

Fixing the Leaking Pipeline

Measures for growing and retaining nursing students, apprentices and early career nursing staff in England

POLICY REPORT



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Foreword

Nursing is the ever-present workforce in health and social care. Nursing can be a fulfilling and life-changing profession. However, the dire conditions nursing staff currently work under mean that is sadly not always the case.

The UK government has set out a mission to build an NHS fit for the future and ambitions to focus more on preventing ill health and delivering more care in the community. The RCN is clear: the nursing workforce is mission critical and achieving this transformation will only be possible with a fully staffed, secure and sustainable nursing workforce.

To make this a reality, it is vital that the government takes steps to significantly increase and sustain the domestic supply of nurses. That means ensuring we have enough nursing professionals joining and staying in the profession, from within the UK.

But the current reality is deeply troubling – too few people are joining nursing, and crucially, too few are staying. As we set out in this report, the pipeline of talent for the nursing profession is leaking and its impact is being felt across the health and care service.

I have often stressed the importance of growing and retaining numbers of nursing students, apprentices and early career nursing staff in England – they are the future of our profession. It takes a remarkable person to be a nurse, and the RCN is here to support everyone who wants to embark on a career in nursing and remove the barriers to allowing them to fulfil their ambition.

However, there is a possible future path for our profession where anyone who wants to train to be a nurse, and has the right skills and attitude, can do so. They would receive the highest quality training and support throughout their studies and placements, setting them up for their nursing careers. When they enter the workforce, they would be confident, supported and engaged, and able to focus on their roles and on patient care. Importantly, they would feel valued through career progression and financial incentive.

If the government chooses this path, more people will view nursing as a rewarding career in the NHS and other publicly funded health and care services, where nurses are so clearly needed. This would contribute towards a high quality, high functioning domestic supply pipeline that would generate enough registered nurses to meet the population's needs. It would also help to deliver the NHS transformation needed to meet the government's mission.

This report explores the reasons the domestic supply of registered nurses isn't growing at the rate needed and sets out a blueprint of what needs to be done to fix it and change course for good.

I know that the commitment of nursing students, nurse educators and the wider workforce is strong, and the government should take this opportunity to turn the tide in favour of the nursing profession.

Professor Nicola Ranger, RCN General Secretary & Chief Executive

Executive summary

Anyone who has engaged with health and care services over the last decade will have felt the impact of the nursing workforce crisis. All parts of the health and care sector are suffering from vacant nursing posts and high staff turnover, and relying on nursing staff who are overworked, feeling undervalued and considering leaving the profession altogether.

In 2023, NHS England set out ambitions in the *NHS Long Term Workforce Plan (LTWP)* to increase nursing training places by 80% to over 53,500 by 2031/32.ⁱ This would be a significant increase in the domestic supply of nursing staff. Modelling undertaken by the RCN identified that to hit the LTWP targets there would need to be on average 2,249 additional students each year accepted via the traditional university degree route and 1,720 additional students via the apprenticeship route. For context, our analysis indicates that 21% of pre-registration university nursing students drop out before completing their studies.

Critically, we have found the required output of the domestic nursing pipeline is too low, with numbers declining and national plans significantly off target. The RCN's *2024 Last Shift survey*¹ found across all settings, 81% of nursing staff said there aren't enough nurses to meet the needs of patients safely; only a third of shifts (hospital, 32%; community, 36%) had enough registered nurses on duty and 54% said they have considered leaving their role.

The new UK government has begun to set out its ambitions for the future of the health and care system and has pledged to shift more care from hospitals into the community and increase focus on upstream prevention over costly late-stage treatment.ⁱⁱ Nursing staff are mission critical to delivering this transformation, and the government must prioritise stabilising and growing the nursing workforce to achieve their ambitions.

Applications to nursing degrees have fluctuated in recent years – this has been impacted in part by government interventions such as the removal of all funding for nursing students in 2016, and the introduction of the living cost grant from 2020. A reduction in applicants means there is a smaller pool from which to recruit suitably qualified students.

“Locally, we [are] 30-odd % down [in applications]; a number of other institutions were the same as well... A number of areas, including us, have said: ‘Well, do we need to just lower our thresholds for bringing people into the profession a little bit?’ And I can argue, in one way, that’s widening participation and bringing more people in and supporting the nursing profession and building the workforce. But what might happen is, you might see one of those little upticks in attrition, because we’re bringing people in who aren’t absolutely the right fit for the profession, and they also may not quite have the academic ability to get to where they need to get to.”

Academic education professional

¹ The RCN survey asked more than 11,000 nursing staff about their experiences on their most recent shift.

The profile of nursing students has also been impacted by such interventions, with different groups more impacted by changes, for example fewer mature students applying. The financial burden associated with taking on a degree is impacting on recruitment onto nursing degree courses, and tuition fees are set to increase from August 2025.ⁱⁱⁱ The Augur reforms^{iv} will further increase the financial burden on nursing staff throughout their working lives.

We set out to investigate why there are so many leaks in the domestic nursing pipeline and why the potential output from this pipeline is so low; why such high numbers of motivated potential new nurses never make it into the workforce, and why so many of those who do enter the workforce only last for a few years before leaving. We found that despite the stated intention for the shift towards a ‘market-led’ higher education funding model in 2016 being to increase the number of nursing students, there remain structural limitations on the number of nursing students and widespread instability in the higher education sector affecting the domestic pipeline of nurses.

We surveyed over a thousand student nurses and apprentices in England. We found existing nursing students face significant financial barriers in undertaking their courses, too little support from overstretched academic staff and burnt-out staff on placements. Those nurses who do qualify enter a workforce which is highly pressurised, with often little or no support, and no incentives to support them through the challenging early part of their careers.

Through our extensive research (including surveys and qualitative research) we found that:

- the numbers of people applying for and being accepted onto nursing programmes in England is falling; latest figures show a 19% decrease in acceptances to nursing courses since a peak in 2021, while the number of people applying for nursing degrees has fallen 21.4% since the 2021 peak^v
- as of January 2025, this downward trend in England appears to be continuing, with the number of applicants falling to 23,730 from 24,680 at the same point in time in 2024, a 4% decrease. Compared to January 2021, England has seen a 35% drop in the number of applicants^{vi}
- many drop out of their nursing courses before completing their training. An average of 21%^{vii} of nursing students leave before completion and 46%^{viii} of students consider withdrawing from their degree programme at some stage. Financial reasons are the biggest reason for students to consider withdrawing (70%^{ix} of students currently considering withdrawing told us that financial difficulties were a cause of this)
- nursing education is under intense pressure: around 3 in 5 (63%) universities have nurse educator vacancies which have been advertised for 3 months or more. 6 in 10 nurse educators (61%) have told the RCN that they are directly affected by redundancy, staffing restructures or a recruitment freeze
- since 2021, the number of UK-educated nursing staff leaving the Nursing and Midwifery Council (NMC) register within the first 10 years of joining has increased by 43%, including a 67% rise in those leaving in the first 5 years
- in research commissioned by the RCN we found that nurses are willing to commit to 7-10 more years in the role that offers student loan forgiveness compared to a role that does not

- we estimate that introducing loan forgiveness for nurses in England would provide a societal benefit of £1.162bn per cohort (in Net Present Value (NVP) terms), based on an additional 65,000 nurse-years worked in the NHS.

‘I’ve always wanted to be a nurse. Working in health care I was struck by the critical roles that nurses play – not only in delivering medical care but also in providing emotional support to patients and their families. This inspired my decision to pursue a career in nursing.’

Prospective nursing student – online focus group

The RCN’s overall goal is sufficient and sustained growth in the nursing workforce to deliver safe and effective staffing levels in all types of health and care setting and meet current and future population needs. Central to this is the need to significantly increase and sustain the domestic supply of registered nurses.

We have set out 5 conditions which need to be met to achieve this goal, and the package of interventions needed to deliver those conditions in England.

1. The domestic supply pipeline of registered nurses delivers the required year on year growth to meet future population demands and service needs.
2. The higher education system has appropriate resources to meet current and future nursing workforce demands.
3. Nursing students and apprentices receive sufficient financial support while training.
4. Nursing students and apprentices are equipped with the tools and support they need to have an enriching and successful route into the nursing profession.
5. Newly registered nurses receive interventions designed to demonstrate their value and retain them in the profession and in the workforce.

The UK government has some pivotal opportunities to take the decisive and necessary action, notably the design and delivery of the new NHS 10-year plan, the Spending Review 2025, and the refresh of the NHS LTWP. Only by increasing the domestic supply of registered nurses and acting to keep newly registered nurses in the workforce can the government hope to resolve the workforce crisis and deliver its mission to build an NHS fit for the future.

At the time of publishing this report, there is an ongoing review^x by the NMC of the quality of nursing and midwifery practice learning. This review includes exploring placement hours and whether there are better metrics and indicators for ensuring students’ attainment of proficiency than the current reliance on counting the number of practice hours. While this report explores the current state of the supply of registered nurses through the current education system and into their early career, the structure of the curriculum is outside of the scope of this report. The RCN will be undertaking further member-led work on the future of practice learning to support the review by the NMC, building on the findings of this report.

Recommendations

To achieve the goal of securing sufficient and sustained growth in the size of the nursing workforce we set out below 5 conditions which must be met, and the actions that must be taken to deliver these conditions in England.

The domestic supply pipeline of registered nurses in England delivers year on year growth to meet future population demands and service needs

Recommendation 1: By Summer 2025 the government must ensure that the refreshed *NHS Long Term Workforce Plan* explicitly addresses population need in modelling the workforce requirements and outlines detailed interventions, alongside clear accountabilities, for delivering key actions on recruitment, supply and retention of students and newly registered nurses.

Recommendation 2: The DHSC must make funding available in the 2025 Comprehensive Spending Review (CSR) to invest in the provision of nursing education and boost nursing supply in line with workforce projections and population need.

Recommendation 3: Before August 2025, to increase applications in the upcoming cohort, the DHSC and DfE must undertake a public engagement/awareness campaign to promote nursing as the rewarding career it is known to be and to promote all routes into nursing to increase workforce supply, including via the degree route and apprenticeships. The RCN will support this campaign.

Recommendation 4: Before August 2025, Skills England, the DfE and HMRC must undertake a public consultation to identify changes needed to improve the use of the apprentice levy to ensure it is fit for purpose for nursing programmes.

The higher education system has appropriate resources to meet current and future nursing workforce demands

Recommendation 5: During the first quarter of 2025, the DHSC and DfE must assess the risk of financial instability facing the higher education sector to nursing workforce supply. Urgent action must then be set out to mitigate any risk.

Recommendation 6: The DHSC and DfE must work together on the refreshed NHS workforce plan and announce in the plan specific funded action to strengthen the nurse educator workforce and address recruitment and retention issues.

Nursing students and apprentices receive sufficient financial support while training

Recommendation 7: The government must include in the 2025 CSR provision to uprate all elements of the NHS Learning Support Fund and additional grants to reflect the current costs of living and allow nursing students to undertake their studies without falling into financial hardship: we note that the £5,000 Learning Support Fund would be valued at £6,164 (June 2024 figure) if it had kept pace with inflation. The fund and additional grants must then be reviewed annually and uprated accordingly.

Recommendation 8: Student Finance England must provide nursing students with the maximum level of financial support available from the 2025 academic year onwards, considering the longer length of the nursing course. HEIs must ensure that they provide and signpost relevant information on accessing financial support to nursing students.

Recommendation 9: From the 2025/26 academic year, the government must extend to nursing students with caring responsibilities who are undertaking unpaid placements the same free childcare provisions that are available to employed people who are eligible if they work 16 hours or more a week.

Recommendation 10: Higher education institutions (HEIs), placement providers and the government must introduce an upfront grant to cover any additional costs for nursing students of travelling for clinical placements as part of their studies and enable access to advance payments.

Recommendation 11: The Department for Work and Pensions must increase the benefit disregard for nursing students withdrawing a student loan and on Universal Credit, to reflect the increase in student loan entitlement and maintain the value of Universal Credit for eligible students.

Nursing students and apprentices are equipped with the tools and support they need to have an enriching and successful journey into the nursing profession

Recommendation 12: HEIs and placement providers must ensure that wellbeing and support services are accessible for all nursing students throughout the duration of their programme. They must ensure that students are aware of all support services through clear signposting within nursing student handbooks and key materials.

Recommendation 13: HEIs must commit to acting on their regular student evaluations and publicly report on how and what they have done to identify and address areas for improvement.

Recommendation 14: Placement providers and HEIs must work together to improve nursing students' experiences by supporting practice learning supervisors and assessors through formalised training, support and supervision, with protected time for this to be undertaken.

Newly registered nurses receive interventions designed to value them and retain them in the profession and in the workforce

Recommendation 15: The government should commission the NMC to develop, with stakeholders including the RCN, a new preceptorship model for nursing staff to ensure all newly registered nursing staff receive a formal preceptorship period of at least 12 months. During this period, newly registered nurses should have regular access to support from a senior clinical preceptor.

Recommendation 16: The government, in the 2025 CSR, should ensure that there is sufficient funding to enable nursing staff to move from AfC band 5 to band 6 (or equivalent in non-NHS settings) upon successful completion of a preceptorship period.

