

Royal College of Nursing submission to the call for evidence for the review of post-18 education and funding in England

The Royal College of Nursing is pleased to submit evidence to the Government's review of post-18 education and funding. Tax-payers in England deserve high-quality health care. This requires a skilled and knowledgeable workforce in which nurses are essential. Producing the right number of nurses with the right set of skills and education to guarantee safe and effective care must therefore be a priority and it is critical that the education system ensures people with the right qualities and motivation to become nurses have every opportunity to do so. Investment in nursing education prevents excessive later spend for agency nurses and is an investment at great value for the taxpayer in the people that care for us and our families.

Principal concerns with the current post-18 education and funding system

- For nursing, the education system must ensure that there are no barriers to access nursing education for those with the right skills and motivation and that the right numbers of nurses are educated with the right skills to guarantee safe and effective care. With recent major reform of healthcare education now applying a free market model, Government currently cannot ensure this is the case.
- Standard tuition fees and student loans have only been introduced for undergraduate nursing courses in 2017 and have removed Government's only mechanism for generating guaranteed development in the nursing workforce. Since these funding reforms, applications to nursing courses have fallen by 33%. The profile of applicants is also becoming less diverse, with a fall of 42% in applicants aged over 25.ⁱ Despite the stated intention of recent reform of the model of funding education to grow the numbers of nursing students, the number of those entering education in 2017 did not increase.ⁱⁱ Government is now intending to introduce tuition fees for postgraduate nursing courses in the autumn,ⁱⁱⁱ which is particularly concerning because this is a fast-track under-utilised route into the nursing workforce with a student population particularly adverse to student debt.
- The UK is in the middle of a nursing workforce crisis.^{iv} For the first time in years there are now more nurses and midwives leaving the profession before retirement than joining.^v The current education funding model is not meaningfully resolving this crisis for now and the longer term. The population and its demand for healthcare continues to grow without sufficient acknowledgement or action on ensuring that both strategy and funding address demand and need.
- The healthcare education system continues to be different from the wider higher education system both in terms of student characteristics and course structure. The nursing student population is markedly different from the wider one. Nursing students are more diverse than other undergraduate groups and usually include more students from low participation neighbourhoods.^{vi vii} They are far more likely to be mature students (41% aged over 25, compared with 18% of the total student population) and to have caring responsibilities.^{viii} The clinical practice placement element in their degree means that they spend up to 50% of their degree on clinical placements, making a valuable contribution to the quality of patient care and service delivery across the health care system while they are learning. It also means they have the highest total workload hours of all higher education subjects^{ix}, at 39 weeks per year (and some studying for 48 weeks a year). This severely restricts any opportunity to support themselves through part-time work outside of university.

- Given these unique characteristics and the significance of sufficient student numbers for the health and care workforce, we believe that Government must actively incentivise entry into nursing education immediately through the adoption and funding of targeted incentives. We recommend that this is one of the specific actions Government takes in light of continued falling applications, as requested by the House of Commons Health Select Committee in its recent report.^x There is a variety of options for financial support for living costs to incentivise a wider range of applications (see section 2), which we have submitted as costed incentive options to the Treasury and the Department for Health and Social Care in autumn 2017.^{xi} We submit this as separate evidence to this call. We also strongly support the reintroduction of maintenance grants that other major stakeholders support.^{xii}
- With the right support and financing, the higher education system is best placed to support an increase in delivering nurses into the workforce. 94% of all graduates of subjects allied to medicine, which includes nursing, that graduated between 2011- 2016, were in professional employment six months after graduation.^{xiii}

Part 1: Choice and competition across a joined-up post-18 education and training sector

- 1.1 Nursing is a registered profession and the education and training of registered nurses (RNs) must currently conform to standards set out in EU Directive 2005/36/EC^{xiv} and implemented by the Nursing and Midwifery Council (NMC) through Standards for pre-registration nursing education.^{xv} These standards are required to be met and demonstrated by all nursing students prior to obtaining registration. Nursing is a high-cost subject with course provision costing £9,259 annually on average.^{xvi} Although pre-registration nursing education is delivered by higher education institutions, 50% (2,300 hours) of learning takes place in clinical settings on practice placements across the health and care system. The regulated and specific nature of the courses restricts the opportunity for flexibility in course provision, in particular in terms of length. Shorter provision is possible when prior learning is recognised, see Section 2.
- 1.2 Nursing is split into different specialities – adult, child, mental health and learning disability (LD) – which do present a choice for students. The introduction of tuition fees has created competition between institutions and affected the variety in provision with the smaller subject struggling to recruit^{xvii} and reports of universities restructuring their course offering to make up for the shortfall in learning disability applicants. London South Bank University has announced it will discontinue its learning disability nursing course.^{xviii} Mental health nursing courses are similarly struggling.^{xix}
- 1.3 One of the risks of the new model of funding for nursing degrees is that course provision in the four fields may change across the country. Some courses may simply become financially unviable for universities to run, with a knock-on effect on local workforce supply. However, at the same time, new providers may choose to offer nursing courses as they can now recruit more freely than previously and are able to charge fees. Whilst this kind of market correction may be a desirable effect of competition between providers and market forces at higher education system level, it is deeply problematic from a healthcare workforce perspective as it has been entirely left to chance, with no assessment of the minimum necessary provision across the four fields to meet workforce and population need and no plans for mitigation should this minimum provision not be met.

