

Royal College of Nursing's response to the Migration Advisory Committee's (MAC) call for evidence on the Shortage Occupations List

With a membership of around 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.

Introduction to the MAC and this call for evidence

The MAC advises the Home Office on immigration policy. It also administers the UK Shortage Occupations List (SOL) as well as the separate Scottish SOL. The SOL is an official list of occupations for which there are not enough resident workers to fill vacancies. Being on the SOL makes it easier for employers to recruit workers from outside the European Economic Area (EEA) to fill workforce shortages. The MAC reviews this list regularly and issues calls for evidence on which occupations should be included or removed. This specific call for evidence applies to the UK SOL only.

Summary of our position

This call for evidence has come at an important time. As the UK prepares to exit the European Union (EU) in March 2019, the UK Government has said that it will review its entire immigration policy through a White Paper to be released before the end of 2018. Leaving the EU provides the UK with an opportunity to re-set and review its approach to labour migration and the systems which underpin it, including the SOL.

Nursing (all specialties) has been on the SOL since it was last reviewed in 2016. Our position is that since then nursing across the UK continues to be in shortage. As a result we call for nursing to remain on the SOL for the present time. However, for the long-term we believe that the UK cannot continue to rely so heavily on recruiting nurses from outside the UK to meet workforce shortages.

We are therefore calling for a credible health and care workforce strategy in each country of the UK to address systemic workforce shortages in terms of education, recruitment and retention, and for this to be underpinned by legislation for staffing for safe and effective care. This must be based on a whole-system approach, that sets out what is required by way of workforce based on population needs, what levers will be used, and how implementation of a strategy will be supported.

Given the limited word count for each of the MAC's questions we have not provided all the available evidence we have on the state of the nursing workforce. Instead we have provided what we think are the most relevant points covering the UK and devolved context. We would be happy to provide subsequently any additional information and data which the MAC may need.

The NMC has provided us with registered nurse-only data which we have used consistently in this submission unless otherwise stated. Midwifery is not currently on the SOL and so we present the most accurate nursing data possible. The NMC's published data which includes midwives is available on the NMC's website here: <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

Our response to the MAC's questions

1. What do you think are the main reasons for job shortages, and or wider shortages in the sector(s)?

1.1 As of the 30th September 2018 there were 649,619 Registered Nurses (RNs) on the UK regulatory register.¹ This represents an increase of 3,376 RNs since 2017.

1.2 However, when measured by full-time equivalent filled posts in the UK-wide NHS, the latest available data shows a much smaller increase of only 1,783 RNs across all specialties over the last twelve months.^{2,3,4,5}

1.3 In social care the number of RNs continues to drop. In England there has been an 18% decline since 2012 - equivalent to 9,500 positions.⁶

1.4 Based on our evidence, nursing in the UK remains a shortage occupation and should not be taken off the SOL at this time.

The main reasons are:

¹ NMC, 'Registration statistics', provided to the RCN on request in November 2018 (2018)

² NHS Digital, 'England NHS workforce', available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/august-2018> (2018)

³ StatsWales, 'Wales NHS workforce', available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff> (2018)

⁴ ISD Scotland, 'Scotland NHS workforce', available at: <http://www.isdscotland.org/Health-Topics/Workforce/Publications/index.asp> (2018)

⁵ Northern Ireland Department of Health, 'Northern Ireland NHS workforce', available at: <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/workforce-statistics> (2018)

⁶ Skills for Care, 'The state of the adult social care sector and workforce in England', available at: <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2018.pdf> (2018)

