

Briefing: The training of nurses in the UK (Richard Drax MP, South Dorset), Wednesday 5 September 2018

Summary

- **The growth of the nursing workforce in the UK has failed to keep pace with rising patient need and changing population demographics.** In the NHS in England, there are approximately 40,000 nursing vacanciesⁱ, while in Scotland and Northern Ireland vacancy rates are 4.5%ⁱⁱ and 6.9%ⁱⁱⁱ. In Wales, although national vacancy rates are not collected and published, the high spend on agency nursing demonstrates a need for additional nurses. For the first time ever in the UK, more nurses are leaving the register than entering it.^{iv}
- **Ensuring that the right number of registered nurses with the right knowledge, skills and experience are in the right place at the right time is paramount for patient safety.** The evidence is clear that sufficient levels of registered nurses deliver safer care with improved patient outcomes.^v
- **However, the UK as a whole is not educating enough registered nurses to meet current and future population need.** Acceptances to nursing courses dropped by two per cent across the four countries between 2017 and 2018, and there has been a six per cent drop since 2016.^{vi}
- **The reforms to undergraduate nursing education in England have failed to increase the number of nursing students.** The UK Government committed to monitor and evaluate the effects of the student funding reforms in England. Recent data shows that the number of nursing students accepted onto nursing courses has fallen in England by a further four per cent in the last year, and nine per cent since student funding was removed in 2016.^{vii} Mature nursing students have decreased by 15 per cent.^{viii} This means the UK Government has fallen further behind its target of 10,000 extra nurses and allied health care professionals taking up placements in England by 2020.
- **This will leave specialist areas such as learning disability and mental health nursing, worst hit by the wider staffing crisis,** struggling to recruit as mature students are likely to choose these specialties. This is further compounded by the decision to delay the introduction of the “golden hellos” incentive for postgraduate nursing students in England; another lost opportunity to attract prospective students.
- **It is clear that UK Government must take decisive action to address the shortfall in England** and we have made a number of recommendations on policy incentives to increase the supply of student nurses.
- A high-quality, supportive learning environment is vital to ensuring nursing students are equipped with the skills and knowledge required to join the nursing registrar. Supernumerary status for nursing students is a crucial tenant of nursing education. We firmly believe that **any compromise of supernumerary status for nursing students would fundamentally compromise patient safety** as well as undermine nursing students’ learning.
- **Access to, and investment in continuous professional development (CPD) is vital for nursing staff,** particularly for registered nurse assessors and mentors who support nursing students. Cuts to CPD budgets and incoherent provision of training across the UK is having a significant impact on the recruitment and retention of nursing staff. It may also undermine the implementation of the Nursing and Midwifery Council’s new standards for pre-registration nursing students which prepare the future nursing workforce for changing population needs.
- **Each country in the UK must have a credible funded health and care workforce strategy to address systemic workforce shortages.** This should be supported by primary legislation which clarifies Government, national and local accountability for nurse staffing for safe and effective care in all health and care settings. The provision of any health and care service must ensure patient safety is paramount and underpinned by a robust local workforce plan. Legislation on staffing is currently at different stages, with primary legislation introduced in Wales and currently being developed in Scotland. In England and Northern Ireland, there remain no plans to introduce legislation related to workforce to deliver safe and effective patient care.

The current picture and solutions to increase the future supply of nurses in the UK

Entry routes into the nursing workforce

The fastest and most effective route into registered nursing in the UK is through higher education. There are two established routes onto the nursing register from higher education, also known as pre-registration training:

- The three-year undergraduate university nursing degree.
- The two-year postgraduate degree/diploma route for students who already have a degree in another subject and wish to train as a nurse. These courses are available in England, Wales and Scotland.

Nursing students attend university but spend 50% of their time in practice placements, where they are protected as a learner through their supernumerary status. This means that they must not be counted in the numbers of staff on duty. The introduction of the supernumerary status was designed to give student nurses the opportunity to get involved in practice, to develop their learning and understand their professional responsibilities. Prior to supernumerary status, student nurses were seen as part of the workforce, therefore missing out on the ability to learn required competencies to deliver safe and effective care.

New routes into nursing in England

In England, the UK Government is prioritising new routes into nursing such as the nursing associate and nursing degree apprenticeship. However, the apprenticeship route is not currently providing the 1,000 new nursing apprentices per year as intended, and does not currently present a solution to the nursing workforce crisis. It will take a nurse apprentice four years to become a registered nurse compared to the undergraduate route, which takes three years.

