Department of Health

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Open consultation

The case for health education funding reform

Published 7 April 2016

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Foreword from Ben Gummer, Secretary of State for Care Quality

Most politicians, regardless of political party, want to widen opportunity even if sometimes we disagree on how to do it. Back in 2010, during the reforms on student finance, the arguments on either side were earnestly made. What we can now see, with the benefit of 4 years' data, is that those who proposed reform have been proved comprehensively correct.

We are seeing the highest ever application rates to universities and more applications from disadvantaged students than ever before.

By extending our student finance reforms, universities will be able to create up to 10,000 more nursing, midwifery and allied health degree places during this Parliament. This will mean that NHS employers, as well as those in the independent and care sectors, will have a larger pool of highly qualified home-grown staff available. In turn, universities will be able to accept more applicants who get the right grades than they do currently. And we will be able to provide more up front living cost support – typically 25% or more[1] – to full-time students.

The benefits of reform will accrue not just to students but to the NHS. As domestic student numbers increase, we will be able to reduce the reliance on expensive agency or overseas staff, allowing more money to be freed up and put into frontline patient care.

These reforms will widen access to nursing for more students and provide them with more living cost support whilst studying. Changes like this are never easy but we strongly believe that these policies will be good for students, good for patients, good for universities and good for our NHS.

We believe these reforms promise much but to get them right we want to hear from as many individuals and organisations involved in nurse training and education as possible. This consultation has been written with that open

request in mind and will run for the maximum period of time to ensure that everyone has the ability to be heard. I sincerely hope that, as many as wish to contribute constructively; so that we can realise the full potential this policy offers nurses and our NHS.

We also want to bring in a new nursing associate role (between care assistants and registered nurses) to give additional support to nurses.

All these reforms, taken together, will help us to widen access to nursing, midwifery and allied health professions while enhancing the high-quality qualifications we have rightly come to expect.

The case for reforming health higher education funding for nursing, midwifery and allied health students

The current funding system for health higher education students is not working for patients, the NHS, for students or for the universities that train them.

Over recent years we have seen strong demand from potential students to study to become nurses, midwives and allied health professionals.

Since the introduction of student tuition fees in the wider higher education system, we have seen an increase in students wishing to go to university, reaching a peak in 2014 and continuing to sustain at these levels through to 2016.

However, for healthcare students, universities have not been able to meet

this ambition, nor fulfil this demand from potential students to study. This is due to the way in which places under the bursary system need to be limited in line with NHS workforce planning requirements, and the necessary financial constraints on the system which follow. This has resulted in the unjust situation whereby 2 out of 3 nursing applicants are turned down for a place.

The cost of training nurses, midwives and allied health professionals is largely borne by the NHS. In effect there has been an artificial cap on the numbers in training, limited to only those numbers needed as a minimum to meet NHS workforce requirements in line with Health Education England's annual workforce plan.

The lack of flexibility in training numbers has increased the risk of workforce supply shortages, at a time when there has been high demand for non-medical health staff. We have seen a higher number of nurses from overseas coming to work in England and increased use of high cost temporary staff to cover shifts where it is not possible to fill permanent posts.

We also know that while studying at university, many healthcare students currently report they are struggling financially. Putting more funding into the existing bursary system and tuition funding was not a viable option for the government, if we are to also: increase the supply of places to potential students, live within our budget and ensure that the NHS can use the extra £10 billion worth of additional investment for front line care by the end of the Parliament.

The wider higher education system has required students to make a greater contribution as graduates, enabling student numbers to increase. It is now time to move health students onto this system.

Over the last 30 years, successive governments have been able to extend the transformative opportunity of higher education to more students. To achieve this whilst retaining the world class quality of UK higher education,

students have been asked to make a greater contribution to the cost of university. This contribution is only made once they have left the course and earning above a certain income threshold. In the 2013 Autumn Statement, the government took these reforms a significant step further by removing student number controls entirely. This means that higher education courses are available for all those who are qualified by ability and attainment to pursue them, and who wish to do so.

The results have been striking:

- record numbers of students secured university places in 2015/16 – 394,380 acceptances for English domiciled students
- the proportion of students from disadvantaged backgrounds entering higher education is up from 13.6% in 2009 to 18.5% in 2015 – the highest proportion ever
- students have begun making more selective choices on what to study, with the number of full-time students choosing to study science, technology, engineering and mathematics (STEM) up since 2010. There were 301,615 entrants to STEM in 2014/15 compared to 292,780 in 2010/11
- total income for the higher education sector has risen in real terms and is forecast to rise to £31 billion by 2017/18
- the independent Organisation for Economic Co-operation and Development (OECD) has praised the English higher education system as being one of the very few countries that has developed a sustainable approach to higher education financing.

Nursing, midwifery and allied health professional students deserve the same opportunities as other

students

The NHS, independent care and social care sector, students, universities and wider public sector will all benefit from introducing the same reforms in health education that have taken place across the rest of higher education:

- the NHS and social care sector will have access to a greater supply of domestically trained nurses, midwives and allied health professionals once number controls limiting student places are removed
- removing the cap on places means more students will be able to realise their ambition, achieve their potential, study a health degree and secure good employment in the NHS or social care sector
- universities will have a system that enables them to invest in health higher education for the long term, by increasing their income for teaching costs and giving them security on the number of places
- more broadly, increasing the numbers of domestically trained nurses, midwives and allied health professionals will reduce NHS demand for health professionals trained overseas
- overall, we will have access to a home grown domestic supply and will not have to rely upon vastly expensive agency staff or nurses from overseas

In delivering these reforms, we can expect to see the following benefits:

- the NHS and social care sectors will become more self-sufficient by having access to more home-grown nurses, midwives and allied health professionals to meet fluctuations in demand – driving down temporary staffing costs and reducing reliance on staff trained overseas
- an end to the unfairness in the current system which sees 2 out of 3

nursing applicants being turned down for a nurse training place on the basis of funding rather than ability. More students would achieve their aspiration to study healthcare and be available to work for the NHS or social care sector

- increased living cost support for students whilst studying – students will see a gain of typically 25% or more in available support for living expenses

- universities will be enabled to invest for the long term instead of numbers changing every year based on commissioning plans – greater assurance that when investing in facilities they will be able to utilise them to cover the costs

- for the social care sector, these reforms will provide access to a longer term, more stable home-grown workforce supply which is hugely beneficial for both providers and service users in terms of ensuring stability to the sector

Related links

You can read the consultation and give your views on healthcare education funding reform.

An impact assessment and equality analysis about changing how healthcare education is funded are also available.

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1. The precise change for individuals will be dependent on their circumstances for example, where they study, the length of the course, income and residency

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