

# **Supplying the Demand for Nurses**

The need to end the rationing of nurse training places

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## Executive summary

1. Government-imposed limits on the number of people who can train as nurses should be brought to an end. The NHS should no longer meet the full cost of nurse training out of annual budgets; instead prospective nurses should be able to obtain student loans. On successful completion of their courses, these loans could be repaid on their behalf by Health Education England (HEE) when nurses continue work for the NHS after graduating. University course admission numbers are not usually limited and it seems unfair to do so for nursing degrees.
2. Such a policy would ensure that the nursing profession continues to attract high quality candidates while not excluding those suitably qualified who are presently denied training by central quotas.
3. More young people will gain the opportunity to pursue a nursing career (presently there are far more applicants than there are training places). The increased number of nursing graduates would reduce the NHS's current dependency on overseas-trained and agency nurses. The government and relevant NHS bodies must commit themselves to providing the necessary clinical placements for the expected extra students.
4. This proposed transfer of educational funding from NHS annual budgets to the student loan system has the potential to release substantial funds; up to a maximum of £685 million annually, amounting to over £2 billion throughout the three year window before loan repayments must be made on behalf of the first students graduating under the proposed scheme. This sum is urgently needed to help the NHS cope with rising demand. If this new method of educational funding was similarly applied to allied health professional roles (such as radiographers, podiatrists and speech therapists), as much as £2.72 billion could be released collectively over the same three year period.
5. If the independent sector (in order to compete with the NHS as an attractive employer for new nurses) were to offer a similar student loan repayment scheme, this might effectively save the NHS money as the private sector would then effectively be paying the education costs of those nurses who chose to leave the public sector.
6. The proposed student loan repayment system, while not affecting their right to do so, might act as a disincentive for domestically trained nurses to work in

other countries, the so called 'Brain Drain', as they would, as a consequence, no longer be eligible for NHS student loan repayment; reducing one current cause of NHS staff depletion.

## Introduction

Each year Health Education England (HEE) commissions universities to train an agreed number of nurses. However, at the same time as we have regulation of trainees in relation to perceived need there is also a serious lack of trained nurses.<sup>1</sup> Consequently, every year, substantial numbers of nurses are recruited from overseas (despite nursing courses in the UK being vastly over-subscribed) and there continues to be a heavy dependency on agency staff. This implies that such rigorous, centralised, control of nurse training numbers is detrimental to the service. Agencies, knowing that nurses are in short supply, charge fees substantially above NHS pay rates. Annually, well over 200,000 applications for UK nursing courses are made<sup>2</sup> and, although many candidates apply for more than one nursing course, there are still estimated to be, at least, 54,000 British applicants seeking to study nursing each year.<sup>3</sup> With only 21,769 of these accepted last year, and only 22,638 planned to be accepted in 2015/16, this leads to many home applicants being denied a training opportunity. Some of these will be under-qualified, but others who could have contributed much to the sector over long careers will, as a consequence, seek other occupations, often less suited to their ability and interest. For a government committed to helping people 'stand on their own two feet as the most effective poverty tackling measure' and 'making work pay' it seems nonsensical to deprive thousands of enthusiastic young British people of a career in nursing while employing trained nurses from other countries to make up shortages, augmented by expensive and sometimes unreliable temporary staff. A commitment to end long term youth unemployment by creating two million jobs over the term of the next parliament was a prominent feature of the Conservative party's pre-election manifesto. To limit nursing training places to a level below that required for an adequately functioning NHS makes little sense either economically or politically.

The morality of expensively recruiting nurses trained overseas to the probable detriment of the health services of those countries is also highly questionable. What is needed is a more flexible method of funding nurse training. In the rest of the higher education sector university course admission numbers are not so limited. Often graduates seek employment in fields highly unrelated to their qualifications. For example, history and psychology graduates often work in a plethora of different industries and specialisations unrelated to their original course content due to a lack of career opportunities in careers linked to history and

psychology. It seems therefore nonsensical to limit nursing degree places, as well as those for other allied health professional roles.

This report suggests altering the way Health Education England (HEE) finances nursing education; from the present arrangement, where nurses' tuition fees and bursaries for living costs are paid up front, to a system where nursing undergraduates can take out student loans in the way that they would for any other university course. However, unlike conventional student loans, the NHS would agree to pay back the loan for nursing graduates if they commit to work for the organisation after graduation. This proposal would move the cost of nursing education from representing an item of immediate NHS expenditure, to an item on the Department for Business Innovation and Skills' balance sheet, a sum being steadily paid off by HEE on behalf of the Department of Health. The proposed scheme thus ends the need for any constraint on nurse training numbers. Trained nurses who choose employment in the private sector might well similarly have their student debt repaid as their employers are likely to wish to compete with the NHS in recruitment. In fact, an increased supply of nursing graduates is likely to put the NHS in a better position when recruiting nurses, as increased competition in the sector generally and a consequent lack of unfilled vacancies, would ensure that agencies were no longer able to hold the NHS to ransom. If the NHS were to reimburse the student loans of its nurses this would serve as a disincentive for UK trained nurses to seek work abroad (the so called 'Brain Drain'), as by doing so they would no longer qualify for loan repayment. Lastly, the proposal offers a substantial and immediate extra funding boost that the NHS sorely needs to implement NHS England's Five Year Forward View plan. In effect, the proposed change would yield three years free from nurse education funding requirements (HEE allocates £685 million per year for nurse tuition fees and bursaries) This would mean the NHS could have anything up to a little over £2 billion extra to spend over the three years before making repayments on behalf of the first nurses to benefit from the new scheme.

