

Impact of cost of living on recruitment and retention of healthcare professionals: An EDI perspective

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1. Introduction

The NHS faces significant challenges to provide the workforce needed for the future. Recruiting, training and retaining the workforce pipeline requires extensive commitment and involvement from a range of stakeholders.

Universities will need to educate more students to off-set challenging retention rates on courses. It is vital to widen access and participation to healthcare courses; this can include recruiting from local communities, offering apprenticeships, alongside targeting recruitment opportunities in areas of greater deprivation. This ensures that the healthcare workforce is reflective of the communities it serves, as well as having the staffing levels needed to support patient care.

Cost of living factors are cited by Council members as impacting student retention and recruitment. The intensive nature of healthcare courses and high contact hours often preclude part time work to financially assist students in their studies.

There has been some success in widening access and participation. In 'Subjects Allied to Medicine', mature students from low-income neighbourhoods have the highest participation rate (22%) when compared to all other university subjects (16.8%), and they also have the highest proportions of more diverse entry qualifications (e.g. Foundation/Access/BTEC programmes).¹

In all student populations the lowest continuation rates are among mature students, male students, those from a deprived household, those from minority ethnic backgrounds, those who are first in family to attend university, those who are commuting, and those with non-standard/widening access qualifications.²

There is significant 'leakiness' in the domestic healthcare training pipeline. This is at the expense of both the future healthcare workforce and the students who do not go on to graduate. Research from the Nuffield Trust (2023)³ shows that around one in eight nursing (13%) and radiography (13%) students did not gain their intended degree between 2014 and 2020, compared with 5% for physiotherapy. Attrition was on the rise for nursing, radiography and physiotherapy in the two years before the Covid-19 pandemic and for radiotherapy it was up to one in six (17%) in 2018/19 compared to 13% in 2016/17. Likewise, 6,235 fewer nurses with a UK nationality joined the NHS

and community services in the year to March 2022 compared with the two years before that (a fall of 32%).⁴

2. Methodology

Until this study, limited research has been conducted into the impact of the cost-of-living crisis on different groups of healthcare students from an equality, diversity and inclusion perspective.

The Council of Deans of Health conducted two focus groups of course leaders drawn from member organisations in May 2024. Twenty-nine participants representing all four nations and all healthcare professional groups engaged with sessions which explored student demographics, reasons for student attrition, and potential recruitment/retention interventions.

In addition, focus groups took place in September 2024 with students on the 150Leaders programme. Students from all healthcare professional groups, at various stages of their courses, were represented. Their experiences and those of their peers were investigated specifically relating to reasons for dropout, and interventions that could impact healthcare student retention.

The research was conducted by the chair of the Council's Equality, Diversity and Inclusion (EDI) Strategic Policy Group, Andrea Cameron, with approval to proceed obtained from Abertay University Ethics Committee.

3. Research findings

Examining the healthcare student demographics over the past five years, there are regional demographic variations relating to age, race, socioeconomic class and gender, and there has been mixed success at targeted recruitment. After an initial 'Covid bounce' in recruitment numbers, there are now generally lower numbers of UK-domiciled students enrolling onto healthcare courses overall. However, some providers are noting specific increases in widening participation groups and a more local demographic. For some, there has been greater international recruitment. Institutions are also reflecting that there are more students with additional learning and support needs, particularly mental health related.

Academics cite the main reasons for students withdrawing from healthcare programmes over the last two years are a result of health, financial or personal challenges. Staff noted a number of students have disclosed significant adversity in their background with a reluctance to seek support.

Figure 1: Course leaders – reasons for student non-continuation: -

“Minority students dropping out due to financial constraints, placement challenges, lack of flexibility, and learning support”.

“Increase in students requiring additional learning support, challenges in practice availability versus education support”.

“A key challenge for mature students is that they can’t access student loans. For younger students, cost of living was an issue but from a different angle. They noted that there are easier ways to make money these days”.

“The cost of childcare is a challenge for our students. They must travel at peak time in the high-cost bracket”.

“Some cited challenges with cost of clothes to wear on placement”.

“Some groups of students including those on health care sciences, audiology and cardiac physiology programmes are not eligible for the learning support fund or to claim expenses. These students are massively financial disadvantaged. They cannot take on summer jobs due to placements and face huge travel requirements. We are struggling to recruit and retain these students as a result”.

“...conditions on placement were not what they expected. TV narratives and the clapping for heroes didn’t help. Many enjoyed the programme but not the clinical experience”.