Recommendation 17: In the 2025 CSR, the government should make funding available to ensure that nursing staff who have graduated or are due to graduate since the introduction of student loans in 2017 have their student loans written off in recognition of their service in publicly funded health and care settings. This would help to support early career nurses' retention and reduce debt for nursing staff. This would help to incentivise additional applications to study nursing ahead of the September intake, and to retain newly registered nursing staff who may currently be considering leaving their roles. Our proposed model is that 30% of the loans be forgiven after 3 years' service, 70% after 7 years and 100% after 10 years of service.

Introduction

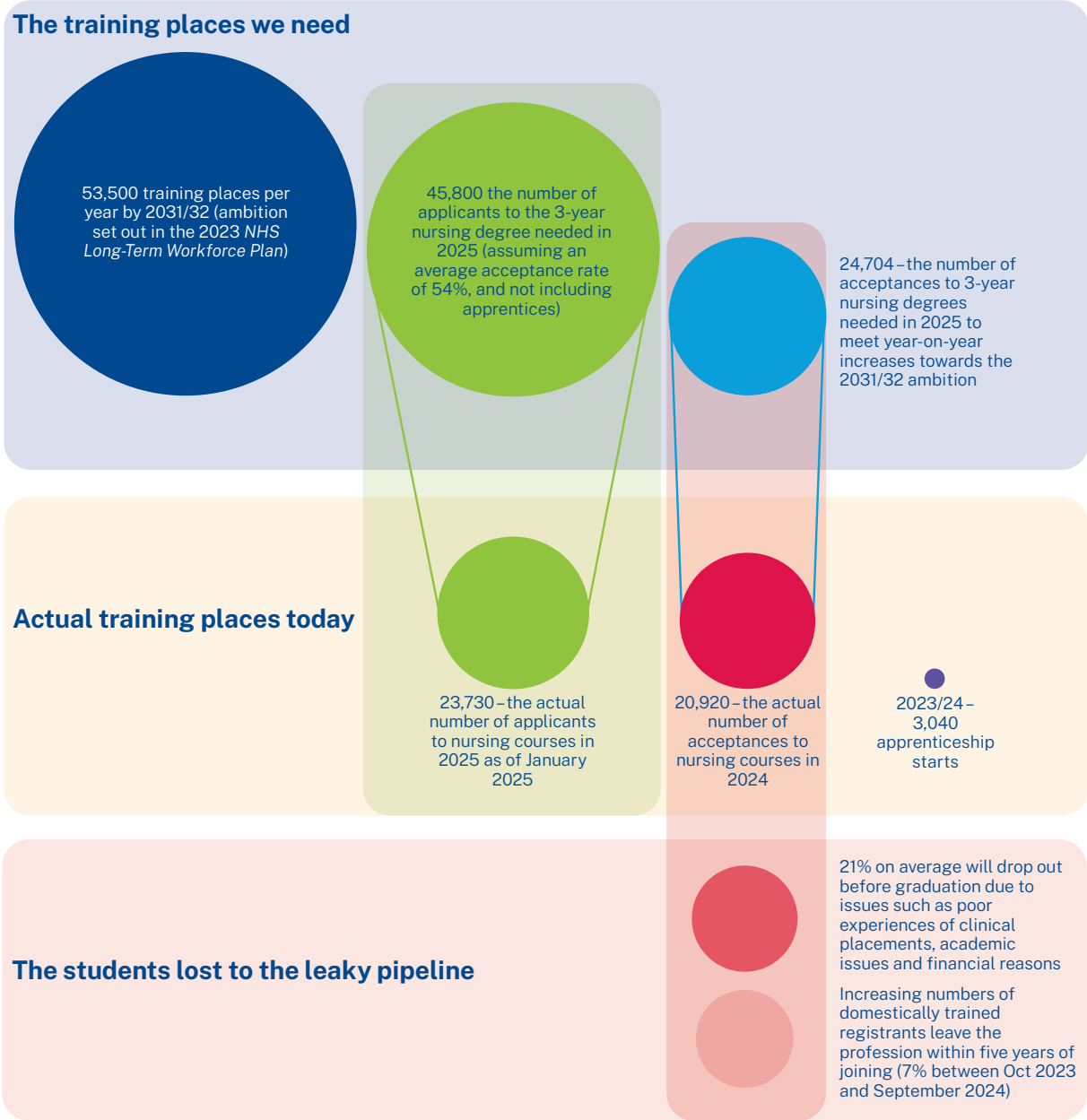
It is essential that the nursing workforce crisis is resolved to deliver the government's mission to build an NHS fit for the future, to shift care from hospitals into communities, and move from treatment to prevention.^{xi} The current domestic nursing supply pipeline is not working effectively to deliver the number of registered nurses into the profession that are needed.

“What truly motivated me to pursue a nursing career was my experience as an NHSP. I saw the dedication of nurses as they cared for patients, often going above and beyond even before specialists arrived. It was inspiring to witness their passion in action, tackling diverse challenges every day while delivering exceptional care. This is what I want to do.”

Prospective nursing apprentice – online focus group

In this report, we assess the gaps in the domestic nursing supply pipeline which (1) limit the potential output (2) cause nursing students to leave their studies and (3) lead to early career nurses leaving. Based on this, we recommend a package of interventions to fix the pipeline and resolve issues of high attrition and low output. The RCN will use the analysis in this report to assess the state of the nursing education pipeline at regular intervals and scrutinise the likely effectiveness of any reforms to nursing education. This report is structured chronologically along the journey of a registered nurse, from pre-application to an early career nursing role.

The reality of the nursing pipeline



1. The gap between workforce needs and workforce supply

This section examines the current state of nursing education supply, and the challenges and opportunities in meeting workforce demand.

Nurse staffing levels are critical for safe and effective patient care. When services are understaffed, patient care and safety are compromised. Evidence shows that a combination of registered nurse shortages and higher levels of patients per registered nurse are associated with increased risk of death during an admission to hospital.^{xii}

While the overall size of the nursing workforce has grown slowly in recent years, this growth has been outstripped by rising levels of need and demand. Furthermore, some specific nursing roles employed in the NHS have experienced significant declines since 2009:^{xiii}

- The number of district nurses has decreased by 44%.
- The number of school nurses has decreased by 33%.
- The number of learning disability nurses has decreased by 45%.
- The number of health visitors has decreased by 32%.

Some settings have been particularly impacted by the nursing workforce crisis; the number of registered nurses working in social care has declined by more than 17,000 nurses since 2012.^{xiv}

In the context of this workforce crisis and a lack of retention initiatives, it is unsurprising that the number of nursing staff in England who are quitting the profession early in their career is rising significantly, often caused by burnout and stress. RCN analysis shows that since 2021, the number of UK-educated nursing staff who left the NMC register within the first 10 years of joining has increased by 43%, including a 67% rise in those leaving in the first 5 years. If this trend continues, by 2029 11,000 nursing staff will have left the profession without spending a decade in the job.^{xv}

The nursing education pipeline is failing to address this workforce crisis with declining numbers of applicants and acceptances into nursing programmes and a high attrition rate. Latest figures show a 19% decrease in acceptances to nursing courses since a peak in 2021, while the number of people applying for nursing degrees has fallen 21.4% since the 2021 peak.^{xvi} This downward trend appears to be continuing in 2025, with latest UCAS January data showing the number of applicants has decreased by 4% compared to the same time in the cycle in 2024, falling to 23,730 from 24,680. Compared to January 2021, England has experienced a 35% drop in applicants.^{xvii}

Alongside this, many nursing students in England do not complete their degree courses. The RCN has calculated that on average, 21% of nursing students leave their nursing degree courses without attaining a nursing qualification.^{xviii}

Our data^{xix} reveals that the most significant reasons for students considering withdrawal from their nursing degree program include:

- financial difficulties (70%)
- lack of teaching and supervision time from staff (63%)

- stress and mental health concerns (61%)
- many students are affected by the low morale and burnout observed among nursing staff (58%)
- and an unwelcoming atmosphere during practice learning placements (52%).^{xx}

After a period of declining applications to study nursing and the growing shortage of registered nurses, during the COVID-19 pandemic in 2020 and 2021 there was a significant increase in applications to study nursing.^{xxi} Alongside this, government initiatives such as the introduction of the living costs grant for nursing students^{xxii} and funding to increase the number of student placements^{xxiii} helped to strengthen the infrastructure needed to accommodate this increased interest.

However, despite the increases in applications and acceptances to nursing courses during the pandemic, consecutive governments have failed to address the shortfall in nurses entering the workforce via the domestic pipeline and have relied heavily on international recruitment to plug the nursing workforce gaps: latest data shows that almost half of new joiners to the NMC register across the UK were internationally recruited (in the 6 months to September 2024).^{xxiv} The over-reliance on international recruitment is unsustainable and often unethical.^{xxv}

The *NHS Long Term Workforce Plan* (LTWP), published in June 2023, aimed to address NHS workforce shortages through increased recruitment, training, and retention measures while improving productivity. While it recognised the severe workforce crisis in health and social care, driven by low numbers of domestic students, high attrition rates, and over-reliance on internationally trained staff, the plan lacked clarity on investment allocation and implementation, such as the interventions needed to expand the number of students.

There was insufficient detail on how funding (such as the increase from £5.5 billion to £6.1 billion for education and training) would be allocated and delivered. Projections to increase nursing numbers in the NHS from 350,000 at the time of the plan's publication to between 545,000 and 565,000 by 2036/37 were not underpinned by transparent calculations for fields of nursing or specialist roles. The role of integrated care systems (ICS) and employers in delivering effective solutions were also ambiguous as there were no clear actions in the plan. This has made it difficult to scrutinise progress made since the plan's launch in spring 2023.

The current government has committed to refreshing the NHS LTWP in summer 2025 and the RCN believes this is an opportunity to address these shortcomings, as well as to provide greater transparency, detailed implementation strategies, and clear accountability to effectively tackle recruitment and retention challenges. The refreshed workforce plan must be fully costed and funded with short- and long-term solutions for health and care workforce supply, recruitment and retention. It must identify how many nurses are needed in England based on the delivery of the planned health and care service to meet the needs of the population.

Relevant recommendations

Recommendation 1: By Summer 2025 the government must ensure that the refreshed *NHS Long Term Workforce Plan* explicitly addresses population need in modelling the workforce requirements and outlines detailed interventions, alongside clear accountabilities, for delivering key actions on recruitment, supply and retention of students and newly registered nurses.

2. Structural limits on the numbers of potential new nurses

There are several factors that restrict the potential number of students that can be trained to become nurses in England, these structural limits are built into the design of nursing education and training.

The number of students who can train to become registered nurses is constrained by higher education capacity, placement availability, and funding. While one part of the system may be expanded, such as increasing places at higher education institutions (HEIs) in response to higher application rates, the overall capacity cannot grow unless other areas are also strengthened. For instance, placement capacity requires sufficient nursing staffing on wards to accommodate additional students. Until these capacity issues are addressed, the numbers of domestically trained nurses will remain static or start to decline. Our analysis shows that to achieve the 2023 *Long Term Workforce Plan* ambition for an increase in acceptances to nursing courses to 38,800 by 2031, there would need to be unprecedented year-on-year increases of approximately 9% in student acceptances.²

“I think there’s a pressure from the senior leadership team in the university to be increasing numbers, for example, [in] children’s nursing. They look at the number of applicants and they’re saying, ‘So why are you only taking this many when you’ve got all these hundreds of applicants, let’s take more.’ And they don’t have that contextual understanding [that]... I can get a big enough classroom, but I can’t send them out in practice. And we work very closely with our practice partners, and we are working to try and increase placements as much as possible.”

Academic education professional

Our modelling shows that meeting the NHS long-term workforce plan goal of 38,800 nursing students requires 24,704 acceptances in 2025. At an average acceptance rate of 54%, that translates to about 45,800 total applicants. However, by January 2025, there have only been 23,730 applicants – leaving a shortfall of around 22,000. Historically, only around 13,000 applicants come in after January each year, which makes reaching the required numbers a significant challenge.

The number of acceptances to nursing degree courses in England has remained at around 20,000 or under since 2017, except for 2020 and 2021 where universities were encouraged to increase intake in response to increased interest from prospective students during the COVID-19 pandemic. The number of acceptances fell in 2022 and had returned to pre-pandemic levels by 2023.

The 2023 *NHS Long-term Workforce Plan* highlighted the education and training reforms that will be needed to increase capacity, including the “expansion of education capacity”

² Based on RCN modelling: There were 20,920 acceptances to nursing courses via the university route in 2024, so year-on-year there would need to be approximately 9% increase in student acceptances to achieve 38,800 by 2031 (38,800 excludes the 20% apprenticeship target).

and “clinical placement capacity expansion, multiprofessional ICS/pan-ICS co-ordination and management”.^{xxvi} However, with a mixed picture in terms of the readiness of ICSs to deliver integrated workforce planning, and no information about how national ambitions translate into local allocations or funding, it is unclear how these reforms would be implemented.

Decisions about how many students are trained must be based on service and population need whereby student recruitment and acceptance targets are agreed at the local and national levels, with targeted investment in the system to facilitate this.

National level monitoring on nursing student recruitment and acceptance targets should be undertaken mid-application cycle to monitor interest in nursing programmes. Based on regional joint working, HEIs should also report to government at key points in each academic year on their intended capacity for the following year’s application cycle.