A similar loan repayment system could be instituted for other courses, including the allied health professions, ranging from physiotherapists and podiatrists to dieticians and speech and language therapists. If the scheme was extended to cover the over 7,000 commissioned university places available for such roles, this could easily generate an extra £222 million per year releasing a total of over £2.7 billion during the three initial training years, when combined with nurse education savings.

## The case for training more nurses

### Deciding how many nurses to train

In 2009 the government announced that all new nurses must have a degree,<sup>4</sup> and that this degree would replace the two or three years of 'in house' training which formerly gained a nursing diploma. The degree was supposedly designed to better equip nurses for work in a rapidly changing NHS and included, as part of its structure, practical training periods spent in community placements.<sup>5</sup>

Annually, NHS Trusts try to predict how many staff they will need in the future and liaise with 13 Local Education and Training Boards (LETBs) - committees of representatives from local providers under the umbrella organisation of Health Education England (HEE) - to try and ensure appropriate numbers of future staff commence their training each year.<sup>6</sup> HEE's role is to allocate student places to English universities that the organisation and its sub-bodies will fund. There are financial penalties in place for universities which do not manage to recruit this required number. However, in reality, due to high demand for courses, this has never proved an issue.<sup>7</sup>

There are currently no course fees required of students studying to become nurses as tuition is funded by the department of health via HEE. In addition, a £1,000 grant is awarded to nursing students who can also apply for a bursary to cover living costs.<sup>8</sup> Bursaries are means tested and are given up to a maximum of £4,395 per year, for which around 92 per cent of students are eligible (£5,460 in London).<sup>9</sup> In total, HEE has allocated £253 million towards awarding such bursaries in its 2015/16 budget.<sup>10</sup> Universities are given a nationally agreed benchmark subsidy by HEE to train each nurse. There are three different rates of subsidy depending on whether the nursing degree is being studied for outside London, in the London area, or in inner London. The benchmark tariff ranged from £8,315 to £8980 for the academic year 2013/14. In total, it is estimated that to train each nurse in England costs HEE around £51,000.<sup>11</sup> These current arrangements date from 2002 when they were introduced in reaction to a national audit office report intended to bring greater consistency to the funding of health workers' education.<sup>12</sup> Presently, criticism of the benchmark tariff is common among universities, which are required to monitor the 2,300 hours of practice placement and deliver the 2,300 hours of academic content over three years. They complain that government subsidies for training do not actually cover these costs. The Council of Deans for Health, the body representing the university nursing schools of England, has claimed that the

shortfall might be in the order of £1,000, and they claim that consequently, many universities are forced to cross-subsidise nursing courses from other departments.<sup>13</sup> HEE acknowledges this problem, admitting a disparity between the cost of providing education and the subsidy offered to universities, of between 7.6 and 11.5 per cent.<sup>14</sup> HEE states that it spends over 88 per cent of its budget on future workforce training and thus offers as many places as it is able to.<sup>15</sup> Any decision to train more nurses, could only be facilitated by the Department of Health increasing HEE's budget allocation.

The relationship between healthcare trusts and LETBs is extremely important. HEE and its local bodies implement a five year demand forecast, necessary because of the long period before accepted students can become fully functioning staff members. However, for some specialties, including nursing, it is suggested that this might be replaced by a rolling, three-year commissioning plan.<sup>16</sup> These are based on demand predictions supplied by large hospitals in the form of annual workforce plans supported by advice from local authorities, CCGs and the social care sector (see Figure 1).<sup>17</sup> The principal criteria for assessing how many training places are required is the analysis of historic workforce trends, how much the population and its needs are changing, how changes to the way services are designed might affect demand from different groups and the affordability of training. Throughout the year a series of meetings are held by the LETB when training requirement forecasts are reviewed and revised by all stakeholders. Some forecasts are profession-specific while others are multi-professional.



