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## **Government response to the 2016 public consultation on the NHS bursary: Borrowing against the future**

### *Abstract*

This paper discusses the United Kingdom (UK) government's public consultation into the NHS bursary and the NMC's response. A public consultation stipulated that the current arrangements for funding, by the State, were not to be considered for discussion. Instead, the consultation only appraised views that would lead to the successful introduction of student finance loans for NHS professional education. Testimonies from nurses, midwives and nursing students expressed concern that the new funding arrangements were unaffordable, dis-incentivising and biased towards the marketisation of student loans in the UK (RCN, 2015); yet the changes went ahead. The changes to NHS bursary funding resulted from the UK Government's desire for growth in student numbers (and ostensibly not growth in financial figures), and the fact that nurses are borrowing against their prospects to work in healthcare means nursing (and other healthcare) students will become more fiscally indebted, despite society's moral obligation to them.

### *Introduction*

Most British nurses reading this paper in 2018 will have been the grateful recipient of statutory nurse education paid for by the State. That relationship changed in 2017 with the discontinuation of the NHS bursary. The funding reforms were suggested to be necessary due to 45% of the 692,773 nurses and midwives in the UK being aged 45 years and over, health

worker migration globally (Kollar & Buyx, 2013), and a reduced number of European nurses migrating to the UK post Brexit (Marangozov, Williams & Buchan, 2016). Further influences are an increase in overseas, European and UK nurses and midwives leaving the Nursing and Midwifery Council (NMC) register and for the first time, 45% of UK registrants, who make up 85% of the register, leaving between 2016 to 2017 (NMC, 2017a). A factor in nursing student attrition rates and poor NMC registration retention is suggested to be work-life balance, poor job satisfaction, stress and burnout which are compounded by the 14% real term fall in salaries and 1% pay cap (Anim, 2017; RCN, 2015). Due to a lack of long term strategic workforce planning, the use of costly *ad hoc* agency workforce and a shortage of nurses overall, the quality of care received post Francis Report is of concern (Marangozov et al., 2016; OECD, 2014). This phenomenon is not unique to the UK with the United States (Rosseter, 2017) and Australia also reporting nursing shortages, poor recruitment, attrition rates and retention of registered nurses, despite government subsidised training (Gilbert & Brown, 2015).

### *Commissioned numbers*

Successive UK government's annual funding decisions have impacted on the numbers of new entrants into nurse education (NHS BSA, 2016). The past quota of commissioned pre-registration and midwifery training between the year 2000 and 2016 had slightly improved since 2012 (see figure 1 entitled *Pre-registration nursing and midwifery places*), however, this has not alleviated current staffing shortages due to a 10% shortfall of nurses in England (NHS BSA, 2016). Due to a systemic failure to address this issue successfully, this paper offers a timely commentary to question the objectivity and rationale behind the funding reforms (Marangozov et al., 2016).

## Pre-registration nursing and midwifery places, England

|         | Nursing | Midwifery |
|---------|---------|-----------|
| 2000-01 | 19,460  | 1,983     |
| 2001-02 | 20,668  | 2,029     |
| 2002-03 | 21,949  | 2,250     |
| 2003-04 | 23,553  | 2,285     |
| 2004-05 | 24,956  | 2,425     |
| 2005-06 | 24,520  | 2,380     |
| 2006-07 | 22,964  | 2,170     |
| 2007-08 | 21,569  | 2,115     |
| 2008-09 | 21,732  | 2,274     |
| 2009-10 | 21,337  | 2,537     |
| 2010-11 | 20,327  | 2,493     |
| 2011-12 | 18,069  | 2,507     |
| 2012-13 | 17,546  | 2,578     |
| 2013-14 | 18,056  | 2,588     |
| 2014-15 | 19,206  | 2,563     |
| 2015-16 | 20,033  | 2,605     |

Source: PQ HL4111 [on Health Professions: Training] 5 December 2015

Figure 1: Pre-registration nursing and midwifery places, England (in Hubble, Foster & Bolton, 2017, p. 4).

### *Reasons for funding reforms*

The funding reforms published in the UK Department of Health's (DH, 2016a) white paper entitled *Reforming healthcare education funding: creating a sustainable future workforce* paper documented the government's response to a public consultation in 2016 over three months involving 1,743 respondents. The benefits, as suggested by the white paper, are presented in figure 2 entitled *Benefits of funding reforms*. The discontinuation of the NHS bursary was expected to affect an estimated training of 77,000 nursing, midwives and allied health professional (AHP's) [including dietetics, occupational therapy, physiotherapy,

podiatry, speech and language therapy, radiotherapy, orthoptics, orthotics/prosthetics, operating department practitioner, dental hygienist and dental therapist] (NHSBSA, 2016). This meant dentists and medics would receive the NHS bursary only in their fifth and sixth years of training (NHSBSA, 2016). The reforms, the report suggests, offers a more flexible approach to the constraints of previous commissioned quotas by allowing higher education institutions to train 10,000 extra places on pre-registration nursing courses (NMC, 2017b; NHSBSA, 2016). Moreover, earning a degree was suggested to lead to significant financial rewards, life-long-learning opportunities and improved graduate prospects (DH, 2016a; NMC, 2017b).

