

PARLIAMENTARY BRIEFING

NHS Workforce Plan

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1. MillionPlus is the Association for Modern Universities in the UK, and the voice of 21st century higher education. We champion, promote and raise awareness of the essential role played by modern universities in the UK's world-leading university system.
2. Modern universities make up 52% of all UK undergraduates and 37% of all postgraduates, with over one million students studying at modern institutions across the UK.
3. Modern universities have a long and well-established tradition of training a major part of the nursing workforce in the UK. Seventy-three per cent of nursing students were at modern universities in 2019-20. Sixty-nine per cent of midwifery students were at modern universities in 2020-21.
4. On Friday 30 June, The Government published their [NHS Workforce Plan](#), a comprehensive strategy aimed at addressing the staffing needs of the National Health Service (NHS) in England.
5. Our latest report: [Who trains the nurses? Universities and the placements shortfall](#) looked at many of the issues addressed in the Workforce Plan.
6. MillionPlus welcome the clarity and the ambitious plans to meet the recruitment challenges facing the NHS in England and our universities, who already train a large proportion of student nurses, are ready and willing to take up the challenge of expanding student numbers, broadening the uptake of nursing apprenticeships and using technology to meet placement bottlenecks.

WHAT IS IN THE PLAN?

7. The plan is a long-term strategy to reduce reliance on expensive agency staff, potentially saving taxpayers around £10bn between 2030-31 and 2036-37.
8. It includes measures to double medical school training places to 15,000 by 2031, increase GP training places by 50% to 6,000 by 2031 and almost double the number of adult nurse training places by 2031.
9. It aims to offer more training places through degree apprenticeships, allowing staff to earn while they learn.
10. Other measures include introducing four-year medical degrees and medical internships, opening new medical schools in areas with staffing shortfalls, and expanding training places for clinical psychology and child and adolescent psychotherapy.
11. The plan will be reviewed at least every two years to ensure it is keeping pace with the requirements of NHS staff and patients. The plan includes ranges for numbers of staff that will be delivered, reflecting uncertainty in key factors such as productivity, retention, training, and recruitment. The plan also includes measures to ensure patient safety when training students and apprentices.

MAIN AIMS OF THE PLAN

12. The plan aims to train more staff, retain the existing workforce, and reform the way healthcare staff work. It is backed by over £2.4bn in government funding over the next five years to fund additional education and training places.
13. The plan also aims to improve the retention of the workforce by improving culture, leadership, and wellbeing, and by offering flexible opportunities for retirees. The plan seeks to take advantage of digital and technological innovations to support the NHS workforce and improve efficiency.
14. However, there are a number of question marks over how deliverable it is in its current form.

Increasing student numbers

15. The planned increases in the plan are very ambitious. They must be placed in the context of falling applications to nursing courses, with 2023 applications down 18% on 2022.
16. It is likely that financial incentives will need to be put in place to encourage entrants to nursing courses. As part of its package of measures, the Government should consider student loan fee-forgiveness for those who stay in the NHS for five years or more after they complete their training, which [MillionPlus called for ahead of the Budget](#).
17. Increased learner support during their studies is also likely to be needed. The course is long, hard and the full-time nature of the placements means additional work is often not possible.
18. The need for financial learner support is also likely as student recruitment numbers grow. To reach the ambitious targets, universities will have to significantly widen access and participation. This will see students drawn from increasingly disadvantaged backgrounds who will need greater financial support if they are to complete their studies.

Placement capacity funding

19. The capacity for clinical placements poses a significant challenge in the training of nurses. Without implementing reforms to the funding and administration of the placement system, it is unlikely that the projected increase in domestically trained nurses entering the health service, as outlined in the report, will be achievable. Earlier this year, [MillionPlus highlighted this issue and provided recommendations for several reforms in their published report](#).
20. Several potential short-term solutions can address the challenges related to placement capacity. The first option, as proposed in the plan, is to decrease practice hours from 2,300 to 1,800. According to the Nursing and Midwifery Council (NMC), nurses are required to complete a total of 4,300 training hours before registration. Previously, this requirement was established by EU Directives, so some flexibility in adjusting the total hours may now present itself. However, it's important to note that the NMC has not indicated any immediate intention to adopt this approach.
21. Consequently, lowering practice hours to 1,800 would necessitate an increase in theory hours to 2,800. This adjustment would impose additional financial burdens on universities to provide extra teaching. To address this, the government has the opportunity, under Brexit freedoms, to initiate a study aimed at exploring the possibility of reducing the overall number of nurse training hours. Such an endeavor could

help align England's training requirements with those of numerous developed healthcare systems worldwide.

22. Another potential solution to address clinical placement shortages involves increasing the hours dedicated to simulated learning. Simulated learning is a closely supervised educational approach that mimics real-life clinical practices within a secure environment, often utilizing virtual platforms. Recognizing its value, the Nursing and Midwifery Council (NMC) has recently approved a decision to double the maximum allowed simulated hours to 600.
23. While reducing the immediate burden, it is important to note that simulation cannot fully replace time in practice and should be accompanied by significant investment to increase placement capacity.
24. One immediate solution is to reduce costs and inefficiencies in delivering simulated learning. Simulation technology comes with a significant cost, and inefficiencies arise when individual universities duplicate services. To address this issue, the government should consider investing in a centralized simulation infrastructure that is open source. Such an investment would lower capital expenses for universities and enable institutions to allocate more resources toward freeing up clinical placements. By adopting an open-source approach, collaboration and sharing of simulation resources can be enhanced, leading to cost savings and improved efficiency across the board.

Student retention

25. MillionPlus welcome the proposals on a clearer and more unified expenses system and the widening of learning hubs. There is a welcome fresh emphasis on retention within the plan.
26. However much of the student attrition comes from poor practice experience as a result of poor placement experience – largely driven by staff shortages within NHS Trusts.
27. The attrition rate for student nurses stands at around 25%, meaning that student recruitment would need to be one-third higher than the proposed number of additional students should this not be addressed.
28. As a result, much more needs to be done to understand and address the drivers of student nurse attrition

Increasing nursing apprenticeship numbers

29. The workforce plan recommends a push towards 20% of nurses qualifying via the apprenticeship route.
30. This is only viable if a financial incentive is given to employers for backfill. The current strategy of using vacant posts to fund an apprentice isn't sustainable long term.
31. Currently, employers must pay apprentices a salary, either by using a current vacant post or finding funds elsewhere. Current financial constraints often limit the availability of funds for apprenticeships from other sources.
32. Using a vacant post to fund an apprentice frees up the funds available for agency/bank staff or cover during staff sickness or absences.
33. But nursing and midwifery degree students require supernumerary status to access learning opportunities and meet professional competency standards. Without this supernumerary status, students' education and the quality of patient care may be compromised.

34. Supernumerary status allows apprentices to rotate through different settings to gain a range of competencies.
35. Lack of funding for apprentice salaries hinders employers from taking on more apprentices, limiting apprenticeship provision. Support with apprentice salary costs is needed in the short term to facilitate the scaling up of apprenticeship programs to meet the 20% target

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