Part 2: A system that is accessible to all

- 2.1 Access to nursing education is critical for the health and care system. If we do not ensure that those wishing and able to become nurses have the chance to do so, we will lose the people who will care for ourselves and our families. Nursing students are more vulnerable to the deterring effects of the current tuition fee and loan system and the initial evidence from the first year of operation of the loans system suggests that prospective students have indeed been discouraged from applying. Mature student applications have dropped disproportionately and the nursing fields most affected by under-recruitment (learning disability and mental health nursing) tend to have a higher proportion of mature students.
- 2.2 Nursing students are more diverse than other undergraduate groups and usually include more students from low participation neighbourhoods.^{xx xi} They are far more likely to be mature students (41% aged over 25, compared with 18% of the total student population) and to have caring responsibilities.^{xxii}
- 2.3 Postgraduate students in particular are even more vulnerable to the introduction of fee loans: 64% of postgraduate healthcare students are aged over 25, compared to only 18% of students generally. Women are largely attracted to the healthcare postgraduate route and they represent 80% of the population. There is a higher percentage of ethnic minority students on postgraduate healthcare courses (28%) compared to the general population (14%). The Department for Education equality analysis clearly states that these groups are known to be more debt-averse.^{xxiii} Introducing loans is likely to undermine recruitment of this cohort and represents yet another missed opportunity to grow the nursing workforce at a time of severe shortage.
- 2.4 This combined with the importance of sufficient numbers graduating for the health and care workforce makes additional support and incentives for nursing students essential. We have submitted costed incentive options to the Treasury and the Department for Health and Social Care in autumn 2017 (see separate submission from the RCN) that would support students and increase the supply into the nursing workforce.^{xxiv} We have had no formal response. Other key stakeholders have acknowledged the need for such incentives.^{xxv}
- 2.5 Financial support for living costs to incentivise a wider range of applications could take the form of: universal grants for students in recognition of their placements; means-tested grants to maintain diversity; and/or targeted support for parents and carers. For a local targeted approach, a central fund could be created within the DHSC. Employers could access this pot to receive dedicated funding to incentivise and grow the required workforce in their area, for example through tuition fee write-off or stipends in recognition of service. We also strongly support the reintroduction of maintenance grants that other major stakeholders are calling for.^{xxvi} The £1.2 billion of investment Government had previously made into nursing education has vanished with the healthcare student funding reform which has made nursing students pay tuition fees.
- 2.6 The two-year postgraduate diploma/masters route for students who already have a degree in another subject and wish to train as a nurse is a small and under-utilised route into the nursing workforce, with just 5% of first-year students in 2015/16 studying at a postgraduate level.^{xxvii} Yet, it offers a significant untapped policy opportunity to grow the workforce through training existing graduates within two years and those with previously relevant experience in 18 months. Given both the numbers and the quality of graduates via this route the Government strategically investing in this, similarly to the way it does in the teaching profession, would bring real and immediate benefits to growing the nursing workforce to meet future demand.

- 2.7 Recognition of prior learning (RPL) arrangements support individuals with relevant experience to gain a degree, often at a later stage in their careers and from non-traditional backgrounds. This provides an excellent mechanism to overcome barriers to higher education and arrangements must be as fair, consistent and affordable as possible. There is potential to complete the routes to registered nurse from nursing support roles routes into nursing in 12 to 18 months, making this also an excellent route to alleviate the workforce crisis.
- 2.8 Finally, we want to draw the panel's attention to substantial errors made by the Student Loans Company (SLC) in calculating payments to healthcare students in the academic year 2017/18, resulting in students having their ongoing support withdrawn. Students facing barriers to higher education are particularly dependent on this support and the Government must ensure that the SLC operates correctly. Over 800 healthcare pre-registration students at 20 universities have been affected by this mistake in England and Wales^{xxviii} so far and we are hearing of individual students who are continuing to experience the same issue in their assessment application for 2018-2019. This situation has occurred as a result of human error at SLC. Students have been communicating with SLC since September 2017 alerting them that they have received higher than usual amounts. However, they were assured that the amounts disbursed were accurate, and six months later, are in a situation where the SLC are only now acknowledging that these overpayments have been made. Students are now being told that upcoming payments will not be made to them, or will be substantially reduced, as a consequence of mistakes made by the SLC.
- 2.9 The risk of receiving a reduced payment, or no payment at all, will compromise students' ability to continue studying. In some cases, we are hearing concerning reports from individual students who are considering discontinuing due to these financial pressures. A sudden withdrawal of payments will have disastrous consequences for these students, who budget on a term by term basis according to loan and grant forecasts. Many have families and children they will be unable to support if they do not receive additional income. Government must urgently intervene and provide assurance to these affected students that they will receive the next instalment of their maintenance loan payments, or enact some alternative mechanism which will provide them with equivalent financial support, enabling them to continue to complete their education. The overpayments should be written off, as is within the power of the Secretary of State for Education,^{xxix} to reassure students that their studies are not at risk or that they will be disadvantaged in future through no fault of their own.