- enabling universities to offer up to 10,000 extra training places on pre-registration healthcare programmes
- offering students around 25% more upfront financial support while studying - for example, a single student on a 3-year programme would receive approximately £2,000 more each year on a student loan compared to an NHS bursary
- improving access to pre-registration undergraduate study for those from disadvantaged backgrounds
- giving students with an existing qualification the chance to get funding for a second degree

*Figure 2: Benefits of funding reforms*

The white paper suggests previous restrictions placed on pre-2017 funding arrangements on nurse training provision had led to prospective students' lack of success in the nurse training selection process (DH, 2016a). The white paper (DH, 2016a) refers to 2014 when 30,000 or 60% of prospective students applying for nursing were not accepted onto a nurse education programme (DH, 2016a). The white paper (DH, 2016a) failed to state why not all people applying for nurse training were considered appropriate to join the training provider, and it is

likely the reasons are due to failing to meet the value based criteria of the selection process (Scammel, Tait, White, & Tait, 2017). The white paper's inference is of concern, because the nursing profession is self-regulating (The Nursing and Midwifery Order, 2001) and has been given authorised permission to ensure the required standards for training are met to ensure, ultimately, public safety. Therefore, the selection and interviewing process by lecturers/panel are best placed to identify suitable candidates, otherwise, if market driven, there is potential for unsuitable candidates being trained (Scammel et al, 2017).

### *Student loans*

The introduction of student loans into higher education follows a trend in the past thirty years for higher education institutions to move away from a publicly funded training to fee-enrolment and less responsibility of the sitting government to provide fiscal responsibility for the national health service (Marangozov et al, 2016). The distancing of responsibility by a Secretary of State for Health is what the political philosopher Michael Sandel (2009) called "markets mimicking governance," which is a kind of political choice and settling difficult issues through the market economy, a choice that is attractive to politicians because it does not require moral debate on whether change is right or wrong. What the introduction of student fees in the UK by the labour government less than a decade ago did do however, was to make it more acceptable to increase student fees (tripled) and increase the burden of debt onto students, rather than taxpayers, unless fees are means tested and include living expenses (Ziderman, 2013). Hence, there is a case to be made that funding reforms are not for the common good, despite the reported benefits, and instead are profit driven, at the expense of a student's motivation to train as a nurse and sense of civic duty (Ziderman, 2013). In the past decade, the expansion of such an agenda has given HEI's flexibility to capitalise on a growing market (Tomlinson, 2017). This critical issue was evident in the public consultation itself by its criteria for

discussion. The public consultation (DH, 2016a) aimed to obtain views which would help the successful implementation of funding reforms, and this led to any views held by respondents to maintain the old bursary and funding provision for this sector within higher education, to be dismissed on questionable grounds, for example:

*“...A number of respondents chose not to engage with the questions, but called for maintaining the NHS bursary under the current system. Whilst these opinions have been noted, the purpose of the consultation was to invite views on the successful and fair implementation of bursary reform rather than ask about their principles and so these responses have not been considered further...”* (DH, 2016a, p. 10).

Of course, respondents' views could be deemed to be change resistant, especially when a constructive and timely government response is required to address staffing shortages; yet without question views in favour of NHS bursaries were ignored, which is hardly democratic. Either way, the imposition of such a limiting criterion suggests the evaluative process was biased in favour of funding reforms. The diminution of the nursing profession was further developed by the Department of Health's impact report, which we discuss next.

#### *Impact report; no longer unique*

An impact report on the funding reforms by the Department of Health (DH, 2016b) stated *“...it is not clear why nursing, midwifery and AHP...”* (p. 3) *“... do not fund the cost themselves (of training) via an upfront loan...”* (p.4) from the student loans company who exist as *“...a non-profit making government-owned organisation...”* (p.4). A fair enough question perhaps, yet one that gives rise to concern, first due to who is asking the question. The question, perhaps indicates a central underlying issue related to staffing shortages, and the recruitment, and

