DHSC response to Royal College of Nursing comments on Secondary Legislation Scrutiny Committee

(Please note the RCN comments are in bold)

RCN: In its equality analysis, the Government accept that the change could adversely affect participation of female, disadvantaged, older and ethnic minority students due to increased debt aversion. There is a high representation of female and mature students in postgraduate nursing courses, and due to the debt aversion of these groups, this policy carries a significant risk of reducing the number of postgraduate students at a vital time when the Government is trying to increase the supply of nursing staff.

DHSC: The government’s Equality Analyses have openly acknowledged that some research suggests some groups may be more averse to debt and we have outlined steps taken to mitigate these risks. Our analyses, both in 2016 and a revised version published on 8 February 2018 to accompany these further reforms, has also acknowledged the student demographic in healthcare courses. This is also reflected in a range of publications on this issue by DfE.

Owing to the unique demands put on healthcare students, particularly the clinical placement element of their courses we have made several additional allowances available to eligible students:

- Child dependents allowance – an additional payment of £1,000 per student per academic year for students with child dependents
- Travel and dual accommodation – the government will reimburse students for additional daily travel costs and will pay for secondary accommodation whilst students attend clinical placements
- Exceptional hardship – £3,000 per academic year for eligible students facing severe financial hardship.

Allowing postgraduate students to access the loans system will also enable them to be up to 25% better off while they study than under the previous funding system. There is also protection for low earners built into the loans-based model for financial support. Loan repayment rates will depend on the borrower’s income: repayments will be 9% of income above £25,000 [from April 2018] with any remaining loan amounts written off after 30 years. If a graduate’s working pattern results in their earnings being reduced, then their repayments will also be reduced. If earnings drop below the threshold for any reason, then repayments stop.

RCN: The policy objective of this regulation is to increase the number of nurses by replacing postgraduate bursaries with student loans and removing the restrictions of commissioning training places. The Government claim that this will “increase the supply of nurses, midwives and allied health professionals to the NHS.” This follows the removal of the NHS bursary for undergraduate nursing students in 2017.

RCN: The Government committed to monitor and evaluate the effects of the student funding reforms, particularly in response to concerns raised by the Secondary Legislation Scrutiny Committee previously. However, early indication has shown that this policy is proving ineffective: the reforms have not led to the anticipated increase in nursing students. In fact, in some areas student numbers have declined - for example overall applications from mature students, and declining numbers for specific fields of learning
disability nursing and mental health nursing. Overall, applications to nursing courses have fallen by 33% since the same time in January 2016. This runs contrary to the Government’s aspiration to grow the pipeline supply of the future nursing workforce through this policy.

DHSC: We acknowledge that early indications of the latest UCAS application data, published in February 2018, show that the number of students applying to study nursing has decreased from this point in the cycle last year. The 2018 university application cycle is not over, so we do need to apply some caution when interpreting the figures at this point.

We would add that declines in applications are distinct from declines in the number of students actually starting nursing courses. Although UCAS’s application data for 2017/18, published in February 2017, showed a 22% decline in applications, the end-of-cycle data of applications with confirmed places to study showed a decline of only 3% compared to the previous year and is the second highest number on record.

The department is also prioritising new routes into nursing. The new routes into the nursing profession will allow thousands of people from all backgrounds to pursue careers in the Health and Care sector and allow employers to grow their own workforce. In November 2016 we announced the new Nursing Associate role and the Nurse Degree Apprenticeship, once established, means up to 1,000 apprentice nurses could join the NHS each year. In October 2017 we announced an expansion of the Nursing Associate training programme through the apprentice route. Health Education England is establishing a national programme to train up to 5,000 Nursing Associates in 2018 and up to 7,500 in 2019 Nursing Associates through the apprentice route.

The Department is working with relevant bodies across health and education to monitor the effects of the broader healthcare funding reforms and, as part of this, plans to publish an update, in Autumn 2018, following the close of the 2017-18 application cycle.

RCN: We are calling on the Secondary Legislation Scrutiny Committee to draw this instrument to the special attention of the House of Lords for further scrutiny. We believe the policy represents poor and ineffective public policy as it undermines the Government’s commitment to increase the number of nurses entering the workforce. We are calling for the Government to withdraw this Statutory Instrument to ensure that the Secretary of State for Health and Social Care retains the power to provide direct funding to postgraduate nursing students, on the basis of their unique characteristics and the opportunity this route offers to quickly grow the nursing workforce to meet growing population need.

DHSC: Universities consistently argued that the healthcare postgraduate market was prime for growth if we offered a loan product. The reforms we are proposing follows the approach the government takes across the wider Higher Education sector in making a contribution towards, but not fully funding, postgraduate courses. The tuition fee loans we propose are for up to £9,250 per year and are alongside partially means-tested loans for living costs. The product we have made available to pre-registration postgraduate healthcare students is therefore considerably more generous that the existing Postgraduate Master’s Loan which was not available for many healthcare courses and provided a maximum loan amount of £10,280 over the duration of the course. This would have required students to self-fund much of their course and would be likely to reduce student intake, precipitate course closures, and damage workforce supply.
DHSC Response to article in “The Guardian” on unfilled nursing posts 21/02/18

Latest NHS Improvement management information data for all clinical and non-clinical staff shows that, as of December 2017, there are 97,453 vacancies in the NHS; of these approximately 91,771 (94%) are filled by bank and agency staff. However, bank and agency staff, in addition to covering the vacancy gap, are also used to backfill for sickness, maternity, and secondments so we cannot assume the temporary workforce (bank and agency) is being used purely to fill the vacancy gap.

There are 9,676 medical vacancies; of these approximately 8,780 (91%) are covered by temporary staff (51% agency and 40% bank). There are 35,835 nursing and midwifery vacancies; of these approximately 31,351 (87%) are filled by temporary staff (32% agency and 55% bank).

NHS Improvement is working with the Department, NHS Digital and Health Education England to collect a range of data on vacancies and to validate the raw vacancy data. Vacancy data requires significant interrogation, because there are lots of reasons why posts may be vacant, including maternity and career breaks. Trusts make decisions based on local needs about how they fill these posts, including looking at short-term options for cover, including bank and agency staff.

We emphasise that the NHS employs more staff now than at any other time in its sixty-nine year history with significant growth in newly qualified staff over the period from 2012. The latest NHS Digital figures show there are almost 42,700 more professionally qualified clinical staff working in the NHS since 2010, including almost 14,200 more nurses on our wards and over 14,900 more doctors working in the NHS; we are also increasing training places for doctors and nurses by 25 per cent.

Links: