

Beyond the Bursary: Workforce Supply

POLICY – ENGLAND



#FundOurFuture

Acknowledgements

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

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Forewords



When the Government announced its commitment of 50,000 more nurses in the NHS in England during the general election campaign last year, no one could have imagined a novel coronavirus would sweep the world. Quite simply, it is changing the way we live, work and interact with our loved ones unlike anything outside of wartime, resulting in a global pandemic and the biggest public health crisis in a century.

But one thing has remained steadfast: when the country was plunged into a national emergency, nurses and nursing staff were at the forefront of the response. This remarkable standard of care was a natural application of what nurses have done for over 100 years – what we are trained to do from the first day as a nursing student – to put patients first.

Entering into the pandemic during a workforce crisis has amplified what we already all knew: we need to create more nurses in England across all of our health and care services. Successive governments’

underinvestment means that we simply don’t have enough nurses coming into the workforce. The drop off in application rates since the move to the loan system clearly indicates a need to financially support and incentivise people to enter nursing education. Government must remove every single barrier preventing anyone who wants to from becoming a nurse, including financial disincentives.

The pandemic has shone a light on everything that nurses do. We can no longer aim to train the bare minimum number of new nurses; instead, we should be aiming for an oversupply to make up for years of underinvestment. Now is the time to grow our domestic workforce supply to ensure we have as many nurses as are needed to deliver safe and effective care in every acute and community setting, in both health and social care, across the country.

Dame Donna Kinnair
Chief Executive & General Secretary
of the Royal College of Nursing



As a nursing student I understand the sacrifices we make every day to follow our dreams of caring for people, often when they are at their most vulnerable.

COVID-19 has further brought to light the valuable public service that nurses provide. I made the choice, along with thousands of other nursing students, to respond to the pandemic by applying for an extended placement and joining the nursing workforce.

What remains unfair is that nursing students must continue to pay tuition fees whilst caring for patients and supporting communities.

It's an undeniable truth that there are not enough nurses in England to deliver safe and effective care. Since 2017, nursing students have had to pay tuition fees, meaning they take on a lifetime of debt. We know that many people have been deterred from pursuing a career in nursing because they cannot contemplate taking on the level of debt a nursing degree will leave them with.

The stories in this report represent just a fraction of the thousands of prospective nurses who will never join the profession.

Many have families or other caring responsibilities and are unable to take on decades of debt.

The Government has announced living grants for nursing students from September 2020 onwards, but this still leaves nursing students with tuition fee repayments totalling tens of thousands of pounds. Those who studied between 2017 and 2020 are left with no help at all.

In 2018, when we launched the *Fund our Future* campaign, we warned the Government that without proper financial support, the numbers of nursing students would continue to decline. Our predictions were accurate.

Everyone who wants to become a nurse should be encouraged and supported, and all financial barriers must be removed. I and my fellow nursing students urge the Government to #fundourfuture, so together we can build a nursing workforce that meets patient demand during the current pandemic and beyond.

Jess Sainsbury
Chair, RCN Students' Committee

Executive summary

The leadership and professionalism shown by nursing staff throughout the COVID-19 pandemic is testament to their commitment to patient safety. The nursing profession has been at the forefront of the response, leading innovation and high-quality treatment and care. Nursing students also played a crucial role in supporting the effort. Their contribution to delivering care during this time, and their support to the workforce during normal clinical placements, should be demonstrably valued.

We entered the COVID-19 pandemic with almost 40,000 nursing vacancies in the NHS in England alone; which does not reflect additional vacancies in the independent sector, social care and public health, where many services are also publicly funded. It is important to recognise that the pipeline for developing nurses feeds both the health and care sector. An insufficient number of nursing staff compromises safe and effective care across health and social care services, and creates intolerable pressure for those working in understaffed, unsafe conditions.

It must be Government's responsibility to ensure a sufficient supply of nurses. The current workforce shortage is the result of successive governments' underinvestment in workforce supply. To address the current shortage – and to futureproof – the Government must develop a fully funded workforce strategy. This strategy should aim for an oversupply of nurses given years of underinvestment and the growing needs of our population.

The three-year nursing degree is the best route to get more nurses in England. In 2017, the Government removed the nursing bursary, which supported students into and through their studies to become qualified nurses, in favour of a market-led model, where all costs are self-funded.

This funding reform was meant to remove the artificial cap on the number of university places (due to being centrally funded, the

number of places was determined by the funding available) and therefore ultimately increase nursing supply. In practice, it had the opposite effect. The number of applicants in 2019/20 was 31% lower than in 2016/17, the final year of the old funding model. And the number of people accepted onto places has fallen by 4.1%ⁱ. These reforms have given rise to thousands of 'missing nurses' across England, despite the high number of vacant posts.

