Royal College of Nursing

Incentives to expand health care student numbers

POLICY PAPER

Royal College of Nursing

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Previously published as an appendix to RCN Publication 006 682

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

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Introduction

This appendix sets out a range of actions for developing and incentivising traditional and non-traditional routes into the nursing and health care workforce. It has been submitted as a paper to the Department of Health and Social Care and HM Treasury in 2017.

Background

The 2016 health care education funding reform in England moved health care students into the standard student support system, now required to access loans. HM Treasury has estimated that this policy decision will be equivalent to a saving of £1.2 billion.[1]

In this content, the term 'health care students' is used to refer collectively to nursing, midwifery and dental therapy and hygiene students. It does not include medical and dental students. It also focuses on undergraduate students as this is the majority route into the health and care workforce. There is, however, the significant issue of the ongoing uncertainty about how pre-registration post-graduate students will be funded from 2018/19. Without clarification on this, there is the real risk that the market for, and supply to these programmes will be disrupted, having a significant impact on workforce supply from 2020.

In the context of Brexit and the move to the open market, we think that Government needs to actively incentivise the recruitment of many more health care students to meet the growing workforce demand. There is a real danger that the current model of education funding for students will have an immediate detrimental impact on the growth of domestic supply we urgently need in England. We recognise that the investment incentives outlined in this paper have a cost attached and that this may be challenging within current budgets. However, in the least, this investment will, in the long term, contribute to efforts to reduce spend on agency staff[2] - of which latest forecasts indicate spend totalling approximately £3bn in 2016/17.[3]

Demographics and education model

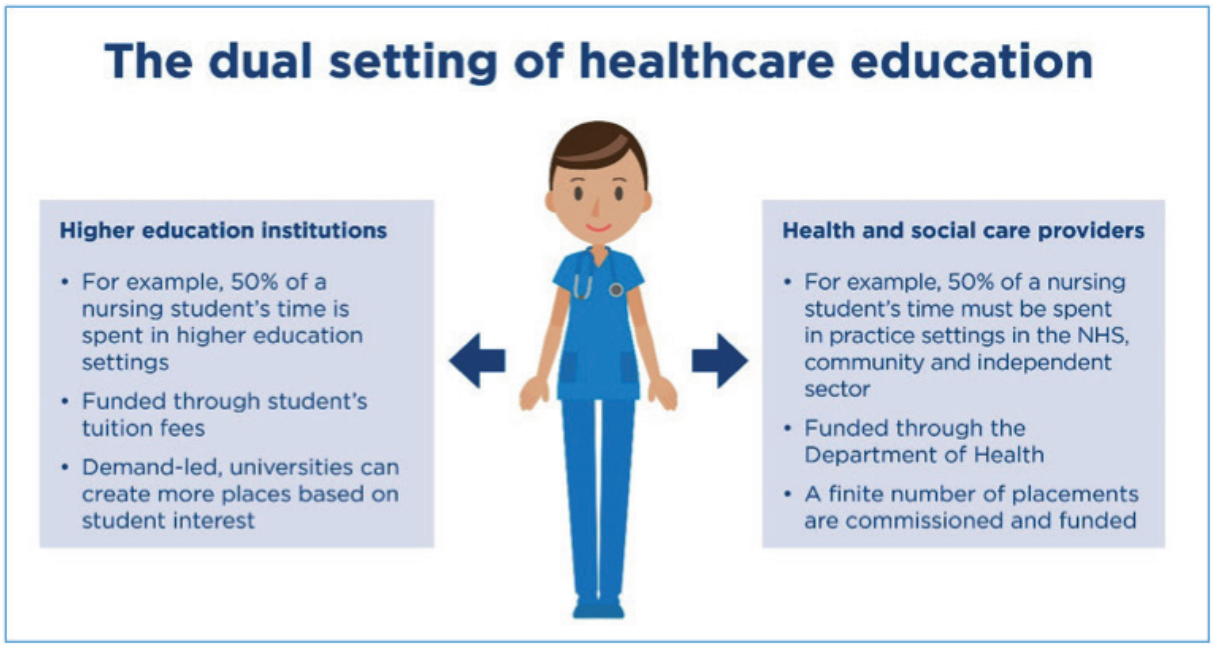
These students are fundamentally different from the wider student population, in that:

- They are more diverse than other undergraduate groups and more likely to include students from low participation neighbourhoods[4,5]
- They are far more likely to be mature students (41% aged over 25, compared with 18% of the total student population)[6]
- They have the highest total workload hours of all higher education subjects[7]. With 39 weeks per year (and some studying for 48 weeks a year), courses are typically longer and extend beyond the normal university semesters
- They spend up to 50% of their degree on supernumerary placements, making a valuable contribution to the quality of patient care and service delivery across the health and care system while they are learning.