retention of nurses, and that issue is the contract that binds society together based on equity, fairness, equal distribution of wealth (e.g. education, health services, infrastructure, the law), and the participation of citizens in public life, which are hallmarks of the healthcare professions (Rawls, 1980). Rawls (1980) suggested that people working in public service do so with a vested interest to support and shape public services in a way that is inclusive and equitable, and as concerned citizens they are aware, more than other members of the public, of their civic duty. Hence, people previously entering public service, rather than receive fiscal gratification, would feel a sense of social gratitude in serving and shaping public services (Rawls, 1980). Nursing respondents in an RCN (2015) survey however, suggest the funding reforms may instead discourage new students, especially mature ones and the reforms are seen as a high-risk strategy in a current healthcare arena seemingly ill-equipped to manage staffing shortages. The question by the Department of Health about the uniqueness of nurses [and AHP's] (DH, 2016b) and stating self-funding of NHS education should be through "...a non-profit making government-owned organisation..." (DH, 2016b, p. 4) is again misleading. First, because the impact report fails to acknowledge that repayments of student loans have a 3.1% interest rate (SLC, 2017a) and second, there are plans to sell the English student loans portfolio made legal by the Sale of Student Loans Act [2008] (SLC, 2017b). The funding reforms indicate a growth in the market to now include nurses and AHP self-funding. Hardly a reassuring detail considering discussion so far. In contrast to this the NMC response was unequivocal.

#### *The NMCs response: Uniqueness*

The NMC's (2017b) response was framed within their remit as a professional regulator and the public consultation funding reforms projection of 10,000 growth in nursing and midwifery students by the end of parliament. This was significant due to Higher Education England's direct link of commissioning numbers to the availability of clinical placements which would

discontinue due to the funding reforms (NMC, 2017b). The impact of the projected 10,000 student nurses on healthcare providers is focused on the issue of quality assurance, standards of education and the availability of clinical placements to deal with this expected increase. Student nurses are unique (contrary to the previous opinion) to many of their university peers in that they spend 50% of their programme in a healthcare arena and the other 50% in university (DH, 2016b; Hubble et al., 2017). Their time in practice is on a rota system with irregular hours and night shifts excluding them from taking part-time work, unlike other university students (NMC, 2017b). The NMC (2017b) suggested that the quality of clinical placements may be reduced by an over stretched system and that would be detrimental to mentors and the supernumerary status of nursing and midwifery students. A student failing a placement would mean extra cost to their studies and resource implications for future placements (NMC, 2017b).

The uniqueness of nursing and midwifery education was stressed by the NMC (2017b) from a societal perspective and reference was made of the retention of registrants, but no mention of the issue that future students will be more indebted than ever before (RCN, 2015). Consideration should also be given (due to staff shortages) to the funding of post registration courses such as specialist public health nurses (SCPHN), and the training of health visitors, school nurses, district nurses and practice nurses (NMC, 2017b). The NMC (2017b) response emphasised the need for quality education amid the expected expansion of educational providers, accessibility for students and equality by welcoming the widening participation agenda, and recruitment from local communities. The widening participation agenda refers to the government's consultation on many flexible options; such as developing the current workforce in the nurse associate programme and for trusts to fund nursing degree apprenticeships, foundation degrees, and a new level of registrant, the nurse associate (NHS I, 2016). The NMC (2017b) were also concerned in their response about the evidence from



previous funding reforms when moving from grants to loans leading to a reduction in mature students especially in the initial years of reform, which UCAS (2017) have evidence of in 2017.

#### *UCAS end of cycle report*

The UK's higher education clearing system, UCAS, published the latest statistics and discussion in their *End of cycle report 2017*. As of November 2017, UCAS reported an 18% reduction in applications to 54, 985, which was 11, 750 fewer than in 2016. In 2017 UCAS report the second highest number of acceptances mainly 18 and 19 year olds (78%) and a fall in mature students applying (UCAS, 2017). Between 2010 and 2016 there had been 61,000 to 67, 000 applications with a 37.9 to 43.3% acceptance rate, which was lower than the rest of the sector (UCAS, 2017). That has changed because UCAS stated this reduction did not translate into "...an equivalently large fall in acceptance..." and for 2017 "...the chances of being accepted to nursing were the highest on record..." (52.1%) with 28, 620 acceptances (UCAS, 2017, p. 11). This would indeed indicate a more flexible approach to the selection process than in previous years, however, it is too early to comment on whether this is an improvement for the better.

#### *Conclusion*

We discussed the UK Government's public consultation into the NHS bursary and the stipulation, at the time, that the arrangements for funding by the state were not to be considered for discussion. This raised concern about the balance of the consultation which narrowly appraised views leading to the successful introduction of student finance loans for nurse education. The consultation narrowly appraised views that would lead to the successful introduction of student finance loans for NHS education. Given the criticism of consecutive UK governments' difficulty in project planning student nurse numbers, this only adds to poor

confidence in the proposed changes; even though the changes could see nurse recruitment rise by an extra ten thousand. The reasons for the changes were discussed and an expected 10,000 extra places were projected to train; yet UCAS identify a fall in applications and an increased number of acceptances. The shortfall in healthcare staff remains a protracted issue and the decision to stop the NHS bursary has had the effect of furthering societies indebtedness to those in the nursing profession and AHP's, whilst conversely, increasing their individual fiscal debt. How this can be morally right remains to be seen.

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