staff.

The RCN has drawn on the expertise of its membership to explore how the proposals will work in practice for individual students, the nursing workforce and ultimately patient care. Given the relatively narrow set of issues that form the basis of the consultation questions, in this response we set out a wider exploration of the impact of the proposals, drawing from our extensive member survey as an evidence base.

Key areas of risk

Evidence-gathering by the RCN has revealed three fundamental areas of risk that we believe have not been sufficiently addressed in the consultation. These are as follows

- **Ensuring a sustainable nursing workforce over the long term**
The Government has not adequately addressed the risks to future security of supply of the NHS workforce. As well as the risk that the proposals could deter potential nursing students from applying and result in shortages, there is also a risk that an 'open market' approach could result in uneven distribution of students across nursing specialisms or geographic locations. The Government has also not fully considered the risk that removing the bursary could result in severed links between the student and the NHS, impacting on students' future loyalty to the NHS as an employer.
- **Fair and equitable access to nursing education**
The Government has not sufficiently assessed all the risks of unintended discrimination in relation to age, gender, BME and socio economic groups. The equality analysis does not provide a rigorous assessment based on the unique profile of the nursing student population as largely consisting of female students as well as the large number of mature students, many of whom have caring responsibilities.
- **Securing placement capacity and quality**
The Government has not provided a breakdown of the extra funding that will be made available in the event of extra demand on placements. No consideration is given to the impact on clinical placements of other education reforms such as nursing associates and new apprenticeship routes. This requires an analysis of the overall costs of 10,000 more students, including the use of mentors and ability of the current workforce to provide quality clinical experience and supervision for safe care. There is a huge workforce shortage in the health and care sector and this will only exacerbate the shortage.

Ensuring a sustainable nursing workforce over the long term

“I am a nursing lecturer of over 20 years’ experience and I am currently interviewing applicants for nursing who are keen to join the profession before the changes. These applicants are telling us directly that the prospect of a loan would be a deterrent to joining the profession. With the number of vacancies we should be doing everything to provide incentives to join the profession not be creating deterrents. These changes have not been piloted and no survey has been conducted among obvious target groups such as those currently on access to nursing programmes. [...] These changes will have a disastrous impact on the nursing workforce and therefore on the NHS as a whole.

Kate, Nurse Educator

The RCN believes that these changes could result in a decline in the numbers of students looking to study nursing. We know that in recent years the numbers of mature students and part-time students has fallen¹². It is a considerable risk that given the older age profile of the nursing student, the numbers looking to train will decrease. **85% of survey respondents who were aged over 26 when they began their nursing degree told us that they would not have studied nursing under a loan and fees-based system.**

Turning to the specific claim by Government that the changes will result in 10,000 more places, the RCN is concerned that this assumption is based on existing applications via the current NHS support arrangements, rather than the proposed new arrangements which represent a vastly different offer for prospective students.

The Government appear to be using previous levels of applications as an indicator of future numbers of acceptances. Numbers of applications is an incomplete measure that does not take into account the reasons behind

the non-selection of students, and the extent to which students are deemed “not suitable”, for example on academic or values-based recruitment grounds.

The RCN has also identified some fundamental unanswered questions in relation to the claim itself of 10,000 more training places, including:

- the number of extra training places that will be available for nursing and midwifery students
- what benchmark number of commissions the Government is basing the 10,000 increase on
- whether the figure of 10,000 extra places figure relates to annually commissioned places by 2020, compared to current levels, or if it relates to the more modest target of 10,000 more training places accumulated over the next four years
- how the de-facto cap (of up to 10,000 more students) will be managed under the proposed new system which does not have central oversight
- how placement provision will be established to match demand of any increased numbers of students.

Taken together, the level of uncertainty and unanswered questions around the impact of the proposed changes demonstrates that the proposals have not been properly considered by Government. In the absence of this evidence, the proposals should be immediately suspended until a suitable model of funding can be identified. This system should lead to sustainable and guaranteed increases in student numbers and it should enable, unintended consequences to be properly assessed.

The RCN’s own survey has demonstrated that the potential number of applications could in fact fall if there is a perception that nursing students would be required to take on significant levels of debt. In our survey,

¹² UCAS Analysis and Research (2016) UK Application Rates by the January Deadline <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports>

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two-thirds of all respondents said that they would not have studied nursing if they had had to take out a student loan or pay fees and 89% disagreed that the Government was right to assume that the change will lead to increased numbers of nurses. The RCN remains unaware of any reliable evidence to support the argument that a free-market approach to funding nursing education will prevent 'boom and bust' cycles.

History tells us that when nursing workforce planning is not co-ordinated then shortages of numbers and skills occur. This is evidenced through the catastrophic decline in the district nursing workforce¹³ which had a direct impact on the ability of the NHS to keep people at home¹⁴. A drop in numbers of students studying for nursing degrees will result in nursing workforce shortages in the next four to five years, and with it an increased reliance on expensive agency workforce.

The removal of centralised planning will significantly restrict the ability to match workforce planning with the design of new services, for example seven-day services and new models of care being developed under the Five Year Forward view. It will not deliver the breadth of skills needed from future nurses. 83% of our members tell us that they believe that the new system will result in shortages across some fields of nursing practice, and 84% tell us that they believe that the new system will result in shortages across geographic areas. The changes to postgraduate funding will also impact on between 10% and 20% of the yearly graduate output of nursing, midwifery and allied health professionals¹⁵, many of whom are studying for specialisms and are likely to fill specialist roles.

There is no link in the consultation documents to other proposals being taken forward by the Government that will impact on routes into nursing careers, including the introduction of the proposed new nursing associate role and apprenticeships in nursing. The Government

has not addressed in its consultation how these developments will work together to deliver the workforce of the future. The RCN is clear that, taken together, these changes should not contribute towards a devaluing of the nursing profession. Any changes to nurse education should progress the development of nurses, not take us backwards. We need a flexible and modern graduate nursing workforce capable of working across settings, and with the ability to lead the development and delivery of new models of care fit for the 21st century.

Fair and equitable access to nursing education

The consultation document highlights the need to maintain wide access to nursing, but there is limited evidence of any assessment of the risks of unintended discrimination, for example, in relation to age, gender, religion, BME and socio-economic groups. 90% of all survey respondents felt that the change to a loan and fees-based system would disadvantage certain groups of students. The RCN is absolutely clear that the nursing profession should be accessible to a wide range of students and those who are entering nursing as a second career.