Figure 1: University trends actual vs projection towards target

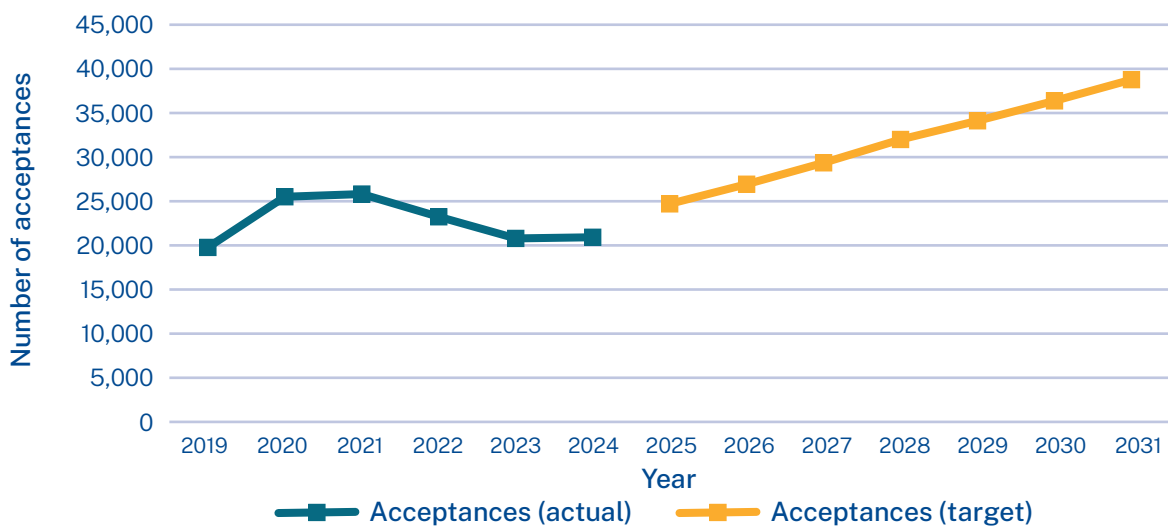
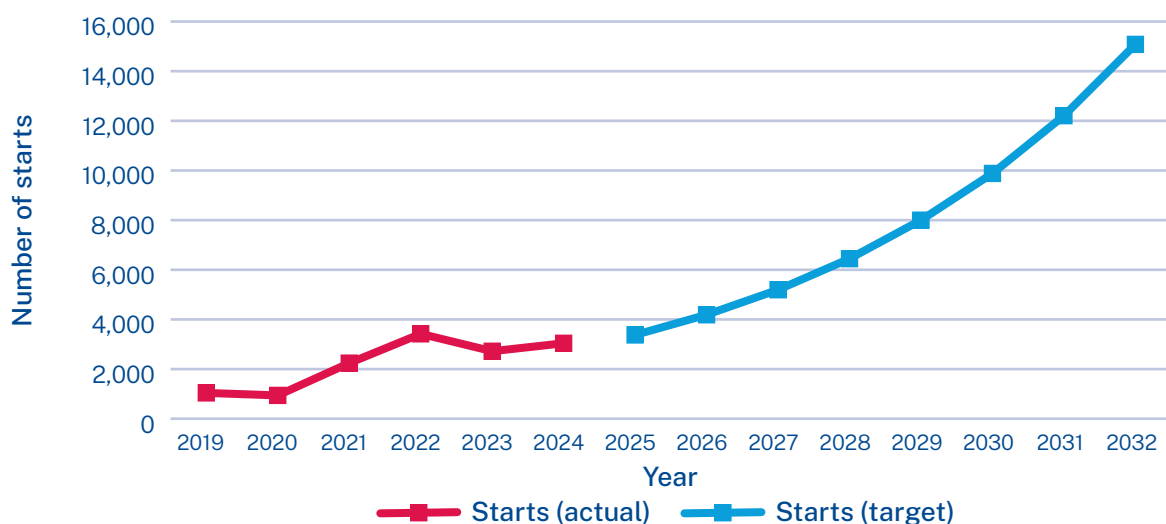


Figure 2: Apprenticeships trends actual vs projection towards target



To increase the number of students coming through the nursing pipeline in line with workforce need, rather than arbitrary allocations or based on constraints within the system, we must address the following areas:

- government placement funding
- student placement capacity
- higher education capacity.

Government placement funding

National funding is provided for nursing student placements, and this can be increased by the government based on service need, although, to date this has not been aligned to workforce planning. Central funding for placements is provided to NHS trusts via the Placement Tariff.^{xxvii} Increased funding has been made available in recent years to facilitate a greater number of placements: in 2022-23, government funding for clinical placements (including nursing education) was £1.05bn, compared with £829m the previous year. This was in line with increased placement availability to meet the ambitions in the 2019 *NHS Long Term Plan*.^{xxviii}

However, pressures facing health and care services, notably nursing workforce shortages, mean that even when funding is available to increase the number of clinical placements take up is not guaranteed without enough staff to supervise students and keep them safe. This was highlighted by the former HEE in its *Annual Report and Accounts 2022-23*,^{xxix} which outlined the limited ability of central government to deliver expansion in education and training supply through placement funding alone. HEE reported having “less influence on market led courses and uptake [of increased placement funding] was lower compared to plan” and that the number of students accepting and starting courses was lower than the plan and 2021 peak.”

Student placement capacity

Nursing student placements are arranged between higher education institutions (HEI) and local placement providers. Placements are often undertaken in NHS trusts but can also be in private, voluntary and independent health and care services. HEIs audit and quality assure placement areas to ensure that they will provide the learning outcomes required to meet the NMC’s pre-registration nursing education standards.^{xxx}

NHS trusts and other health and social care placement providers decide annually how many placements they can offer. This is based on factors such as staffing levels, and not always on a particular formula or workforce planning.

The availability of placements is a key determinant of the number of nursing course places that universities can offer. In recent years there has been increased use of simulated learning to bolster placement capacity, and although determined by individual HEIs, currently up to 600 of the 2,300 practice placement hours required of nursing students can be spent in simulated practice learning.^{xxxi} This change was introduced as an emergency measure during the COVID-19 pandemic and implemented permanently as an NMC standard in 2023. The NMC’s 2024 evaluation^{xxxii} of simulated practice learning

found that while students and stakeholders were very supportive of the opportunities provided by simulation, there was concern among many in higher education about how resource intensive it is to deliver simulated practice learning, at a time of financial instability in higher education.

It is not clear how far simulated learning has increased placement capacity. The NMC's evaluation revealed that increasingly higher education institutions were shifting away from viewing simulation as a means to address placement capacity in favour of it complementing the practice learning experience for students.^{xxxiii}

Higher education capacity

The higher education system is limited in the number of nursing students it can train. These challenges stem from workforce numbers, availability of practice supervisors and assessors, severe financial pressures and in some cases, lowered entry requirements. The latter can result in students requiring additional support, placing greater demands on educators' time and resources.

Nursing courses are high-cost subjects involving expensive facilities and technology and are often run at a loss by universities. Nursing education is often partly subsidised by income from international students as part of a complex system of financial accounting and cross-subsidisation within these institutions. The Office for Students (OfS) provides some high costs teaching subsidies,^{xxxiv} but these do not fully cover the costs of running nursing courses. Vulnerabilities within the wider higher education sector, such as the impact of changes to UK immigration rules which affect the number of international students seeking to study in the UK, therefore impact on the provision of nursing education and ultimately the flow of registered nurses into the workforce.

Relevant recommendations

Recommendation 2: The DHSC must make funding available in the 2025 Comprehensive Spending Review (CSR) to invest in the provision of nursing education and boost nursing supply in line with workforce projections and population need.

3. An unsuitable financial package for students

We lose potential nurses even before the application stage. All those talented people who have the required skills for a nursing career but discount it due to feeling that the financial rewards are not commensurate with the work, or that the study time is not worth getting into debt for. Those who may already be in work in health and care and are interested in nursing but can't picture how they can take on a loan and reduce their income while taking care of their family and other commitments.

Interest in nursing courses is declining, and the numbers studying nursing is far too low to meet the required workforce growth to meet demand. In recent years we have seen significant fluctuation in the number of applications to nursing courses, and over the last three years after a peak in 2020 and 2021, applications have been declining rapidly. As we set out in the next section, nurse educators have raised concerns that due to a smaller pool of applicants for nursing programmes and pressure to meet intake targets due to risk of course closure, they are increasingly required to admit students who may not fully meet the academic criteria, or who may face greater challenges in adapting to the demands of the nursing degree.

The government has the power to influence the number of applicants to nursing degrees using financial incentives. This was demonstrated by recent examples of policy changes which impacted on the applications to study nursing. One notable example was the removal of the centrally commissioned funding model for nurse education in 2017, which meant that nursing students no longer receive a grant to support their living costs and have to self-fund tuition their studies.^{xxxv} This resulted in nursing students having to take on large student loans that would be repaid throughout their working lives. Following the removal of government funded tuition fees, total nursing student numbers declined significantly, dropping from 45,795 in 2016 to 35,790 in 2017, and to 31,055 in 2018 (a 32% drop between 2016-2018).

The profile of people applying to nursing courses is also impacted by government intervention. Whilst a decline in enrolments was observed across all age groups after the nursing student finance changes in 2017, mature students were especially affected. In 2016, the number of applicants aged 21 and over was 29,025, but by 2017, it had dropped significantly to 21,115, a decrease of 27%. The numbers continued to decline in 2018 and 2019, reaching 17,550 and 17,645, respectively. The most affected were those in the 25 to 29 age range, with a drop from 6,870 in 2016 to 3,735 in 2018, a 46% decline.^{xxxvi}

Figure 3: Year-on-year % change in the number of applicants to pre-registration nursing degrees: Mature vs. younger applicants

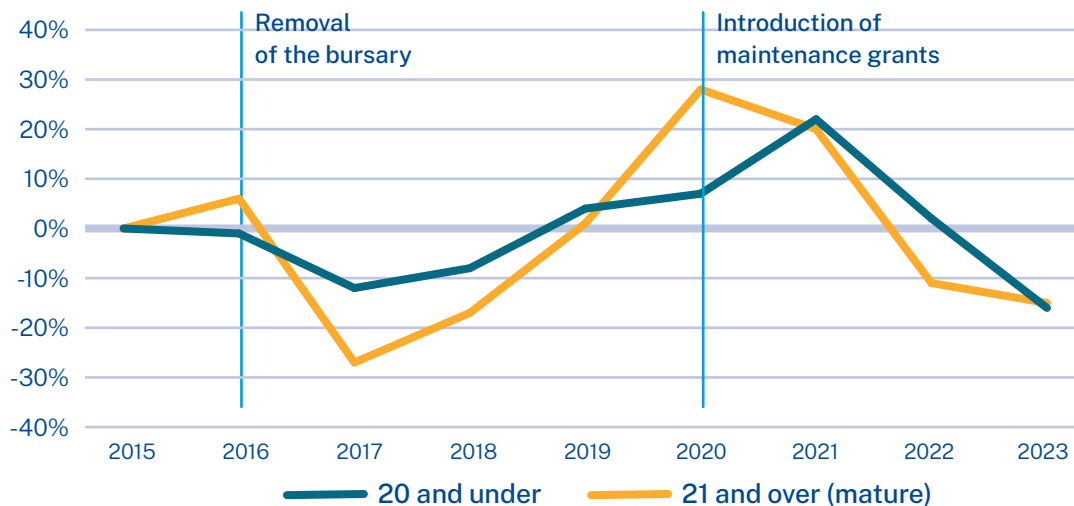


Figure 1 Source: UCAS Data produced for the RCN on pre-registration nursing courses

Another example of the power of government to impact the number of applications to study nursing was the introduction of the NHS Learning Support Fund by the then government in 2020, which offered all nursing students in England annual living costs grants of between £5,000 to £8,000. The main elements of this include a training grant of £5,000 per academic year and a parental support grant of £2,000 for students with child dependents.^{xxxvii}

Following the introduction of these grants, alongside an increase in placement funding and interest in nursing because of the COVID-19 pandemic, the number of mature applicants to study nursing increased by approximately 27% compared to the previous year (2019).^{xxxviii} This suggests that the introduction of grants helped to alleviate some of the financial burden, making nursing degrees more accessible to mature students. The upward trend continued into 2021, with the number of mature applicants reaching 27,060, a return to pre-2016 levels. However, from 2022 onwards, there was a decline again, with figures dropping to 24,080 in 2022 and further to 20,365 in 2023.^{xxxix}

This suggests that while the grant funding provided a short-term increase in applicants, further incentives are required to sustain this increase over time. Many prospective nursing students will be put off by the prospect of a lifetime's worth of debt, particularly in the context of the prospects of future low pay and years of real terms pay cuts for nursing staff. Debt is therefore a significant disincentive for people to study nursing and could be especially so for people from more deprived backgrounds.

The RCN is concerned that universal changes to student finance in England which came into effect for the 2023/24 academic year (following the (2019) Augar review of Post-18 Review Education and Funding) will discourage even more potential applicants. These reforms include lowering the student loan repayment threshold to £25,000, extending the repayment period by 10 years, and removing real interest rates during and after study.