A vast increase in nursing graduates, along with the utilisation of all other routes into nursing, is needed for the Government to achieve its commitment of 50,000 more nurses in England by the end of this Parliament. This was going to be challenging even before the pandemic, with a high number of vacancies and a workforce that felt undervalued, unrewarded and where one in three were nearing retirement age.

Due to the experiences and hardships felt across the profession during the pandemic, we now risk even more nurses leaving the profession and more potential nurses being deterred from joining. This only makes the 50,000 new nurses commitment more challenging. This is further compounded by the potential impacts of Brexit which could encourage some internationally trained nurses to leave the UK and deter others from coming here to work.

To get more people into the nursing degree and successfully graduating in England, the Government must provide appropriate support both on entering and throughout the degree. They must also demonstrate that the nursing profession is valued by widening this support to those who have missed out due to the removal of the old funding model. Therefore, with immediate effect, the Government needs to:

- reimburse tuition fees or forgive current debt for all nursing, midwifery, and allied health care students impacted by the removal of the bursary

- abolish self-funded tuition fees for all nursing, midwifery, and allied health care students starting in 2020/21 and beyond
- introduce universal, living maintenance grants that reflect actual student need.

Back in 2018, we informed the Government that the new funding model was deterring potential applicants and quick action was needed. We presented two student funding models that would increase the number of nurses entering the profession.

Following the continuing decline in nursing degree applicants, the Government announced earlier this year an annual maintenance grant of between £5,000 and £8,000 per student from this September. While this is a step in the right direction, this simply does not go far enough. While applicant numbers have risen for the coming cohort a much larger increase is needed. The Government should be aiming for a significant oversupply of nurses given both current workforce vacancies and future patient need.

As it takes three years to train a nurse through the normal university route, the Government must act quickly to eliminate the prospect of debt that deters so many prospective nursing students and deliver the large and sustained increases in workforce supply in England we so desperately need.

Our modelling, undertaken by London Economics, shows that moving to means-tested maintenance grants plus non-means-tested tuition fee grants provides 850 extra qualified nurses entering the NHS post-graduation each year and brings a net benefit to the exchequer of £132 million by reducing the reliance on bank and agency staff in publicly funded services.

Moving to maintenance grants, plus forgivable tuition fee loans written off in chunks at three, seven and 10 years after a student graduates, provides 650 extra qualified nurses to enter the NHS post-graduation each year and a net extra benefit of £172 million, achieved through a reduced reliance on bank and agency staff in publicly funded services.

These models demonstrate the level of funding required to increase the number of applicants to the nursing degree. The prospect of debt is a clear disincentive to people studying nursing which must be rectified. However, additional interventions are still required to ensure as many nursing graduates in England as possible, including ensuring there are enough clinical placements and that universities are fully funded for the high cost of teaching nursing.

Background

There is an undersupply of nurses in England

The population is growing, people are living longer, and individuals are more likely to live with multiple long-term health conditions. For people to receive the care they need and deserve, there must be the right number of registered nurses and nursing support staff with the right knowledge, skills and experience.

However, there are nowhere near enough nurses in England. We went into the pandemic with at least 40,000 vacancies in the NHS in Englandⁱⁱ. The number of registered nurses working in social care has dropped by almost 20% since 2012/13, despite increasing demandⁱⁱⁱ and this vacancy gap is set to worsen. One study puts the projected gap in the NHS in England alone at 100,000 by the end of the decade, compounded by the large proportion of nurses approaching retirement age.^{iv}

Research clearly shows that staff shortages increase the safety risk for patients.^v Pressure on the workforce is also exacerbated when vacancy rates increase; which impacts staff retention and risks the workforce further. Nearly a third of nurses in a survey by the Nursing and Midwifery Council (NMC) said they left the profession due to stress caused by having too few staff in their workplace.^{vi}

It is still too early to understand the long-term impact of COVID-19 on our health and care system. However, we do know that the nursing profession has gone above and beyond during this crisis to support and care for patients, and the public recognises this contribution. We also know they feel undervalued after years of working to cover growing staff shortages, and working through a pandemic where supplies of basic protective equipment were often insufficient to stay safe.

The Government must act to minimise the impact of COVID-19 on the nursing profession. We entered the pandemic with

high numbers of vacancies across a workforce in which many are nearing retirement, propped up by agency and bank staff, and supported by an international workforce which may decrease owing to a combination of COVID-19 and Brexit.

“ I’m a married mother of two, I have a mortgage, bills, debt. If I knew I would be living as a newly qualified nurse on £11 an hour and £50,000 worth of debt, the thought frightens me.