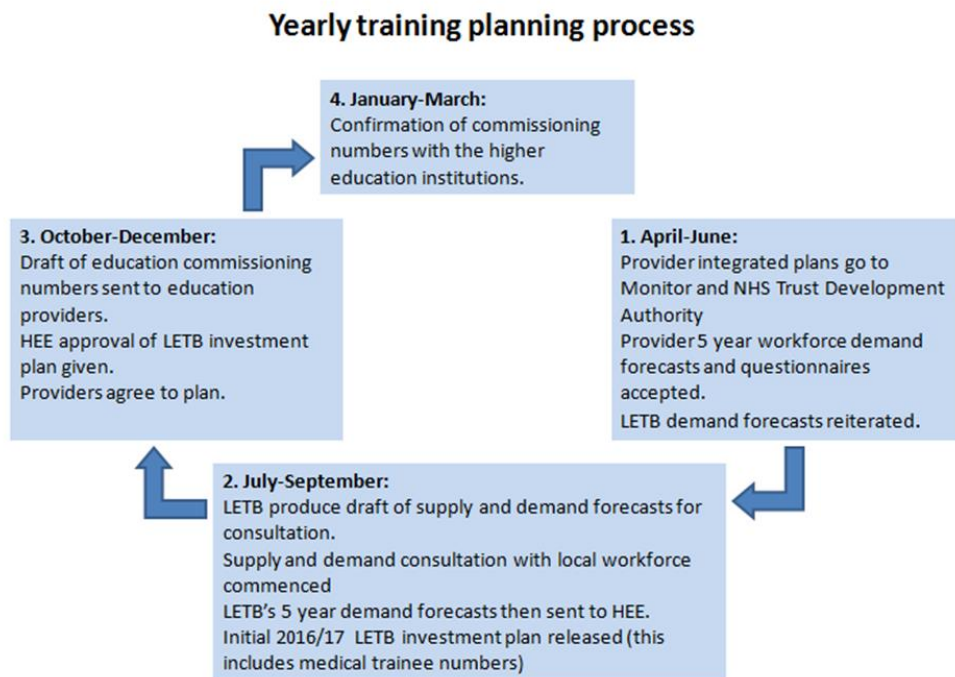


Figure 1. Annual decision making cycle for future training numbers. (Adapted from HEW Education and Training Plan 2016).<sup>18</sup>

One factor which inhibits how many nurses can be trained each year also applies to all staff who must be clinically trained. They each need to be assigned practical placements in a clinical environment. Indeed, finding enough placement opportunities for all staff training is a major challenge. Health Education Wessex has expressed the concern that, as the NHS gradually increases its use of 'any qualified provider', independent sector provision of services might make it ever harder to assign trainee nursing staff placements.<sup>19</sup> They cite the fact that training 50 extra nurses each year would require an additional 1,000 weeks of placement within the system each year.<sup>20</sup> Thus, in addition to the cost of funding each new nurse's education it should be considered whether our health system can logistically support their time in placement. Even if the quantity of trainees increases such issues could easily affect the quality of their training. On the other hand, if student nurses are well managed and encouraged to become part of a clinical team they can easily 'earn their keep' by immediately sharing the workload of Health Care Assistants (HCAs) while slowly gaining competencies in additional tasks, a great help to nursing staff.

Placement tariffs are paid to providers who place students in temporary practical training positions. The student nurses themselves are not paid for the work they

carry out while on placement, despite half of their 4,500 hours of training required to be practical.<sup>21</sup> Trainees work the normal shift patterns (mornings, evenings and nights) of the organisation to which they are assigned,<sup>22</sup> essentially giving the NHS a free staff resource highly beneficial to the service. Despite this, in 2015/16 HEE will spend £88m on placement tariffs.<sup>23</sup> This tariff covers the costs of direct staff teaching time, access to library services, administration costs, educational supervision, pastoral support, accommodation costs and more. LETBs have inherited the historical arrangements for financing such placements from regional authorities. Because of this, how placement providers are paid in each area of the country differs. In some locations, placement providers are paid through a learning and development agreement directly made with providers, whereas in others HEE works with individual universities to facilitate the payments.<sup>24</sup> Each placement must meet quality standards established by regulators to ensure appropriate clinical mentoring and support for appropriate direct clinical training.<sup>25</sup> However, it seems nonsensical for trainees, who undertake a substantial body of unpaid work to cost HEE commissioners a minimum of £3,175 per non-medical placement.<sup>26</sup> Under the proposed scheme, providers might have to accept less payment per student in return for having more of these completely unpaid but highly useful trainee nurses in their organisations.

### The demand for more nurses

Presently, there are around 377,000 qualified nurses working for the NHS, 18,432 more than ten years ago.<sup>27</sup> NICE recommends a maximum safe nurse vacancy level of five per cent of optimum requirement, however collectively, NHS trusts currently operate with a vacancy rate of around ten per cent.<sup>28</sup> HEE is pursuing a long-term goal of training increased numbers of nurses to practice in the community rather than the acute sector, reflecting concern that in recent years the acute sector has been 'growing at the community sector's expense'.<sup>29</sup> HEE's Community Nursing Action plan aims to ensure that a minimum of 5,000 extra professionals join community and primary care programmes by 2020.<sup>30</sup> In spite of this initiative, unfortunately there seems to be little public or political will to facilitate necessary changes to the structure of services in order to allow more care to be accessed in the community thereby avoiding hospitalisation. Possibly a shift in the public's idea of what truly effective healthcare represents is first required.<sup>31</sup> Presently, if the provisions of HEE's Community Nursing Action Plan were to be fully implemented, the supply of acute nurses would remain woefully below the anticipated demand (see figure 2).<sup>32</sup> A lack that would undoubtedly have to be filled by nurses recruited from abroad and agency staff.