The Impact Assessment¹⁶ for the consultation compares nursing students with general students and generalises between the two throughout the document. We know from evidence¹⁷ that nursing students tend to be demographically very different from general students in terms of their age, gender and previous education. Generalisations from the general student group may therefore not apply to nursing students.

Mature students and those with dependents

92% of our survey respondents told us that the changes would lead to decreased numbers of applicants from mature students with dependents. The change to a loans-based system will leave many nursing students with debts of up to £59,000 for a three-year degree.

¹³ RCN (2015) *Frontline First: The Fragile Frontline* available at: http://royalnursing.3cdn.net/9808b89b8bfd137533_krm6b9wz7.pdf

¹⁴ *Ibid.*

¹⁵ Council of Deans of Health (2016) *Response to: Consultation on Reforming Healthcare Education Funding*

¹⁶ <https://www.gov.uk/government/consultations/changing-how-healthcare-education-is-funded>

¹⁷ <https://www.hesa.ac.uk/component/content/article?id=2411>

We are concerned that the prospect of starting a career with a large debt will deter mature students, many of whom have dependants, from joining the profession altogether. This will particularly be the case if nursing is the second degree course they have undertaken and they have accumulated debt from their first course of study.

85% of our members who began studying for their nursing degree when they were aged 26 or older have told us that they **would not** have studied nursing under the conditions outlined in these proposals.

“I think this system will cut out a lot of mature students who already have families. They will not be willing or in the position to get into that much debt. I would say that at least 60% of my cohort have children and say they wouldn't be able to study if it wasn't for the NHS bursary.”
A nursing student

Although the consultation states that some students will have access to around 25% more funding than before, 81% of our members tell us that they disagree that *the Government is right to remove the bursary and replace with loans and fees as students will have more money available to them while studying*. The RCN urges the Government to explore the risk of the large debt acting as a deterrent for many people.

“Individuals with families, mortgages, car hire, and other big financial commitments will be less inclined to want to take out further loans. This will result in a loss of individuals who may have greater life experience and be able to bring valuable knowledge and skills to nursing.”
A registered nurse

The RCN believes the claim that students will have access to 25% more student support funding ignores the reality that this represent a fundamental shift in the debt burden on future students compared to existing arrangements. In reality, the nursing students of the future will have access to greater future debt.

There will be some students who are worse off under the proposed changes. This is particularly the case for some students with child dependants, who will lose out on the dependants allowance for children that is currently available under the NHS bursary scheme. There is no equivalent funding for child dependants under the BIS Student Loan scheme.

Tax credits calculations currently ignore income from NHS Dependants Allowances for children, so the loss of the Child Dependants Allowance will not be compensated through the Tax Credits system¹⁸.

The treatment of NHS bursary income has traditionally been over a 12-month period, making the calculation of supplementary benefits for housing support for those in special categories relatively easy for local authorities to calculate. The BIS funding arrangements will mean that students will have to have their entitlement re-calculated up to three times a year depending on the length of the course, making budgeting for those on nursing courses more challenging¹⁹.

Maternity and paternity

Maternity and paternity payments which were an important feature of the bursary system, underpinned in case law²⁰, will be lost under these proposals and the RCN believes that this will result in increased attrition for students who fall pregnant part-way through the three-year course.

“I took maternity leave during my training, and without the bursary, I would have been left in great financial hardship. Without my £350 a month when my husband was looking for a job, I would have not been able to contemplate returning to nursing, and would have been another dropout statistic, for the sake of starting a family.”
Stacey, registered nurse

The RCN feels that it is essential that any future funding model for nurse and midwifery

¹⁸ Reg 8 TC (DCI) Regs

¹⁹ Housing Benefit Regulations 2006 64. Treatment of student loans

²⁰ Fletcher and Others v. Blackpool Fylde & Wyre Hospitals NHS Trust and another [2005] IRLR 689

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education retains this important provision for pregnant students.

Socio-economic groups

A relatively large proportion of students studying subjects allied to medicine are from under-represented groups including lower socio-economic classifications²¹. The document does not adequately address the possibility of debt avoidance among people from lower socio-economic groups. We believe that the introduction of tuition fees will have a far greater impact financially on nursing students.

A number of our members have told us that they are the first in their family to attend university.

"I left school at 15 with no qualifications. I come from a socially deprived area where job prospects are poor and university attendance is the exception, rather than the norm! I started my training at the age of 29, with a six-month-old and a three-year-old child. I come from a family that has had many nurses over the years – I was the first one to attend a university. I could ONLY do this thanks to the NHS bursary."
Kathi, registered nurse

Ethnicity

UCAS data demonstrates that students studying in subjects allied to medicine are more likely to come from an ethnic minority background, with 30% of UK-domiciled acceptances to subjects

21 A relatively high proportion 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

allied to medicine having an ethnic background other than white²².

We know that there are different cultural dimensions to debt, for example, avoidance of debt from some within the Muslim community. It is crucial that the NHS continues to work hard to attract students from all backgrounds to provide a workforce that is representative of the communities it serves.

Securing placement capacity and quality

In the unlikely event that the proposed changes lead to increased numbers studying for nursing degrees, **78% of our members tell us that there is not currently sufficient a quantity and quality of placements available to support any increase in demand on practice based learning.** The move towards an open-market approach to nurse education, coupled with other policy changes (eg apprenticeships and nursing associates) which will require practice placements and staff investment to support placement learning, could create instability and pressure in the system.

“I have already had a placement shortened by a week due to lack of available placement areas. The wards are understaffed and it does not seem appropriate to push students on nurses who are already busy, stressed and working late. Students will learn less and may not enjoy their learning experience.”

Nursing student

The RCN does not believe that the proposals sufficiently recognise the fact that pre-registration programmes already ensure that nursing students undertake 2,300 hours of practice (50% of their total education time) in clinical care settings (a European Union legal requirement monitored in the UK by the NMC).

There is also a potential difficulty in securing placements across different geographies and specialisms, particularly if students are being

required to self-fund the first £303 per year in placement expenses, as this may lead to placements being selected based on distance from home and could have an impact on geographical distribution of nursing students. There is also a risk that the fee-paying student will expect a degree of control over their placement experience that could lead to uneven distribution in demand in certain areas and may well impact on retention and attrition, where they are dissatisfied with provision.