Annette, Milton Keynes ”

Current nursing supply policy in England is ineffective

Nursing is a degree profession. In 2017, the Government in England removed the centrally commissioned funding model which paid for students to study nursing, as they felt it placed an artificial cap on the number of students that could study. It was replaced by the new market-led model, whereby nursing students no longer receive a bursary to support their living costs and have to self-fund their studies. The intention of this policy was specifically stated at the time: an increase in nursing supply.

However, the new model has failed to increase the number of people studying nursing: both the number of applicants and the number of people on courses have declined. The number of people applying for nursing courses is 31% lower in the most recent cycle than at the same time in 2016/17 (the final year of the old funding model). And the number of people accepted onto places has fallen by 4.1%.^{vii}

Increased debt is a disincentive to studying nursing

Nursing students are limited in their ability to take on part-time paid employment compared to other students, due to the length of their courses (50% longer), and the total number of hours required learning the theory and on placement to obtain registration (1,000 extra hours).¹

When we surveyed 17,000 of our members in 2016 following the announcement of the funding reform, two-thirds of those either studying or who had studied nursing said that they would not have done so if they had had to take out student loans and pay tuition fees (this rises to 85% for those who were aged over 26 when studying).

Many members saw the previous student funding model as recognition of the social value of nursing. Others described how they could never have taken on debt to study given their own caring responsibilities. This report gives a small glimpse into the financial difficulties faced by this group and the importance and positive impact of funding for nursing students.

Since our *Fund our Future* report in 2018, the Government has announced that all nursing students in England will receive annual living grants of £5,000 to £8,000 from September 2020. While this provides some immediate support with living costs for this group, these grants do not address the biggest barrier preventing people from studying nursing: the prospect of a lifetime's worth of debt. Even with the new living grants, nursing students must graduate with at least £27,750 of debt to pay off. This will not incentivise greater numbers from a wide range of backgrounds to choose nursing.

The UK economy is likely to suffer the worst economic damage from COVID-19 among rich countries^{viii}. Individuals could understandably seek financial security in these extraordinary times and an aversion to debt could have even more impact as people plan their futures. We want anyone who is passionate and able to be supported to choose nursing as a career.

“ Without the NHS bursary, I would not have been able to even contemplate pursuing a career in nursing. With two children to support, a house to maintain and general living expenses, it would have been impossible to manage without this financial support. I would not have set out on this career change if it meant that I would be in much more debt from the loans company.

Brooke, Bradford ”

¹ The average nursing student studies for 45 weeks a year vs. 30 weeks for a regular bachelor's degree. And the total number of hours for a nursing degree is 4,600 vs. 3,600 for a regular bachelor's.

“ I have wanted to join the nursing profession since I was a child. This is going to sound so cliché, but I’ve always had a caring nature and have always had an interest in medicine and still do. I had various health issues growing up which meant I was in and out of hospital, and I was always really interested in what the nurses were doing around me. It seemed like the perfect job for me, caring for people and satisfying my interest in medicine and science. I am also really interested in the various specialties you can go into later down the line.

However, the prospect of a large amount of debt and my previous experience of working in domiciliary care where I received little support for my disabilities, have basically crushed my dreams of becoming a registered nurse.

I’m severely dyslexic. I need to use assistive technology in order to write and read and need extra time to complete assignments and exams. As a student with disabilities, my studying costs are substantially higher due to having to pay for assistive technology and other support. There are grants available however it can take up to six or more months after you begin your course for the money to actually reach you. I would therefore have to shoulder the additional costs.

Due to the extra time I need to study I wouldn’t be able to hold down a second job to help cover expenses. I’m scared that I would become locked in a cycle of debt due to the low wages and the number of student loans I would have to take on. I don’t think I could cope with the stress of it all. The pressure of studying, being on placement and having to manage student debt would just be too much.

I believe having a disability yourself makes you a better health care professional, as there are certain things that you cannot learn from textbooks or in a lecture. Living with a disability every day teaches you so much and gives you so much insight and empathy towards others. I understand how to communicate with people during difficult times, how to treat them with dignity and how to help them move forward in their lives even when facing a devastating diagnosis. If tuition fees were covered and I could be guaranteed support for my dyslexia on placement and later down the line in employment, I would absolutely apply to study degree level nursing. I would sign up today!

Sarah²

”

²Names have been changed to protect the anonymity of the participants.