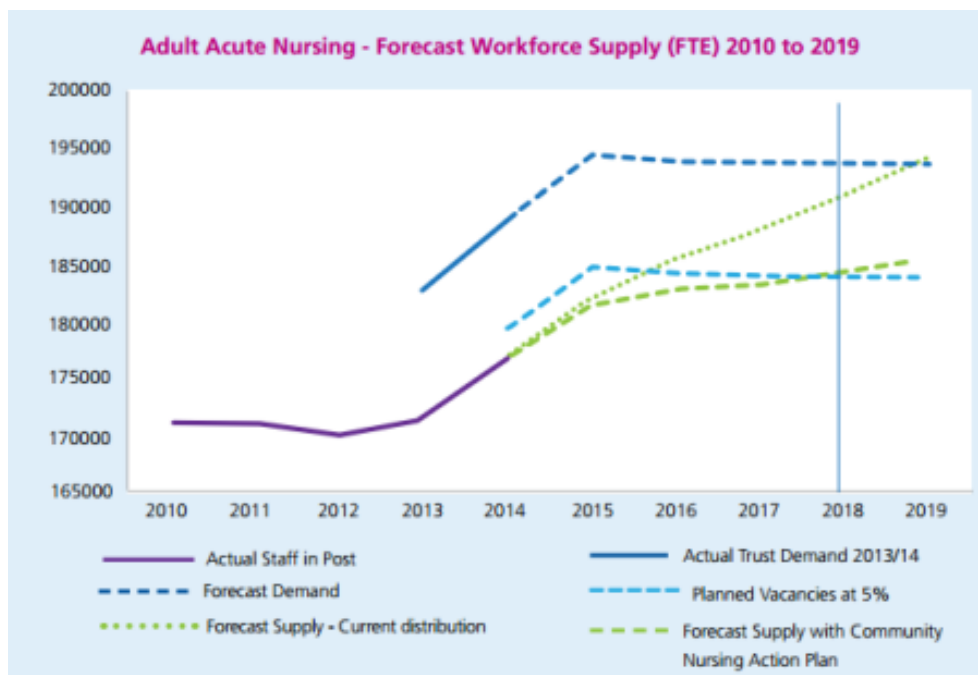


Figure 2. Adult Acute Nursing – Forecast Workforce Supply 2010 to 2019.<sup>33</sup>

HEE has recently attempted to increase nurse university places achieving an augmentation of 13.6 per cent over two years.<sup>34</sup> This has brought trainee numbers back to more reasonable levels, after earlier reductions amounting to 8,000 places.<sup>35</sup> Currently there is a surplus of would-be trainees and a shortage of trained nurses.

HEE also administers a ‘return to practice’ campaign to re-train nurses who have previously left the profession at the cost of only £2000 per returnee. The programme has succeeded in helping trusts to fill immediate vacancies, without their having to wait for new staff to be trained.<sup>36</sup> Around 90 such retraining courses have been run around the country, attracting hundreds of previously trained staff back into practice.<sup>37</sup>

### Contradicting government ideals?

In its 2015 manifesto, the Conservative party placed a strong emphasis on the importance of allowing individuals to support themselves and their families through employment. They promised to ‘generate jobs and higher wages for everybody’.<sup>38</sup> A career in nursing is one in which individuals can support themselves throughout life. It is a job which benefits the rest of society, supporting individual and communal wellbeing. It is likely that, once qualified, nurses will be readily employable for the rest of their lives, even if they temporarily leave clinical practice to work in other sectors or for family reasons. In the light of the present

government's pledge to 'help you secure your first job', training more British candidates as nurses seems an obvious way to ensure employment for thousands of young people. Staff recruited from overseas often, through no fault of their own, decide to return to their home countries and some are forced to do so by the application of immigration restraints. With many such staff entering and leaving the clinical workforce, it seems almost inevitable that the quality and safety of patient care must suffer.

### NHS nurses: how many are needed and where do they come from?

There are currently over 680,000 nurses and midwives on the Nursing and Midwifery Council's (NMC's) register,<sup>39</sup> with the number of new UK entrants reaching a ten year high of 22,730 in 2013/14.<sup>40</sup> The year 2014/15 has seen slightly fewer entrants to the register at 20,334. In addition to these, during the same year, 7,518 became registered after migrating from the European Economic Area (EEA) and 665 from further overseas. In the previous year the figures were 5,388 and 840 respectively.<sup>41</sup> In total, 28,517 nurses and midwives (midwives make up 17 per cent of these) have become registered to work in the UK during the last year, a far greater number than the number of UK candidates who began training (21,769). Although it is impossible to know how many of these work for the NHS and how many within the independent sector, it can be assumed from the fact that private healthcare represents only 16.5 per cent of total healthcare expenditure in the UK that the proportion in this latter sector is not high.<sup>42</sup> General NHS vacancy rates have remained at around 6.5 per cent in recent years,<sup>43</sup> with vacancy rates specifically for nursing staff somewhat higher at ten per cent<sup>44</sup> and in London higher still at a worrying 14 per cent.<sup>45</sup>

