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Creators	Regan, Paul John and Ball, Elaine

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Borrowing against the future: the response to the public consultation on the NHS bursary

Paul Regan and Elaine Ball

ABSTRACT

This paper discusses the UK government's public consultation into the NHS bursary and the response from the Nursing and Midwifery Council. 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, 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 nursing (and other healthcare) students will become more fiscally indebted, despite society's moral obligation to them.

Key words: Education ■ Funding ■ Student nurses
■ Workforce ■ Staffing ■ Policy

Most British nurses, midwives and allied health professionals (AHPs) reading this 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 and Buyx, 2013), and a reduced number of European nurses migrating to the UK following the outcome of the Brexit referendum (Marangozov et al, 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 and 2017 (NMC, 2017). A contributing factor in nursing student attrition rates and poor NMC registration retention is suggested to be work-life balance, poor job satisfaction, stress and burnout, compounded by a 14% real-term fall in salaries and 1% pay cap (Royal College of Nursing (RCN), 2016; Anim, 2017). 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 since the Francis Report is of concern (Organisation for Economic Co-operation and Development (OECD), 2014; Marangozov et al, 2016). This phenomenon is not unique to the UK with the USA (American Association of Colleges of Nursing, 2017) and Australia also reporting nursing shortages, poor recruitment, attrition rates and retention of registered nurses, despite government subsidised training (Gilbert and Brown, 2015).

Commissioned numbers

Successive UK government's annual funding decisions have impacted on the numbers of new entrants into nurse education (NHS Business Services Authority (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 Table 1), 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).

Reasons for funding reforms

The funding reforms published in the white paper from the Department of Health (DH) (2016a) entitled *Reforming healthcare education funding: creating a sustainable future workforce* documented the UK government's response to a public consultation in 2016 over 3 months involving 1743 respondents. The benefits, as suggested by the white paper, are presented in Box 1. The discontinuation of the NHS bursary was expected to affect an estimated training of 77 000 nursing, midwives and AHPs (including dietetics, occupational therapy, physiotherapy, podiatry, speech and language therapy, radiotherapy, orthoptics,

Paul Regan, Senior Lecturer in Adult Nursing, University of Central Lancashire, Preston, p.jregan@uclan.ac.uk

Elaine Ball, Senior Lecturer, University of Salford, Salford

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orthotics/prosthetics, operating department practitioner, dental hygienist and dental therapist) (NHS BSA, 2016). This meant dentists and medics would receive the NHS bursary only in their fifth and sixth years of training (NHS BSA, 2016). The reforms, the report suggested, would offer a more flexible approach to the constraints of previous commissioned quotas by allowing higher education institutions (HEIs) to train **10 000 extra places on nursing, midwifery and AHP courses** (NHS BSA, 2016; NMC, 2016). Moreover, earning a degree was suggested to lead to significant financial rewards, life-long-learning opportunities and improved graduate prospects (DH, 2016a; NMC, 2016) (Box 1).

The white paper suggested 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). It referred to 2014 when 30 000 or 60% of prospective students applying for nursing were not accepted onto a nurse education programme (DH, 2016a). However, it failed to state why not all people applying for nurse training were considered appropriate to join the training provider, **and the likely reasons were failing to meet the values-based criteria of the selection process** (Scammel et al, 2017). The white paper's inference is of concern, because the nursing profession is self-regulating (under The Nursing and Midwifery Order, 2001) and has been given authorised permission to ensure the required standards for training are met **for the purposes of maintaining** public safety. Therefore, the selection and interviewing process **by nurse lecturers and clinical nurses** are best placed to identify suitable candidates, otherwise, if market driven, there is the potential for unsuitable candidates to be trained (Scammel et al, 2017).