Nursing graduates are disproportionately affected by these reforms as they are typically at the lower end of the overall graduate earnings distribution. For male nurses, average lifetime repayments are expected to increase by £17,600, from £24,400 to £42,000; for females the increase stands at £15,300, from £10,700 to £26,000, according to analysis by London Economics.^{xi} The government's own data revealed that lower-paid earners will see total repayments increase by up to 174%.^{xii}

These changes are deeply regressive, given the differential impacts on low/middle-income graduates compared to high-earning graduates. Nurses will pay more for longer, leaving nursing students with the prospect of an increased burden of student debt throughout their working lives.

In May-June 2024, the RCN surveyed nursing students across the UK about their views on the affordability of tuition fees. The responses we received showed that:

- only 32% are satisfied with the affordability of tuition fees, and a significant 36% are dissatisfied or very dissatisfied
- 45% are unhappy with the financial support available for nursing students.

The capacity of nursing students to take on part-time paid employment is also limited compared to other students, by the length of their courses which require a longer time commitment over increased numbers of weeks compared to standard non-health care degrees, comprising 4,600 hours of theory and placement learning required to obtain registration.^{xlii} This means nursing students often struggle to make ends meet whilst studying as their maintenance loans alone aren't insufficient to support them, alongside being burdened with significant debt to cover the tuition fees.

To incentivise more people to study nursing, the system needs change. Nurses should have their student debt written off in return for working in publicly-funded health and care services – this would support recruitment of new nurses who are put off applying to study nursing by the prospect of lifelong debt and support the retention of experienced nurses who are struggling with existing debt.

The government must act now to ensure that no one in the future is deterred from joining the nursing profession due to financial barriers. Properly investing in the education of nursing students will contribute to increasing workforce supply and ensuring sustainable domestic recruitment. It will also show that the nursing profession is valued and ensure that nursing students can prioritise their education, manage the rising costs of living and complete their studies without falling into financial hardship.

Relevant recommendations

Recommendation 3: Before August 2025, to increase applications in the upcoming cohort, the DHSC and DfE must undertake a public engagement/awareness campaign to promote nursing as the rewarding career it's known to be and to promote all routes into nursing to increase workforce supply, including via the degree route and apprenticeships. The RCN will support this campaign.

4. Limitations of the apprenticeship route

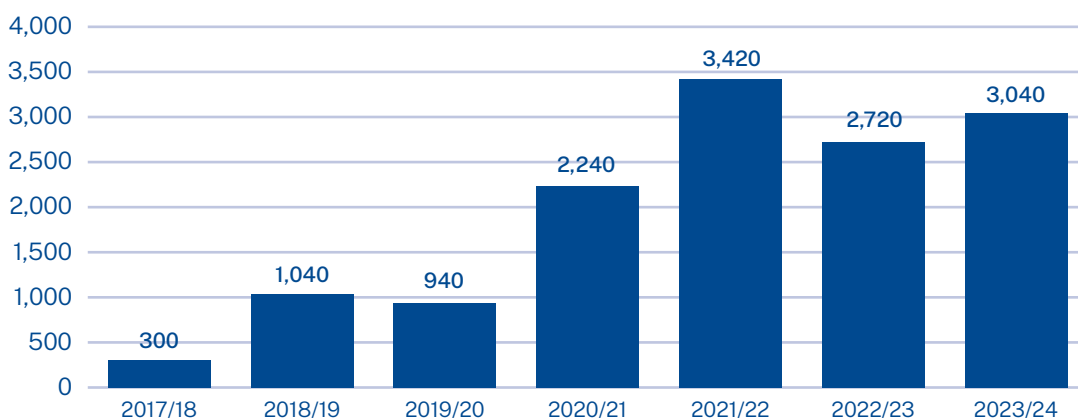
The introduction of nursing degree apprenticeships has provided an alternative route into the nursing profession which allows the student to earn while training and enables employers to invest in their existing workforce. The nursing degree apprenticeship takes a minimum of 4 years to complete, as students balance practice and academic learning requirements with their paid work with their employer.

Successive governments have made apprenticeships a priority for increasing the supply of registered nurses, for example, in the *NHS Long-Term Plan (2019)*^{xliii} and in the previous government's plans to recruit 50,000 more nurses in England.^{xliv}

The 2023 *NHS Long Term Workforce Plan (LTWP)* sets ambitions to expand apprenticeships. The LTWP sets out plans to balance apprenticeships with more traditional university routes, to widen access to opportunities for people from all backgrounds to join the NHS. The LTWP's ambition was to increase the number of nursing training places to around 54,000 by 2031/32, with 28% of these registered nurses qualifying through apprenticeship routes compared to just 9% in 2022 – this equates to 15,080 nursing degree apprentices starting training by 2031/32. This includes 42% of learning disability nurses and 30% of both adult nurses and mental health nurses training via an apprenticeship route.^{xlv}

RCN modelling suggests that the number of nursing degree apprentices (NDA) starting training ('starts') needs to grow by 21% every year to reach the LTWP target of 15,080 by 2031/32. In 2023/24, the target number of NDA starts was 3,290, but the actual figure reached 3,040 - falling 7.6% short of the target.³ Also, the 2022/23 academic year saw a slight decline in NDA starts compared with the previous year, with 2,720 apprentices beginning their studies, which represented a 20.5% decrease from the peak of 3,420 starts observed in 2021/22. However, the figure remains significantly higher than the pre-2021 levels with more than double the number of starts compared to 2019/20 (940 starts). If there are any further shortfalls or fluctuations in starts, there is a risk that the 2031/32 target may not be met.

Figure 4: Number of starts to registered nurse degree apprenticeships in England



³ As of October 2024, 1,270 individuals have started NDAs for the 2024/25 academic year. This number will increase as the year progresses and data for the next trimester is released.

Despite this, 2023/24 marked a substantial rise in achievements (the number of learners who successfully complete the programme), with 2,190 apprenticeship completions, more than triple the 680 achievements in 2021/22. This suggests that while new starts have fluctuated, the programme is maturing, with a higher proportion of apprentices successfully completing their degrees.^{xlvi}

Whilst it is positive to see growth in the nursing apprenticeship route, it cannot be seen as the solution to the drop in applications to nursing courses caused by the removal of the nursing bursary in England, particularly for debt averse mature students. A system-wide workforce approach is needed, whereby each route into nursing is considered for how it contributes to a wider workforce strategy. Nursing apprenticeships have not been implemented as such, and there are still several other issues with the current nursing apprenticeship model which require urgent policy change.

Insufficient funding for employers

Currently, all large employers must contribute to the mandatory central apprenticeship levy, from which they can apply to access a return of funds to finance education and assessment for the apprentices they employ.^{xlvii} The NHS is one of the biggest contributors to the levy. If employers do not use the levy funding, they cannot reclaim it.

Health and care providers across England are struggling financially and the funding from the apprenticeship levy does not meet the full costs of providing a nursing apprenticeship. As the NMC requires apprentices to be considered supernumerary during periods of practice learning,^{xlviii} employers are required to backfill salaries for the time apprentices are undertaking practice learning placements and academic learning which generates an additional £35,000 - £40,000 of cost per student every year for four years. This is a significant additional burden for NHS organisations wishing to offer the nursing degree apprenticeship, which is not covered by the levy.^{xlix}

Recently, the government announced that a new growth and skills levy will replace the existing apprenticeship levy,^l and it is reviewing the access to funding for apprenticeships. However, a decision about which apprenticeships will be impacted has not yet been made and there is little information about the impact on the NHS. Clarification and further information are needed as soon as possible to understand the impact on nursing apprenticeships.

Learning environment

Of the 164 nursing apprentices who responded to our survey of students in 2024,^{li} their reported satisfaction levels with their academic experience reveal a mixed picture. The highest levels of satisfaction reported related to ease of access to learning resources with 79% of apprentices feeling either very satisfied or satisfied with this, and 59% reported being satisfied with the quality of the academic content.

However, only 44% of apprentices reported feeling satisfied with the organisation and management of the apprenticeship degree programme, while 30% expressed dissatisfaction. 36% also reported being dissatisfied with innovative approaches to teaching such as the use of simulated learning. These findings highlight areas within the academic experience that could significantly impact student satisfaction and overall educational outcomes.

As we describe in section 8, there is a shortage of overall placement capacity for nursing students, and clinical teams will need time and assistance to develop the capacity needed to support the wide variety of learners on placement. The responses from nursing apprentices to our 2024 student survey about their most recent practice learning placements shows varied responses: a significant 94% of apprentices said that they were very satisfied or satisfied with their interpersonal interactions with patients.

“I began my career as a support worker, spending 20 years in the community working with individuals facing addictions and complex mental health issues. Deep down, I always wanted to be a nurse. When the trust offered an apprenticeship opportunity, I couldn’t believe it – I seized the chance.”

Prospective nursing apprentice – online focus group

However, the quality of support and guidance provided by clinical preceptors had lower satisfaction rates, with 65%, while time available for practice supervisors to support learning and exposure to different fields of nursing are areas where dissatisfaction is more pronounced, with 29% and 16% of apprentices saying they were dissatisfied. These findings suggest that while patient interactions are highly valued, there are significant challenges in supervision and support that could be addressed to enhance the overall quality of practice learning placements.

When asked what would improve their experience during their practice learning placements, 55% of apprentices identified the need for better staffing levels and 52% expressed a desire for more supervision and mentoring from experienced staff.^{lii} This shows that the capacity of the system to provide more clinical placements requires more than just funding, it also needs enough staff available to provide adequate support.

Worryingly, 38% of the apprentices who responded to our survey told us they have considered withdrawing from their nursing degree apprenticeship programme. The most significant reason given for this is staff lacking time to teach and supervise skills (61%) and observed low staff morale/burnout among nursing staff (57%).^{liii}

Introducing employer-led apprenticeships into the pre-registration education system has increased the pressure on staff and the system to deliver high quality placements. This comes at a time when the existing nursing workforce is understaffed and overworked and must deliver care while also providing training and supervision to students.

The RCN welcomes alternate routes into nursing to address the immediate and future supply problems that undermine safe and effective staffing levels for patient care. However, it is important to recognise that the nursing degree route remains the most effective and fastest way to train new nurses across England at scale.

We still need to see increasing numbers of students entering through the three-year university degree route to achieve sufficient and sustained workforce growth. Apprenticeships are a useful addition, if delivered appropriately with higher quality, but they must complement not substitute investment in higher education nursing supply.

Relevant recommendations

Recommendation 4: Before August 2025, Skills England, the DfE and HMRC must undertake consultation publicly to identify changes to improve the use of the apprentice levy to ensure it is fit for purpose for nursing programmes and covers the full cost of providing a nursing apprenticeship.

5. Instability within the higher education sector

Training the nursing workforce requires state of the art learning facilities and a sufficient educator workforce within a high functioning higher education sector. But this is not the current reality. In early 2024, it was reported that the higher education sector was facing significant financial challenges, with forecasts that 40% of England's universities would run budget deficits in 2024^{liv} and university leaders were calling for urgent government intervention.^{lv} There have since been reports of nursing courses closing or facing staffing cuts and/or other impacts, and about the state and diminishing capacity of the nurse educator workforce.^{lvi} This is seriously concerning in the context of the nursing workforce crisis in England and stated government ambitions to grow the workforce^{lvii} and 'fix the NHS'.^{lviii}

The Council of Deans of Health (CDH) has reported that the health care academic workforce is ageing, with nearly 50% of health care educators aged over 50,^{lix} and educator workforce staffing issues are widely reported.^{lx} To explore these issues the RCN surveyed our members working in higher education in June 2024 and ran a series of listening events with educators. During the events, a majority of nurse educators told us that their workload is tough to manage and/or impacting on their personal lives.^{lxi} But rather than investment to grow and support this workforce, our members reported high levels of workforce restructuring: of the 545 respondents to our survey in June 2024, 6 in 10 (61%) said they are directly affected by redundancy, staffing restructures or a recruitment freeze. 2 in 5 (42%) said that reducing staff costs would have a negative impact on the numbers of nursing students that could be accepted and 86% said that reducing staff costs would have a negative impact on the workload of nurse educators.

While the 2023 NHS LTWP recognised the need for the expansion and development of the educator workforce it did not include detail about how enough academic and clinical educators and supervisors will be found from the current NHS clinical workforce that is already under strain with half of staff close to retirement. The *HEE Educator Workforce Strategy*, also published in March 2023, acknowledged concerns about the capacity of the educator workforce to meet current and future demands and pressures and recognised that educators are feeling undervalued.^{lxii} However it lacked detail about how increases would be achieved and lacked reference to the specific recruitment and retention needs of the nursing educator workforce.

Responses to an RCN Freedom of Information request to universities in England revealed significant variation in the ratio of nurse educators to students across different universities. Additionally, of the 55 universities which provided information to a question about the number of nurse educator vacancies, almost 3 in 5 (58%) had nurse educator post vacancies and of those universities with vacancies, around 3 in 5 (63%) have vacancies which have been advertised for 3 months or more. The RCN is concerned that the gaps in staffing and significant variation in the ratios of staff to students could have significant implications for the quality of provision and the overall student experience.

Nurse educators play a critical role in developing the future generation of nursing professionals and supporting the development of nursing registrants. To increase nursing training places in line with the ambitions of the NHS LTWP,⁴ we need more capacity

4 The LTWP outlined the ambition to increase nursing training places by 34% to 40,000 by 2028/29 and by 65 - 80% by 2030/31.

within the educator workforce to support this growth while maintaining high quality learning outcomes. However, the nurse educator workforce is already under intense pressure and insufficient to meet even current workload pressures.

