

## Written evidence submitted by the Council of Deans of Health

The Council of Deans of Health is grateful for the opportunity to contribute to this inquiry. The Council represents the 87 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

### Background

The university sector welcomes plans for growth across healthcare programmes, including nursing, and encourages national collaboration to create the right conditions for growth. Domestic supply for the nursing workforce will likely become more important as international recruitment may be limited in the coming years, due to Covid-19.<sup>1</sup> Universities are committed to working together and with partners to identify opportunities for growth across nursing programmes, in line with Government targets for sector expansion.

Government targets for the expansion of nursing programmes extend to 2025. Their achievement demands an agreed strategic approach over several years, building certainty and confidence and avoiding last minute policy initiatives, especially given the impacts of Covid-19. Growth will be contingent on excellent relationships at a local and regional level, often where the best solutions are found. Universities must be at the heart of workforce planning conversations regionally and locally, including via Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs).

The Council welcomed the [NHS Long Term Plan's](#) recognition that university-based education is the main source of increasing the number of healthcare professionals and that growth of this route must be accelerated. Universities remain the primary route to grow the nursing workforce at scale and pace. A commitment to growth must therefore go hand in hand with a commitment to education quality, student experience, professional development and healthcare leadership and research..

Nursing course costs are high, as demonstrated by a 2017 costing study commissioned by the Higher Education Funding Council for England (HEFCE).<sup>2</sup> The Office for Students (OfS) subsidises nursing course costs using a teaching grant and various additional payments. The Council welcomed the recent OfS announcement which ensures continued support via its teaching grant for the academic years 2019-20 and 2020-21.<sup>3</sup> Over the period of growth we must agree to protect healthcare course funding from any cuts to tuition fees or teaching grant subsidies.

### What is being done to grow provision?

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<sup>1</sup> Nursing and Midwifery Council, 2020, [The NMC register 1 April 2019 – 31 March 2020](#)

<sup>2</sup> Higher Education Funding Council for England, 2017, [Costing study of pre-registration nursing, midwifery, and allied health disciplines](#)

<sup>3</sup> <https://www.officeforstudents.org.uk/news-blog-and-events/press-and-media/ofs-announces-recurrent-funding-for-2020-21/>

Universities welcome the increased interest in nursing careers, particularly in light of the Covid-19 pandemic, and will continue to offer and develop multiple routes into this profession via university-based degrees and apprenticeships, support worker qualifications, conversion courses, and undergraduate and postgraduate pre-registration courses. Many universities already have multiple cohorts across the academic year. They continue to work closely and effectively with Further Education colleges to allow for smooth articulation to higher level programmes that enable nursing registration.

UCAS has published data on undergraduate applications processed ahead of the 30 June 2020 deadline for the autumn 2020/21 start. It shows an unprecedented 15% increase in the total number of applicants to nursing courses in the UK compared to 2019. About 7,800 more people applied to study nursing than in 2019. There was a 17% increase overall in English domiciled applicants compared to 2019, rising from 36,810 to 42,970.

Nursing programmes have benefited from being excluded from the general cap on university places for 2020/21. Universities are working hard to ensure capacity for the rise in applications, including through bidding for additional healthcare student numbers via the Department for Education. At the time of writing universities have submitted bids for almost 5,000 additional student places, which is the maximum that the fund aimed to support. A final decision on allocations will be made by the Secretary of State for Education. This fund is also aligned with a Clinical Expansion Fund for practice placements in the NHS.

The Council welcomed the 2019 announcement of a non-repayable maintenance grant for healthcare students, including nursing students. This support will be available for new and continuing students from the 2020/21 academic year.

The Long Term Plan committed to national recruitment campaigns to recruit staff, attract returners and help retention. We welcomed last year's *We are the NHS* marketing campaign, which focused on nursing and particularly targeted students going through the UCAS application process.

## What more could be done to grow nursing through domestic routes?

### *Recruiting and retaining students*

National recruitment campaigns should be sustained and should now appeal to individuals who wish to change their career in light of Covid-19, as well as to school leavers. Campaigns should highlight the diverse career prospects within the nursing profession and be clear that nursing is a career open to all, irrespective of gender, ethnicity, race or other protected characteristics.

We believe that the introduction of forgivable loans in return for service for all healthcare graduates, including nurses, would support recruitment and retention, especially in the early years post-registration.