Currently, students undertake shifts that are the same as the paid workforce, which includes all days of the week, unsocial hours and some night duty. This is to enable them to experience 24-hour care and to work with their mentors. However, they may not be prepared to work so flexibly if they are self-funding, particularly where this will necessitate increased care arrangements for dependents. This may impact on their knowledge and skills development and could also lead to attrition.

Greater partnership working between employers and placement providers, universities and regional HEE offices is vital to ensure that students are able to access training in the right places to meet local workforce needs, and that there is a local procedure in place to manage the over and under-supply of students that will be inevitable in a free-market and non-commissioned system. There is also a need to consider in more detail the impact the proposals will have on Higher Education Institutions (HEIs) and placement providers for organising and supervising practice placements.

The Government needs to demonstrate that it has fully evaluated and resourced the required growth in placement capacity across the full range of settings. Hoping that it will just sort itself out, in the absence of a fully worked up plan, will inevitably lead to more problems in securing placements. Any proposals will need to include support for non-traditional placement areas. Any changes must also join up effectively

22 UCAS (2015) Subject group by ethnic group data available at: https://www.ucas.com/sites/default/files/eoc_data_resource_2015-dr3_022_01.csv

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with other initiatives to improve practice-based education such as the ongoing work to expand provision of general practice placements.

Mentorship

81% of our members tell us that they do not believe that registered nurses currently have capacity to mentor more students. The role of the mentor for students is critical and they are required among other duties, to have completed specific preparation in assessing students, be responsible for ongoing supervision and assessment in practice settings and, in some cases, sign off students who are judged to have reached the required competences in the field of practice. The Standards for Learning and Assessment in Practice (2008)²³ which state these requirements are part of the regulatory framework for programme approval.

“Due to staffing shortages now our student nurses suffer on the wards. They don't get the proper guidance and opportunity and are used as part of the numbers, nursing staff don't have enough time to spend with them.”

Health care assistant

The RCN believes that effective practice placements must have appropriate levels of skilled staff and visible, supported and valued professional leaders with time to give to the important task of mentorship and supervision.

Moving towards an effective student funding system

The RCN is calling for an immediate suspension of the implementation of these proposals and for Government to fully engage with all relevant stakeholders. It is absolutely critical to the future of the NHS that we have an effective and sustainable funding system for nursing education. We stand ready to work closely with Government on alternatives based on real engagement with stakeholders, a thorough assessment of risks, piloting and systematic evaluation.

Any future funding system for nursing education must:

- be tailored to the diverse profile of the nursing student. Nursing degrees attract people from a wide range of backgrounds including many mature students, people with dependent children, people of many ethnicities and socio-economic backgrounds. This diversity is highly valuable in the nursing workforce.

Example alternative reforms for which RCN members indicated potential support in the survey include:

- a “forgivable loan” where all or part of the loan is paid off by the employer; this could help to prevent large loans acting as a significant deterrent for many nursing students
 - development of allowances which build on those provided under the NHS bursary system – which were designed with the specific profile of the nursing student in mind
 - scholarships and grants for students from low socio-economic backgrounds.
- value the time that nursing students spend in placements and the unique contribution that students make to the NHS while studying. Nursing students should not have to pay for their training or incur any placement expenses. It should be recognised that nursing students are often unable to take on any part-time work during their training due to the long length of their course and the number of hours they spend in their placements.

Example alternative reforms which RCN members indicated potential support in the survey included:

- tuition fees covered for nursing students
- fully-funded placement expenses direct to the student
- nursing students to receive non-repayable payment while on placement while retaining supernumerary status.

²³ <https://www.nmc.org.uk/standards/additional-standards/standards-to-support-learning-and-assessment-in-practice/>



- offer equal incentives for postgraduate pre-registration routes as for undergraduate, recognising that many highly motivated and experienced nursing students train through the postgraduate route
- strengthen the nursing workforce of the future by ensuring that practice-based education accommodates increased numbers of students and develop placement opportunities that are of high quality and offer a good spread across specialisms and geographic areas. A nursing workforce fit for the future in a large part depends on securing the supply of specialist and advanced nurses. Nurses should not have to pay fees for professional development and post-registration postgraduate courses, for example in district nursing
- be evidenced through piloting and evidence-gathering. Post-implementation any changes must also be subject to regular monitoring and systematic evaluation including exploration of any unintended consequences of reform.

Responses to specific questions

The RCN is providing answers to the specific consultation questions asked by the Government in addition to the summary of our wider concerns in relation to the proposals. However this should not in any way be interpreted as indicating our consent for the current Government proposals that the RCN remains strongly opposed to and which should be immediately suspended.

Question 1: After reading the list of impacted undergraduate and postgraduate courses, are there further courses which you consider should be included in the scope of the reforms? If yes, what are these courses and why would the current funding and delivery models require their inclusion?

The RCN cannot comment on courses for subjects other than nursing or midwifery and would not wish to suggest further courses to be included in the scope of the proposed changes.

The RCN would like assurance from Government that those who are already a registered nurse and who wish to progress to a post-registration postgraduate level qualification, such as advanced nurse practitioner (ANP) would not be required to pay tuition costs. It is vital that funding for non-medical prescribing and ANP training is ring fenced in acknowledgement of the need to upskill the nursing workforce. Ultimately this ensures that we have the right workforce to deliver effective health care. Research²⁴ demonstrates high patient satisfaction regarding treatment by ANPs. The loss of this funding will result in further declines in the numbers of advanced practitioner nurses and the already depleted district nursing workforce²⁵.

The RCN would also like clarity on what the proposals mean for those who have

undertaken a certificate or diploma level and wish to top up to a degree. The RCN believes that these nursing staff should not have to pay tuition fees for completing their career development. This includes associate practitioners with foundation degrees who wish to top up to become registered nurses.

Question 2: Do you have any views or responses that might help inform the Government's proposed work with stakeholders to identify the full set of postgraduate health care courses which would not be eligible for a postgraduate Masters loan and to consider the potential support or solutions available?

The RCN believes that the Government has significantly underestimated the importance of postgraduate courses in supplying the workforce of the future. The current proposals will be unfair on postgraduate students and have a negative impact on the numbers and skills mix of the future workforce.