- 1.5 **Growing patient demand:** Across the UK patient demand is far outpacing available supply. Between 2017 and 2018 the number of A&E patients being seen within four hours fell in England from 90.3% to 89.7%⁷, in Scotland from 95% to 92%⁸, in Northern Ireland from 89% to 84%⁹ and in Wales from 85% to 80%.¹⁰
- 1.6 Rising vacancy rates across the UK further evidence that nursing is in shortage. In the English NHS there were approximately 41,000 RN vacancies in quarter two of 2018/19, up by 4.4% since quarter two of 2017/18.¹¹ Vacancy rates in Scotland are currently 4.8%, up from 4.5% in 2017¹². In Northern Ireland there is an estimated NHS vacancy rate of 8.2%¹³ and while vacancy rates are not published in Wales, the 2017/18 NHS Wales agency spend for nursing & midwifery was £51m which implies significant shortages.¹⁴
- 1.7 Independently commissioned workforce projections suggest the UK may face an additional shortage of around 5,000-10,000 RNs by 2021 in addition to current vacancies.¹⁵
- 1.8 UK-wide nursing shortages are especially severe in non-acute settings, especially community and district nursing services. Data collected by the RCN from over 2,200 community nursing shifts showed that 68% had a shortfall of one or more RNs – one of the highest shortfalls across all settings.¹⁶ We have attached this evidence as an annex in question five.

⁷ NHS England, 'Monthly A&E Time series', available at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2018-19/> (2018)

⁸ ISD Scotland, 'A&E Activity and Waiting Times, September 2018', available at:

<http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2018-11-06/Summary/index.asp?91416567565> (2018)

⁹ Northern Ireland Statistics and Research Agency, 'Emergency Care Waiting Times', available here:

https://www.ninis2.nisra.gov.uk/InteractiveMaps/Health%20and%20Social%20Care/Health%20Care%20System/Waiting%20Times%20for%20Emergency%20Care/ecwt_combined.html#all-types (2018)

¹⁰ StatsWales, 'Performance against 4 hour waiting times target, all emergency care facilities by local health board', available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Accident-and-Emergency/performanceagainst4hourtargetallemergencycarefacilities-by-localhealthboard> (2018)

¹¹ NHS Improvement, 'Performance of the NHS provider sector for the quarter ended 30 September 2018', November 2018, available at:

https://improvement.nhs.uk/documents/3520/Performance_of_the_NHS_provider_sector_for_the_month_ended_30_Sept_18_FINAL.pdf (2018)

¹² Information Services Division Scotland, 'NHS Scotland Workforce Information', available at:

<http://www.isdscotland.org/Publications/index.asp> (2018)

¹³ Department of Health Northern Ireland, 'Evidence to the Pay Review Body 2018-19', December 2017

¹⁴ RCN Wales, 'Nursing Numbers in Wales 2018' (2018)

¹⁵ National Institute of Economic and Social Research, 'Brexit and the Health & Social Care Workforce', available at: <https://www.niesr.ac.uk/publications/brexit-and-health-social-care-workforce-uk#.WfnAIdLGUk> (2018)

¹⁶ RCN, 'Safe and effective staffing: Nursing against the odds', available at:

<https://www.rcn.org.uk/professional-development/publications/pub-006415> (2017)

1.9 **Falling student numbers:** The UK is not educating enough RNs to meet current and future population demand. Across the UK, student nursing numbers fell by 0.28% in 2018 compared to 2017, although this is not consistent across all four UK countries.¹⁷ Since the abolition of the bursary for nursing students in England in 2016, the number of student nurses enrolling into English universities has fallen by 3.9%.¹⁸ In addition, the number of nursing students over 25 years old across the UK has fallen by 7.4% since 2016.¹⁹

1.10 **Collapse of the European nursing supply:** In the last twelve months the number of new RNs joining the UK workforce from within the European Economic Area (EEA) has fallen by 20%, affirming the collapse of this supply pipeline. Since 2016 new EEA joiners have fallen by 91%.²⁰

1.11 In addition, the number of established EEA RNs who have left the regulatory register has risen by 47% since 2016.²¹

2. Please explain what measures have been taken to reduce shortages in the sector as informed by your members and or research

2.1 **UK-wide measures:** As the EEA supply has collapsed, recruitment from outside the EEA has grown. The number of non-EEA RNs joining the register increased from 2,474 in 2017 to 4,193 in 2018.²²

2.2 In June 2018, the UK Government announced its settled status scheme to allow EU nationals to continue to reside in the UK after Brexit. Settled status could allow over 30,000 EU RNs already in the UK to remain after Brexit.