Largely in response to the Francis report on the Mid-Staffordshire NHS Foundation Trust which explicitly stated that inadequate staffing levels had substantially contributed to its failings, and also in response to the Berwick report,<sup>46</sup> the National Institute for Health and Care Excellence (NICE) in 2014 issued guidance on safe levels of nurse staffing in English Hospitals. As the guidelines recognise that no ward, or department's requirements are exactly the same and that patient need differs from day to day, it has recommended matching patient need to staff numbers using 'red flag' indicators to suggest when more staff might be required.<sup>47</sup> Red flag events include instances of patients being left without essential care such as pain relief or visits to the bathroom.<sup>48</sup> If a red flag event is observed, immediate escalation of staff numbers is advised.<sup>49</sup> NICE also stipulates that a ratio greater than eight patients to each nurse is inadvisable in most hospital environments and

that, when worse ratios are spotted, workforce managers should take remedial action.<sup>50</sup> All NHS hospitals must now record and release information on nurse staffing levels on each ward, and publicise how many shifts are needed to reach the levels agreed upon.<sup>51</sup> These measures have resulted in a situation where over half of surveyed trusts are looking to increase the numbers of nurses employed, with many citing the publication of NICE's guidelines as the primary reason for doing so.<sup>52</sup>

## The implications of employing agency nurses and of recruiting from abroad

Agency staff will always be needed in emergency situations where unforeseen absences or escalated demand occurs suddenly, or to fill staffing shortfalls during holiday periods. Nevertheless, at present a serious staffing crisis exists, with over £1 billion being spent on agency staff (excluding the most expensive of these, locum doctors) in the last year.<sup>53</sup> This expenditure has risen from £270 million in 2012/13.<sup>54</sup> The frequency of such employment is indicated by a survey conducted by the trade union Unison which found that 45 per cent of NHS staff regularly work alongside agency workers.<sup>55</sup>

Such huge expenditure is impossible to maintain in the long term and especially in relation to the exponential rate of its increase. There are also obvious safety concerns when temporary staff, unfamiliar with their surroundings, are required to begin work after only a few minutes' induction, if any. Such employment, often limited to a single day, makes it virtually impossible for them to get to know patients, relying instead solely on nursing notes or on brief exchanges with busy permanent staff, ultimately making patient experience poorer and compromising safety. In addition, the morale of permanent staff can be effected as agency staff are always better paid for performing the same duties and having the same level of responsibility, if not less. Further, the frequent employment of temporary staff often has a negative effect on team spirit and comradeship amongst staff on the ward. Forming relationships with staff members is of great comfort to many patients, especially in specialisms such as mental health.<sup>56</sup> Teamwork is especially important in a crisis situation where staff have to work quickly and efficiently often to save a patient's life.

Although recruitment from abroad has fallen sharply from the levels of the early 2000's, where as many as 15,000 foreign-trained nurses were entered onto the UK nursing register each year, between the years 2009-10 and 2014/15 the proportion of nurses recruited from abroad has again risen significantly; from 11 to 29 per cent.<sup>57</sup> Of 49 surveyed healthcare providers in 2014, 45 per cent were found to have actively recruited from outside the UK in the last 12 months and 51 per cent were considering doing so in the forthcoming year. Spain, Ireland and Portugal are currently the most popular recruiting grounds<sup>58</sup> with the composition of EU and non-EU new entrants switching from being almost completely non-EU in 2003/4 to the opposite a decade later.<sup>59</sup> This change has mainly been the result of

stricter immigration laws and far more costly requirements for non-EU nurses to be registered with the NMC.<sup>60</sup> Recruiting from abroad is often seen as an easy option for providers as minimal training costs are required. Nevertheless, overseas recruitment per nurse can still prove expensive, estimated at between £2,000 and £12,000 depending on the location of recruitment and the number of nurses recruited during any trip.<sup>61</sup> The average cost for each EU recruitment is estimated to be between £2,500<sup>62</sup> and £3,000.<sup>63</sup> It is also worth stating that, especially from countries such as Spain and Portugal, most experienced nurses who wished to do so, have now found jobs in recruiting countries, and thus many are already employed by the NHS. Subsequent recruits from such countries tend to be more recently graduated and have far less practical clinical experience.<sup>64</sup>

The government's recently introduced pay threshold for non-EU nurses threatens the security of many such nurses recruited in the early 2000's. This measure, which will require all those who are not earning over £35,000 after six years in this country to leave, will force many nurses, still not earning above this figure, to return to their countries of origin.<sup>65</sup> The Royal College of Nursing (RCN) estimates this to be a waste of the approximately £20 million that was spent on their recruitment and will lead to the potential loss of 3,365 trained nurses.<sup>66</sup> Even without the difficulty of conforming to immigration regulations, hospital trusts are struggling to retain nurses recruited from overseas, sometimes even losing a majority of new recruits within their first year of work, undermining efforts to build effective clinical teams and in turn leading to the employment of ever more agency staff.<sup>67</sup>

Senior nurses, especially in disfavoured specialities such as A&E remain in short supply. If a workforce was recruited in this country rather than relying on stocks of overseas trained nurses the NHS would benefit from having committed staff more likely to remain in the service for the entirety of their careers and thereby attain more senior grades. Nurses learn on the job, becoming ever more valuable as they gain seniority. This is why retaining such individuals is so important; these are the professionals who best know the procedures of the NHS and the hospital in which they work, often gaining experience of the treatment of rare and complex diseases and knowing how best to respond in emergency situations.