Many students report enjoying their university studies but can find a lack of flexibility around placements difficult. Students may need to work to financially support themselves but their opportunities to do are restricted due to the requirements of their clinical placements. For example, they can be required to travel up to two hours to get to the clinical setting, which students with caring responsibilities find particularly difficult. Students also cite that the process for receiving travel reimbursement can be lengthy and many are unable to access financial assistance to help with childcare expenses. During the research, one student commented that, ‘a lot of our drop-out rates are caused by competing priorities/pressures which may be avoided if there was a better communication of the requirements/expectations of the course.’ Additionally, some students cited ‘better ways to earn a living’ as a reason for dropout and burnout emerged as a dominant issue in the student narratives.

Figure 2: Students - reasons for student non-continuation: -

“Many universities aren’t clear about logistical costs of course before enrolling e.g travel time, transport costs and having to pay for additional child-care. Requirements are not made clear before enrolment”.

“Students get told they shouldn’t have a part time job as should be focusing on placements. Some students have been scolded by senior staff member on placement for working whilst on placement, but many don’t financially have a choice”.

“A big negative is that while you can claim back money for travel, it can take a month or two to receive the payback. Having to lay out that money in the first place is hard”.

“A lot of parent students and single mothers are told not to have part time jobs as it is a full-time course, get put on placement and have to do placement and then work night shift to make ends meet”.

“Sometimes multiple universities worth of students are on placement in one hospital. Only allowed to request 4 days changes a month but have to give 4 weeks’ notice and get told very late. No flexibility”.

“Students are getting burn out before even finishing degree”.

It was reported that many newly qualified professionals were choosing to pursue roles in the private sector rather than the NHS as it was perceived as more financially attractive and could help them to cover their loans.

One particularly powerful comment to emerge during the research was that the *“NHS had lost its kindness to staff”* and over the course of the research it was noted that the image of the caring professions had suffered in the post-Covid years from sustained negative media portrayals.

Healthcare educators also reflected on the changing expectations of students who were seeking more flexible approaches to learning, and enhanced support (the latter, of particular relevance for international students).

4. Conclusion

In conclusion, while it is evident that much work has gone into widening access to the healthcare professions, and that there was an initial upturn in student recruitment in the wake of the Covid-19 pandemic, the realities of clinical practice coupled with pressures within the healthcare system alongside an economic downturn have presented challenges for student retention.

Mature students with care-giving responsibilities appear to have been particularly impacted, though the challenge of retaining those with additional support needs is also noted. Furthermore, the variation in access to financial support as well as a perceived lack of adaption to individual circumstances emerged in participant narratives.

The findings of this study align with a recent Royal College of Nursing report⁵ which also raises concerns for the future workforce as a consequence of students leaving due to financial pressures. It is therefore of paramount importance that all healthcare education stakeholders reflect on actions to redress this if we are to ensure we have a diverse and resilient workforce to match future healthcare demands.

5. Points for future action

Many of the following recommendations align with the [Council of Deans of Health manifesto](#)⁶ for the general election in 2024, which urges the government to boost recruitment and retention as a

priority while factoring in constrained finances. The first three recommendations pertain directly to cost-of-living:

1. **Review funding models and payment for placement expenses**, including support for childcare - potentially matching the free childcare provisions to healthcare students on placement, as is available in England to those in paid work of more than 16 hours per week. A more integrated and attractive presentation of all the financial support available to students via different routes could also support recruitment and retention
2. **More responsive and better joined-up systems**. Currently there is a delay in the processing of reimbursement for travel costs – the administrative problems could be addressed for more timely reimbursement to avoid students being out-of-pocket. There could also be local initiatives with travel suppliers to provide affordable travel options for healthcare students between university campuses and hospitals. More collaboration between health and education departments could also address student challenges becoming longer term workforce challenges.
3. **Financial incentives**. Some members have looked at considering payment for students for final placement. This initiative was positively perceived by course leaders and students. Other organisations such as the Royal College of Nursing and the Nuffield Trust are advocating for a reduction in student loan debt after a number of years' service in the NHS as a 'Return of Service' award. Finances are understandably constrained but both options could be considered as part of a wider discussion about healthcare student funding models.
4. **Greater flexibility in practice learning**. Students incur significant costs in order to undertake practice learning placements in a variety of clinical settings. Greater flexibility in practice learning requirements including shift hours and expectations of travel time to placement could alleviate some of the financial burden on students and support retention.
5. **Support for operational initiatives to promote retention and professional development of students from under-represented groups**. This could include mentoring programmes similar to the successful Council of Deans of Health 150Leaders programme or the Royal College of Nursing *nursing cadet scheme* which offers young people aged 16-25 the chance to gain work experience in the nursing field.
6. **Improve the image of the nursing, midwifery and allied health professionals**. This requires political commitment and a targeted recruitment campaign and supporting resources which can be used across UK nations, regionally and locally, with realistic depictions of the professions and promotion of the personal and professional rewards offered by a career in healthcare. Increasing student recruitment will help to financially support universities and ensure these programmes are still financially viable.

6. References

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7. Further information

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