Nursing education is already suffering with declining applicants and acceptances. If provision is further affected either through the closure or reduction of nursing programmes or the closure of whole universities as a result of financial pressures, the consequences will be significant for the students and faculties and impact on workforce provision. The funding crisis affecting universities therefore cannot be viewed separately from the staffing crisis affecting the health and care system.

The Department for Education (DfE) and higher education leaders have a crucial role to play in ensuring the provision of training pathways for the health care workforce. This requires joined up working at the national level between the Department of Health and Social Care (DHSC) and the DfE, and at local and regional levels, to ensure that we have the right number of nursing staff to meet population need and deliver safe and effective care. However, there is currently a lack of joined up, coherent decision making between health and education at all levels.

An example of the lack of joined up decision-making is the government's recent decision to increase student tuition fees and maintenance loans in line with inflation,^{lxiii} without consideration of how this could discourage more people from joining the nursing profession, thereby undermining the government's own plans for NHS reforms and the NHS LTWP ambitions. The government's failure to increase the maintenance grant for nursing students and the lack of reforms or investment in the nursing education model risks making a bad situation much worse.

Nursing courses are high-cost subjects involving expensive facilities and technology and are often run at a loss by universities, although the Office for Students (OfS) provides some high costs teaching subsidies,^{lxiv} these funds do not fully cover the costs of running these courses and nursing education is often partly subsidised by income from international students.^{lxv}

Relevant recommendations

Recommendation 5: During Q1 2025/26, the DHSC and DfE must assess the risk of financial instability facing the higher education sector to nursing workforce supply. Urgent action must then be set out to mitigate any risk.

Recommendation 6: The DHSC and DfE must work together on the refreshed NHS workforce plan and announce in the plan specific funded action to strengthen the nurse educator workforce and address recruitment and retention issues.

6. Poor experiences of academic components

The academic environment for nursing education has changed considerably over recent years, with the increasing use of innovative technologies and greater use of remote and digital lessons which aim to increase capacity, efficiencies and flexibility for students.^{lxvi lxxvii} Students can now spend an increased amount of time in their academic environment undertaking simulated learning, which can now be counted towards their placement time since the NMC reviewed its pre-registration nursing and midwifery programme standards in 2022.^{lxxviii} In the 2023 NHS LTWP, NHS England committed to improving learners' experiences and to integrating technology and digital media alongside more traditional classroom-learning, offering more flexibility for students.^{lxxix}

However, as we set out in section 5, these changes are occurring at a time of increased financial strain for HEIs and an academic staffing crisis, which means that innovations are not leading to increased capacity in the system, as was the aim. The current limitations of the higher education system are impacting on nursing students' experience of the academic part of their nursing degrees. The issue of increasing numbers of students but a lack of educators to support them was raised during RCN listening events with nurse educators in 2024,^{lxxx} where some educators reported very large ratios of students per educator although there was significant variation between different universities.

In our 2024 student survey, we asked students about their academic experiences and found students reported greater satisfaction with the access to resources and learning materials than with their touchpoints with academic staff, which could suggest that students are impacted by workforce shortages in these areas.^{lxxxi} Curriculum relevance and depth, the quality of academic content, and assessment and feedback from academic assessors/teachers and support services like academic advice and tutoring each received a combined satisfaction (very satisfied and satisfied) of around 58%, suggesting room for improvement in these areas.

The responses from students about the quality of teaching revealed the most concerning results, with only 46% of students reporting satisfaction and a significant 32% expressing dissatisfaction. Similarly, 46% were satisfied and a notable 32% were dissatisfied with the organisation and management of the degree programme. These highlight critical challenges within the academic experience that could significantly impact student satisfaction and overall educational outcomes.

Based on the findings from research commissioned by the RCN on student attrition^{lxxxii} in 2024, below we set out some additional specific elements of the nursing degree that students report that find challenging.

Time commitment: The significant time commitment of the pre-registration nursing degree course, including the 2,300 hours of required practice placement time, can impact on some students' ability to keep up with the academic portion of the degree, particularly if they have other responsibilities. Nursing students report that the interplay between practice and academic hours can impact their academic performance, with some students reporting difficulties in balancing placement obligations when academic assignments coincide with this.^{lxxxiii}

Lack of flexibility in assignments: Current and former students have reported to us in qualitative research^{lxxiv} that the expectations for academic assignments are too rigid, and that at some universities, 2 failed assignments meant students must leave their degrees without any special consideration for personal events. Some students who had withdrawn from their nursing degrees reported that there had been a lack of flexibility in the response to failed assignments, with little or no exploration of alternative options to enable a student to complete their studies and qualify (such as alternative routes to registration, deferring a year, or claiming extenuating circumstances).

Suitability of students for nursing: In both our listening events with educators and qualitative research on attrition,^{lxxv} academic staff reported that the pressure for institutions to recruit more nursing students, coupled with a falling interest in nursing degrees, is leading to increasing numbers of students being recruited who would not previously have met the requirements for a nursing degree, and a greater reliance on recruitment through clearing (where students have been unable to secure their first choice university). Some nurse educators have reported that these students require increased levels of supervision and support from academic staff, which requires additional time and resources.

Relevant recommendations

Recommendation 12: HEIs and placement providers must ensure that wellbeing and support services are accessible for all nursing students throughout the duration of their programme. They must ensure that students are aware of all support services through clear signposting within nursing student handbooks and key materials.

Recommendation 13: HEIs must commit to acting on their regular student evaluations and publicly report on how and what they have done to identify and address areas for improvement.

7. Financial hardship while studying

As we discussed in section 3, nursing students take on a large debt when they undertake their degree, which can act as a disincentive to applicants and affect future earnings, and the recent reforms to student finance mean lower to middle income earners like nurses will be paying even more, and for longer. Additionally, the value of their support package has depreciated over time, leaving many struggling to cover basic expenses during their studies. This financial insecurity is more likely to lead to increased attrition for nursing students. There are areas that require improvement including the NHS Learning Support Fund, universal credit income and childcare funding.

NHS Learning Support Fund

The NHS Learning Support Fund has remained at the same amount since it was introduced in September 2019, despite the cost-of-living crisis which has resulted in nursing students facing increased travel expenses and increasing cost of childcare,^{lxxvi} mortgages and rent. If the £5,000 Learning Support Fund had kept pace with inflation it would have been valued at £6,164 in June 2024.⁵

Universal Credit

The student maintenance loan income disregard for the category of students who are eligible for Universal Credit stands at £110.^{lxxvii} Student maintenance loans are classed as income and are considered when working out Universal Credit. For each assessment period, when income is worked out, the first £110 is ignored. While the amount of available student loan has increased year on year, the flat rate £110 disregard has remained static since Universal Credit was introduced in 2013. This has decreased the value of Universal Credit for these students, as more loan is taken into consideration as income. This impacts on those who are parents and those with an illness and/or a disability, who are often most in need of this support.

Childcare

Whilst the value of the student funding package diminishes, the cost of childcare continues to increase above the rate of inflation (7% increase in 2023).^{lxxviii} This means that nursing students with childcare needs, who were already struggling financially, are having to use a higher proportion of their income to fund childcare. Students in England are currently not eligible for the free childcare provisions available to working parents.^{lxxix}

“I can’t work 16 hours a week to qualify for the free 30 hours a week to put my daughter in [child]care, even though I’m working 2,300 hours for free, and my husband works full time. We wouldn’t qualify, so I have to find finance for that.”

Online focus group participant; Second year nursing student

In January 2024, the RCN surveyed members to explore the impact of the increased cost of living on their daily lives. We received responses from 474 students in England,

⁵ Based on the Bank of England CPI calculator

which underlined how financial pressures were affecting them. Nearly 4 in 5 students (79%) told us that they were financially worse off compared to the 12 months previous; and 60% said they have used credit or savings for essential living costs within the last 12 months. More than half (52%) of students said they were relying on support from friends and family and worryingly, one quarter (25%) said that they are somewhat or very likely to leave a career in nursing in the next 5 years.^{lxxx}

“£12,000 a year is what I’m paying on my childcare now and it started off at about [£9,000] ... The cost of living has just increased considerably, and the student maintenance and the student loan support funds haven’t increased at all; they’re all still the same.”

Online focus group participant; Third year nursing student

This echoed findings from a survey of 545 nursing students in England about their finances undertaken in 2023, to which 63% of respondents said that the nursing funding they received was not enough to cover their living expenses and 71% said that they have a job in addition to their nursing course. Notably, over half (58%) of the respondents said that their financial concerns had had a high impact on their mental health.^{lxxxii}

With a view to their future as a nurse, 37% of respondents to the 2023 student survey said that they are more likely to consider a career in nursing in any sector outside the NHS and 22% are more likely to move to a higher paying country in the UK as a newly registered nurse.^{lxxxii}

We have found that many nursing students are mature students with existing financial commitments, and many had responsibility for dependants prior to beginning their nurse education and throughout their time studying. 80% of the responses to our 2023 survey of nursing students were from mature students (aged 25+), with 65% of them responsible for dependants compared to 12% of students aged 17 to 24 years old.^{lxxxiii}

In their responses to our surveys, nursing students have told us that they do not have access to financial support that takes account of these additional circumstances and prevents hardship. Many students report working significant hours in flexible employment in addition to clinical placement and academic study to make ends meet. NHS nursing banks are often a primary source of paid work for nursing students, but many responses to the survey reported delays between applying and being able to work, causing additional stress and financial pressures. For example, 48% of respondents to our 2023 survey who were working on the NHS staff bank experienced a delay due to pre-employment checks, 44% were delayed due to completing mandatory training and 24% were delayed due to references.^{lxxxiv} Students should not have to rely on this in order to get by financially, but where it is needed, it is important that this process is improved to ensure that nursing staff can access what they need, when they need it.

“Being a mature student with bills and the household to do, it’s quite difficult to balance. And, sometimes, it just comes down to the financials of: I don’t know if I can carry this on next month.”

Online focus group participant; Third year nursing student

Feedback from students also highlighted examples of it taking over 8 weeks for students to be reimbursed for travel costs while on clinical placements. In response to our 2023 survey, over half (56%) of respondents said that they were encouraged to submit their expenses for travel/accommodation at the end of their placement, 21% during their placement and 11% after the end of their placement. 38% reported that they typically receive payment for their clinical placement more than a month after they submit their claim and 22% said it takes more than 2 months to receive their payment after they submit their claim.^{lxxxv} A new process for travel expenses is needed that ensures prompt repayment for students.

The government must act now to ensure no one in the future is deterred from this profession due to financial barriers. Properly investing in the education of nursing students will contribute to ensuring a sufficient and sustainable domestic supply of nursing staff. It will also demonstrate that the nursing profession is valued and ensure that nursing students can prioritise their education, cope with the rising costs of living and complete their studies without falling into financial hardship. It is imperative that the value of a student finance package reflect students' actual needs.

Relevant recommendations

Recommendation 7: The government must include in the 2025 CSR provision to uprate all elements of the NHS Learning Support Fund and additional grants to reflect the current costs of living and allow nursing students to undertake their studies without falling into financial hardship: we note that the £5,000 Learning Support Fund would be valued at £6,164 (June 2024 figure) if it had kept pace with inflation. The Fund and additional grants must then be reviewed annually and uprated accordingly.

Recommendation 8: Student Finance England must provide nursing students with the maximum level of financial support available from the 2025 academic year onwards, considering the longer length of the nursing course. HEIs must ensure that they provide and signpost relevant information on accessing financial support to nursing students.

Recommendation 9: From the 2025/26 academic year, the government must extend to nursing students with caring responsibilities who are undertaking unpaid placements the same free childcare provisions that are available to employed people who are eligible if they work 16 hours or more a week.

Recommendation 10: HEIs, placement providers and the government must introduce an upfront grant to cover any additional costs for nursing students of travelling for clinical placements as part of their studies and enable access to advance payments.

Recommendation 11: The Department for Work and Pensions must increase the benefit disregard for nursing students withdrawing a student loan and on Universal Credit, to reflect the increase in student loan entitlement and maintain the value of Universal Credit for eligible students.

8. Challenges during clinical practice placements

Clinical practice placements provide the foundation for a future nurse's confidence and ability to practice in the workplace. Placements enable students to obtain the full range of skills and knowledge required for NMC registration. These formative nursing practice experiences are impacted by interpersonal relationships with colleagues, practice challenges and workforce shortages and service pressures. It is crucial that placements work effectively so that individual students meet the requirements of the nursing degree as well as ensuring they feel positive about entering their early nursing career.

The current ability of the system to provide practice placements is compromised. This is due to workforce pressures, service pressures and the complexity of increasing numbers of different types of learners, including nursing degree students, nursing degree apprentices, student nursing associates as well as further education students (T level health students).

“The challenges, I would say, that come out all the time are staffing, the fact that most organisations are experiencing short-staffing. And that comes out in all our student evaluations. And the students try and be really positive, on the whole, and they’ll say, ‘We saw how hard the staff are working, but they didn’t really have enough time for me.’ That’s an issue.”

