

Royal College of Nursing response to Office for Students' *Consultation on implementing savings in academic years 2019-20 and 2020-21*

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.

Summary of overall RCN response

The RCN does not agree with the proposals to cut teaching grants due to the potential negative impacts on the future nursing workforce, which is already in crisis.

Our specific concerns are:

- Nursing courses are high cost and these costs keep increasing. The teaching grant funding provided by the Office for Students (OfS) is vital for the financial viability of nursing courses throughout the country. Reducing any level of overall grant funding will potentially affect the ability of universities throughout England to offer these courses. This in turn could then severely undermine efforts to reach the Government's commitment of 50,000 extra nurses by 2025.
- Any closure of courses could threaten the essential geographic spread of all nursing courses across England, particularly worrying for nursing as we have a higher proportion of mature students who are less likely to be able to move away from home. The closure of courses across England also risks worsening the sector specific crises playing out in mental health and learning disability courses.
- We are also concerned that these measures could harm the viability of any midwifery or allied health courses given the necessity of all health professions to providing the workforce for safe and effective care.

To support the much-needed nursing workforce increase, and to support the Government's commitment of 50,000 additional nurses by 2025, the RCN is calling for:

- In England, a costed and funded workforce strategy with short- and long-term solutions for health and care workforce supply, recruitment and retention based on population need.

We cannot say conclusively in this response what the exact level that the teaching grants should be. This can only come from an assessment of the funding and planning needs of every organisation involved in the supply of new graduate nurses.

- Clear legal duties and accountability for all those who contribute to workforce supply and planning.

Question 1: To what extent do you agree with our proposed approach to securing savings in the academic year 2019-20?

The OfS has proposed to achieve the full necessary funding savings for the 2019-20 academic year through currently uncommitted funds.

RCN response

It is unclear from this proposal as to whether nursing courses would be affected given the OfS states that they can recoup the loss in grant through uncommitted funds. However, we would disagree if the OfS decided that it had to ensure savings for this academic year on a pro-rata basis through the 2019-20 grants for all providers, including nursing, as it suggests may happen.

Question 2: To what extent do you agree with our proposed approach to securing savings in the academic year 2020-21?

The OfS proposes to make around £70m savings in the 2020-21 academic year through the following:

- To reduce funding for national facilities and regulatory initiatives as far as possible, primarily to reflect a review of the contributions made towards Jisc and to reduce the budget for challenge competitions. Expected saving: £15 million to £20 million.
- To maintain funding for NCOP at existing levels, but to recover funding from partnerships in the event that they underspend against their allocations. Expected saving: £0.
- To make additional budget provision within recurrent funding for providers in a small number of high-cost and high-priority areas – primarily to reflect additional students on preregistration courses in medicine, nursing, midwifery and allied health professions. Expected cost: £9 million to £12 million.
- To maintain the current level of funding for the specialist institution targeted allocation. Expected saving: £0.
- To make all other elements of recurrent grant for providers subject to a broadly uniform reduction, which we expect to be around 6 per cent. In practice, we expect the overall reduction to the high-cost subject funding budget to be around 3 per cent, because of provision we will make for the additional student numbers in medicine and health disciplines. Expected saving: £59 million to £67 million.

RCN response

We strongly disagree with the proposals to decrease the overall funding level and the high-cost subject funding grant in particular.

Instead, we believe that the amount of funding should be in line with an overall funding package based on a population-based needs' assessment of future demand and a strategic approach to fund new supply to meet that demand.

The healthcare education funding reforms of 2016

There is currently a nursing workforce vacancy crisis in England, with more than 43,000 nursing vacancies in the NHS in England alone.ⁱ The most effective way to grow our nursing workforce at the scale and pace necessary to begin to fix this crisis is through the university nursing degree.

The 2016 healthcare higher education funding reforms are not delivering their objective. The argument put forward at the time was that the old model limited the rate of growth because it tied the number of nursing places to the amount of training budget the NHS had each year.

The idea of the funding reforms was to remove this 'artificial cap' on the number of available places, as previously the number was arbitrarily set by the amount of funding provided by Government. The reforms would therefore give as many people who wanted to study nursing the opportunity to do so.

The reforms are not meeting their stated intent: the number of people accepted onto courses through the UCAS route in 2019 was 19,195. This is 4% lower than the number for 2016, in which 19,990 people were accepted onto courses.ⁱⁱ

At the same time, the total number of applicants to nursing courses through the UCAS route in 2019 was 31,450. This is 31% lower than the figure in 2016, the final bursary year, where there were 45,600 applicants to nursing courses.

The RCN calls for the removal of the current funding system in which students have to pay their fees to enable the necessary growth in the nursing workforce supply in England.

These proposed funding cuts risk worsening the current supply issues and undermining future growth targets

The underlying logic of a market-based system is that the provision of nursing courses must be financially viable to ensure growth in the supply of places. Nursing courses are subject to costs that are over and above what is provided for by students' fees.

The high cost teaching grant remains essential given increasing costs. These new costs include the extra expense necessary to meet the new Nursing and Midwifery (NMC) education standards, due to come into force from September 2020, which place a requirement on academic staff to have a greater role in the oversight of clinical assessments. We anticipate that the current staff to student ratio will not be sufficient to meet these new requirements and more staff will therefore be required.