The nursing associate is a support role and should not be used as a substitute for registered nurses. Research is clear: diluting and substituting the registered nursing workforce with nursing support workers has potentially life-threatening consequences for patients.^{ix} Although the plan is for progression routes to allow nursing associates to become registered nurses^x, in total it would take at least four years to train a registered nurse this way.

Nursing education across the UK

The responsibility for training sufficient numbers of registered nurses lies with the devolved governments in the UK. While bursary arrangements remain in Wales, Scotland and Northern Ireland, the Government in England removed it for undergraduate and postgraduate pre-registration nursing students and replaced it with a loans based system. The overall number of nurses being trained across the UK continues to fall at a time when growth is needed. In the most recent UCAS A Level data from August 2018, acceptances into nursing courses are down six per cent since 2016.^{xi}

In Wales, student numbers are commissioned centrally by Welsh Government. However, from October this will be overseen by a new body, Health Education and Improvement Wales. The full NHS Bursary package will continue to be available in 2019/20 for nursing students who commit in advance to work in Wales for up to two years post qualification. The Welsh Government are currently consulting on the future of the NHS Bursary beyond 2019/20. Although the number of commissioned places has increased, there are still known shortages in specialties including district nursing, and community children's nursing.

In Scotland, the Scottish Government decides on the budget for training education and also sets the level of financial assistance nursing students receive. The bursary is still in place for Scottish nursing students. While the Scottish Government's decision to increase training places by 10% for 2018/19 is a step in the right direction, Scotland still needs more nurses. Last year Scotland saw the highest ever rate of nursing vacancies (over 5.2% in June 2017) within the NHS^{xii} and significantly higher levels of nursing vacancies within the care home sector.

In Northern Ireland, the Department of Health decides on the relevant policies and respective budget for nursing education. The NHS Bursary is still in place for Northern Ireland nursing students. While there have been marginal increases in commissioned training places in its Health and Social Care Workforce Strategy, the Department of Health said that growth of the nursing workforce has not kept pace with demand due to a lack of investment in pre-registration nurse training between 2010 and 2015, resulting in a “significant shortfall of nurses and midwives to fill vacancies”.^{xiii}

In England, the Department of Health and Social Care decides on the policies and budget for nursing education. In 2016 the Government in England announced the removal of the NHS Bursary for pre-registration nursing students and replaced it with a loans system. Autumn 2017/18 was the first intake of nursing degree students funded through a loans system.

The impact of introducing tuition fees to undergraduate nursing students in England

The stated policy aim of the reforms to nursing undergraduate education was to increase student numbers and grow the future workforce we desperately need, however this has not happened. By moving nursing students onto loans, Government assumed that opening up higher education to the ‘market’ would increase the number of students. Instead, we have seen applications to nursing courses in England fall by 32% since 2016^{xiv} and there has been a nine per cent decline in the number of people accepted into nursing courses since 2016.^{xv} Our projections suggest at the current rate of student intake, in 2020 we will not have increased the number of new nurses into the workforce as predicted by the Government.

Changes to the nursing student profile

We know that the profile of higher education undergraduate students appears to be changing, with applicants now younger than in previous years. Applications from mature students have been disproportionately affected by the funding reform and this has resulted in a smaller number of mature applicants placed onto nursing programmes. This drop increases pressures on the already existing staff shortages, particularly in learning disability and mental health nursing with cuts of 40.01% (-2,152 full time equivalent) across all learning disabilities settings and 12.2% (-4,940 full time equivalent) across all mental health settings since 2010.^{xvi}

Viability and course provision

Intelligence from RCN regional networks is reporting that Directors of Nursing across England are escalating concerns about course provision. We are concerned with the stark regional variation in course provision for learning disability nursing, particularly the risk of course closures in the south of England which would exacerbate existing regional workforce supply disparities.

Incentives for the higher education route into nursing

Nursing students need bespoke financial support if the UK Government is to meet its commitment to grow the nursing workforce and meet future population demand for health and care services in England. Financial support for living costs to incentivise a wider range of applications could take the form of: **universal grants for students** in recognition of their placements; **means-tested grants** to maintain diversity; and/or **targeted support for parents and carers**. For a local targeted approach, a central fund could be created within the Department of Health and Social Care (DHSC). Employers could access this pot to receive dedicated funding to incentivise and grow the required workforce in their area, for example through tuition fee write off or stipends in recognition of service.