Health care students are primarily based at the Higher Education Institute (HEI) at which they are enrolled, but spend up to half of their time in practice-based settings. For nursing students specifically, this means they will pay £9,250 in tuition fees[8] for their education in the university setting (2,300 hours)[9], and then spend another 2,300 hours in practice placements across the NHS and social care.[10]

The nature of placements, occurring in blocks of weeks spread across the year rather than within a consolidated period of time, and in a range of locations away from their university base, limits students' opportunities to obtain part-time employment at the same time in order to support themselves. This is unlike all other individual students studying on other campus-only degrees.

The infographic on the previous page sets out how health care education is split between education and practice.



Growing the domestic workforce

The population of England needs many more health care students to meet the growing health care workforce demand. After a significant growth in the number of European Union (EU) entrants to the workforce, we are experiencing a drastic reduction in EU entrants, with the number of EU-trained nurses and midwives joining the Nursing and Midwifery Council register for the first time dropping steeply since July 2016.[11]

- Recent figures show approximately 40,000 unfilled nurse posts in England as of December 2016,[12] with the NHS midwifery shortage in England estimated at 3,500.[13]
- A leaked Department of Health workforce model suggests that the nurse staffing supply in the worst-case scenario could fall by 42,000 after leaving the EU.[14]
- England is currently training around 20,000 nurses a year – this number will remain the same for 2017/18.[15]
- Government intended this funding reform to enable the training of an additional 10,000 nurses, midwives and AHPs across the course of the previous Parliament.[16]

Incentives

We propose approaches which are practicable, building on existing mechanisms and structures. These solutions would incentivise growth in the domestic workforce and are specific, costed opportunities for Government to consider in order to:

- mitigate potential risks of the health care education funding reform and leaving the EU
- recognise the unique profile and contribution of health care students
- encourage more entrants into the profession.

Given the existing workforce gaps, for safety, effectiveness and quality, and sustainability of health and care services, we ask that Government, HM Treasury and Department of Health and Social Care consider adopting and implementing all four incentives. We present the below in order of likely effectiveness and viability.

Option 1: Grants for placements: provides universal direct support to *all* health care students.

Option 2: Investment in health care education through employers: provides the means to significantly pump-prime workforce growth through a local market-led approach,

rather than central commissions (and would fully implement the last Government's intention of the health care education funding reform)

Option 3: Means-tested grants: ensure that the existing diversity of the student population with regards to socio-economic background and the widening participation agenda is preserved.

Option 4: Targeted support for parents and carers: extend existing hardship funding, supporting what Government has already committed to do to support students with caring responsibilities and those suffering severe hardship. It has been included here as the details of Government's activity have yet to be clarified.

Methodology

Within the following indicative costings the baseline figure used for students includes 20,700 nursing students, 2605 midwifery students, 266 dental therapy students and 53 dental hygiene students, which corresponds to the 2016/17 pre-registration figures as set out in the Health Education England Workforce Plan.[17] These costings are calculated on the basis of the total Department of Health resource DEL for 2017/18, equalling £118.7 billion.[18] We acknowledge that this DEL contains existing allocations, however, the incentives present considerable return on investment and wider benefit which merit consideration both within the existing financial envelope and beyond.

Costs per incentive are set out per annum and per cohort, i.e. for three years which would allow support for a group of students throughout and including completion of a three-year undergraduate degree.

The four incentives identified have been costed:

- for the number of students in 2016/17
- for a student number growth of 7%, which we understand is a realistic initial expansion rate
- for a student number growth of 10%, given growing workforce demand.

Option 1: Grants for practice placements

Provide dedicated funding for all students in recognition of the time spent in practice placements during degree study.