Investing in domestic supply

We will never know just how many prospective nurses in England we have lost due to debt aversion arising from the bursary removal in 2017. However, the Government can act now to ensure no one in the future is deterred from this profession due to financial barriers. It is clear that students must be incentivised and supported to choose the nursing degree, as part of a credible Government strategy to significantly increase supply. In 2018, we commissioned the development of two potential funding models, to illustrate the level of investment needed.

Since then, due to the Office for National Statistics (ONS) accounting changes, these funding options now have less impact on the deficit but still deliver the same results.³ We have updated our funding models to reflect this, as well as including the number of additional “nursing years” generated by each option, clearly showing the benefit each extra nurse can add.

Replacing the bursary with a market-led loans system back in 2017 had the effect of significantly reducing short-term government expenditure and as a result the Government deficit. However now, post the ONS accounting revision in 2019, the proportion of the loan expected to be written off is treated as expenditure when the loan is given, not 30 years later. Loans now have a large negative impact on the deficit, and interest is accruable

only on the proportion of the student loan expected to be repaid, rather than on the whole loan, reducing projected income.⁴

As 45% of the student loan is now counted as upfront government expenditure, the additional impact of converting loans to grants on the deficit is much smaller than when we first presented the options. Under the new ONS accounting rules, the current system of student loans results in a £433m deficit impact. Converting all loans to grants would now only result in an additional £310 million impact on the deficit – compared to the £797 million deficit impact of the same option under the previous accounting system.

Introducing non-means-tested maintenance grants and tuition fee loan forgiveness would now only result in an additional £245 million impact on the deficit – compared to the £469 million deficit impact of the same option under the previous accounting system.

For ease of reference and transparency, in the updated options below we continue to use the same cohort size of 16,020 from 2016/17 as a baseline.

Our figures use the NHS as a reference point as this is where there is the most data available. However, an increase in graduates will benefit the entirety of the health and care system.

³ A ruling by the Office of National Statistics (ONS) in 2019 changed how the Government must treat student loans in its accounts: it must treat the portion that was to be written off in 30 years as current government spending. This means that the Government must treat student loan spending in much the same way it does for other government spending such as on benefits or the NHS.

⁴ When we first presented these options, under the pre-ONS guidance change, in Government accounting terms, grants were counted as expenditure and interest accruable on loans as income. This meant that the proportion of the loans that was expected to be written off (ie, the RAB charge), which is 45% in this modelling, was not counted as expenditure. The actual amount written off was only counted as expenditure 30 years later at the end of the repayment period.

Option 1: Moving to means-tested maintenance grants plus non-means-tested tuition fee grants

Under this option, students receive up front funding for tuition fees as a grant and all students receive a means-tested maintenance grant of the same value they would currently receive under the loan model. This could be up to £20,252 for each student per year, depending on where someone lives in England and whether they live at home. This has been estimated to *conservatively* result in:

- an 8.5% (1080) increase in the number of new graduates per cohort generated by the funding alone; of which
- 850 extra qualified nurses entering the NHS post-graduation
- an additional 4,790 NHS ‘nursing years’ in the decade post-graduation – part of

the new total of 61,020 total years of NHS service per cohort

- a benefit to the exchequer of £132 million achieved through a reduced reliance on bank and agency staff in publicly funded services as there are more staff available.⁵

The total impact on the deficit during the period of study would be £743 million; this is a net £310 million extra over the current student funding model. This is approximately £100-110 million per year during the period of study. However, in 2018, before the ONS changes, this figure would have been approx. £250m-£280 million per year during the period of study. Therefore, the impact on the deficit has reduced *substantially* (by approx. £140-£170 million) per year compared to when we first presented these models.

The total additional cost to the exchequer over the lifetime of the cohort is £403 million per cohort compared to the current funding model.

“As far back as I can remember I’ve had a desire to one day become a registered nurse. For me I feel there is no other career. This is the only role where I can truly pursue my passion to help others that has the opportunities for ongoing development, both personally and professionally.

I currently hold an assistant practitioner level 5 foundation degree, which I need to top up to become a registered nurse. However, knowing that I’d have a large amount of money to pay off is very unsettling thought. I have tried and tried with multiple trusts that I have worked for to APEL [Accreditation of Prior Experiential Learning] into university and have a trust funded place to complete my degree and become a nurse to no avail. I would definitely apply to study nursing at university if my fees were covered. My future opportunities would become limitless, and I could set an example for my daughter, to relentlessly work to achieve what you really love doing.

I don’t know what would happen if I cannot become a registered nurse because it’s all I’ve ever wanted to do. I don’t know how I would get the same sense of accomplishment from helping, supporting and rehabilitating patients in any other role, or the same sense of purpose. I cannot imagine doing anything else.

Olivia

⁵ All costs are in net present value terms and constant 2017/18 prices. Net present value is a way of understanding future benefits in today’s money.