Part 3: Delivering the skills the UK needs

- 3.1 Nursing is a vocational degree. It is the established training for the profession with 50% of the course taking place in practice placements across the health system. In this sense, it is already a kind of apprenticeship.
- 3.2 The needs of the health sector are growing ever more challenging, with an ageing population living with increasingly complex needs and co-morbidities.^{xxx} To effectively meet these patient needs, it is crucial that we have greater integration of acute and community care, that we are able to prioritise prevention as well as treatment, and that we continue to harness the possibilities of developments in technology. Nurses are uniquely placed to manage this change the health and care sector needs. Nurses work across the patient journey, from diagnosis to discharge and deliver full episodes of care to the patient. Increasingly, nurses are diagnosing, prescribing and leading multidisciplinary teams, leading quality improvement, service design and commissioning. The higher education system provides a robust and standardised mechanism for developing the skills of future nurses.

- 3.3 In order to ensure that nursing education continues to meet future changing population demands, and provide further standardisation in quality of the nursing student experience, the NMC have iteratively revised the education standards and are currently developing new ones.^{xxxii} New nursing pre-registration education standards will be put in place in September 2019.^{xxxiii} In developing these standards the NMC engaged with nurses, educators and employers to understand future population needs.^{xxxiv} The new standards will enhance nurses' assessment skills across all fields of practice, for example mental and physical health, as well as an increased focus on public health and health promotion. It is also designed to enable more nurses to be able to prescribe earlier on in their careers.^{xxxv}
- 3.4 It is crucial that the training system in place supplies sufficient numbers of nurses into the workforce to meet population need. The UK is in the middle of a nursing workforce crisis.^{xxxvi} For the first time in years there are now more nurses and midwives leaving the profession before retirement than joining.^{xxxvii} The current education funding model is not meaningfully resolving this crisis for now and the longer term. The population and its demand for healthcare continues to grow without sufficient acknowledgement or action on ensuring that both strategy and funding address demand and need.
- 3.5 Degree-educated registered nursing posts must remain adequate in number to deliver safe and effective nursing care as this reduces risk to patient safety and delivers improved patient outcomes.^{xxxviii} Research has shown that among many other things, nursing care contributes to notable decreases in readmission^{xxxix} and improved delivery of quality care^{xxxi}. When sufficient numbers of registered nurses are present, mortality rates reduce, quality improves and patients report better overall satisfaction.^{xli} Where support staff are used they must be trained and receive supervision from the graduate nurse. The research is clear: diluting and substituting the registered nursing workforce with nursing support workers has potentially life-threatening consequences for patients.^{xlii} There is widespread substitution by support staff in place of staffing gaps in registered nurses.^{xliii}
- 3.6 A degree-level university education is essential to provide registered nurses with the skills required to lead transformation of health and care in this increasingly complex healthcare environment. It is the standard promoted internationally by the World Health Organisation^{xliii} and there is strong evidence that graduate nurses have better patient outcomes than non-degree qualified and an increased emphasis on bachelor's education for nurses could reduce preventable deaths.^{xliv} Nurses that have studied at degree level bring a skills set specific to their experience as graduates including critical thinking, leadership, problem solving and research.^{xlv} Nursing is highly complex work requiring high-level cognitive skills and capabilities to deal with changing demands and developments that go beyond a narrow competence-based approach. The role of the RN had changed and RNs need graduate attributes in order to manage the complexities of twenty-first century healthcare^{xlii} and the increasingly complex and the multifaceted clinical role of the nurse.^{xliii} The evidence is clear that degree-trained nurses are more competent following graduation than their diplomate counterparts.^{xlviii} They have higher cognitive, higher reflective practice ability and higher levels of professional practice,^{xlix} are better equipped to hypothesize, critically analyse, reflect and identify their learning needs, use evidence-based practice, work creatively and innovatively, challenge existing practices and bring about and manage change.^l Nurse training was moved out of schools of nursing into HEIs based on this evidence. The level of knowledge gained in graduate academic education results in improved safety of taxpayers. The quality of care of our nation must not be compromised.
- 3.7 Given the increasing pressures on the health system and with a population that grows and lives longer with increasingly complex co-morbidities,^{li} it is highly likely that the demand for higher-level skills will at least be maintained, if not increased in the near future. With the right support and financing, the higher education system is best placed to support an increase in delivering nurses into the workforce. 94% of all graduates of subjects allied to medicine,