2.3 **England-only measures:** Following the decision by the UK Government to remove the student nursing bursary, two new routes have been developed aimed at increasing supply. These are Nursing Degree Apprenticeships (NDAs) and Nursing Associates (NAs). NDAs were introduced in September 2017. In the 2017/18 academic year, there have been only 260 apprenticeships

¹⁷ UCAS, 'Statistical releases – daily Clearing analysis 2018', available at: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018> (2018)

¹⁸ UCAS, 'End of cycle report 2018', available at: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-end-cycle-reports/2018-end-cycle-report> (2018)

¹⁹ UCAS, 'Statistical releases – daily Clearing analysis 2018', available at: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018> (2018)

²⁰ NMC, 'Registration statistics', provided to the RCN on request in November 2018 (2018)

²¹ Ibid.

²² Ibid.

recorded for RN positions.²³ Most nursing degree apprenticeships will take four years.²⁴ There are significant implementation issues, including backfill salaries not being funded.

2.4 NAs are regulated nursing support roles. Approximately 2,000 pilot positions are currently active with a further 5,000 starting in 2018 and 7,500 in 2019.²⁵ This role is intended to address skills gap between healthcare assistants and RNs. They are a level 5 profession, equivalent to a diploma of higher education, and most will be trained through apprenticeships taking two years to complete. Once established, NAs will be able to undertake a further two years of training to become an RN. However, the conversion rate of NAs to RNs is untested. As a result potential future numbers are unclear.

2.5 Both the NDA and NA positions will take longer to increase the RN workforce supply than the established three-year degree route.

2.6 We are also aware that Health Education England (HEE) has developed a scheme aimed at increasing recruitment of nurses from other countries called 'Earn, Learn, Return'.²⁶ There are currently two projects running but it is unclear what impact they will have on source countries and nurses and a lack of consultation and agreement with relevant professional groups.

2.7 **Scotland-only measures:** In 2018 the Scottish Government announced plans to increase the bursary for nursing students entering undergraduate courses from £6,578 in 2018 to £8,100 in 2019 and to £10,000 in 2020.²⁷ We understand that the Scottish Government is also looking at a targeted recruitment campaign for nursing. We welcome the overall tone of the Scottish Government on emphasising the importance of EU nursing staff.

2.8 **Wales-only measures:** The Welsh Government has committed to maintaining the bursary for nursing students for 2019/2020. In 2017 the Welsh Government also launched the 'Train, Work, Live' recruitment campaign for RNs in Wales, a national and international marketing campaign aimed at increasing the number of RNs coming to train and work in Wales.

²³ RCN, 'PQ to the House of Commons' (2018)

²⁴ DHSC, 'Nursing degree apprenticeships: factsheet', available at:

<https://www.gov.uk/government/publications/nursing-degree-apprenticeships-factsheet/nursing-degree-apprenticeship-factsheet> (2018)

²⁵ NMC, 'Introducing Nursing Associates', available at: <https://www.nmc.org.uk/standards/nursing-associates/what-is-a-nursing-associate/> (2018)

²⁶ HEE, 'Global Engagement', available at: <https://www.hee.nhs.uk/our-work/global-engagement> (2018)

²⁷ RCNi, 'Scottish Government increases NHS bursary for student nurses', available at:

<https://www.nursinginpractice.com/article/scottish-government-increases-nhs-bursary-student-nurses> (2018)

2.9 Northern Ireland-only measures: The number of commissioned pre-registration nursing education places has increased by 40% since 2015/16.²⁸ However, given the three year duration of these programmes, it is too early to evaluate the full impact of these increases upon the size and composition of the nursing workforce in Northern Ireland.

3. Have these measures worked, if not why?

3.1 UK-wide measures: Since September 2016 non-EEA joiners have risen from 2,388 to 4,193.²⁹ But the UK cannot continue to rely on recruiting RNs from outside the UK to meet workforce shortages and vacancies outlined in 1.6. We are calling for a credible health and care workforce strategy in each country of the UK to tackle systemic workforce shortages, in terms of education, recruitment and retention to be underpinned by legislation for staffing for safe and effective care. This must be founded on a whole-system approach, based on population needs, describing levers to be used, and how implementation of a strategy will be supported.