This question relates to potential nursing students who already hold a first degree. The RCN notes that such individuals will have access to more financial support if they embark upon a full 3-year second undergraduate degree, rather than utilising the prior learning they have obtained through their first degree and gaining their registration through a Postgraduate Diploma (PGDip) or a Masters degree. Nurses who enter via the postgraduate route make up a skilled and motivated section of the workforce. Any change that results in fewer students progressing through this route could negatively impact on the skills mix and specialisms within the workforce and nurse leadership. Postgraduate courses are also very good generally for the NHS workforce, with these nurses entering the workforce much faster than those on the undergraduate route.

²⁴ HSJ 27 February, 2015 Workforce supplement: The benefits of Specialist Nurses available at <http://www.hsj.co.uk/resource-centre/supplements/workforce-supplement-the-benefits-of-specialist-nurses/5082712.article#.VRvs6BtOWmQ>

²⁵ RCN (2015) Frontline First: The Fragile Frontline available at: http://royalnursing.3cdn.net/9808b89b8bfd137533_krm6b9wz7.pdf

The RCN feels that the provision for Masters students contained within the proposals, for a £10,000 loan available to cover both fees and living expenses, is insufficient and will result in pre-registration Masters degree students facing severe hardship. Furthermore, Masters courses that are three years or over in length would be ineligible for any financial assistance under the Government's proposals. It is proposed that repayments for the Masters loan run alongside repayments of any existing student loan, and many students are likely to have to top-up with bank loans and other finance. The RCN strongly calls for a model of funding that recognises the value of the Masters route.

Perhaps even more worryingly, the Government has failed to recognise that currently many postgraduate pre-registration students obtain their training at the PGDip level. The RCN is alarmed that there is no provision within the proposals for any funding for the pre-registration postgraduate diploma.

The RCN refers the department to the list provided in the Council of Deans response²⁶ (appendix 1) which highlights the large number of postgraduate courses at PGDip level (a total of 59 PGDip courses across nursing specialisms). The RCN does not have the data on how many students will enter these programmes, but a conservative estimate would amount to around 2,000 PGDip student places at risk under the proposals, and more when you take into account three year masters courses. Under these proposals these students would receive no financial support to undertake their studies. The RCN urges the Government to identify a model of funding that supports nursing students through this successful and efficient route into the workforce.

As we have stated, the RCN would also argue strongly for **protected funding for post-registration training for advanced qualifications** in nursing practice. The removal of which will

surely damage the skills mix of the workforce and lead to even fewer numbers of senior nurses required to deliver new models of care required for the future.

Nurses working in the NHS should not be expected to pay for their continuing professional development, because for most nurses funding availability impacts on their opportunities to progress. There is a practical consideration too, if these post-registration courses are to require self-funding, the way that the modules are currently configured will not enable most nurses to meet the funding criteria for a Masters loan (as these are often assimilated over time and using Accreditation of Prior Learning processes as nurses move around) or within the specified timeframe (as the practice competence component will often extend the time period compared with solely academic study).

The RCN urge the Government to work with all stakeholders including students, professional bodies and higher education institutions to develop an offer for postgraduate routes that ensures that it remains a realistic option for this valuable group of current and future nurses.

Question 3: We consider that operating the exemption will support the objectives for encouraging second degree students to undertake nursing, midwifery and allied health courses. Are there any other options, which do not include an NHS bursary, that could be considered?

The exemption proposed in the consultation document is that students who wish to study for these subjects will be able to take on a second undergraduate loan and will be required to make repayments on the second loan once the balance of the first loan has been repaid. The document suggests that students will be required to make repayments on the second loan once the balance of the first loan has been repaid as the maximum amount of time

²⁶ Council of Deans of Health (2016) Response to: Consultation on Reforming Healthcare Education Funding

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to pay off a student loan is 30 years, this could equate to a nursing student, who has previously obtained another degree facing the prospect of 60 years of debt and loan repayments.

The RCN is therefore concerned that the Government has not addressed the very real risk of students being deterred by the large amount of debt (in some cases in excess of £100,000) and the prospect of that debt being present throughout their working lives.

Those taking out a second student loan are mature students, who, given their other responsibilities, are likely to have a different perspective to younger students on the overall debt and the period they will need to pay this off over. There must be greater clarity on how the new system will impact on mortgages and other loans, particularly for those accessing a second student loan.

Question 4: Are there circumstances, as set out above or otherwise, in which the standard student support system which would be available for nursing, midwifery and allied health students would be inadequate or limit participation? Why is this? We are specifically interested in cases where an individual's circumstances mean that they would not fully benefit from the increase in living cost support, or to the same extent as other students.

Students with dependents

The RCN believes there are significant differences between current and proposed system in childcare costs and dependants allowance under the BIS arrangements. **92% of our survey respondents told us that the changes would lead to decreased numbers of applicants from mature students with dependents.**

One key concern is that students with child dependants that do not incur formal childcare costs, will lose out under the proposals. This includes, for example, some single parents who rely on informal childcare from relatives.

This reduced support for some parents could have a negative impact on participation in these courses. This is particularly true of students without adult dependents, which of course includes single parents. The RCN would like to refer the department to the example provided in the Council of Deans' response (Figure 2)²⁷ which outlines a profile of a low income single mother with three children who would be over £2,000 a year worse off under the BIS system than the bursary scheme.

The RCN is also concerned about how the changes will relate to the ability to claim tax credits, and after the roll-out, Universal Credit. Tax credits calculations currently ignore income from NHS Dependants Allowances for children, so the loss of the Child Dependants Allowance will not be compensated through the Tax Credits system²⁸.

Maternity and paternity

Given the age profile of the nursing student population, maternity and pregnancy leave is a very real issue for these students. The RCN has set out its concerns about the removal of this allowance in more detail in our response to Question 6.

Placement expenses

The Government has failed to recognise the significant placement element to the nursing degree. The RCN is clear that students should not have to self-fund any of the 2,300 hours of practice time strictly set out in EU law.

Existing students are currently reimbursed for all of their travel costs and accommodation expenses linked to their placement and the RCN is concerned that under the proposed BIS arrangements students will be required to pay an excess of £303 per year towards their placement costs.

