

Reforming initial education funding for nursing, midwifery and AHP students in England

Council of Deans of Health and Universities UK: Joint Statement

The Council of Deans of Health is the voice of the deans and heads of UK university faculties for nursing, midwifery and the allied health professions.¹ Universities UK (Health) promotes the contribution UK universities make to health and wealth by providing sector leadership and policy analysis on the education of health and social care professions and health research and innovation.²

Universities play a vital role in the provision of the future health and social care workforce. Almost anyone who studies in the UK to become a nurse, midwife or allied health professional will study with our members. These highly skilled professionals account for 75% of the total future health professional workforce and make a profound contribution to the quality and safety of health and social care services.³

Initial education for nurses, midwives and most AHPs is currently funded by NHS grants. With pressure to increase the supply of health professionals, reduce the cost of education to the taxpayer and maintain the quality of health higher education, we believe there is a compelling case for fundamental system reform.

The case for change

Funding from NHS grants ties universities into workforce planning driven by student number controls. Aside from the Government's manifesto commitment to remove these number controls, this system is not working. It has resulted in shortages in key professions such as nursing and failure to grow numbers in professions such as physiotherapy, which are integral to delivering high quality, cost-effective services. This is despite high numbers of good applicants for most courses: nursing is the fifth most popular course in higher education.

Because of the lag time in educating future health professionals, if the NHS's predictions on the numbers are wrong, there is little resilience in the system. The resulting staff shortages put the existing workforce under enormous pressure, lead to unsustainable international recruitment and push up agency spending. We need a more flexible system that will cushion the health service from changes that it cannot anticipate.

The current funding system is also no longer working for either students or universities. Although NHS-funded students mostly have grants rather than loans they often have less to live on, despite their courses being significantly longer (42 weeks a year compared to 30). Their funding is also reduced further in their crucial third year, making financial hardship a key issue. In one London university, 63% of the whole university's hardship fund went to NHS-

funded students in 2012/13.⁴ Funding for nursing and physiotherapy degrees is also now lower than any other subject in higher education, even though these courses put much higher demands on universities in areas such as quality assurance, laboratory space and simulation kit.⁵

The shape of change

Health professional education funding is an inconsistent patchwork, with differences between professions and increasingly within professions. As a starting point, we believe that the Government should commit to funding that is coherent across the professions and consistent within professions, so that students get the same support, wherever they study.

There are no easy decisions in reforming education funding. But given the compelling case for change, the Government needs to consider urgently whether the current system of NHS-funded grants can be moved to a system of student loans. Nursing, midwifery and many allied health professions have an outstanding record in widening participation to higher education and attract many mature students, who bring a wealth of experience to their future careers in health and social care.⁶ Appropriate safeguards must therefore be put in place to ensure that these students are not unduly deterred from studying and that access to these health professions remains open to all.

At a time when pressures on employers are significant, Government should also explore new ways of attracting newly qualified staff into careers in the NHS and social care. This might include scope to offer repayment of part of a student's loan after a given period of service or the award of a retention bonus, helping employers to reduce their spending on agency staff and retain new registrants.

¹ The Council of Deans of Health is the representative voice of the 85 UK university health faculties providing education and research for nursing, midwifery and the allied health professions. For further information: www.councilofdeans.org.uk

² Universities UK is the representative organisation for the UK's universities. Founded in 1918, its mission is to be the definitive voice for all universities in the UK, providing high quality leadership and support to its members to promote a successful and diverse higher education sector. With [133 members](#) and offices in London, Cardiff ([Universities Wales](#)) and Edinburgh ([Universities Scotland](#)), it promotes the strength and success of UK universities nationally and internationally. Visit: www.universitiesuk.ac.uk

³ AHPs play a vital role across a range of high-priority areas, including rehabilitation and the management of long-term conditions, falls prevention and mental health and well-being. In nursing, [a study of 300 hospitals across nine European countries](#), including England, found that a 10% increase in the proportion of nurses holding a bachelor's degree is associated with a 7% decrease in the risk of death after surgery.

⁴ Figures from King's College London: <http://lifelinetolearn.wix.com/home>

⁵ Funding per student, per year outside of London is £8315 for nursing and £8778 for physiotherapy. The [estimated funding gap](#) is now estimated as at least 8-12% and growing.

⁶ For example, [UCAS data from 2014](#) show that 61% of students accepting a nursing place in the UK were over 21 ([across all courses](#), only 22% are mature students)