3.2 Without this, nursing numbers will continue to drop. Since 2010 learning disability nursing has seen a decline of 40.4% in England³⁰, 11.7% in Scotland³¹, 16% in Northern Ireland³² and 13% in Wales.³³ This same data also shows a steady decline in the number of mental health RNs since 2010, by 12.9% in England, 6.6% in Scotland, 1.8% in Northern Ireland and 10.8% in Wales. This reduction could be exacerbated by the decline in nursing students over 25 years old since removal of the bursary, given their preference for these fields of practice.

3.3 It is difficult to assess how effective settled status will be until fully rolled out. However, we believe that considerable damage has already been done to the retention of our EEA workforce given its late announcement. Since 2016 there have been more EEA RNs leaving the NMC register than joining. In 2016/17

²⁸ BBC, 'Department of Health allocates £15m for workforce challenges', available at: <https://www.bbc.co.uk/news/uk-northern-ireland-44102699> (2018)

²⁹ NMC, 'Registration statistics', provided to the RCN on request in November 2018 (2018)

³⁰ NHS Digital, 'NHS Hospital & Community Health Service (HCHS) July workforce statistics, October 2018', available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/july-2018> (2018)

³¹ Information Services Division Scotland, 'NHS Scotland Workforce Information at March 2018', available at: <http://www.isdscotland.org/Health-Topics/Workforce/Publications/index.asp> (2018)

³² Department of Health Northern Ireland, 'Northern Ireland health and social care workforce census March 2018', available at: <https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-workforce-census-march-2018> (2018)

³³ Stats Wales, 'Non-medical staff by grade and staff group, September 2017, March 2018,' available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Staff/Non-Medical-Staff/nonmedicalnhsstaff-bystaffgroup-grade-year> (2018)

there was a net loss of 2,814 EEA RNs followed by a further loss of 2,543 in 2017/18.³⁴

3.4 England measures: The established three-year degree education route offers the safest outcomes for patients and is the fastest and most effective in terms of length of training, but as evidenced in 1.9 student numbers are falling. Additional new routes - nursing degree apprenticeships and nursing associate role will not solve the workforce shortage, not least due to the length of training involved, modest uptake, and implementation issues.

3.5 To begin addressing this we are calling on the Department of Health and Social Care to invest £1.2bn annually back into nursing education in England with a preference for the established three-year degree route. Underpinned by a cohesive costed workforce strategy.

3.6 Scotland measures: We applaud the recent announcement by the Scottish Government to increase its bursary for nursing students entering undergraduate courses to £8,100 per year in 2019 and £10,000 in 2020.³⁵

3.7 Wales measures: A long-term commitment has not yet been made by Welsh Government regarding the future of the nursing student bursary in Wales, and so the future of nurse education in Wales is uncertain. Furthermore, the number of student nursing places for 2019/2020 have remained static and this is a cause for concern.

3.8 Northern Ireland measures: The pre-registration nursing student bursary remains intact in Northern Ireland which is welcomed.

4. If known, how many workers from outside of the UK have been recruited using the Tier 2 points-based visa system in the past 12 months, stating the job titles.

We have submitted an FOI to Home Office consisting of the following questions:

How many nurses (ONS job title: Nurses and ONS occupation code: 2231) from outside the UK:

1 - Made a Tier 2 points-based visa application for every month between 30th October 2017 and 30th October 2018

³⁴ NMC, 'Registration statistics', provided to the RCN on request in November 2018 (2018). Figure calculated by subtracting the number of leavers from the number of new joiners to the register.

³⁵ Nursing in Practice, 'Scottish Government increases NHS bursary for student nurses', available at: <https://www.nursinginpractice.com/article/scottish-government-increases-nhs-bursary-student-nurses> (2018)

2 - How many of these Tier 2 applications were successful for every month between 30th October 2017 and 30th October 2018

3 - How many of these Tier 2 applications were unsuccessful for every month between 30th October 2017 and 30th October 2018?