Option 2 – Maintenance grants, plus forgivable tuition fee loans – written off in chunks at three, seven and 10 years after student graduates

Under this option, students would receive a non-means tested £10,000 maintenance grant towards their living costs each year. Nursing students would also be able to take out a tuition fee loan. However, this loan would be forgiven in return for working in publicly funded health and care services after graduation.

The loan would be written off in chunks: the first 30% after three years, the next 40% after seven years and the full amount wiped at 10 years. This incentivises graduate nurses to stay working in publicly funded services and would support students to complete their degree through to graduation. This has been estimated to conservatively result in:

- **6.3% increase** in the number of new graduates per cohort (830 graduates for this cohort size of 16,020); of which
- **650 extra qualified nurses** enter the NHS post-graduation

- an additional **6,850 extra ‘nursing years’** in publicly funded services in the decade post-graduation – part of a total of **63,080 total years** of NHS service per cohort
- a net extra benefit of **£172 million** (out of a total benefit of **£1,717 million**), achieved through a reduced reliance on bank and agency staff in publicly funded services.

The total impact on the deficit during the period of study would be £678 million; this is a net £245 million extra over the current student funding model. This is approximately £70-90 million less per year during the period of study. Before the ONS reforms this figure would have been approximately £150m-175 million per year during the period of study. Therefore, the impact on the deficit has reduced substantially (by approx. £80-85 million) per year compared to when we first presented these models.

The total cost to the exchequer over the lifetime of the cohort's loan is £595 million, or an additional £298 million per cohort over the current funding model.

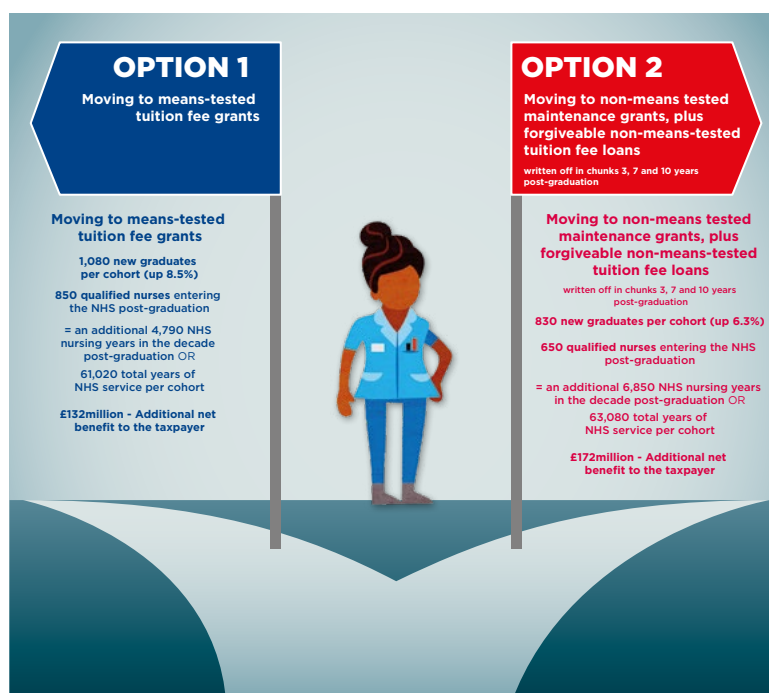
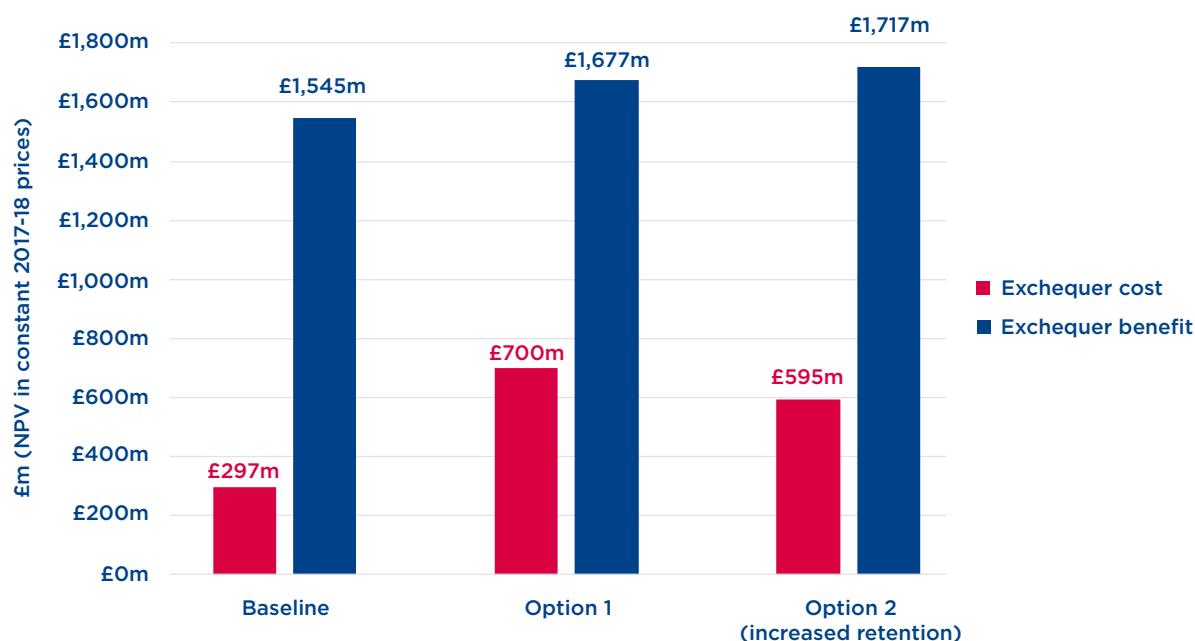
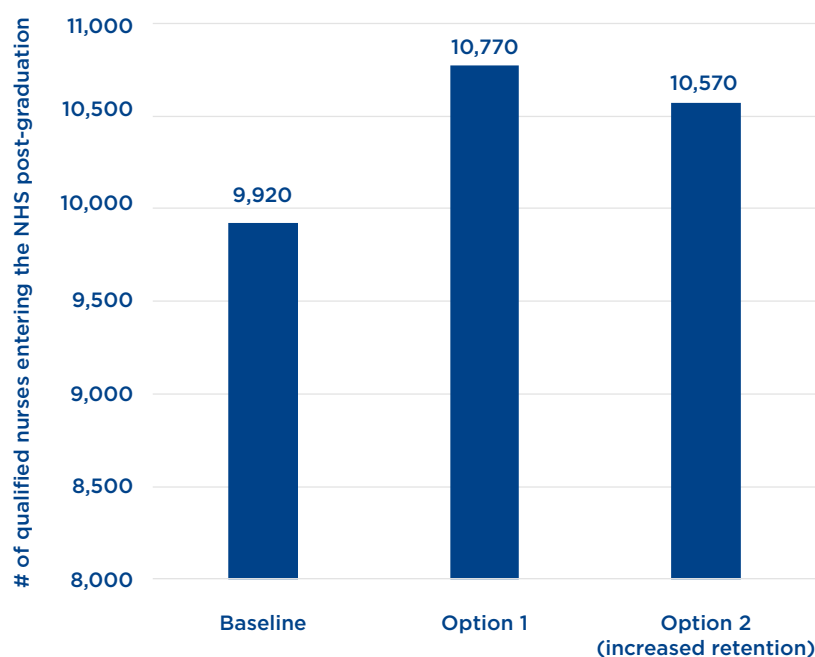