Rationale

- The Government reform of health care education funding is an untested and unprecedented move from central workforce commissioning to market-led workforce development in the UK. This poses risks of market failure. Whilst application numbers have been historically high with five applicants to one place for nursing, they have dropped across all the health care related professions in the first year of the reform[19] and the number of applicants to nursing places has not expanded significantly compared to previous years in the first week of clearing.[20]
- Critically, the actual number of training places that will be available in the future is not clear. Whilst funding for additional clinical placements has been made available[21], it is not obvious how this will translate into additional training places and whether these will be filled. The additional funding provided is also foreseen to cover additional 10,000 training places only, and it is unclear how this will meet workforce demand.
- Government must find ways to enable training numbers to expand and ensure that they can be filled with domestic trainees in response to identified workforce demand. Providing grants for practice placements would be a key success factor in making this happen, by ensuring that the right numbers enter the workforce.
- In impact analysis of the nursing education reform, Government recognised that practice placements place a particular burden on these students, but the proposed new Travel and Dual Accommodation Expenses fund will only reimburse travel and accommodation costs incurred when undertaking practical training on placements.[22] Full details are yet to be made

available. This will therefore not provide a uniform recognition of all students.

- Nursing, midwifery and allied health professional students on courses pre-2017 were eligible for a non-means tested grant of £1,000 per year towards their living expenses along the means-tested allowances when they applied for the NHS bursary[23].
- This new grant could be defined as recognition of the time already given to the NHS, service delivery settings outside the NHS (within and beyond the public sector), and other practice education settings outside the NHS while on placement, not payment for work as an employee.

Design

- To recognise and safeguard the supernumerary learner status of students, this should be calculated per student rather than by practice placement setting or hours, to avoid a mechanism that resembles an employment relationship.
- This grant could easily be distributed through Student Finance England and/or the Student Loans Company, alongside maintenance loans, or it could be distributed through the NHS Business Service Authority, which will process the planned Travel and Dual Accommodation Expenses.

Impact

- These comparatively small funds would send a strong signal of Government's recognition, appreciation and value of the future health care workforce.
- It would also help to encourage students who carry a financial and/or social burden on to degrees and thereby increase entry into the workforce.

Indicative costing

We have costed this incentive at the same level of £1,000 per year as the non-means tested element of the former direct student support.

Current student numbers	+ 7%	+ 10%
2016/17 – 23,624 students £1,000 per year	+ 1,654 students per year (4,962 per cohort)	Extra 10% + 2,362 students per year (7,086 per cohort)
£70.9m per cohort for three year degree	**£75.8m per cohort**	**£78.0m per cohort**
£23.6m per annum NB Calculated as 0.020% of DH budget for 2017/18	£25.3m per annum NB Calculated as 0.021% of DH budget for 2017/18	£26.0m per annum NB Calculated as 0.022% of DH budget for 2017/18

Option 2: Investment from local employers in return for service[24]

Students receive a stipend or loan/fee repayment from local employers in return for set service within the NHS and other sectors. This would allow local decision-making and implementation in response to local market fluctuations, including potential failure.

Rationale

- The Government health care education funding reform has essentially brought the health care workforce in line with other sectors, in terms of a market-led workforce supply. There is a real risk to Government that the health care education market it is in the process of creating, may fail to deliver the required workforce for the health and care system in England – leading to unsafe and ineffective staffing levels in services. Given the critical nature of the workforce to the health system, it is essential that this is mitigated, and Government has accepted this as a suitable approach to such mitigation in other sectors. Creating a central investment fund for local operation will considerably mitigate this risk, allowing local employers and authorities to support the local market as necessary, and enable smooth implementation of the overall reform.

- It is commonplace in other sectors for Government and/or employers to create targeted incentives to encourage entry into the workforce, where domestic supply requires growth. Sponsored degrees with flexible arrangements are available across different sectors.[25]

Existing commitments in teaching

- The Conservative Party manifesto recognised the need to incentivise the teaching workforce and promised to 'continue to provide bursaries to attract top graduates into teaching. To help new teachers remain in the profession, we will offer forgiveness on student loan repayments while they are teaching'[26] Teach First[27] students earn an unqualified teacher salary while they train. Teach First has been running since 2002 and positively evaluated.[28]
- The Department for Education provides funding to well-qualified students entering teacher training in priority subject areas that are difficult to recruit to, for example Physics and Maths, students training to be Physics or Maths teachers can access scholarships worth up to £30,000 per year.[29]

Existing commitments in social work

- Step Up To Social Work is an intensive full time postgraduate programme.[30] Trainees gain hands on experience working for a local authority and receive a bursary of £19,833 for the course duration, paid for by their future local authority employer. Once qualified, and if accepted into a social work position, individuals will usually be contracted to spend a period of time with their employer (e.g. 2 years). Step Up has had a positive interim evaluation report, with a high proportion still in the profession three years after graduating and more working in target social work areas of child protection than comparator groups.[31]

