



Investing in nursing higher education in England: Westminster Hall debate (21 November 2018)

Briefing – November 2018

The Council of Deans of Health welcomes this debate on investing in nursing higher education in England. The Council represents the 84 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Executive summary

- The Department for Health and Social Care (DHSC) should assume permanent, explicit and overarching strategic responsibility for the future nursing workforce leading to targeted demand and supply side interventions wherever these are required to ensure supply.
- University-based degree level nursing education is the most effective way to increase the nursing workforce at scale and pace. Nursing education provides graduates with diverse and varied options for career development and progression within the healthcare sector.
- The Council recommends the introduction of a universal (non means-tested) maintenance grant for nursing students to recognise that the length and intensity of nursing degrees limit opportunities for part-time work.
- Considerable policy attention has been diverted towards the development of multiple routes into nursing, degree apprenticeships and the new nursing associate role. The Council acknowledges the value of these pathways as additional routes into the professions. However, the policy emphasis should be on undergraduate and postgraduate nursing programmes, which are the fastest routes to increase workforce supply.
- A strategic focus on growing placement capacity and funding is vital. Lack of placement capacity constrains the number of student places. Increased funding is critical and must be reflected across all employer organisations, including in the voluntary and private sectors.
- Nursing needs significantly increased investment in post-registration education to support service quality, staff retention and, critically, training capacity. Increased investment in Continuous Professional Development (CPD) is required and cuts to CPD should be reversed.

- A large-scale national campaign to promote recruitment into nursing education is urgently required by the Government, particularly in light of the workforce crisis. Recent campaigns have not been sustained, broadly targeted or adequately high profile.

DHSC leadership

The Department of Health and Social Care (DHSC) should assume permanent, explicit and overarching strategic responsibility for the future nursing and wider healthcare workforce leading to targeted demand and supply side interventions wherever these are required to ensure supply. This should be underpinned by widely available data on applications and student numbers across all healthcare professions.

Benefits of university-based degree level nursing education

Degree level education provides nursing graduates with a comprehensive and expansive education enabling them to become registered professionals; provide, evaluate and co-ordinate care across a range of practice settings; and promote positive health outcomes for patients. Universities play a central role in educating this future workforce and developing innovation in practice.

Nursing and healthcare courses are known to be high-cost and highly resource-intensive subjects for universities to run but they remain committed to continuing provision. In 2017, the Higher Education Funding Council for England (HEFCE) commissioned KPMG to undertake a costing study of pre-registration nursing, midwifery and allied health education. This found that the mean unit cost of nursing education across all four fields of nursing (adult, child, mental health and learning disability nursing) is £9,259 per annum per student. This varies from £9,088 for adult nursing to £9,994 for child nursing.¹ Healthcare faculties across the country are constantly investing in and modernising the way healthcare education is delivered, for instance via state of the art simulation facilities, blending different teaching and learning methods, and expanding online and distance learning.

Evidence shows that education level is a protective factor for patient safety and care quality. Numerous studies show that an increase in the number of registered nurses in hospitals has clear benefits for patient mortality rates and other key metrics of patient care. The largest international study of links between nurse staffing, education, and mortality found that every 10% increase in nurses with a bachelor's degree was associated with a 7% decrease in the likelihood of patients dying after surgery.²

Moreover, nursing graduates have high rates of employment compared to other subjects. This is true over the long term. Recent LEO data shows that three, five and ten years after graduation, nursing programmes have the highest proportion of graduates in employment, further study or both.³

¹ KPMG, 2017, [Costing study of pre-registration nursing, midwifery and allied health disciplines](#), p5

² Aiken, L. et al, 2014, 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study' The Lancet

³ Department for Education, 2018, [Graduate outcomes \(LEO\): 2015 to 2016](#)

Student support

August 2017 saw the removal of the bursary and the introduction of the standard student loans package for nursing students in England as well as moving funding from Health Education England (HEE)'s limited number of commissioned places to an uncapped system with tuition fees. It was hoped that this would help increase student numbers and provide more sustainable funding for nurse education.

Instead, since the funding reforms were introduced, we have seen a fall in applicant numbers to most courses, particularly for mature students, and little increase in available places. According to UCAS figures, applications for undergraduate nursing courses in the UK have fallen by 27% (17,450 fewer applications) since 2016. Applications for undergraduate nursing courses provided by HEIs in England have fallen by 31%. The drop in applications from mature students has been particularly profound since the funding changes. Whilst the number of applications from 18-year-olds from England decreased by 12% between 2016 and 2018, the number of applications from those aged 25 and over from England fell by 40% in the same period.

Financial concerns seem to be a key factor driving a decline in applications. 63% of students, surveyed for HEE's RePAIR study in 2016, indicated that they would not have applied to their programme without the bursary.⁴ Financial pressures also have been shown to drive rates of non-continuation. The RePAIR report further found that finance was the 'most significant concern' to students and the major reason why students considered discontinuing their studies⁵.