Postgraduate entry is often a route to registration that is overlooked. This is typically the quickest route to qualification (2 years as opposed to 3 years). Growth could be stimulated by an additional support package for postgraduate students, who will typically already have one student loan and existing financial commitments. Few will ever repay a second student loan. Options for these individuals could include upfront payment of tuition fees or an additional maintenance grant to support living costs.

Making the maintenance grant available for self-funding nursing associates would help encourage more people to enter nursing through this route.

### *Increasing placement capacity*

Increasing placement capacity will be key to growth, as nursing students spend a large proportion of their education on placement in clinical practice. We welcome further investment in capacity growth as well as NHS Health Education England (HEE) initiatives to explore, promote and share innovative models of placement delivery. Universities also want to make the most of capacity in the private, voluntary and independent (PVI) sector and primary care. HEE should continue to support work to find and use capacity in these areas.

Since 2013/2014 a 'non-medical placement tariff' has been paid to employers providing placements for students. The tariff for nursing students is much lower than that for medical students and stands at only £3,270 per FTE student. The tariff has been reviewed in recent years but with no commitment to significantly increasing the overall funding put into healthcare placement funding to help incentivise provision. We would like to see the placement tariff increased for nursing and healthcare education and earmarked for the support of students on placement. Increasing the quantum of this funding and ensuring it directly supports learning in practice would almost certainly increase placement numbers and help to reduce non-continuation caused by poor placement experiences.

### *Supporting education*

The high cost of healthcare higher education must feature in national recovery plans. This will help ensure that sector growth is not constrained by infrastructure, including premises, facilities and equipment. We welcome the proposed creation of a new Challenge Fund to support investment in education infrastructure and innovation in course delivery.

New technology offers opportunities to expand provision, reach new students and accommodate new requirements for social distancing but development is expensive. HEE has already developed some support for blended learning but there should be sustained investment in digital innovation and infrastructure, simulation, AI, virtual reality and robotics. Consideration should be given to regional or national investment in simulation or digital infrastructure linked to broader plans for technology and innovation in the health and social care sector. This could open up new and innovative placement provision, which will better reflect the future of professional practice.

The Council of Deans of Health's recent academic staffing census<sup>4</sup> found some difficulty in recruiting teaching staff and an aging academic workforce in healthcare subjects, including nursing. Funding and support are needed for clinical staff interested in joint appointments or secondments to HEIs.

### *Regulatory flexibility*

Nursing education is regulated by both healthcare professional regulators, such as the Nursing and Midwifery Council (NMC), and higher education regulators, such as the OfS. This risks the potential for

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<sup>4</sup> Council of Deans of Health, 2020, [The academic workforce in health faculties](#)

duplication and overburdensome regulation. The combination of Covid-19 and Brexit create a unique opportunity to reshape nursing education regulation in the UK.

We support increased regulatory flexibility around theory and practice hours in nursing education, including a reduction in practice hours and in the total number of hours (4,600) for NMC professions. Competencies not hours should be the focus. There should also be more scope for simulation and online/virtual learning that would count for practice and theory hours. Increased flexibility could reduce pressure on practice placements.

There needs to be increased flexibility for apprenticeships from the Institute for Apprenticeships and Technical Education (IfATE). Flexibilities in the end-point assessment (EPA) process developed for Covid-19 should be continued. We would also support the integration of the EPA within nursing apprenticeship programmes. These reforms would enable timely progression through nursing programmes.

Any regulatory changes must continue to ensure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures public safety and upholds professional standards.

## The impact of Covid-19 on nursing education

The contribution of the healthcare higher education sector to the national response to the Covid-19 pandemic has been important. This has included the deployment of nursing, midwifery and allied health students and some academic staff within clinical practice to expand the NHS workforce and effective partnership working with NHS colleagues.

The pandemic has presented a unique challenge to nursing and healthcare education, including impacting on student progression. Some student placements have been postponed during this academic year putting additional pressure on placement capacity in future years. These pressures could be compounded by future peaks in pressure on the NHS caused by Covid-19 or the backlog of routine work. For example, first year students have mainly been undertaking online academic theory as there was not capacity for deployment, but by the end of their nursing programme they must have completed 50% of their time in practice learning (2,300 hours). Placement providers must be enabled and encouraged to host nursing students over the coming months to normalise student progression.

Like other students, nursing students will see some changes to their courses in the wake of Covid-19, including greater use of simulation, social distancing and technology. There will be greater emphasis on individual risk assessments before clinical placement and greater resourcing of student support, including for mental wellbeing.