Figure 1
Exchequer costs and benefits (per cohort) across alternative funding options



Note: All values have been discounted to net present values (using standard HMT Green Book discount rates), and are presented in constant 2017/18 prices. Source: London Economics' analysis

Figure 2
Comparison of number of nurses entering employment in the NHS post-graduation (per cohort) across alternative funding options



“ I was previously working as a dementia support worker, which was rewarding but frustrating due to the lack of progression available. Following this I secured a role as an HCA [health care assistant] in general practice, allowing me to enter my dream profession. Working as an HCA has enabled me to develop confidence in my own ability, which has then led to me exploring the idea of becoming a registered nurse.

I have always wanted to be a nurse but was never confident enough to go for it. I suffered with very low self-esteem for many years. I love helping people to learn more about looking after themselves and each other and am fascinated by the human body and its healing processes. But most of all I love looking after people.

However, I feel that the debt required to become a registered nurse would cause me great stress. I cannot see how I would be able to earn any money while studying, so as well as the large amount of debt from tuition fees, there would also be living costs. We could not live off my partner's income alone.

My future in health and care is now capped because I either continue as an HCA, where I don't need to get into debt but also remain on a low wage and don't get to develop and progress or take on massive amounts of debt to become a registered nurse. If tuition fees for nursing degrees were covered, I would without a doubt apply to study at university. This would enable me to develop and learn much more than I am at present and would allow me to earn more money in time, which would provide a better life for my son.