Design

- A central funding pot could be created within the Department of Health that local employers could access to receive dedicated funding to incentivise and pump-prime the locally required workforce growth.
- Students could sign contracts with employers, both in the NHS and other employing organisations, whilst studying and receive financial support in return. This could take the form of fee payments and/or stipends for living expenses, depending on what local employers deem appropriate to meet local workforce demand. The latter will be particularly attractive to students as they offer upfront support. It would be essential that students were not tied to a particular post for a length of time, but had flexibility to move between different clinical areas within an employer organisation.

Impact

- A central funding pot could be created within the Department of Health that local employers could access to receive dedicated funding to incentivise and pump-prime the locally required workforce growth.
- Students could sign contracts with employers, both in the NHS and other employing organisations, whilst studying and receive financial support in return. This could take the form of fee payments and/or stipends for living expenses, depending on what local employers deem appropriate to meet local workforce demand. The latter will be particularly attractive to students as they offer upfront support. It would be essential that students were not tied to a particular post for a length of time, but had flexibility to move between different clinical areas within an employer organisation.

Indicative costing

This incentive provides flexibility which would allow local decision-making as to what is required to incentivise local workforce growth as required. We have costed three different incentives that local decision-makers could consider, which are:

- a stipend to be paid by employers in return for a contract post-qualification. This has been costed for £12,000 a year, as an example, but would need to be more thoroughly considered in the local context. The teacher training bursaries and funding scales[32] provide a useful orientation here, they range from £3,000 to £30,000 over differing timescales and depending on subjects

Current student numbers	+ 7%	+ 10%
2016/17 – 23,624 students	+ 1,654 students per year (4,962 per cohort)	Extra 10% + 2,362 students per year (7,086 per cohort)
£850.5m per cohort for three year degree	**£910.0m per cohort**	**£935.5m per cohort**
283.5m per annum NB Calculated as 0.24% of DH budget for 2017/18	£303.3m per annum NB Calculated as 0.26% of DH budget for 2017/18	£311.8m per annum NB Calculated as 0.26% of DH budget for 2017/18

- Fee payments in return for contract post-qualification have been costed as half fees (£4,625).

Current student numbers	+ 7%	+ 10%
2016/17 – 23,624 students	+ 1,654 students per year (4,962 per cohort)	Extra 10% + 2,362 students per year (7,086 per cohort)
£327.8m per cohort for three year degree	**£350.7m per cohort**	**£360.6m per cohort**
£109.3m per annum NB Calculated as 0.09% of DH budget for 2017/18	£116.9m per annum NB Calculated as 0.10% of DH budget for 2017/18	£120.2 per annum NB Calculated as 0.10% of DH budget for 2017/18

Option 3: Means-tested grants

Provide additional support to students from lower socio-economic backgrounds as well as to mature students who may be more debt-averse[33], ensuring equality of access and a diverse student and health workforce population.

Rationale

- Government has recognised that the student population affected is exceptionally diverse, in terms of socio-economic background, age and ethnicity.[34] It is paramount that equality of access is ensured and a diverse student and health workforce population is preserved. We recognise that Government intends to do this through the targeted support for parents/carers and the planned hardship fund, but would urge it to look at wider measures beyond this.
- Approximately 41% of nursing, midwifery and allied health professional students are aged over 25, compared to 18% of the wider student population[35].
- A relatively high proportion (37.2%) of all students on subjects allied to medicine are from NS-SEC classes 4,5,6 and 7 compared to most other courses.[36]
- We recognise that the 2012 move to increase tuition fees to £9000 has not had a detrimental effect on the participation of disadvantaged groups. However, we also note that disparities between advantaged and disadvantaged geographical areas remain[37] and that 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 students.[38] For a Government that has put an increase in social mobility at the heart of what it does, it is essential to consider all measure at its disposal to preserve social mobility where it is already occurring.
- All students entering programmes from 2017/18 have been moved over to a loans system. Currently, the amount of maintenance loan a student is entitled to will depend on household income. If earnings are below £25,000 then the student will be entitled to a full loan, with a sliding scale of means tested contributions towards maintenance for incomes above £25,000.
- Access funding is provided by universities that charge fees that are higher than the minimum level. Such funding is targeted at groups of students who may be put off from attending university. Many universities

provide funding for students from low income backgrounds as part of their access agreements.[39] City University London has a bursary for mature students aged over 21 who earn below a salary threshold,[40] for example, and the University of Portsmouth offers a cash bursary of £750 per year to all eligible new full-time, undergraduate students from England whose household income is £25,000 or less.[41] However, the availability and amount of this funding depends on the university and is therefore not universally accessible for all health care students. In the context of unmet workforce demand, Government cannot afford to have potential students deterred and must ensure uniform support.