As well as graduates of other subjects, strategic initiatives that target people who already work in the health care system, recognising prior learning and enabling progression to degrees and registration are critically important. Not only might such initiatives – deployed at scale – play a key role in meeting the demand for a clinical workforce, they also widen participation in these professional courses. This is a core mission of higher education, a stated aim of the UK Government and can also bring significant benefits to the diversity and quality of the workforce.

The importance of continuing professional development

CPD enables nurses to develop their careers and progress to roles such as advanced nurse practitioners. Advanced nurse practitioners can work autonomously and lead teams to provide holistic patient care. Nurse-led models of care are untapped potential; investing in such models will help support service transformation, moving care away from acute setting and into the community.

It is crucial that the existing workforce continue to gain the skills required for career progression, and are equipped to mentor and supervise the next generation of registered nurses. The profession recognised the need to raise education standards to ensure new entrants are equipped to manage changing patient need. The new nursing pre-registration standards go live in September 2018. Given the role the existing workforce has in supervising student nurses, a lack of CPD funding presents a risk to their successful implementation.

Across the UK, nurses report that they are struggling to access protected time for mandatory training, as required for career development and/or revalidation.^{xvii} This is compounded by a lack of investment in CPD by Governments across the UK. In England, the Health Education England (HEE) budget for 'workforce development', which is used for CPD for nurses, has recently been cut by 60%, from £205m in 2015/16 to £83.49m in 2017/18.^{xviii} In Northern Ireland, the absence of a government at present means that an interim post-registration education budget for 2018/19 has been set by the Department of Health in Northern Ireland. This final budget has not been made public yet. Data on funding is not centrally held in Scotland and Wales. In Wales, Health Boards have occasionally frozen access to CPD, refusing to release nursing staff from ward duties to undertake CPD. Governments across the UK must develop coherent assessments of workforce training needs including CPD funding, provision and access.

The Royal College of Nursing is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

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ⁱ Royal College of Nursing, 'Safe and Effective Staffing: the Real Picture' 2017. Available at: <https://www.rcn.org.uk/professional-development/publications/pub-006195>

ⁱⁱ Information Services Division Scotland, NHS Scotland Workforce Information at March 2018, published June 2018, <http://www.isdscotland.org/Health-Topics/Workforce/Publications/index.asp#2169>

ⁱⁱⁱ Department of Health Northern Ireland, Northern Ireland health and social care workforce census March 2017, August 2017.

^{iv} Nursing and Midwifery Council, *The NMC Register*, 31 March 2018, <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf> (accessed 25.01.18)

^v Aiken LH, Sloane D, Griffiths P, British Medical Journal Quality and Safety, *Nursing skill mix in European hospitals: cross-sectional study of the association with mortality, patient ratings, and quality of care*, Accessed September 2017.

^{vi} UCAS, Statistical releases – daily Clearing analysis 2018, August 2018. Available here: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018>

^{vii} UCAS, Statistical releases – daily Clearing analysis 2018, August 2018. Available here: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018>

^{viii} UCAS, Statistical releases – daily Clearing analysis 2018, August 2018. Available here: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018>

^{ix} Aiken LH, Sloane DM, Bruyneel L et al (2014) 'Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study', *The Lancet*, 383 (9931): 1824–30, [http://thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62631-8/abstract](http://thelancet.com/journals/lancet/article/PIIS0140-6736(13)62631-8/abstract) (accessed 25.01.18)

^x Department of Health and Social Care (2015) Nursing associate role offers new route into nursing <https://www.gov.uk/government/news/nursing-associate-role-offers-new-route-into-nursing> (accessed 12.03.18)

^{xi} UCAS, Statistical releases – daily Clearing analysis 2018, August 2018. Available here: <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/statistical-releases-daily-clearing-analysis-2018>

^{xii} Information Services Division Scotland, NHS Scotland Workforce Information at March 2018, published June 2017

^{xiii} Department of Health, Health and Social Care Workforce Strategy: Delivering for our people, May 2018

^{xiv} UCAS (2018) 2018 Cycle Applicant Figures – March Deadline <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-march-deadline> (accessed 11.04.18)

^{xv} Royal College of Nursing, *Left to chance: the health the health and care nursing workforce supply in England*, February 2018 <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2018/february/pdf-006682.pdf> (accessed 11.04.18)

^{xvi} NHS Digital, NHS Hospital & Community Health Service (HCHS) monthly workforce statistics, August 2018.

^{xvii} Institute for Employment Studies (2017), Royal College of Nursing Employment Survey 2017, December 2017, <https://www.employment-studies.co.uk/system/files/resources/files/513.pdf>

^{xviii} HEE (2014) budget setting for 2015/16 <https://hee.nhs.uk>