Healthcare programmes are atypical. Students have higher contact hours in both academic and practice settings to meet professional regulatory requirements. Programme length over the academic year, irregular placement working patterns and time spent traveling to placements and working away from home all inhibit students from taking on paid employment. Those that do undertake paid employment add significant pressure to an already high-intensity programme, impacting on retention rates.

Student support solutions

Any student support system must be sufficient, enabling and fair. The Council recommends the introduction of a universal (non means-tested) maintenance grant for nursing students to recognise that the length and intensity of healthcare degrees limit opportunities for part-time work. This is fully compatible with the Office for Students supported course funding system, including tuition fees.

Maintenance grants combined with continued access to student loans, would particularly encourage mature student participation and could have a profound impact on student non-continuation by easing financial hardship. It is vital that students continue to be provided with full and timely support for placement travel and accommodation.

⁴ Health Education England, 2018, [RePAIR: Reducing Pre-registration Attrition and Improving Retention Report](#)

⁵ Ibid.,

The pre-2007 bursary provided less day-to-day support for living costs than that received by other students through the student loans system. Therefore, this is not something that we recommend reintroducing.

Many universities offer post-graduate pre-registration courses which attract high quality graduates into nursing careers. These high intensity two year programmes, which lead to full professional registration are the quickest way to meet workforce demand. There are clear precedents for publicly funding postgraduate pre-registration professional courses, including Department for Education (DfE) grants for priority teaching subjects. The Government should pursue this option for nursing. We would recommend up-front payment of tuition fees by Government for these students.

In light of current issues with nursing workforce retention, the Council calls on the Government to consider the use of financial incentives for the existing workforce. Of the possible incentives available, tuition fee repayment in return for service post-qualification is a worthwhile approach, particularly as nursing students will not generally pay off their student loans.

Routes into nursing

Since the introduction of the funding reforms, considerable policy attention has been diverted towards the development of multiple routes into nursing, degree apprenticeships and the new nursing associate role. The Council acknowledges the value of these developments as additional pathways into the professions. However, we are concerned that these initiatives have increased system complexity and cannot be provided at scale by employers but may be viewed by aspiring nurses as a viable route, delaying or deterring university entry.

The Council believes that apprenticeships are likely to remain a relatively minor contributor to the overall nursing workforce. Employers must find funding for backfill costs for apprentices, which make them very costly. Nursing degree apprenticeships also take longer to complete than university-based degree level programmes. At least 4 years compared to 3 years via the full-time university route. Apprenticeships are a complementary route into nursing and will not provide a solution to workforce pressures either in the short or long term. The apprenticeship agenda must not detract attention from the maintenance and development of the university-based degree route, which remains the most effective means to solve workforce need.⁶

Placement capacity

Due to regulatory requirements, nursing students must spend 50% of their time undertaking professional education within practice placements. These include a wide range of settings such as acute, primary, and community-based placements. Growth in placement capacity has been stymied by a lack of strategic focus on funding at a national level, which has constrained growth in student places, even when demand is high. Placement providers across all sectors should be given access to workforce development funding to grow the clinical educator workforce. The Government should also ensure that there are effective

⁶ <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/353.pdf>

incentives to provide placements across the widest range of providers, including the private and voluntary sectors.

Placement capacity constraints mean that increasing educational providers offering registered nursing education is unlikely to grow workforce supply. Instead it will risk the dilution of high quality provision and may damage existing provider-service relationships.

Continuous professional development (CPD)

Nursing needs significantly increased investment in post-registration education to support service quality, staff retention and, critically, training capacity. In 2016 there were cuts to local CPD budgets of up to 45% as the result of a decision taken at the national level to reduce workforce development funding by 49%. These cuts should be fully reversed.

This is even more important in light of the introduction of new nursing standards by the Nursing and Midwifery Council (NMC). These new standards will have a profound impact within service and may have a negative effect on practice placement capacity, as individual placement providers may not be ready to adapt to the new supervision and assessment process⁷. The Government urgently needs to address the disconnect between strategic priorities and levels of investment in the development of the existing workforce. The profession requires clear strategies for CPD nationally and locally, supported by significantly increased investment. This will drive up retention and safeguard care.

National recruitment campaign

A large-scale national campaign to promote recruitment into nursing education is urgently required by the Government, particularly in light of the workforce crisis. Recent campaigns have not been sustained, broadly targeted or adequately high profile. The DHSC should take a direct lead in coordinating and managing this initiative. In the context of Brexit, growth of the domestic workforce will be ever more important.

The Council has established its own website⁸ to provide basic information on student options and funding reforms to potential students, universities and careers advisors.

Any national campaign should promote the impact and opportunities that nursing careers can provide and it should be ambitious in its reach and aim to drive recruitment to reflect the population diversity.

⁷ <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf>

⁸ <https://thefundingclinic.org.uk/>

For more information contact:

Josh Niderost, Senior Policy and Public Affairs Officer, josh.niderost@cod-health.ac.uk. The Council would be happy to arrange a meeting for individual parliamentarians to discuss issues related to nursing education in their local area.