If I cannot become a registered nurse, I will probably have to find another job that pays more. I have a degree and lots of other courses, so it would not be difficult to find an alternative. However, I am passionate about nursing, and it would be with a heavy heart that I would do something else. I feel that the day I leave it is the day I lose part of my identity. ”

Rachael

Table 1
Alternative funding options to support the nursing workforce (impact per cohort)

	Baseline	Option 1		Option 2	
	Loans only	Grants only		£10k maintenance grant + <i>Forgivable</i> fee loan	
Maintenance loan	£6,538 ^[4]	-		-	
Maintenance grant	-	£6,538 ^[6]		£10,000 ^[8]	
Fee loan	£9,101 ^[5]	-		£9,101 ^[9]	
Fee grant	-	£9,110 ^[7]		-	
Cost	£297m	£700m		£595m	
Benefit ^[1]	£1,545m	£1,677m		£1,717m	
Start degree	16,020	17,390	+1,370	17,070	+1,050
Complete degree	12,690	13,770	+1,080	13,520	+830
Enter NHS ^[2]	9,920	10,770	+850	10,570	+650
Years of NHS service ^[3]	56,230	61,020	+4,790	63,080	+6,850

Notes: [1] 10-year horizon, assuming 20.8% non-completion, 78.2% NHS uptake and 10.7% annual attrition rate, with corresponding reduction in reliance on Agency/Bank staff. [2] Assumed NHS uptake rate of 78.2%. [3] Assumed attrition rate of 10.7% per annum across all scenarios/options. [4] Current maintenance loans are means tested and depend on location of study. The average maintenance loan stands at £6,538 per annum. [5] Tuition fee loans are not means tested, with the average loan – net of bursaries – standing at £9,101 per annum. [6] Assumed that maintenance grants are means tested using same assumptions as current means tested loans, with average grant of £6,538 per student per annum. [7] Assumed that tuition fee grants are non-means tested and no fee bursaries apply, resulting in average tuition fee (grant) of £9,110 per annum. [8] Maintenance grant of £10,000 assumed to be non-means tested. [9] Tuition fee loan of £9,101 per annum – with 30%/70%/100% of outstanding balance forgivable after 3/7/10 years, respectively. Loan assumed to result in 1 percentage point reduction in attrition rate amongst NHS substantive staff per annum (ie, 9.7% instead of 10.7% per annum) over the 10-year time horizon.

MG = Maintenance grants. Additional number of nurses starting and completing a degree, entering the NHS and years in NHS service presented in italics. All aggregate monetary values (in terms of Exchequer impact) have been discounted to net present values (using standard HMT Green Book discount rates), and are presented in constant 2017/18 prices. # of nurses are rounded to the nearest 5.

Source: London Economics' analysis

What the Government must do to increase the nursing workforce supply in England

The Government must reform the way nursing higher education is funded. It takes three years to train a registered nurse through the undergraduate degree, and we have already reached the deadline for 2020 applications. Therefore, the Government must act quickly to:

- reimburse tuition fees or forgive current debt for all nursing, midwifery, and allied health care students impacted by the removal of the bursary
- abolish self-funded tuition fees for all nursing, midwifery, and allied health care students starting in 2020/21 and beyond
- introduce universal, living maintenance grants that reflect actual student need.

Funding for nursing students should include tuition fee relief and maintenance support for all undergraduate and postgraduate preregistration nursing students, regardless of commencement date or field of study.

Addressing field specific crises, such as in learning disability or mental health, must be achieved through measures which complement a significant increase in the investment in overall supply, otherwise there is a risk of just moving the finite pool of new graduates from one field of nursing to another.

Universal maintenance grants should reflect actual student needs. This training to become a nurse is time intensive. While a regular undergraduate degree takes 3,600 hours over the three years, to become a registered nurse takes at least 4,600 hours, with half of that time spent learning theory and half in clinical placements. This severely limits their ability to take on part-time work. Clinical placements can also be in a range of locations and students are required to cover travel costs upfront.

There should also be easy access to hardship funding for those who meet the minimum entry requirements but through socioeconomic disadvantages are financially unable to study at degree level.

While investing in nursing education is the most effective route to a sustained increase in supply in the nursing workforce in England, additional intervention is also required. If the Government is to reach its commitment of 50,000 extra nurses by the end of this Parliament and go any way to guaranteeing safe and effective care for all patients, all possible levers need to be utilised, both in the short and long term. The Government therefore also needs to:

1. produce a workforce strategy for the long-term supply and growth of the health and social care workforce, which identifies through robust data modelling how many nurses are needed in England based on the delivery of the planned health and care service to meet the needs of the population
2. develop options that can unlock additional university places, ensuring that the number of places available supports the upcoming population need, so all patients can get the safe and effective care they deserve. This includes ensuring enough capacity for clinical placements to allow a large expansion in university places
3. develop a cross-agency and cross-stakeholder mandated collection of nursing student data, that is at least available to all health and care institutions, research organisations and professional bodies. Gaps in the design, collection and dissemination of data severely hampers efforts to understand issues and develop effective policy solutions

4. work to understand the changes required to utilise other routes into nursing to increase nursing supply, such as apprenticeships and the postgraduate degree
5. introduce legislation which provides clear roles, responsibilities and accountability for workforce planning and supply, at all layers of decision making throughout the health and care system across England.