Our position is that the overall cap on Tier 2 visas should be removed because it bears no relation to labour market need.

5. If you have supporting evidence please attach here.

5.1 We have submitted the following publications for the MAC's consideration. Below each we include a brief summary of its focus and relevance to this call for evidence.

5.2 UK Nursing Labour Market Review 2018 (forthcoming)

This report by the RCN, analyses the shape, size and state of the nursing labour market, analysing trends in the employment and training of nursing staff across the UK economy, including by age and fields of practice. It is due to be published in January 2019.

5.3 **Safe and effective staffing: Nursing against the odds.** Available online at: <https://www.rcn.org.uk/professional-development/publications/pub-006415>

This report includes the results and analysis of a survey of nursing and midwifery staff in the UK. The survey asked people about their last shift or day worked in health or social care. Over 30,000 responses were received in two weeks, providing insight into staff experiences and staffing levels across the UK. The findings provide a strong voice from nursing staff, clearly describing the impact that poor staffing has on both patient safety and their own wellbeing. Some of the experiences and stories shared via the survey have been included throughout the report.

5.4 **Staffing for safe and effective care.** Available online at: <https://www.rcn.org.uk/professional-development/publications/pdf-007025>

5.5 At Congress 2017, the membership of the RCN raised the alarm on the growing nursing workforce shortages across the UK, and their concern at the implications on patient safety. We have undertaken extensive engagement with members, RCN Boards, and nursing workforce experts, which we set out in this report. The outcome of this engagement is a set of RCN principles which provide high-level objectives which most meaningfully represent what we need

to achieve on staffing for safe and effective care, through legislation, statutory instruments and guidance, and sufficient funding, in every country in the UK.

5.6 **Fund our future nurses (England only).** Available online at:

<https://www.rcn.org.uk/professional-development/publications/pub-007348>

5.7 In this report we present costed policy options to support the Department of Health and Social Care (DHSC) to assume permanent, explicit and overarching strategic responsibility for the supply of future nursing and wider healthcare workforce leading to targeted demand and supply side interventions wherever these are required to ensure supply. We believe that the Government should be aiming for an increase of at least 50% more students starting each year in England after five years of investment while also supporting international recruitment to address urgent need.

5.8 **Nursing Numbers in Wales, RCN Wales, September 2018** (not yet available online)

5.9 This report is designed to provide a statistical overview of the strengths and vulnerabilities of the nursing workforce in in Wales. The main sources of information on the nursing workforce in Wales used to inform the report are Statistics Wales, Welsh Government and the Royal College of Nursing, with other sources listed throughout the report.

5.10 **International workforce in the UK after Brexit.** Available online at:

<https://www.rcn.org.uk/professional-development/publications/pub-007181>

5.11 In this briefing we present the most up-to-date analysis of the continuing global nursing shortage and the rising demand for health and care services in the UK. We argue that the as the UK approaches Brexit, it needs to be able to attract nursing staff with the right skills to work and remain in the sector. We include the principles which we believe should underpin any future immigration system to ensure that the UK is able to remain competitive in terms of recruiting global nursing talent, while investing more in the education, recruitment and detainment of domestically educated RNs.

5.12 **RCN Evidence to the 2018-19 UK NHS Pay Review Body.** Available online at: <https://www.rcn.org.uk/professional-development/publications/pdf-006821>

5.13 This document contains the RCN's evidence to the NHS Pay Review Body for the 2018-19 pay round. This submission also includes the 2017 RCN Labour Market Review of the nursing workforce and the UK-wide 2017 RCN Employment Survey. From this evidence we have concluded that failures in workforce planning, combined with pay restraint have led to a 'perfect storm' of

a crisis in recruitment and retention and what action we feel needs to be taken in order to help address this.