Practice-based education professional; Senior leadership team for nursing education

Academic and practice-based education professionals have told us that today's nursing students face an increasingly challenging clinical environment, not least due to staffing pressures within the NHS.^{lxxxvi} Nurses are overloaded and struggle to meet their own workloads, but also have less time to spend with nursing students and find it difficult to provide them with the consistent supervision, support and opportunities they need for good quality teaching and learning. In some areas, particular wards reportedly have insufficient staffing levels to support students, which added pressures to other clinical areas to take on more nursing students, potentially affecting the quality of experience for those students.^{lxxxvii}

Reassuringly we found that students are most satisfied with the patient care element of their placement experiences, with 89% of students reporting to us that they are either very satisfied or satisfied with their interpersonal interactions with patients. 78% reported being highly satisfied with the hands-on experience and practical application.

There is room for improvement in the support and guidance provided to students while on placement, including the time available for practice supervisors to support student learning and the quality of support and guidance provided by clinical preceptors which students expressed satisfaction rates of 55% and 62% respectively. Nurse educators in practice and academia have told us that students can express reluctance to ask busy staff for what they needed, and that they sometimes experienced disheartened and dissatisfied staff.^{lxxxviii}

Students tell us that the interpersonal relationships they experience while on placement are impacted by the morale in the wider team, and students report that

they are sometimes at the receiving end of poor treatment, partly due to pressures within the team and workplace culture. The RCN has heard of students being made to feel unwelcome on some placements, including examples where they were called ‘the student’ rather than by their name, while others reported being placed with supervisors who expressed clear resentment at having a student.^{lxxxix}

Education professionals and students acknowledge^{xc} that sometimes experiencing difficult situations while on placement can contribute to students wanting to leave their degree course. These situations can be patient-related or related to clashes or interpersonal issues with team members, supervisors or assessors. However, it is not solely the experience that determines the outcome: the response of the university and/or employer in supporting the nursing student after the experience is critical.

The quality of learning experience on placement is also highly variable. In some placements, students have reported that there is little structure or opportunities to learn and gain the clinical skills they need, which causes stress for students who need to meet their learning requirements.

The crucial first year

We heard that students are particularly vulnerable to the negative impacts of poor experiences when they happened on first placements,^{xcj} and getting the first placement right can set the student up for a greater chance of success. Some HEIs have reported success in delaying first year nursing student placements to ensure that students are better prepared and are not starting placements during peak winter pressures (this benefits the students and helps to relieve service pressures).^{xcii} This can be supported using simulated practice learning, especially now that 600 hours of simulation can be used towards the 2,300 total practice placement hours^{xciii} or phased introductions to first placements and enhanced support from HEIs through check-ins and student forums have also been identified as preventing student attrition.

Addressing the practical challenges

Undertaking practice placements in a variety of settings covering 2,300 hours of experience and meeting all the NMC standards of proficiency has practical challenges for students. In response to our 2024 survey of students, 52% who were currently considering withdrawing from their degree emphasised the need for more flexible scheduling of placements.^{xciv} Students reported a lack of flexibility with placements, and the requirement that they should take on a placement that was a long distance away, not in a relevant clinical area, or where they had previously had a negative experience.^{xcv}

“I’m South [City] and I’m constantly put in North [City on placement] and so it means that I have to wake up at about 5am to get the 5.50 bus, to get to work for 7.30 and... So my last placement was technically a shift that was supposed to end at 9.30pm and it didn’t, thankfully; but that would mean I wouldn’t get home till about 10.30/11pm, which is obviously just ridiculous.”

Online focus group participant; Second year nursing student

The distance required to travel to placements and the impact of long journeys on either side of their placement shift can add to the pressure for some students and can come as a shock to students in their first placement.^{xcvi} Some students who had withdrawn from their nursing degrees have highlighted the impact of exhausting shifts and long commutes on their mental health. Some students told us that when allocating placements universities rely on Google maps to calculate distances to placements and driving times, without considering public transport and the realities of parking.^{xcvii} These findings were echoed in a Nuffield Trust report (2024) commissioned by the NMC which found that challenges around public transport affected the inclusivity of the learning.^{xcviii}

Education professionals and students have told us that placements (and shift patterns) can be arranged with very little notice, which could be attributed to insufficient notice for placement providers on the number of placements required. While many students find this frustrating, those with childcare responsibilities find it particularly challenging, as formal childcare providers demand consistency and require notice if childcare days/hours need to be changed.^{xcix}

“Managing childcare when, say, you’re going to go and do a placement for a 12-hour shift, you do not necessarily know when your placements are going to be, where, how long your shifts are going to be, how long you’re going to be away from home. Can you get childcare to cover 18 hours a day and the costs of that? It’s a massive uncertainty..”

Online focus group participant; First year nursing student

Relevant recommendations

Recommendation 12: HEIs and placement providers must ensure that wellbeing and support services are accessible for all nursing students throughout the duration of their programme. They must ensure that students are aware of all support services through clear signposting within nursing student handbooks and key materials.

Recommendation 14: Placement providers and HEIs must work together to improve nursing students’ experiences by supporting practice learning supervisors and assessors through formalised training, support and supervision, with protected time for this to be undertaken.

9. Lack of consistency in preceptorship period experiences

A preceptorship is a structured period of support intended to ensure that newly registered nurses (NRNs) can safely and comfortably transition from being a student to their new workplace.^c It generally includes access to a preceptor who provides support, training, and mentorship, and protected supernumerary time in which to learn skills in a safe and controlled environment. However, at present, employers are not required to offer preceptorship to NRNs – the NMC has only strongly recommended it.

While preceptorships are established as best practice for newly registered nurses, there is no formal requirement for nurses to complete a preceptorship period, and the completion (or not) of one does not have a formal impact on a nurse's ability to progress.

A recent audit of the National Preceptorship Framework found that there had been improvements to what is being offered to NRNs, with 77% of organisations who were reviewed being compliant with the core standards of the framework and overall, 95% of organisations reviewed offered a preceptorship programme.^{ci} However, some findings from the audit give cause for concern. For example, 47% of organisations offering a preceptorship programme had 1 preceptor for each preceptee, 41% had 2 preceptees, and 12% had more than 2 preceptees per preceptor. As the number of preceptees per preceptor increases, there is a greater risk that preceptees will not be able to spend adequate time with their preceptor and will not receive sufficient support.

The audit also showed that 67% of organisations offered protected time to their preceptors, a number which had increased significantly since the introduction of the framework (up from 48% in 2022). 94% of organisations offered initial training, and 70% offered ongoing support for preceptors. While this is welcome, the RCN wants to see more done to provide protected time for preceptors, to ensure that they can provide adequate support to their preceptees and avoid burnout as they balance their responsibilities as a preceptor with their regular duties as a nurse.

While it is positive to see organisations making progress on the introduction and delivery of preceptorship programmes, RCN members have reported that preceptorship programmes are not necessarily working effectively. RCN members who contacted us with concerns relating to their preceptorship period highlighted several key issues:⁶

- Preceptorships are not happening even when promised in job interviews or in writing. Some members have reported that, despite nominally being participants in a preceptorship programme, they do not have a named preceptor or have never met their named preceptor.
- Some members have reported having their preceptorships unexpectedly cut short, and in some extreme cases have been placed on performance improvement plans during their preceptorship period. One member also reported that their preceptorship period was extended suddenly without any prior notice.
- Some members reported that they are not able to have competencies signed off, and often receive no communication about how to achieve competencies.

This echoes the findings of a survey by the *Nursing Times* in 2022, in partnership with

6 RCN intelligence gathered through calls to RCN Direct [2024]

Unison and the Florence Nightingale Foundation,^{cii} which found that 61% of NRNs were offered a preceptorship programme when they qualified however, only 43% felt that they were given sufficient time to benefit from it. Issues raised by respondents to the survey included:

- study days or training were often cancelled or moved online, and many respondents had their preceptorship programmes cancelled altogether. One respondent, who had been promised a supernumerary period of one month after qualifying, had their preceptorship cancelled after 3 days and subsequently left their role
- respondents frequently cited staff shortages as a key reason why preceptorships were not operating as promised, with 48% of nurse respondents saying that there were insufficient experienced staff in their organisation to act as preceptors or clinical supervisors
- the most used phrase to describe the experiences of NRNs was that they felt they were “thrown in the deep end”, with many saying that they felt they had little or no access to mentorship due to a lack of senior staff and competing clinical pressures that meant there was no time to receive support
- of nurse respondents who received preceptorship, 36% rated their programme as good or excellent, 29% said it was average and 29% said it was bad or awful. Respondents also expressed concerns about the consistency of what was on offer between different preceptorship programmes.

A preceptorship period is of great importance in the career of a nurse and can help get NRNs off to the best possible start, enabling them to develop their confidence, skills and professionalism. Preceptees can feel overwhelmed during their first few months as an NRN and can feel unsupported without a preceptor, or one they struggle to communicate with. The transition from student to accountable nurse is a big change, and NRNs can quickly experience stress and burnout in an overwhelming environment like the NHS. Doing this without appropriate support impacts on the confidence and preparedness of NRNs and has long-term effects on the retention of these new members of the nursing workforce.

We have heard from RCN members⁷ who have considered leaving the profession due to a lack of support during their preceptorship period. Similarly, many respondents to the *Nursing Times* 2022 survey said that they had considered leaving the profession due to a lack of support, and others said that their mental health and confidence had been damaged because of their experience as an NRN. With a co-ordinated and effective approach, preceptorship can be a positive tool in aid of staff retention across in the NHS, and more needs to be done to ensure that preceptorship periods for NRNs are effective.

While the aim is for preceptorships to become mandatory to ensure that NRNs are appropriately supported at the beginning of their career, we are concerned that the current nursing workforce crisis means that any efforts to make preceptorships mandatory would be unenforceable. Therefore, a potential model to consider as a basis for improvements to nursing preceptorships would be that which is in place for midwives; while not all elements are analogous (for example, midwives spend much more time operating autonomously without clinical supervision), there are several areas that could

⁷ RCN intelligence gathered through calls to RCN Direct [2024]

be considered. One example is extending the length of nursing preceptorships: the recommended minimum duration of preceptorships for nurses is just 4 months, with most preceptorship programmes lasting between 6 and 12 months,^{ciii} while midwives tend to have a minimum preceptorship period of 1 year. Extending the length would potentially afford NRNs with more opportunities to access one-on-one time with a preceptor and relieve the pressure on NRNs to complete competencies within a more compressed period. However, this would still be dependent on staffing levels improving, to ensure that there are enough senior clinical staff to act as preceptors.

Relevant recommendations

Recommendation 15: The government should commission the NMC to develop, with stakeholders including the RCN, a new preceptorship model for nursing staff to ensure all newly registered nursing staff receive a formal preceptorship period of at least 12 months. During this period, newly registered nurses should have regular access to support from a senior clinical preceptor.

Recommendation 16: The government, in the 2025 CSR, should ensure that there is sufficient funding to enable nursing staff to move from AfC band 5 to band 6 (or equivalent in non-NHS settings) upon successful completion of a preceptorship period.

10. Newly registered nurses leaving the profession in increasing numbers

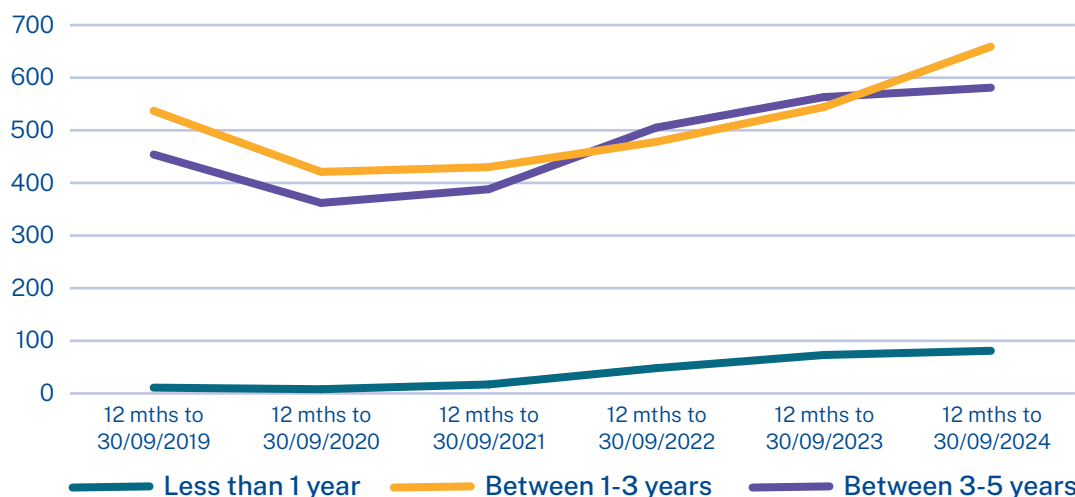
In England, newly registered nurses (NRNs) are a group at high risk of leaving the profession early. It is deeply worrying that nurses who trained in the UK are quitting the NHS and the profession entirely when they are only a few years into their career.

The latest NMC mid-year data report shows that between October 2018 and September 2024, 6,160 registrants in England who trained in the UK left the NMC register within 5 years of joining, with a substantial 46% of these departures occurring between 3 and 5 years post-registration.^{civ} Between October 2023 and September 2024, 1,321 UK trained registrants exited within 5 years of joining, marking a 12% rise from the previous year. This increase includes a notable 21% rise in those leaving between 1 and 3 years, up from 544 to 659 individuals, highlighting growing retention challenges, particularly for early-career professionals.