Design

- Students could receive a supplementary grant from DH in addition to their maintenance loan.

This could be assessed through the Students Loan Company, which needs to assess the household income for the maintenance loan for every student. Health care students who qualify under the £25,000 threshold could be given additional support.

Impact

- Debt-averse students from lower income backgrounds who may have been deterred from a career in health care because of the fee regime will be encouraged, enabling talent to be accessed from people in all areas of our society.

Indicative costing

- Due to data availability, this incentive is costed for nursing students only. The calculation is based on Higher Education Statistics Agency (HESA) data for all Year 1 nursing students – as defined by JACS codes under B700 and leading to registration with the Nursing and Midwifery Council - in England in 2015/16. These totalled at 18,474 students. 43% of those who gave socio-economic data were in classes 4-7, which have previously been used to identify lower socio-economic backgrounds.
- It should be noted the total number of students with an unknown or not classified socio-economic indicator was 19%, so caution should be exercised when using the above figure in calculations scaled up to the wider student population. We assume that this is due to the relatively high number of mature students who are often direct applicants rather than UCAS applicants. The socioeconomic indicator is mandatory only in the UCAS application.
- The baseline number of nursing students used is as indicated in the HEE workforce plan for 2016/17.[42]

Current student numbers	+ 7%	+ 10%
2016/17 – 20,700 students[43] 43% receive £750 per year	Extra 7% – 1,449 students per year (4,347 per cohort)	Extra 10% – 2,070 students per year (6,210 per cohort)
£20.0m per cohort for three year degree	**£21.4m per cohort**	**£22m per cohort**
£6.7m per annum NB Calculated as 0.006% of DH budget for 2017/18	£7.1m per annum NB Calculated as 0.006% of DH budget for 2017/18	£7.3m per annum NB Calculated as 0.006% of DH budget for 2017/18

Option 4: The Learning Support Fund[43]

Government has recognised the distinctive profile of health care students with regards to caring responsibilities and potential hardship and will maintain additional financial support to them through the Learning Support Fund.[44] However, the details of this fund, including the amounts available are still unclear.

- We recognise Government's commitment to supporting carers who choose to study a health care degree. The Learning Support Fund has been set up to provide financial assistance to students in three areas - child dependants allowance, travel and dual accommodation expenses (see Incentive 1) and the Exceptional Support Fund.[45] The child dependants allowance and exceptional Support Fund must be easily accessible for students and large enough to support all those in need.
- In its response to the consultation on the funding reform, the Government set out that 'the Department will work with external experts including nursing bodies to develop incentives to support exceptional cases where nursing, midwifery and allied health students find themselves in severe financial hardship'.[46] We look forward to working with the Department and other relevant stakeholders to ensure the provisions will be adequate. We have costed an estimate for the child dependants allowance part below, based on data availability. We expect the Exceptional Support Fund, travel and dual accommodation expenses also to be adequate.

Indicative costing

- 20% of students who accessed the NHS bursary had child dependants.[47] The provisions provided following the reform will include a grant of £1,000 per year for students with child dependants.[48]

Current student numbers	+ 7%	+ 10%
2017/18 – 23,624 students	+ 1,654 students per year (4,962 per cohort)	Extra 10% + 2,362 students per year (7,086 per cohort)
£14.2m per cohort for three year degree	**£15.2m per cohort**	**£15.6m per cohort**
£4.7m per annum NB Calculated as 0.004% of DH budget for 2017/18	£5.1m per annum NB Calculated as 0.004% of DH budget for 2017/18	£5.2m per annum NB Calculated as 0.004% of DH budget for 2017/18

The incentives are supported by:

British Dental Association

The British Association of Dental Therapists

British Society of Dental Hygiene & Therapy

National Union of Students

Royal College of Midwives

Royal College of Nursing

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

020 7409 3333

March 2018
Publication code 006 886

Royal College of Nursing