Increased costs such as this are making running nursing courses unattractive for many universities. The potential effects of the proposed reduction in teaching grants

range from the scaling back of courses through hiring freezes, a reduction in the quality of courses offered as faculties will be unable to procure the latest equipment or to make capital upgrades, to some closing courses altogether.

This Government has made a clear and ambitious commitment to achieving 50,000 more nurses by 2025. The university undergraduate supply route is the way to begin to meet this target as it is the only way to create new graduates at the necessary scale and pace.

The OfS has a critical role to play in this process by making sure that universities have the necessary financial incentives to offer student places. It is within this context that the decision to reduce the teaching grant and its potential effects must be considered and why we strongly disagree with the proposal.

Question 3: Do you have any comments about any unintended consequences of these proposals, for example, for particular types of provider or for particular types of student?

As we outline above, these proposals are likely to undermine the Government's commitments for an additional 50,000 nurses in England by 2025 and the broader commitments of both the NHS Long Term Plan and the needs of the health and care sector in England.

A higher proportion of nursing students compared to the general student population are mature students. Research shows that mature students are much more likely to live at home when studying and are much more likely than 18-year olds to choose to study somewhere with a shorter commute. ⁱⁱⁱ

Therefore, it is essential that there are many universities that offer nursing courses spread across England to ensure that everyone can attend one near to home should they not be able to move to a different part of the country.

There could be a disproportionate effect of universities closing in some areas of the country where potential nursing students have few or no other options to study. Given the propensity of mature students to want to study close to home, these potential nurses are less likely to be able to attend university elsewhere in England. We cannot be deterring anyone who wants to become a nurse from studying.

There is also a risk that these proposals will exacerbate the field specific crises in mental health and learning disability nursing. Since 2009, the number of people working in learning disability nursing has reduced by 41% and the mental health nursing workforce has reduced by 8%. ^{iv}

From 2016 to 2019, our research has uncovered that the number of applicants to mental health nursing courses has dropped from 10,265 to 7,170 (a 30.15% decrease) and applicants to learning disability nursing has dropped from 1,350 to 745 (a 44.81% decrease). ^v Decreases in funding may make these courses unattractive to university administrations, something we are aware of anecdotal evidence of, thus worsening the workforce crisis.

Question 4: Do you have any comments about the potential impact of these proposals on individuals on the basis of their protected characteristics?

We have highlighted some potential impacts on students by age in the section above. It is important here to highlight the vital importance that a diverse student population and workforce plays in nursing care.

In the context of providing care to increasingly diverse communities, in preventing ill-health, in the management of long-term conditions and in approaches to managing end of life care, it is essential that nurses are drawn from the widest possible pool of talent and use their cultural capital to deliver world-class care.

There are several social factors that nurses need to acknowledge, which include language, religion, faith or belief, sexual orientation, disability and ethnicity amongst other factors. Increasing the diversity of nurses' backgrounds enables the delivery of great patient care by narrowing these cultural gaps. This is particularly important in the context of stagnating progress in reducing and eliminating health inequalities.

The presence of a diverse nursing workforce, that is representative at all levels, can create and shape new nursing practices that tackle stigmatising and stereotypical beliefs around ethnicity. Tackling this stigma and stereotyping will improve the overall effectiveness of initiatives to reduce health inequalities.

We would therefore expect to see detailed consideration of these issues as part of the planned OfS' consultation on the wider methodology for funding in April. Any proposed changes should be accompanied by a detailed equality and diversity impact assessment.

Question 5: Do you have any other comments on the proposals?

The guidance letter from the Department of Education asks OfS to protect funding for high costs subjects. However, in the RCN's view this has not been adhered to, as the OfS proposals to cut the teaching grants for high cost subjects goes against this.

These proposals are symptomatic of a lack of joined up approach to the planning and funding of new graduate nurse supply. There is currently a lack of clarity on roles, responsibilities and accountabilities related to the health and care workforce in England. This has resulted in fragmented and incomplete approaches to workforce strategy and planning, and these elements are often missing from individual strategies produced within the health and care system on specific aspects, as we can see here from the OfS proposals.

This is why the RCN is calling for accountability for workforce planning and supply in law at all levels of the health and care system in England and a costed and funded workforce strategy, based on population need, with short- and long-term solutions for health and care workforce supply, recruitment and retention.

Finally, we are also concerned that this consultation is not written in accessible and clear language about the proposed reductions. It is essential that critically important proposals such as this are written in accessible language to ensure robust and good-faith stakeholder engagement.

For further information, please contact:

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ⁱ NHS Digital, Vacancy Figures [available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey>]

ⁱⁱ This is based on RCN analysis of bespoke data purchased from UCAS.

ⁱⁱⁱ UCAS, Admissions patterns for mature applicants 2017 cycle, [available at <https://www.ucas.com/file/175936/download?token=UVSBJLVD>]

^{iv} NHS Digital, Vacancy Figures [available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey>]

^v This is based on RCN analysis of bespoke data purchased from UCAS.