This policy will disadvantage those students who are training in more rural areas that generally require commutes of longer distances

²⁷ Council of Deans of Health (2016) Response to: Consultation on Reforming Healthcare Education Funding
²⁸ Reg 8 TC (DCI) Regs

to attend placements. Having to pay an excess also has the potential to impact on choice and variety of placement experiences with the possibility of students electing only to take placements from within their local area that do not incur high travel expenses. **84% of our survey respondents told us that the change to a loan and fees based system will result in workforce shortages in some geographic areas.**

Training placements need to be allocated strategically across settings and geography to ensure a future workforce that is flexible. The RCN strongly recommends that as a minimum Government ensures all health care students are fully funded for costs associated with attending their placements, the RCN would urge the Government to explore all options with stakeholders (including payment to students while on placement²⁹).

Question 5: Do you agree that increasing the available support for living costs typically by around 25% or more, and enabling these students to apply for additional funding through the allowances on offer from the Student Loans Company, would ensure that we continue to have a diverse population of students?

The RCN disputes the assertion that students will be better off by 25%, particularly for students with dependants. This also dangerously underestimates the potential of the debt acting as a disincentive for many would-be-nurses.

As stated in the evidence section, our members have overwhelmingly told us that the proposals will have the opposite of the Government's desired effect, and will lead to fewer applications from mature students, people from low-income backgrounds and diverse ethnicities. **90% of the nurses and nursing students that we surveyed said that they felt that the new system would disadvantage certain groups of students, and 85% of our**

members who began studying for their nursing degree when they were aged 26 or older have told us that they would not have studied nursing under the conditions outlined in the current consultation proposals.

Question 6: Are there specific factors relating to health care students which you consider we need to take account of in relation to the discretionary maternity support provided by the student support system?

Maternity and paternity payments that were an important feature of the bursary system will be lost under these proposals resulting in increased attrition for students who fall pregnant part-way through the 3-year course.

Case law³⁰ has recognised the status of nursing students as vocational trainees who spend 50% of their course in practical training settings within a working environment, and who should be protected under the sex discrimination act when absent from their training for a specific period due to pregnancy and maternity.

Under the proposed changes this access to maternity and paternity support will be scrapped. The RCN is clear that the Government must continue to uphold the law in relation to paid pregnancy and maternity leave for nursing and midwifery students, recognising their status as vocational trainees.

Question 7: Are there any other measures which could be considered to support our principles of fair access?

The RCN would refer the department to our core principles for designing an alternative funding system for nursing education set out in our response.

Any future funding system for nursing education must:

²⁹ 89% of survey respondents agreed or strongly agreed with the proposal for nursing students to receive payment while on placement
³⁰ *Fletcher and Others v. Blackpool Fylde & Wyre Hospitals NHS Trust and another* [2005] IRLR 689

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- be tailored to the diverse profile of the nursing student. Nursing degrees attract people from a wide range of backgrounds including many mature students, people with dependent children, people of many ethnicities and socio-economic backgrounds. This diversity is highly valuable in the nursing workforce.

Example alternative reforms for which RCN members indicated potential support in the survey include:

- a “forgivable loan” where all or part of the loan is paid off by the employer; this could help to prevent large loans acting as a significant deterrent for many nursing students
- development of allowances which build on those provided under the NHS bursary system – which were designed with the specific profile of the nursing student in mind
- scholarships and grants for students from low socio-economic backgrounds.
- value the time that nursing students spend in placements and the unique contribution that students make to the NHS while studying.

Nursing students should not have to pay for their training or incur any placement expenses. It should be recognised that nursing students are often unable to take on any part-time work during their training due to the long length of their course and the number of hours they spend in their placements.

Example alternative reforms which RCN members indicated potential support in the survey included:

- tuition fees covered for nursing students
- fully-funded placement expenses direct to the student
- nursing students to receive non-repayable payment while on placement while retaining supernumerary status.
- offer equal incentives for postgraduate pre-registration routes as for undergraduate, recognising that many highly motivated and experienced nursing students train through the postgraduate route
- strengthen the nursing workforce of the future by ensuring that practice-based education accommodates increased numbers of students and develop placement opportunities that are of high quality and

offer a good spread across specialisms and geographic areas. A nursing workforce fit for the future in a large part depends on securing the supply of specialist and advanced nurses. Nurses should not have to pay fees for professional development and post-registration postgraduate courses, for example in district nursing

- be evidenced through piloting and evidence-gathering. Post-implementation any changes must also be subject to regular monitoring and systematic evaluation including exploration of any unintended consequences of reform.

Questions 8 and 9: Do you consider that the potential options for those new part-time students, commencing courses in 2017/18, will support students in continuing to undertake these courses in this transitional period?

Do you consider that moving all new part-time students onto the student support system for both tuition and living cost support, through the Student Loans Company from 2018/19, will continue to encourage part-time students to undertake these health care courses on a part-time basis?

The RCN would agree that new part-time students need to receive full funding for their studies. Traditionally, women and mature students make up a significant proportion of the part-time student population. Evidence shows³¹ that flexible access and part-time study are crucial for many mature female learners. However, what is being proposed is merely a “sticking plaster”, and although the Government suggests that part-time students make up a small percentage of the overall population, this element of the proposal reflects the wider changes that have led to training that is less flexible and not tailored to the particular needs of nursing students.

There is strong evidence³² on the overall reduction in numbers of part-time students post-2012 student finance and fees changes. The RCN is not convinced that the proposals will address this pattern of impact on the part-time student population. We know that changes to student loans and tuition fees have been particularly damaging to the numbers of students studying part-time³³.

Although part-time students make up a relatively small number of the nursing student population, this group of students should be subject to existing arrangements to ensure there is choice and flexibility in nursing degree study provision. Choice and flexibility is particularly important for those students with existing family and financial commitments.

Question 10: Do you have any general comments on the content of Chapter 2 which you think the Government should consider?

In this chapter the Government states that since the introduction of tuition fees, there has been increasing demand in students wishing to attend university. The RCN would maintain that this upward trajectory in numbers entering higher education is more likely down to societal changes rather than a result of increases to tuition fees. We know that the picture for mature students and part-time students has been less stable after the changes.

Also, tuition fees have been gradually introduced over the last 20 years and the wider student population has become accustomed to paying higher loans and fees over a gradual process. The proposed changes are happening for nursing students “overnight”, and will hit prospective nurses hard. Particularly hard hit will be those who tell us that they have worked in care roles and had the ambition to become a nurse for a long time before they were in a position to undertake the degree.

