



Royal College of Nursing
Shaping nursing since 1916

Royal College of Nursing briefing for the House of Lords Second Reading of the Higher Education and Research Bill – Tuesday 6th December

Summary

We support the Government's aspiration to promote and reward high-quality teaching and drive improvements in student outcomes through the Higher Education Bill. However, we are concerned that there may be unintended consequences for nursing students, who are unique in terms of their background, course structure and expected career outcomes. The reforms in the Bill are being proposed at a time when there are also sweeping changes to nursing education, including the move from the NHS bursary to loans and fees. It is vital that the proposed changes align with the changing landscape of nursing education and act to promote and encourage prospective students to consider a career in nursing.

New roles within the nursing family, alongside changes in the international environment, offer us a significant opportunity to develop a demand-led, responsive and robust workforce model. The Bill must align with the Government's workforce planning approach in the long term and support the development of a multi-skilled nursing workforce for the future. Failure to do so will compromise the supply of nursing graduates and exacerbate the current nursing workforce crisis.

We are encouraging Peers to ask:

- **Changes to nursing education:** how does the Bill link with the Government's vision for nursing and its plans to open up new entry routes into nursing education?
- **Impact on workforce planning:** in the context of the pressing nursing workforce crisis and the removal of the bursary for nursing students, how will the Bill align and support the Government's approach to workforce planning for nursing?
- **Assuring high-quality clinical placements:** what role will the Office for Students (OfS) have in supporting quality in practice based education such as nursing degrees, where nursing students spend 50% of their time in clinical placements? What will happen to Health Education England's (HEE) role in assessing quality in clinical placements?
- **Governance arrangements:** what will the relationship look like between the Nursing and Midwifery Council (NMC), HEE and the proposed OfS?
- **Differential fees:** will regulated professions, such nursing, be exempt from differential fees? What provision will be in place to ensure that the reforms within the Bill do not result in a fall in applications for nursing degrees from mature students?

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. 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.

Nurse training and education is structured differently to other degrees, nurses spend 50% of their time on clinical placements outside a teaching setting in a university and good quality mentoring is essential. In addition, 2,300 hours of practice time is required by the NMC and although supernumerary, nursing students make an important contribution to patient care while on placement.

Key issues

Teaching and Excellence Framework

The future of central quality assurance for healthcare degrees is unclear as there is a lack of assurance about central coordination or monitoring of nursing education provision in the future, either through HEE or another mechanism.

The NMC is also in the process of reviewing its standards for pre-registration nursing education. The NMC standards must be met by all providers of nursing programmes and are underpinned by NMC regulation requirements. Student evaluation of clinical placements feeds into this process and further clarity around how the Teaching and Excellence Framework (TEF) metrics will interact with the quality assurance undertaken by the NMC is needed.

Student fees

Clause 10 of the Bill allows for the OfS to set fee limit conditions on registered providers. It also allows for the charging of differential fees under the TEF, meaning that when the TEF is introduced, providers with a high level quality rating will be allowed to raise their fees by inflation. The cap on fees will therefore rise annually in line with inflation. In addition the Bill provides for the Secretary of State to set 'sub-level' fees.

We are concerned that over time this system could result in a noticeable differentiation in tuition fees across providers of nursing education, despite relatively consistent degree and career outcomes for students across the whole provision of nursing education.

As it stands it appears that a nursing student studying at a higher performing institution could be eligible for higher fees in future than their fellow students at other Higher Education Institutes (HEI), despite both students receiving a regulated standard of education and the same career and salary outcomes. This imbalance must be addressed.

Students, employers and regulators expect equity of outcome for all nursing degrees based on nationally set standards. Differential fees are unlikely to make sense for degrees leading to regulated professions where the standards and quality assurance are set nationally. We know that the majority of new nursing graduates go on to work in the NHS. The salary outcomes for the NHS are also standardised across the nationally set Agenda for Change pay scale. For graduates who go to work in independent health and social care, starting salaries are unlikely to differ significantly from those of the NHS.

Therefore the logic of competition across providers of higher education does not apply to students who go into the NHS or the wider health and social care economy.

We are also concerned that the Bill may pave the way for providers to increase course fees during training, when a student is mid-way through their course. This will be particularly damaging for prospective nursing students who will be paying tuition fees from 2017. This financial uncertainty could greatly impact mature students who have financial and relationship obligations. Ultimately, any attrition due to increased fees has potential to create instability in the supply of nurses to the workforce.

Access and participation

We understand that the OfS will have an explicit legal duty to promote choice for the student, however, many students are not in a position to “vote with their feet”. For nursing students availability of quality education provision is often of greater concern than choice. Many nursing students have responsibilities that bind them to their most local institution. As noted, the average age of a nursing student is 29 and many have caring and other responsibilities, restricting their ability to choose where to study. There has been a significant and sustained fall in part time and mature students applying to universities since the introduction of the new fee regime: since 2009/10 there has been a 10% drop in full-time mature students¹. Nursing is being moved in to the new fee regime in 2017/18 and the impact this will have on applications is as yet unknown – given the vital importance of nursing to the NHS and the health of the UK population, any further changes to the fee regime will need to be carefully considered.

About the Royal College of Nursing

The RCN is the voice of nursing across the UK and the largest professional union of nursing staff in the world, representing over 450,000 nurses, health care assistants, midwives and nursing students.

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¹ Independent Commission on Fees, *Independent Commission on Fees Final Report, July 2015*.