Student loans

The introduction of student loans into higher education follows a trend in the past 30 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 NHS (Marangozov et al, 2016). The distancing of responsibility by a Secretary of State for Health is what the political philosopher Michael Sandel called 'markets mimicking governance', **which offers a kind of political choice in 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 (Sandel, 2009). **The Labour government introduced means tested, paid up front student fees in 1998 and this paved the way to increase the burden of debt on students, rather than taxpayers, in later years** (Glennerster, 2002). 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, and 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 HEIs 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 aimed to obtain views that would help the successful implementation

Table 1. Pre-registration nursing and midwifery places in England

	Nursing	Midwifery
2000–01	19 460	1983
2001–02	20 668	2029
2002–03	21 949	2250
2003–04	23 553	2285
2004–05	24 956	2425
2005–06	24 520	2380
2006–07	22 964	2170
2007–08	21 569	2115
2008–09	21 732	2274
2009–10	21 337	2537
2010–11	20 327	2493
2011–12	18 069	2507
2012–13	17 546	2578
2013–14	18 056	2588
2014–15	19 206	2563
2015–16	20 033	2605

Source: Hubble et al, 2017: 4

of funding reforms (DH, 2016a), and this led to any views held by respondents regarding a wish to maintain the old bursary, and funding provision for this sector within higher education, being 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: 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;

Box 1. Suggested benefits of funding reforms

- Enabling universities to offer up to 10 000 extra training places on preregistration 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 £2000 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

Source: Department of Health, 2016a

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 DH's impact report, which we discuss next.

Impact report: no longer unique

An impact assessment on the funding reforms from the DH argued that 'it is not clear why nursing, midwifery and AHP students should be treated differently' from other undergraduate students who fund the cost of their courses through an upfront loan from the Student Loans Company, a 'non-profit making government-owned organisation' (DH, 2016b: 3–4). A fair enough question perhaps, yet one that gives rise to concern, first due to who is asking the question. The question may indicate 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 citizen 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 survey conducted in late 2015, however, suggested 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 (RCN, 2016). The question from the DH about the uniqueness of nurses, midwives and AHPs (DH, 2016b) and stating self-funding of NHS education should be through 'a non-profit making government-owned organisation' (DH, 2016b: 4) is again misleading. First, because the impact assessment fails to acknowledge that repayments of student loans have a 3.1% interest rate (Student Loan Company, 2017a) and second, the Sale of Student Loans Act 2008 made it legal to sell off the English student loans portfolio (SLC, 2017b). The funding reforms indicate a growth in the market to now

include nurses and AHP self-funding. Hardly a reassuring detail considering discussions so far. In contrast to this, the NMC response was unequivocal.

The NMCs response: uniqueness

The NMC's (2016) response was framed within its 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 Health Education England's direct link of commissioning numbers to the availability of clinical placements, which would discontinue due to the funding reforms (NMC, 2016). The impact of the projected 10 000 student nurses, midwives and AHPs 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 stated by the DH) as unlike many of their university peers 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, 2016). The NMC (2016) 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 added to their studies and resource implications for future placements (NMC, 2016).

The uniqueness of nursing and midwifery education was stressed by the NMC (2016) from a societal perspective and reference was made to the retention of registrants, but no mention of the issue that future students will be more indebted than ever before (RCN, 2016). Consideration should also be given (due to staff shortages) to the funding of post-registration courses such as those leading to the status of specialist community public health nurse (SCPHN), and the training of health visitors, school nurses, district nurses and practice nurses (NMC, 2016). The NMC (2016) 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 and for trusts to fund nursing degree apprenticeships, foundation degrees, and a new level of registrant, the nurse associate (Department of Health and Social Care, 2016). The NMC (2016) was also concerned 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) provided evidence of in 2017.

UCAS end of cycle report


The UK's higher education clearing system, UCAS, published the latest statistics and discussion in its end of cycle report for 2017. As of November 2017, UCAS reported an 18% reduction in applications to 54 985, which was 11 750 fewer

KEY POINTS

- A public consultation into the NHS bursary stipulated that the current arrangements for funding, by the State, were not to be considered for discussion
- Funding reforms are expected to bring flexibility to funding to 10 000 student nurses, midwives and AHPs
- Rather than society being indebted to healthcare students, their fiscal debt will increase markedly
- The student loan portfolio has already been sold on

than in 2016. In 2017 UCAS reported 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 61 000–67 000 applications with a 37.9–43.3% 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 on 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. The reasons for the changes were discussed and an expected 10 000 extra  projected to train; yet UCAS has identified a fall in student nurse 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 AHPs, while, conversely, increasing their individual fiscal debt. How this can be morally right remains to be seen. **BJN**

Declaration of interest: none

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CPD reflective questions

- What are the pros and cons of removing the NHS student bursary?
- What are the ethical and moral implications for the marketisation of the NHS and in this case the marketisation of the student loan portfolio?