which includes nursing, that graduated between 2011 and 2016, were in professional employment six months after graduation.^{lvi}

- 3.8 Apprenticeships in the nursing profession are being developed and implemented across the whole breadth of the profession and at different levels of qualifications: from health care support workers and the new nursing associate^{lvi} support role, registered nurse apprenticeships and postgraduate specialist training. For the trainee nursing associate, apprenticeships are at foundation degree level and will take two years. For registered nurses, they are at degree level and will take a minimum of four years. The timing for apprenticeships at postgraduate level will usually be two years.
- 3.9 It is too soon to predict the extent to which recent reforms to apprenticeships will impact on the health sector. Nursing apprenticeships have the potential to be a useful additional route into nursing but do not present a meaningful solution to the nursing workforce crisis. In autumn 2017, only two universities are running a degree apprenticeship course in nursing, and there are just 30 apprentices in total.^{lvii} This was despite government predicting up to 1,000 new nursing apprentices would start each year.^{lviii} The NMC has now approved a further 13 universities to run degree apprenticeships.^{lvix} Employers are struggling to implement nursing apprenticeships in the current financially pressured environment as they will have to cover salaries of apprentices and backfill while they are on training which they are expected to fund out of their existing financial envelope. Danny Mortimer, Chief Executive of NHS Employers was quoted by the House of Commons Health Select Committee in their report on the nursing workforce as stating the cost was “probably something in the region of £125,000 to £155,000 over the four years of a nursing apprenticeship, and the levy will not capture all that cost.”^{lvix}
- 3.10 It is important to note that an apprentice is a type of learner and not a healthcare assistant and should not make an impact on numbers of healthcare professionals in the workforce while they are still in training. As with all pre-registration nurse training they will be required by the NMC to undertake 2,300 hours of clinical placements. The quality of these placements must be the same for degree apprentices as it is for undergraduate students, given that they will have the same qualification. The apprenticeship will therefore take more time than the mainstream university route, and will take at least four years to complete.
- 3.11 If the Government wants apprenticeships to become a substantial workforce contributor, it needs to ensure that the route is taken up by all employers across the sector. This will require communication from the Government and system-side bodies on how the levy can be used, and how employers might pay for the costs arising in the apprenticeship model (such as costs for salaries and backfill) and this will require additional investment. In the case of the nursing associate support role, national development of and communication about the role is also urgently required, in line with House of Commons Health Select Committee recommendations.^{lvix} Policy narratives should reflect that this route should not distract from the main undergraduate route into the professions.
- 3.12 There must be flexibility in apprenticeships to ensure that a broad and diverse groups of prospective nurses are encouraged to apply, for example there are not currently apprenticeship programmes leading to registered nursing available at Band 7 – or postgraduate level, which would appeal to those who already hold a Bachelor’s degree.

Part 4: Value for money for graduates and taxpayers

- 4.1 Investing in nurse training is investment in the safe and effective staffing of taxpayer-funded health and care services and therefore presents excellent value for money. This Investment will contribute to reducing spend on agency and bank staff.^{lx} In the first nine months of 2017 alone, the NHS spent £679m on agency nurses. At the same time, total NHS spend on all bank staff increased by £664m (44%) over the same time period, partly “caused by moving agency workers and shifts into bank and substantive roles.”^{lx}
- 4.2 Nursing graduates will have a graduate salary of around £23,023, which is in line with the average UK graduate salary.^{lxii} However, the current student finance system negatively affects those with average earnings profiles most. For both male and female nurses, this means that they will be paying off their student loans for the entirety of their working lives and this may result in prospective applicants being less likely to choose these careers over other higher earning jobs.^{lxii} The current nursing shortage is likely to be exacerbated by this.
- 4.3 For key workers that make a crucial contribution to public and taxpayer-funded services, Government must ensure sufficient numbers are entering the workforce to run safe and effective services. This is currently not the case for nursing. Government should consider the Teach First programme as a model for incentivising graduates from other subjects into the profession, including a substantial promotional campaign that communicates support available and dedicated investment.

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