³¹ HEPI (2015) *It's the finance, stupid – the decline of part time education and what to do about it.*

³² UCAS Analysis and Research (2016) *UK Application Rates by the January Deadline* <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/ucas-undergraduate-analysis-reports>

³³ Sutton Trust (2016) *Degrees of Debt* <http://www.suttontrust.com/researcharchive/degrees-of-debt/>

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"I have waited for 10 years to be able to apply to university to undertake my nursing degree. With a young family, studying was not feasible until they were older. In this 10 years, every career move I have made as an existing health care worker was aimed at the final result of becoming [a registered nurse]. I finally applied for my course in January this year. This in itself is a dream come true for me, I know that I have so much to offer the nursing profession and I know that now is the right time for me to study and to become the nurse I want to be. Without a bursary I cannot even begin my degree [...]. It is as simple as that."

Kenna, HCA

87% of nursing assistants who responded to our survey said that the proposed changes will lead to reduced numbers of nursing students.

"I really hope that the decision to stop the bursary is overturned as I fear there will be many disheartened/frustrated HCAs, as well as people with a dream, that just won't be able to take the next step into nursing. Which would be such a shame and a loss to the NHS."

Kelly, nursing student and former HCA

The chapter references the "artificial cap" on student places. The RCN is clear that this cap reflects a chronic, historic, under-funding of nursing training places, and it cannot be assumed that the demand for training places will still exist under the proposed system. The number of applications is a very different measuring tool to the number of individuals who wish to apply for nursing **and who meet the required criteria**. As the RCN has mentioned elsewhere, the underlying assumption that the number of prospective students who wish to study nursing will continue to be high, is based on the demand of prospective nursing students under **existing** NHS funding arrangements. Equally, the anticipated uptake of prospective nursing students under the new proposals is based on comparison with a wider student cohort that is different in profile to that of

nursing students, as we have demonstrated. Therefore the underlying assumptions on the future level of demand for nursing courses under the proposed funding arrangements are based on comparisons that are not like for like and are potentially flawed. This is underlined by the feedback we have received from our members regarding the new proposals.

The chapter discusses the wider changes to loans and fees that have been extended over the last 30 years, the document lists one of the results of this change as students being increasingly selective about the courses they take:

"Students have begun making more selective choices on what to study, with the number of full-time students choosing to study science, technology, engineering and mathematics (STEM) up since 2010."

Given the large sums of money involved for students, it is likely that this selectivity will continue. When prospective students start to think about their future career the context of pay restraint for nurses and allied health professionals may factor in their decision. The starting salary of a newly qualified nurse in England is now £8,308 below the UK graduate average³⁴.

Question 11: We would welcome respondents' views on how, in delivering these reforms, we look at the widest possible solutions to ensuring high quality clinical placements. These views will actively inform further stakeholder engagement prior to the Government response.

Ensuring sustainability and quality of placements is vital in a free market approach, our members tell us that the system is already struggling, with **81% of our members indicating that registered nurses currently do not currently have capacity to mentor more students, and 78% telling us that there will not be sufficient high quality placements available**

³⁴ High Flyers Research (2016) *The Graduate market in 2016* <http://www.highflyers.co.uk/>

to meet student's learning needs, in the event of more training places. Many members are telling us that there is a worrying shortage already in these areas.

"I already struggle to find the time to sit and meet with my mentor and to gain good, constructive feedback due to time constraints on a busy ward. If there were more nursing students that time would become even less. Feedback would be poor quality and learning experiences offered would become highly competitive causing negativity between fellow students."
Student Nurse

Although the consultation document states that Health Education England (HEE) will retain responsibility for placement funding, the RCN is concerned that no explanation is provided relating to how placement tariffs will be managed and ring fenced in future and not continue to be capped below the required level for purely financial reasons. Greater investment is needed to ensure the development of robust practice learning environments across settings and with support for mentors. Practice learning is central to developing a safe effective nursing

workforce and therefore requires investment in an infrastructure to enable this to be of the highest quality.

Whilst the RCN has already commenced work with partners (including the Council of Deans and the NMC) to explore creative thinking and innovation to develop and adapt new models of student support across a wider range of provider settings, this will require investment and resourcing.

The RCN is concerned that the loss of funding from nurse education could also impact on the centrally funded training programme for mentors. Continuation of this training is essential to ensure that nurses are supported to provide this essential mentorship experience.

"I am a nurse recruiter and know full well that the NHS has a severe shortage of Band 5 nurses. Many nurses do not get the opportunity to complete their mentorship course, or if they have been successful, it expires and they do not have the time or opportunity to renew it."
Registered nurse



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As well as investment, high quality learning placements require good governance of placements, good leadership and management, close collaboration between HEI and providers, and protected time for well trained, highly motivated mentors, who are also supported and well valued in and for their role. A key function of partnerships will be to ensure that provision is targeted to the needs of the local and national workforce. The RCN notes that there are already changes in many areas regarding the relationship between HEIs and employers. This often involves a positive move towards closer working, but it does lead to a lack of standardisation, and potential for national variation in opportunities and variation in standards of training. The RCN is concerned that this lack of standardisation will become a greater problem in an open market system with more training providers entering the market.

Recognition is needed that the move to student loans and tuition fees will change the nature of the student relationship with the HEI and the placement provider. The fee-paying student may expect consistently high quality placements and as such placements will require adequate resourcing and support to develop a culture of learning within them. Expectations will change and students will almost certainly demand supernumerary status (which is not fully implemented in reality). If their expectations are not met there is an increased risk of attrition which will impact on workforce planning and have cost implications.

Choice and quality for fee paying students would be a central concern. One of the early successes of the Bolton approach³⁵ has been the small cohort and the opportunity for students to receive individual attention from their mentors. However, the RCN is clear that the Bolton approach should not be considered a pilot for the changes given the small numbers involved in Bolton and other self-funded approaches. There are many benefits of this approach such as the one-to-one student and mentor relationship

and the innovative relationship between the trust and university but benefits of the approach may down to the micro nature of the course running alongside and additional to the existing commissioned system.

There needs to be an understanding of the impact new roles and approaches to professional training will have on support for practice learning. For example, the nursing associate role will require registered nurses to facilitate learning and skills development for this new group of staff. Similarly, with the new apprenticeship model there has been no information received to date about how apprentices will be supported to develop in practice and the impact of this on the registered nursing workforce. The RCN requests that the Government confirms how continued quality and availability is managed in a system where increased numbers of assistant practitioners and trainees will be requiring varying levels of support from registered nurses.