## A new NHS loan repayment system

At present, full-time university students studying for most undergraduate degrees in the UK are eligible for a loan from the government to help cover their costs. Such loans are categorised as tuition fee loans, which allow students to borrow a maximum of £9,000 per annum, and maintenance loans, to cover living costs to a maximum of £8,200 outside of and £10,702 within London per annum.<sup>68</sup> Currently, throughout the UK more than £10 billion is loaned to students each year and plans exist to transfer maintenance grants, currently awarded to low earners, to the loan sector as well.<sup>69</sup> At present, students studying for nursing degrees get their fees fully paid in advance by the NHS when they start each year of study and are, in addition, awarded a grant of £1000 plus a means-tested bursary which can be as high as £4,395 per annum, (£5,460 in London).<sup>70</sup> This report suggests that, as a means of ensuring that the NHS retains the staff whose training it has funded, instead of continuing with the present arrangement, the NHS should agree to repay nurses' student fees retrospectively as a monthly addition to their salary once they have graduated and begun work for the organisation. The cost of the loan repayment scheme would be met by HEE from its future workforce budget. This step transfers nurse education funding from immediate NHS expenditure to an asset on the Department for Business Innovation and Skills' (BIS) balance sheet. BIS is already accountable for all other student loans, the value of which is owed to BIS by the Student Loans Company,<sup>71</sup> which 85 per cent owned by the department.<sup>72</sup> Nurse student loans would be steadily paid off by HEE on behalf of the Department of Health. BIS also pays the annual Resource Accounting and Budgeting (RAB) charge, which covers the proportion of student loans predicted never to be fully reimbursed.<sup>73</sup> However, due to the NHS's commitment to pay the premiums of such loans, and the high employability of nurses across both public and private sectors, the RAB charge for such nurse student loans could be substantially smaller than conventional student loans, as these debts would not have such a substantial majority of their repayments occurring in the second half of their terms as is the case for the rest of higher education.<sup>74</sup>

If implemented, there would be a three-year period before HEE was required to make such payments to new nurses as they would need to graduate under the new loan scheme first. This would release funds to contribute to a possible NHS transformation fund suggested by the King's Fund to promote new models of efficient care made necessary by increasing demands laid upon the service.<sup>75</sup> If



we take HEE's total financial allocation for nurse tuition and bursaries only, which is £685 million annually, sizeable funds will be released.<sup>76</sup> For the three years before loan repayments were required to begin, over £2 billion could be released. The money that can be saved in this three-year period is a one-off bonus for the NHS, and during this period measures would need to be taken to ensure the NHS could always guarantee to pay each nurse's loan premiums once those on the new funding scheme have graduated.

If the NHS increases the number of nurses educated each year, while agreeing to pay back the same level of training costs as it now does, albeit through the repayment of student loans as opposed to upfront payment, it could be argued that total expenditure on nurse education would increase over the long term as the NHS would be financing more students overall. However, any increased costs from financing more nurse training would be offset against a range of benefits arising from doing so. Presently, agency fees cost the NHS £3.3 billion per year,<sup>77</sup> with those for nurses alone making up around £980 million of this sum.<sup>78</sup> Training more nurses is likely to reduce this sum considerably. Those nurses whom the NHS currently recruits from overseas might then also seem a more expensive option than that of training the equivalent number of staff in the UK. At present it is estimated that the average cost of recruiting each nurse from inside the EU is between £2,500<sup>79</sup> and £3,000<sup>80</sup> and from outside Europe this can represent as much as £12,000 per employee depending on the location and the number of nurses recruited during the trip.<sup>81</sup> As overseas staff often leave within a few years, with some trusts losing as many as over half their recruits in the first year alone, the advantage of employing more home-trained nurses is obvious.<sup>82</sup> Some UK trained nurses will also choose work in the independent sector, and the NHS would have no obligation to pay back the student loans for them. It is likely, however, that private employers would agree to pay back student loans in a similar manner to the NHS in order to attract staff, but this would come at no disadvantage to the taxpayer. Finally, as with all governmental investment in higher education, allowing greater access to higher education benefits the economy as a whole yielding higher tax revenue and resulting in a more productive and healthier workforce.<sup>83</sup> Having many more young people as graduate nurses could therefore represent wider economic advantage to the nation as a whole.

A major benefit of NHS funding of student loan repayments while they are employed by the NHS is that it would encourage home-trained nurses to remain in the organisation for many years (the term of the loan repayment). By contrast,

choosing to work in the private sector immediately after training would have no guarantee that employers would similarly act. Those private employers that might offer to repay loans (perhaps to entice nurses from the NHS) would however in effect be reimbursing the NHS for their training costs. A possible agreement on the part of the NHS to pay back student loans at a faster rate on behalf of those choosing to train for hard-to-fill specialities (such as A&E or gerontology) or work in unpopular or remote locations might encourage nurses to enter these. The proposed student loan repayment system, while preserving their right to do so, could further act as a disincentive for home-trained nurses to immediately choose work in other countries (currently a major problem for the NHS) as they would thereby no longer benefit from the employer repayment scheme.