Between October 2023 and September 2024, 7% of UK trained registrants in England left the NMC register within 5 years of joining, compared to 6% in 2 years previously (October 2021 to September 2021).^{cv} From October 2021 to September 2024, the number of registrants leaving within their first year increased by 69% from 48 to 81. Those leaving between 1-3 years increased by 38%, while exits within the 3-5-year range rose by 15%. Since October 2021, the overall number of registrants leaving within 5 years of joining has surged by 28%, from 1,031 to 1,321, reflecting growing instability within the workforce.

Attrition rates for those leaving within 1-3 years have steadily climbed after an initial drop of 22% in 2020. Since then, there have been consistent increases of 2% in 2021, 11% in 2022, 14% in 2023, and a notable 21% rise in 2024. Similarly, after early declines in the 3-5-year category, exits surged by 30% in 2022, followed by more moderate increases of 11% in 2023 and 3% in 2024. These trends underscore the need for targeted retention strategies to address increasing attrition rates and stabilise the workforce.

Figure 5: Number of UK-trained individuals leaving the NMC Register within 5 years of their initial registration



NMC Registration data reports

NRNs often cite poor health, burnout, financial pressures and lack of support as reasons for leaving the profession post-registration in response to surveys from the NMC.^{cvi} Of those that cite poor health as a reason for leaving, in 62% of cases this involves mental health and 4 in 5 (81%) state that their role has contributed to this.^{cvi} As well as this, the enormous pressures facing students after their studies has worsened with the poor working conditions for nursing staff and the increasing shortage of nursing staff. This crisis also impacts students and newly registered nurses and is often under-reported the extent to which early career retention is being impacted. It not only results in poor patient outcomes; it also leads to poor physical or mental health, stress, burnout for staff and retention issues.

Support for recent graduates is essential and a framework incorporating supernumerary status, preceptorship (or equivalent), peer and organisational culture of support can help ensure a smooth and comfortable transition for newly registered nurses. We have discussed this in section 10. However, with poor staffing levels, relentless workloads and a lack of national models, preceptorship for many is not as supportive as it should be.

These insights highlight that both systemic challenges and personal considerations are leading some to reconsider nursing as a career. It is clear that one of the key factors that impacts a large number of NRNs is poor pay, high debt and money worries.

In 2024, the RCN commissioned London Economics to gather evidence from newly qualified nursing staff to identify the factors which were most likely to impact on their likelihood to continue in the nursing profession. NRNs, who have graduated with tuition and maintenance loans, responded to a choice experiment where they were presented with alternative job roles with varying factors such as pay increases, loan forgiveness, flexible working and better nurse to patient ratios.

The analysis found that, on average, nurses with student loans are willing to commit to 7-10 more years in a role that offers student loan forgiveness compared to a role that does not, highlighting the value of loan forgiveness as a retention tool.

To support retention, the RCN is calling for NRNs to have parts of their student loans forgiven in exchange for working within a publicly funded health and care service for a set period of time. Under this model, nurses who work in the NHS or other publicly funded health and care services would have 30% of their loan written off after 3 years, 70% after 7 years and the full 100% written off after 10 years. It is our view that this model would benefit recruitment, particularly amongst those with caring responsibilities, and for retention.

The benefits of the introduction of a loan forgiveness model for nursing staff are likely to far outweigh the costs.^{cvi} We commissioned London Economics to use their findings relating to the additional retention arising from loan forgiveness in early career nurses, to calculate the likely societal benefit.

Using a baseline scenario of 9.0% nursing turnover per year, London Economics estimates that the 2024-25 cohort of English domiciled student starters (studying in England) would work a total of 123,129 nurse-years in the NHS over the course of their working life. The associated societal benefit in terms of nursing 'output' is estimated at £2.890bn in net present value (NPV) terms (in 2024 prices).

However, factoring in a lower attrition rate for those in receipt of loan forgiveness, with a 5.4% annual turnover rate, they estimate that the 2024-25 cohort of English domiciled student starters (studying in England) would instead work a total of 188,134 nurse-years in the NHS over the course of their working life. The associated societal benefit in terms of nursing ‘output’ is estimated at £4.052bn in NPV terms (in 2024 prices).

Therefore, we estimate that introducing loan forgiveness for nurses in England would provide a societal benefit of £1.162bn per cohort (in NPV terms), based on an additional 65,005 nurse-years worked in the NHS.⁸

If this policy were implemented for 10 cohorts, starting with the 2024-25 cohort, then it can be estimated that there would be an additional 14,249 nurses working in the NHS (equivalent to 12,726 FTE nurses) by the time the 10th cohort entered the workforce in 2036-37 (compared to the baseline). This represents approximately 1/2 of current nurse vacancies.⁹

Relevant recommendations

Recommendation 17: In the 2025 CSR, the government should make funding available to ensure that nursing staff who have graduated or are due to graduate since the introduction of student loans in 2017 have their student loans written off in recognition of their service in publicly funded health and care settings. This would help to support early career nurses’ retention and reduce debt for nursing staff. This would help to incentivise additional applications to study nursing ahead of the September intake, and to retain newly registered nursing staff who may currently be considering leaving their roles. Our proposed model is that 30% of the loans be forgiven after 3 years’ service, 70% after 7 years and 100% after 10 years of service.

8 These calculations are based on retention at an additional 7 years, although the range was 7-10 years. If the 10 year figures is used then the benefits would rise to £1.502bn, with 85,338 additional nurse-years per cohort relative to the baseline.

9 At the time of publication there are 27,452 nursing vacancies in the NHS in England.

Appendix: Methodology

The findings in this policy report have been based upon extensive evidence collection. In this section we set out the methods undertaken to produce this evidence.

RCN student survey (May/June 2024)

An online survey was distributed to RCN student members undertaking undergraduate and postgraduate nursing degree courses across the UK, including nursing degree apprentices and associates in England. The primary aim of the survey was to explore the experiences and challenges faced by nursing students throughout their degrees and to understand their plans. The data was collected between 14 May-9 June 2024.

This report specifically focuses on a subset of respondents from England undertaking pre-registration nursing degrees (1,273) and nursing degree apprenticeships (168).

The survey included a range of questions designed to capture key aspects of students' experiences. These questions explored their motivations for pursuing nursing, the support they received during their studies, their clinical placement experiences, financial pressures, and their overall wellbeing. Additionally, the survey aimed to understand students' perceptions of their future careers, including their intentions to remain in nursing after qualification and any factors that might influence their decision to leave the profession.

RCN Last Shift survey (2024)

In March 2024, the RCN invited nursing and midwifery staff from across the UK, in all health and care settings, to tell us about their experiences of the last time they were at work. The survey included questions on the RCN Nursing Workforce Standards, raising concerns, planned versus actual staffing levels and how these impacted on their wellbeing and the quality of care they were able to provide. The survey received 11,057 responses and provides valuable insight into the realities of staffing levels across the UK, and the impact on nursing staff and the people they are caring for.

RCN cost-of-living survey (2024)

In January 2024, the RCN surveyed members to explore the impact of the increased cost of living on their daily lives. The survey asked students on how their financial situation, overall household and transport costs, whether they had caring responsibilities and the impact of financial concerns. The survey received responses from 474 students in England, which gave insight into how financial pressures were affecting them.

RCN Student finance survey (2023)

In 2023, the RCN surveyed 545 nursing students in England about their finances within the context of the cost-of-living crisis. The survey included questions on financial support, financial concerns, any financial steps which have been taken to mitigate these concerns and the impact of their financial situation. The survey received 545 responses from students studying in England and offered insights into the impact of funding and managing finances as a student across England.

RCN Freedom of Information request (2024)

The RCN sent a Freedom of Information request to all universities in England offering nursing degree courses to understand current workforce issues including the number of redundancies within the nursing department. A total of 69 FOI requests were sent out to all eligible universities within England, of these 60 have returned the FOI with a response. The questions asked looked to understand the number of student places available for pre-registration nursing students over the last 5 years, current number of registered nurses employed, the full-time equivalent number of nurse educator posts and how these have changed over the last 5 years. Questions were asked to identify the number of vacant posts on nursing degrees and how many nurse educators had been lost to redundancy over the last 5 years,

RCN-commissioned analysis produced by London Economics (2024)

London Economics was commissioned by the RCN to examine the effect of various factors relating to the remuneration and working conditions of public sector nurses in England on the number of years that they will remain working in the public sector. In addition, London Economics also monetised the likely societal benefits associated with implementing undergraduate student loan forgiveness for public sector nurses.

In autumn 2024, they conducted a survey of 5,441 RCN members in England, in which there were choice experiments to determine the effect of a various factors on public sector retention.

London Economics conducted 2 choice experiments in total: one for those that hold English student loans (and were therefore asked about the impact of potential loan forgiveness) [n=328] and another for those that do not hold English student loans (and were therefore not asked about loan forgiveness) [n= 3,227].

Both choice experiments examined the impact of a number of job attributes (eg, salary, patient to staff ratio, ability to work flexible hours) on the willingness to stay in the NHS role.

One of these choice experiments specifically focused on nurses who had student loans from the Student Loans Company in England. Therefore, the sample consisted mostly of early career nurses. The aim of this choice experiment was to explore how the introduction of student loan forgiveness might impact nurses' willingness to remain in the public sector.

The 'student loan forgiveness' policy tested in this experiment was that a nurse's outstanding student loan balance would be written off in the following way: 30% would be written off in 3 years from now, 70% in 7 years, and 100% (full write-off) would occur in 10 years. This early write-off would only apply if they continued to work as a public sector nurse over these periods.

In the choice experiments, respondents were presented with hypothetical options (2 per choice) representing alternative job roles. They were then asked to choose the job role they preferred (they could also choose neither).

- Each respondent was asked to make 6 choices each in total.
- In each choice, the job attributes were varied, as were the number of years they would have to spend 'locked-in' to the role.
- Retention was measured by how much nurses were willing to trade improvements in job attributes for additional years they must spend 'locked-in' to the role.
- In other words, the results of the choice experiment reveal the additional number of years that nurses were willing to stay in a role that offered improvements on a given job attribute (eg, a higher salary), compared to a role where that attribute was not improved.

RCN application, acceptance and apprenticeship projections for the NHS Long-Term Workforce Plan (2024)

The presented modelling is based on a linear projection to estimate the annual number of nursing students required through both the traditional university route and the apprenticeship pathway to meet LTWP targets. This model operates on several key assumptions and has notable limitations. It assumes a consistent, linear year-on-year increase in nursing student acceptances without accounting for potential fluctuations in recruitment patterns, changes in funding, or external factors influencing growth rates. It presumes that all accepted students begin their courses immediately in the academic year of acceptance, without considering deferred entries or delays. Number of acceptances and starts is modelled to grow linearly from 20% in 2028 to 28% in 2031, without factoring in variations in recruitment rates or changes in programme availability. Moreover, it does not consider potential policy changes, economic factors, or external influences that may impact recruitment, retention, or training capacity.

RCN survey of nurse educators (2024)

To deepen our understanding of the prevalence and extent of issues and the impact of the financial challenges facing higher education sector on nursing education provision, in June 2024, the RCN undertook a rapid survey of members working in higher and further education settings across the UK. There were 545 respondents to the survey from England, of these 357 answered that their employer was undergoing a process to reduce academic staff. The survey included questions on the financial challenges at their institute, including questions on recruitment freezes, redundancies and whether respondents were directly affected by staff cuts. The impact of staffing cuts and reductions were also explored along with questions on their opinion of final year students gaining employment.

RCN listening events with nurse educators (2024)

The RCN ran 3 online listening events with nurse educators in September 2024. Across the events there were a total of 184 participants. Discussion prompts asked questions relating to how valued educators felt, their workload and how long they felt they were likely to remain in their current role. Attendees were asked their opinion on what they

believed to have the greatest impact on delivering nursing courses as an educator and what changes they would like to be implemented to help address the challenges within the nursing educator sector.

RCN commissioned qualitative research into nursing student attrition

The RCN commissioned the research agency Community Research to undertake a qualitative research project exploring why many students leave before completion of their nursing degrees. The research comprised of:

- 3 online focus groups with current nursing student (each focus group comprising of between 4 and 7 participants)
- 11 semi-structured interviews with education professionals working in a mix of practice based and academic settings
- 8 semi-structured interviews with former nursing students who withdrew from their nursing degree before in the 3 years prior to September 2023.