“ Although I have wanted to become a nurse for over 10yrs, becoming a nurse was not an easy decision to make, mainly because I have taken on an £8,000 loan to pay for childcare cost while I train. On balance we felt that this cost was an investment in our family’s future and therefore I went ahead. However, if that loan debt had been £24,000 for fees plus £8,000 for childcare totalling £32,000 worth of debt, I would most certainly not have opted for a nursing career.

Not because I would have been less passionate, less motivated or less focused on a career path that would mean caring for children and their families at the hardest of times but because I simply could not justify such a debt when in a few years’ time my own children will need to be funded through their university degree. ”

Natalie, Stockport

Frequently asked questions about increasing supply

Why doesn't the health and care system recruit international nurses to solve supply problems?

International recruitment alone does not constitute a viable long-term workforce strategy. Instead, international recruitment needs to form one strand of a wider workforce plan. We absolutely value our international colleagues, and the UK must remain attractive and accessible to those who want to come here. However, the only way to secure the workforce on a large scale is through domestic supply. Brexit and the impact of COVID-19 are also creating uncertainties in patterns of immigration, not to mention the care needs of global populations, heightening the importance of securing domestic supply.

Won't the new nursing associate role fill the workforce gap?

Getting the right skill mix in a health and care setting is essential and there are a range of roles to play in staffing for safe and effective care. The nursing associate role is a valued part of the nursing staff skill mix. However, the nursing associate role has been designed for a distinct scope of practice and they should never be seen as a substitute for registered nurses.

Why does the universal maintenance grant need to be larger?

We know the power that financial incentives have on attracting people to study nursing. When the Scottish Government announced an increase to the student bursary to £10,000 by 2020-21: this led to a 9% boost in the number of students applying to nursing courses in 2019.^{ix}

Nursing students are unique. They must undertake a minimum of 4,600 hours of theory and placement learning over the course of their degree and study for 45

weeks a year. This is compared to an average bachelor's degree, where a student typically undertakes 3,600 hours over the course of their degree and studies for 30 weeks a year.

Nursing students must spend 50% of their time in clinical practice and their courses run up to 50% longer than other degrees, which means they have little opportunity to take on part-time work to supplement their income. This leaves many nursing students unable to cover basic living costs while at university, increasing their anxieties and likelihood of dropping out of their degrees. Health Education England's recent RePAIR project investigated what caused the high attrition rate among nursing and found that financial difficulties was one of the biggest contributors.

Can't apprenticeships expand the number of nursing staff?

There has been a focus within the health and care system on expansion of the nursing degree apprenticeship route. Under the current regulation and funding system the apprenticeship degree route will not deliver the urgent number of registered nurses we need in the immediate term.

Further reform would enhance this valuable route into the profession. However, the timeframes involved in both amending regulation and then completing a full nursing degree apprenticeship means that the traditional university route remains the fastest way to train the necessary number of nurses at the scale and pace required.

Could universities lower entry standards to increase acceptances?

Universities have a responsibility to take on students who will meet the right mix of skills to practice safely upon graduation. The key is to incentivise and support the right number of skilled applicants.

Registered nurses require higher level skills and knowledge, including critical thinking, leadership, political awareness, entrepreneurialism, research skills, access to evidence and the ability to critically evaluate and use evidence in practice to enable improvements in care.^x Nurses increasingly take on system leadership roles and will have a role to play as system wide planners and co-ordinators to move patients from acute to community settings.

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 registered nurse has changed, and nurses require graduate attributes in order to manage the complexities of modern health and care ^{xi} and the increasingly complex and multifaceted clinical role of the nurse.^{xii}

They need to lead practice with clinical skills which require higher level appraisal and decision making, critical analysis of processes and evidence, supervision and education through analytical, evaluative communication skills which assess and appraise development of a culture of learning and education for patients and staff. It is only through high quality graduates that these outcomes can be guaranteed.

Universities have a responsibility to take on students who will meet the right mix of skills to practice safely upon graduation. The key is to incentivise and support the right number of skilled applicants.



References and further information

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

020 7409 3333

July 2020
Publication code 009 319