There are many unanswered questions and significant issues with the proposals in relation to provision of practice based education. It is crucial that the Government address and evaluate all potential risks of the reforms before implementation, and this will not be possible within the timetable proposed. The RCN is clear that the Government should suspend the proposals until a suitable model is properly identified, evaluated and risk assessed.

Question 12: What more needs to be done to ensure small and specialist subject provision continues to be adequately provided?

It is vital that the provision of courses meets the needs of the Government's ambition for integration of health and social care, parity of esteem for mental health and new models of care. Subject provision needs to develop nurses with the skills to be flexible across settings and deliver services outside of acute settings and in vital services such as

³⁵ <http://www.nursingtimes.net/roles/nurse-educators/first-self-funded-nursing-course-launched-to-tackle-shortage-in-nw/5077980.fullarticle>

mental health and learning disability. These courses have often not had the high demand experienced by adult nursing, and the RCN is struggling to understand how this will improve when national planning is removed. **83% of our survey respondents told us that the change to a loan and fees based system will result in workforce shortages in some fields of practice.**

The RCN would like to turn the Government’s attention to the example of learning disability nursing. To remove centralised planning to ensure enough learning disability nurses for the future is counter-intuitive at a time when Government’s policy ambition is to transform the care that people with learning disabilities early successes of the Bolton approach³⁶. Following Winterbourne View, thousands of people still remain inappropriately placed in hospital because there are not the right services in the community to support them. Learning disability nurses tell us³⁷ that there has been little or no improvement in learning disability services for children and adults over the past five years.

The RCN would also ask for further clarity on what is meant by ‘small and specialist subject provision’ and whether Government are including in their definition post-registration courses in, for example, district nursing or general practice nursing? The RCN would urge the Government to continue provision of dedicated resources for these courses to support development of the workforce to enable the transition and innovation set out in the Five Year Forward View.

Question 13: Do you have any general comments on the content of Chapter 5 which you think the Government should consider?

HEE provides a strategic role in ensuring that vital subject provision is retained. Although HEE retains responsibility for commissioning and funding placements, an “open market” approach

through university provision will lead to “boom and bust” numbers of students, and the RCN is as yet unclear how the system will be flexible enough to deal with peaks and troughs in student places.

The RCN believe that there is a need to work in partnership with HEE on the agendas which impact on the development of the nursing workforce to share knowledge and resources and build on current work around models for practice learning.

Question 14: Do you have any further comments on this consultation which you think the Government should consider?

Our wider concerns about these proposals are set out in our position statement at the start of this response and which forms the RCN’s wider response to this consultation. The RCN is calling for the Government to:

- 1. immediately suspend the ‘high risk’ plans to overhaul the NHS bursary system, ensure existing student funding arrangements are in place for the 2017/18 intake, and urgently bring together all stakeholders for meaningful dialogue on the future of student funding after this date**
- 2. explore other models of funding that fully recognise the unique circumstances of nursing students and which address the core principles that the RCN have identified as being crucial for the delivery of an effective future model of funding**
- 3. develop a fully evaluated pilot scheme across England to test the impact of any proposed changes.**

³⁶ <https://www.england.nhs.uk/learningdisabilities/care/>

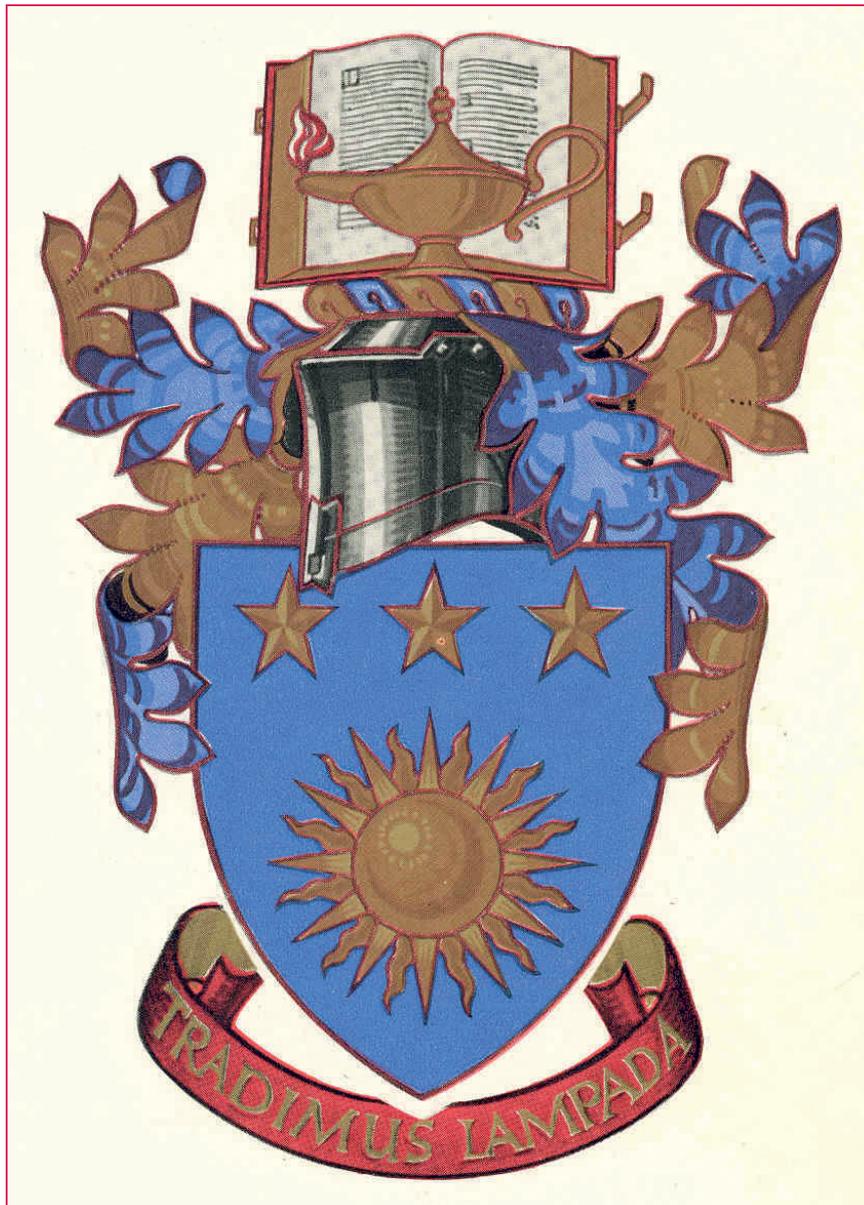
³⁷ RCN (2016) *Connect for Change: An update on Learning Disability Services in England* <https://www.rcn.org.uk/professional-development/publications/pub-005525>

RCN response to the Department of Health consultation *Changing how healthcare education is funded*

About the RCN

With a membership of more than 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the

world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.