5.14 **Stage 1 report on the Health and Care (Staffing) (Scotland) Bill.** Available online at:

<https://digitalpublications.parliament.scot/Committees/Report/HS/2018/11/26/Stage-1-report-on-the-Health-and-Care--Staffing---Scotland--Bill> It should be noted that the Scottish Parliament agreed, without division, the general principles of the Health and care (Staffing) (Scotland) Bill on 6 December 2018.

5.15 This report includes summary of stakeholder engagement activity undertaken by the Health and Sport Committee of the Scottish Parliament on the broad principles of the Health and Care (Staffing) (Scotland) Bill. The majority of witnesses raised concerns that the Bill was being introduced into a workforce context under pressure from general recruitment and retention problems nationally. These factors together with Brexit uncertainties mean that it is challenging to meet the existing requirements and staffing establishments currently set by health boards and social care providers.

5.16 **Nursing & Midwifery Council (NMC) nurse-only figures (attached to submission form)**

5.17 This spreadsheet was provided to us by the NMC at our request. It contains the latest workforce data relevant to registered nursing and excludes midwives. We have included this because midwifery is not currently on the SOL and we wanted to present the most accurate data possible. The same data which includes midwives is available on the NMC's website here:

<https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

6. If you have any other information that might be useful for our call for evidence please use the space below to explain

6.1 **Our main recommendation for the UK:** Based on the evidence we have provided in this submission we recommend that RNs be kept on the SOL for future recruitment of international nurses and to support the retention of existing international nurses through indefinite leave to remain. This also means ensuring that the minimum salary threshold for highly skilled visas does not prevent international nurse recruitment. Otherwise we risk patient safety resulting from a stretched nursing workforce, tackling greater and more complex patient demand. The absence of a clear workforce plan underpinned by sufficient investment, has caused health and social care employers to shift their focus to non-EEA recruitment as the EEA supply has collapsed.

- 6.2 We call on the UK and devolved governments to work together to address systemic workforce shortages and develop a credible health and care workforce strategy in each country of the UK as outlined in 3.1
- 6.3 **Our main recommendation for England:** To begin this process in England we are calling on the Department of Health and Social Care to invest £1.2bn annually back into nursing education in England for the three-year nursing degree route. The NHS, and the wider health and care system, will not succeed in any ambitious aims without tackling the problems with supply head on.
- 6.4 **Our main recommendation for Scotland:** We applaud the recent announcement by the Scottish Government to increase its bursary for nursing students entering undergraduate courses.³⁶ The Scottish Government and the UK Government need to work constructively to ensure that Scotland is listened to about the impact that any erosion of EU nursing staff supply could have on service provision and that the MAC takes particular note of recommendations on the Scottish SOL.³⁷ Beyond this we recognise that the Scottish Government must continue to make policy decisions which make nursing an attractive career and challenge some of the historic issues in the sector – such as low pay.
- 6.5 **Our main recommendation for Wales:** The Welsh Government should retain the bursary for undergraduate nursing students, and the number of commission pre-registration nursing education places should continue to increase. The UK Government should also find a formal mechanism for involving the Welsh Government and relevant Welsh stakeholders in the discussions around how future immigration policy can identify and respond to regional skills shortages and economic need. Specifically, given Scotland has its own SOL, there is a rationale for Wales to have a similar process in place.
- 6.6 **Our main recommendation for Northern Ireland:** There is a need to tackle the high levels of nursing vacancies and escalating levels of nursing agency expenditure in Northern Ireland through effective workforce planning and closing the growing pay gaps between Northern Ireland and the other UK countries. A key obstacle to achieving this is the continued absence of devolved government in Northern Ireland which needs to be resolved as a matter of the urgency.

³⁶ Nursing in Practice, 'Scottish Government increases NHS bursary for student nurses', available at: <https://www.nursinginpractice.com/article/scottish-government-increases-nhs-bursary-student-nurses> (2018)

³⁷ Audit Scotland, 'The NHS in Scotland in 2018', available at: http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181025_nhs_overview.pdf (2018)



Royal College of Nursing
Policy and Public Affairs (UK & International)
December 2018