Currently, conventional student loans are paid back at 9 per cent of earnings above £17,335. For example a graduate earning £21,000 repays £27 a month, a graduate earning £30,000 repays £94. Nursing graduates start work for the NHS at a salary of £21,692 and can often progress rapidly, for example a sister can earn up to £34,876 and more senior nurses far above that.<sup>84</sup> Presently, the average salary for a nurse is £23,038.<sup>85</sup>

If the NHS were to pay nurses in hard-to-fill specialisms their loan repayments at double the rate of conventional student loans (that is at 18 per cent instead of 9 per cent above the £17,335 threshold) it would provide a substantial incentive for nurses to remain within the organisation and represent a payment from the NHS (and saving to the nurse) of between £784 to £3,158 per annum, an average of £1,026.

Even in the case of non-shortage specialities, a nurse who, for example, borrowed the average student debt of £44,000 would easily have their debt paid off as they advanced to more senior levels throughout their career.<sup>86</sup> Thus, the NHS would be able to guarantee that those dedicating their whole career to working within the organisation would never pay a penny of their education fees. Those who work for the NHS for some years and then leave would have reduced their debt, but would then have to start making their own loan repayments. This seems fair. We cannot expect the UK taxpayer to finance the training of nurses who then advance to work outside the public sector. However, it seems equally reasonable to finance the training of those who do, for as long as they choose to remain within the NHS. In all likelihood, as nurses became more senior, they would pay their loan off ever faster due to their increase in salary, meaning experienced nurses would be rewarded for remaining within the NHS. In any case, as with all other UK student

debts, the student loan would be written off 30 years after each nurse became eligible to pay.<sup>87</sup> Those nurses who retired early would not pay back further parts of their loan unless they had another source of income above the repayment threshold of £17,335 as is applicable to all student loans across the UK.

### Other degree subjects

Other degree-level subjects are not similarly restricted by centralised limits on student numbers. This was the case even prior to the cuts in tuition subsidies made by the government in 2012. For example there exists no such limit on history or psychology degree student numbers; both popular courses with undergraduates. Graduates from these disciplines advance into diverse careers ranging from accountancy, teaching, radio broadcasting or law for historians,<sup>88</sup> to policing, marketing or work for industrial companies for psychologists.<sup>89</sup> Nursing is no different, with successful graduates having a wide choice of available relevant employment in both the public and private sectors as well as other tangentially linked medical occupations. Almost all degrees have the potential to foster transferrable skills that employers want, such as efficient teamwork, communication skills, high numeracy and attention to detail. It seems illogical and unfair to limit nursing degrees to a fixed number of candidates each year.

## Discussion and policy recommendations

The cost of training each new nurse is considerable, and, although the present policy of fully funding each student's place in advance is commendable, budget restrictions appear to prevent able candidates from becoming nurses. There exists also a difficulty in finding sufficient practical placements for any extra students who might wish to train, a factor which could theoretically limit trainee numbers even if the NHS's budget were sufficient to pay for them all. However, student nurses are rapidly able to carry out all the basic tasks of healthcare assistants, and soon advance to being competent enough for more complex responsibilities. Thus, far from being a burden on their placement wards and clinics, they bring great benefit at no extra cost. It is true that qualified staff members have to spend time on instructing students, but this time can be made up by the students' practical help at the busiest times of day such as in the mornings when each patient has to rise, have their beds made and be helped to wash and dress. In relation to the new safe staffing guidelines introduced after the mid-Staffordshire scandal, these students can, by their presence, provide safer care on the wards, as long as they are not required to carry out new duties before sufficient training has taken place.

Current shortages in nursing staff are, only to a certain extent, the consequence of reduced numbers training in previous years. The fact that the number of acute nursing education places commissioned was reduced each year progressively from 2009/10 until 2013/14 obviously contributes to the lack of nursing staff presently available, and has resulted in increased reliance on foreign-trained nurses and agency staff. However, the reduction of 2,521 places between 2009/10 and 2011/12,90 cannot adequately explain why 8,183 overseas-trained nurses entered the NMC register three years later in 2014/15.<sup>91</sup> This disparity in numbers is too great to be simply explained as being due to reduced training places during the preceding period, and suggests that even with the addition of more training places in recent years, the NHS is unlikely to end its reliance on overseas and agency staff in the near future without more substantial investment in training.