Appendix 1 – RCN Survey on Student Funding for Nursing Students: Questions

- 1) Please tell us about your current role
 - a. Health care assistant/health care support worker/assistant practitioner (*skip to question 11*)
 - b. Student nurse/midwife (*continue to q2*)
 - c. Nurse educator (continue to q2)
 - d. Registered nurse or midwife (*continue to q2*)
 - e. Other (please specify) (*skip to q 11*)
- About your current/past nursing degree studies
- 2) When you applied to study to become a registered nurse or midwife, did you have the option to apply for an NHS bursary?
 - a. Yes
 - b. No (*skip to question 11*)
 - c. Don't know (*skip to question 11*)
 - 4) How old were you when you began your pre-registration nursing degree?
 - a. 21 or under
 - b. 22-25
 - c. 26-35
 - d. 36-45
 - e. 46 or over
 - f. Prefer not to say
 - 5) Is/was your nursing degree your first degree?
 - a. Yes
 - b. No
 - 6) Is/was your nursing or midwifery pre-registration degree
 - a. Undergraduate
 - b. Postgraduate
 - 7) When you began your nursing degree what were your living circumstances?
 - a. Living with parents/guardians
 - b. Living away from parents/guardians
 - 8) When you began your nursing degree what was your relationship/family status?
 - a. single, no dependent children
 - b. single, with dependent children
 - c. cohabiting/married without dependent children
 - d. cohabiting/married with dependent children
 - 9) During your nursing/midwifery studies, have you had caring responsibilities (other than in a professional capacity) for someone sick, disabled or elderly (either living with you or not)
 - a. Yes
 - b. No
 - c. Prefer not to say
 - 10) Do you /did you undertake additional paid employment while you are/were studying?
 - a. No
 - b. Yes

RCN response to the Department of Health consultation *Changing how healthcare education is funded*

How you feel about the proposals

In November 2015 the Government announced that NHS bursaries for nursing, midwifery and allied health professional students in England will be replaced by student loans and tuition fees from August 2017.

Nursing students studying in England from August 2017 can access a student loan to cover the cost of their tuition fees and living costs. Nursing students who receive the maximum student loan over a three year undergraduate course will incur debts of between £47,712 and £59,106, depending on course, location and living arrangements.

At present, repayment of these loans starts once a student graduates and is earning £21,000 or over. The repayments are 9% of income over £21,000. Based on current rates, a newly qualified nurse earning £21,700 will pay back around £5.25 a month. If their salary drops below £21,000, repayments will stop. Loans not paid back after 30 years are written off.

Students studying for a second time will be able to access an additional student loan. Repayments will begin once the first student loan has been paid off and at the same rate. Postgraduate students will have access to a postgraduate loan, payable alongside any undergraduate loan, resulting in increased payments.

The Government has suggested this change will open up nursing to more students and that students will have access to 25% more funding as a result of the move to loans and fees.

11) To what extent do you agree with the Government's decision to remove the NHS student bursary and replace it with a loans and tuition fees based system?

- a. Agree strongly
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Disagree strongly
- f. Don't know

Let us know why you think this (optional)

12) What impact do you believe the change to a loans and fees based system will have on future numbers of student nurses?

- a. Increased numbers
- b. No change to numbers
- c. Decreased numbers
- d. Unsure

Let us know why you think this (optional)

13) Do you think the current NHS bursary system attracts a diverse range of students? E.g. across age, income backgrounds, family status, ethnicity?

- a. Yes
- b. No
- c. Unsure/don't know

Let us know why you think this (optional)

14) Do you think a loans and tuition fees system will attract a diverse range of students? E.g. across age, income backgrounds, family status, ethnicity?

- a. Yes
- b. No
- c. Unsure/don't know

Let us know why you think this (optional)

15) Overall, how do you think the Government's proposed change to a loan and fees based system will impact on patient care?

- a. Positively
- b. Negatively
- c. No impact/neutral
- d. Unsure/don't know

Let us know why you think this (optional)

16) The Government says that a loan and fees based system could result in 10,000 more nursing and allied health professional training places by 2020.

- a. Do you believe registered nurses currently have capacity to mentor more students?
 - i. Yes
 - ii. No
 - iii. Don't know

b. Do you think that there will be sufficient high quality placements available to meet student learning needs?

- i. Yes
- ii. No
- iii. Don't know

Let us know why you think this (optional)

17) For each of the following statements, please say whether you agree strongly, agree, neither agree nor disagree, disagree, disagree strongly, don't know or not applicable

- a. I would **still have studied nursing** if I'd had to take out a full student loan and pay fees
- b. The Government is right to remove the bursary as this will lead to **increased numbers of qualified nurses**
- c. The Government is right to remove the bursary and replace with loans and fees as **students will have more money available** to them while studying
- d. The change to a loan and fees based system will result in **more graduate nurses leaving the UK** to work overseas
- e. The change to a loan and fees based system will result in **workforce shortages in some fields of practice**
- f. The change to a loan and fees based system will result in **workforce shortages in some geographic areas**
- g. The change to a loan and fees based system will **disadvantage certain groups of students**
- h. The change to a loan and fees based system will lead to **decreased numbers of applications** from mature students with dependants

How you think the system should be designed

18) The RCN is exploring alternative models of student funding to minimise any negative impacts from the proposed loan and fees based system.

How far do you agree that each option will encourage more students to join the profession?

Options: strongly agree, agree, neither agree nor disagree, disagree, strongly disagree, don't know

- a. Monthly loan repayments covered by employer
- b. Additional childcare provision for student nurses with dependent children
- c. Scholarships for student nurses from low income backgrounds
- d. Student nurses to receive payment while on placement
- e. Any other solutions you think the Government should explore (please specify)
Anything else?

19) Is there anything else you'd like to tell us about the Government's proposed change to a student loan and fees based system?



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