HEE deserves praise for having placed emphasis on supporting the NHS's continued effectiveness by commissioning training for more community nurses, school nurses and physician associates, all essential if care is to be moved from acute intervention hospitals towards social care and preventive medicine. However, recent cuts to social care budgets and underinvestment in mental health

services (both widely held to reduce demand for acute services and thus be economically effective)<sup>92</sup> are leading to a reduction in NHS funding for nursing education in those specialisms. Such short-term considerations seem an unfortunate characteristic of the NHS's present management strategy. It is sobering to reflect on the fact that were the money currently spent on employing agency nurses put into training nurses, HEE could fund that of around 19,600 annually.<sup>93</sup>

This report suggests that it is nonsensical to recruit ever more nurses from overseas when we have a willing and able pool of potential recruits in this country. Language barriers and differences in training have obvious implications for treatment quality and patient safety. Employing overseas trained staff often leads to workforce instability due to their deciding to return to their home countries after some years of work, taking the benefits of their experience, and any in-house training gained in the UK, with them. Employing agency nurses on a regular basis similarly undermines efforts to build a permanent stable workforce in our hospitals, while the high cost of doing so obviously argues against efficiency.

#### [From upfront payments to student loan repayments](#)

This report further suggests that nurse education would be greatly improved by the transfer of the cost from current expenditure to the student loan scheme. The NHS would commit to repay loans provided that nursing graduates work for the NHS. This repayment could even be increased for those agreeing to train in hard-to-fill specialities. The implementation of this scheme would bring five principle advantages. Firstly, it would release funds that the NHS urgently needs to develop services more suited to 21st century disease patterns and changing patient needs. In a recent interview Sarah Wollaston, chair of the Health Select Committee stated that at least £4bn of the £8bn funding increase promised by the government will be needed simply to keep trusts financially viable this year.<sup>94</sup> Secondly, the loan repayment scheme would ensure that the NHS can maintain the nursing workforce it has trained, protecting its investment, by encouraging new nurses to work within the organisation, gaining and sharing experience to the benefit of the service as a whole. Thirdly, it would discourage NHS trained nurses from emigrating as they would thereby assume personal responsibility for repaying their loans. Fourthly, NHS trained nurses deciding to work for the independent sector would similarly thereby become responsible (they or their private sector employer) for repaying their loans, in effect reimbursing the NHS and the taxpayer for the cost of their training. Finally, if loans were re-paid by the NHS at a faster rate for those nurses

training for and employed in hard-to-fill specialities it would act as an incentive to fill such vacancies.

A similar loan repayment system could also be applied to other courses for which the NHS currently pays full training costs, including allied health professionals.<sup>95</sup> Those who follow long NHS careers in their chosen fields, as with nurses, would still never pay a penny of their education. If we extended such loans to other professions this would also greatly enhance the three years of increased revenue for the NHS. If the scheme was extended to the 7,324 assigned places for allied health professionals this could easily generate an extra £222 million if students receive the same types of subsidies as nurses giving us a combined total of £907 million per year, or £2.72 billion over the three years. Other scientific, technical and therapeutic professions for which the NHS gives further differing levels of reimbursement could increase this sum further.

#### Ending centralised limits

This report maintains that it is inadvisable to continue to centrally limit the numbers of nurses in training. Nevertheless, higher education institutions would need realistic support from government for these additional students, most especially in securing the extra clinical placement places needed for them with local healthcare providers. Greater numbers of trained UK nurses are essential if the NHS is to reduce its reliance on overseas and agency staff. In addition, competition for employment amongst greater numbers of nursing staff will help ensure that presently hard-to-fill specialties such as A&E or remote, rural regions are fully staffed in the future.

Some commentators fear that increasing nurse training could lead to unemployment. Spain is an example of a country currently dealing with high nurse unemployment. Many nursing graduates that are struggling to find work and are consequently applying for posts in the UK despite their expressed preference to remain in Spain if it were possible. Of particular concern is the fact that some Spanish applicants themselves worry that their poor standard of English could easily lead them to make mistakes.<sup>96</sup> Spanish medical unemployment has been largely attributed to that country's economic problems, entailing drastic cuts to medical services and staffing levels. The Spanish health service now employs lower levels of nurses per 100,000 citizens as compared to much of the rest of Europe. However, similar medical unemployment is unlikely to occur in the UK as, although the NHS has made considerable efficiency savings in response to the

2008 financial crisis, the service did not make similar cuts to staffing levels (demand was simply too high and is still increasing) and the British economy is now largely recovering. In short, the threat of medical unemployment as the result of training more nurses in the UK does not seem realistic in a sector where demand is ever increasing and vacancies remain hard to fill.

## Conclusion

Since 2013 nurse training has meant studying for a degree, and there is no reason why nurse training should not be funded by student loans like most other degrees. However, it would be unreasonable suddenly to abolish all NHS funding for nurse education. The proposal to repay student loans is fair to nurses and will encourage them to stay within the institution that has trained them. In any event, it is perverse to limit training places when there is a shortage of nurses. It seems absurd to deny the opportunity to train as a nurse to so many bright, enthusiastic UK citizens while the NHS is forced to recruit high numbers from overseas, and such a situation could be considered as unjust to those foreign healthcare services that have trained those that have been recruited. Maintaining the present training limits seems particularly incongruous when the government has pledged to boost employment and increase training opportunities for young people. The implementation of an NHS student loan repayment scheme will create empowered individuals, able to support themselves and to serve the society that funded their training – at a time when they are needed more than ever before.



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