References

- i NHS (2023) *NHS Long Term Workforce Plan*. Available at: www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf
- ii The Rt Hon Wes Streeting MP Speech (13 November 2024) Our Ambition to Reform the NHS. Available at: www.gov.uk/government/speeches/our-ambition-to-reform-the-nhs
- iii Department for Education (21 November 2024) Policy Paper: Changes to Tuition Fees: 2025 to 2025 academic year. Available at: www.gov.uk/government/publications/tuition-fees-and-student-support-2025-to-2026-academic-year/changes-to-tuition-fees-2025-to-2026-academic-year
- iv House of Commons Library (August 2023) *Higher Education Reforms in England: Student number Controls and Foundation Year Fee Limits*. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-9839>
- v RCN analysis of UCAS (2024) Undergraduate cycle data. Resources available at: www.ucas.com
- vi UCAS (2025) *2025 Cycle Applicant Figures 29 January Deadline*. Available at: www.ucas.com/undergraduate-statistics-and-reports/ucas-undergraduate-releases/applicant-releases-2025-cycle/2025-cycle-applicant-figures-29-january-deadline?hash=6uUNPk0rtbSb_ThwLZ_0npfhCLlWARrPUniB8rbrOVQ
- vii RCN analysis of HESA data
- viii Royal College of Nursing Survey of Student Members (2024)
- ix We asked those who are currently considering leaving their course (n122) to tell us why they are currently considering withdrawing from their nursing degree programme. Royal College of Nursing Survey of Student Members (2024)
- x NMC (2025) Open Council 29 January 2025 Papers. Available at: www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2025/nmc-open-council-29-january-2025.pdf
- xi The Rt Hon Wes Streeting MP Speech (13 November 2024) Our Ambition to Reform the NHS. Available at: www.gov.uk/government/speeches/our-ambition-to-reform-the-nhs
- xii Griffiths P, Maruotti A, Recio Saucedo A On behalf of Missed Care Study Group, et al Nurse staffing, nursing assistants and hospital mortality: retrospective longitudinal cohort study *BMJ Quality & Safety* 2019;28:609-617
- xiii NHS Digital (September 2024) *NHS Workforce Statistics*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/september-2024>
- xiv Skills for Care (2021) *Workforce Estimates*. Available at: www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Workforce-estimates.aspx

- xv RCN (November 2024) Huge Increase in Nursing Staff Quitting Early Poses Risk to NHS Reforms. Available at: www.rcn.org.uk/news-and-events/news/uk-huge-increase-in-nursing-staff-quitting-early-poses-risk-to-nhs-reforms-111124
- xvi UCAS (2024) *UCAS Undergraduate End of Cycle Data Resources 2024*. Available at: www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-end-cycle-data-resources-2024
- xvii UCAS (2025) *2025 Cycle Applicant Figures 29 January Deadline*. Available at: www.ucas.com/undergraduate-statistics-and-reports/ucas-undergraduate-releases/applicant-releases-2025-cycle/2025-cycle-applicant-figures-29-january-deadline?hash=6uUNPk0rtbSb_ThwLZ_0npfhCLlWARrPUniB8rbrOVQ
- xviii The RCN has calculated that the attrition figure for nursing students is 21%. This figure has been calculated based on actual attrition in 2017/18, 2018/19, and 2020/21. We have excluded the years prior to 2017 due to the impact which the bursary was likely to be having upon students remaining on their courses. We have also excluded the first year of the pandemic (2019/20) due to very high attrition relating to the impact of COVID.
- xix We asked those who are currently considering leaving their course (n122) to tell us why they are currently considering withdrawing from their nursing degree programme. Royal College of Nursing Survey of Student Members (2024)
- xx For example The Nuffield Trust (2023) *Waste Not, Want Not*. Available at: www.nuffieldtrust.org.uk/sites/default/files/2023-09/Nuffield%20Trust%20-%20Waste%20not%20want%20not_WEB_FINAL.pdf
- xxi UCAS (2021) *Next Steps: Who are the “Future Nurses”?* Available at: www.ucas.com/next-steps-who-are-future-nurses?hash=ZlHV4VFctNT5WdPg4V1yq4507rXDGjcnHZDmv-KjlxE
- xxii Department of Health and Social Care (2019) *Nursing Students to Receive £5,000 Payment a Year*. Available at: www.gov.uk/government/news/nursing-students-to-receive-5-000-payment-a-year#:~:text=Nursing%20students%20will%20benefit%20from,than%2035%2C000%20students%20every%20year
- xxiii HEE (2023) *Annual Report and Accounts 2022-23*. Available at: <https://assets.publishing.service.gov.uk/media/64b92c9def5371000d7aef86/health-education-england-annual-report-2022-2023.pdf>
- xxiv NMC (2024) *The NMC Register UK mid-year update 1 April 2023 – 30 September 2024*. Available at: www.nmc.org.uk/globalassets/sitedocuments/data-reports/2024/september/the-nmc-register-uk-mid-year-update.pdf
- xxv *Nursing Times* (4 October 2022) Four of UK’s top countries for nurse recruitment on WHO ‘red list’. Available at: www.nursingtimes.net/global-nursing/four-of-uks-top-countries-for-nurse-recruitment-on-who-red-list-04-10-2022
- xxvi NHS England (2023) *NHS Long Term Workforce Plan*. Available at: www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf

- xxvii HEE (2022) TEL Blog: Virtual and Hybrid Learning Faculty Reaches First Anniversary. Available at: <https://telblog.hee.nhs.uk/virtual-and-hybrid-learning-faculty-reaches-first-anniversary-milestone>
- xxviii HEE (2023) *Annual Report and Accounts 2022-23*. Available at: <https://assets.publishing.service.gov.uk/media/64b92c9def5371000d7aef86/health-education-england-annual-report-2022-2023.pdf>
- xxix Ibid
- xxx NMC (2024) *Standards for Pre-Registration Nursing Programmes*. Available at: www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes
- xxxi NMC (2024) *Simulated Practice Learning*. Available at: www.nmc.org.uk/standards/guidance/supporting-information-for-our-education-and-training-standards/simulated-practice-learning
- xxxii NMC (2024) *Evaluation of Simulated Practice Learning in Pre-Registration Nursing Programmes*. Available at: www.nmc.org.uk/globalassets/sitedocuments/simulated-practice-learning/reports/2024/evaluation-of-simulated-practice-learning-in-pre-registration-nursing-programmes.pdf
- xxxiii Ibid
- xxxiv Office for Students (2021) Additional OfS funding for High Cost Subjects. Available at: www.officeforstudents.org.uk
- xxxv Department of Health and Social Care (2017) *Policy Paper: NHS Bursary Reform*. Available at: www.gov.uk/government/publications/nhs-bursary-reform/nhs-bursary-reform
- xxxvi Analysis of UCAS data provided to the Royal College of Nursing
- xxxvii This is for child dependents aged under 15 or 17 if registered with special education needs.
- xxxviii Analysis of UCAS data provided to the Royal College of Nursing
- xxxix Ibid
- xl London Economics (2022) *The Exchequer Costs and Benefits of Student Loan Forgiveness for Nurses: a report for the RCN*. Available at: <https://londoneconomics.co.uk/wp-content/uploads/2023/04/LE-Analysing-student-loan-forgiveness-options-for-nurses-26-05-2022-STC.pdf>
- xli London Economics (2023) *Analysing Loan Forgiveness for Nurses*. Available at: <https://londoneconomics.co.uk/blog/publication/analysing-loan-forgiveness-for-nurses>
- xlvi NMC Standards for pre-registration nursing programmes. Available at: www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes

- xliviii NHS England (2019) *The NHS Long Term Plan*. Available at: www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
- xliv Department of Health and Social Care (2020) *New Funding to Double Nursing Apprentices and Health Deliver 50,000 More Nurses*. Available at: www.gov.uk/government/news/new-funding-to-double-nursing-apprentices-and-help-deliver-50-000-more-nurses
- xlv NHS England (2023) *NHS Long Term Workforce Plan*. Available at: www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf
- xlvi Apprenticeships, Academic year 2023/24 – Explore education statistics – GOV. UK (explore-education-statistics.service.gov.uk)
- xlvii Department for Education (2023) *How are Apprenticeships Funded and What is the Apprenticeship Levy?* Available at: <https://educationhub.blog.gov.uk/2023/03/how-are-apprenticeships-funded-and-what-is-the-apprenticeship-levy>
- xlviii NMC (2019) *Supernumerary and Protected Learning Time*. Available at: www.nmc.org.uk/supporting-information-on-standards-for-student-supervision-and-assessment/student-empowerment/what-to-expect/supernumerary-protected-learning-time
- xlivx Education Committee (5 June 2018) *Oral Evidence: Nursing Apprenticeships* HC 1017. Available at: <https://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/education-committee/nursing-apprenticeships/oral/84628.html>
- l Department for Education and Prime Minister’s Office Press Release (24 September 2024) *Prime Minister Overhauls Apprenticeships to Support Opportunity*. Available at: www.gov.uk/government/news/prime-minister-overhauls-apprenticeships-to-support-opportunity
- li Royal College of Nursing Survey of Student Members (2024)
- lii Ibid
- liii Ibid
- liv PWC (January 2024) *Financial Sustainability of the UK Higher Education Sector*. Available at: www.pwc.co.uk/industries/government-public-sector/education/financial-sustainability-of-uk-higher-education-sector.html
- lv *The Guardian* (9 August 2024) *English Universities face Autumn ‘Tipping Point’ as Financial Crisis Looms*. Available at: www.theguardian.com/education/article/2024/aug/09/english-universities-face-autumn-tipping-point-as-financial-crisis-looms
- lvi The Council of Deans of Health (2023) *Urgently Address the Growing Shortfall in Healthcare Educators and Researchers*. Available at: www.councilofdeans.org.uk/2023/10/urgently-address-the-growing-shortfall-in-healthcare-educators-and-researchers/

- lvii NHS England (2023) *NHS Long Term Workforce Plan*. Available at: www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.21.pdf
- lviii The Labour Party (2024) *The Labour Party Manifesto: Build an NHS Fit for the Future*. Available at: <https://labour.org.uk/change/build-an-nhs-fit-for-the-future/>
- lix Council of Deans (2023) *Urgently Address the Growing Shortfall in Healthcare Educators and Researchers*. Available at: www.councilofdeans.org.uk/2023/10/urgently-address-the-growing-shortfall-in-healthcare-educators-and-researchers
- lx *Nursing Times* (2022) Exclusive survey reveals key challenges facing nurse education. Available at: www.nursingtimes.net/education-and-training/exclusive-survey-reveals-key-challenges-facing-nurse-education-31-08-2022
- lxi 58% reported that their workload is so overwhelming it affects their personal life/ my workload is tough to manage and feels overwhelming. From RCN listening events involving 132 nurse educators
- lxii NHS England (2023) *Educator Workforce Strategy*. Available at: www.england.nhs.uk/long-read/educator-workforce-strategy
- lxiii The Education Hub (2024) *Student fees and maintenance loan increase: what you need to know*. Available at: educationhub.blog.gov.uk/2024/11/student-fees-and-maintenance-loan-increase-what-you-need-to-know
- lxiv Office for Students (2021) Additional OfS funding for High Cost Subjects. Available at: www.officeforstudents.org.uk
- lxv Augar (May 2019) *Independent Panel Report to the Review of post-18 Education and Funding*. Available at: https://assets.publishing.service.gov.uk/media/5ceeb35740f0b62373577770/Review_of_post_18_education_and_funding.pdf
- lxvi NHS England (2023) *NHS Long Term Workforce Plan*. Available at: www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2
- lxvii Haslam MB. What might COVID-19 have taught us about the delivery of Nurse Education, in a post-COVID-19 world? *Nurse Educ Today*. 2021 Feb;97:104707. doi: 10.1016/j.nedt.2020.104707. Epub 2020 Dec 5. PMID: 33338978; PMCID: PMC7834381.
- lxviii NMC (2023) Webpage: why we reviewed our Pre-Registration Programme Requirements. Available at: www.nmc.org.uk/education/developing-our-education-requirements/how-we-reviewed-our-pre-registration-programme-requirements/background-pre-registration-programme-requirements
- lxix NHS England (2023) *NHS Long Term Workforce Plan*. Available at: www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2
- lxx The RCN ran three listening events with nurse educators in September and one in December 2024.

- lxxi In May/June 2024 survey of 1,273 students in England undertaking pre-registration nursing degrees
- lxxii Community research (2024) *Addressing Student Nursing Attrition in England: A Research Report to the RCN*.
- lxxiii Ibid
- lxxiv Ibid
- lxxv Ibid
- lxxvi Coram Family and Childcare (2024) *Childcare Survey 2024*. Available at: www.familyandchildcaretrust.org/childcare-survey-2024
- lxxvii Department for Work and Pensions (2024) *Guidance: Universal Credit and Students*. Available at: www.gov.uk/guidance/universal-credit-and-students#:~:text=For%20every%20%C2%A31%20you%27re%20entitled%20to%20get,the%20first%20day%20of%20the%20summer%20holidays
- lxxviii Coram Family and Childcare (2024) *Childcare Survey 2024*. Available at: www.familyandchildcaretrust.org/childcare-survey-2024
- lxxix House of Commons Library (2023) *Research Briefing: E-Petitions Debate: Pay and Financial Support for Healthcare Students*. Available at: <https://commonslibrary.parliament.uk/research-briefings/cdp-2023-0171/#:~:text=Childcare%20support%20for%20nursing%20and,%C2%A32%2C000%20per%20academic%20year>
- lxxx Royal College of Nursing Cost of Living Survey (2024)
- lxxxi Royal College of Nursing Survey of Nursing Students in England (2023)
- lxxxii Ibid
- lxxxiii Ibid
- lxxxiv Ibid
- lxxxv Ibid
- lxxxvi Community research (2024) *Addressing Student Nursing Attrition in England: A Research Report to the RCN*
- lxxxvii Ibid
- lxxxviii Ibid
- lxxxix Ibid
- xc Ibid
- xci Ibid
- xcii Ibid

- xciii NMC (2024) *Simulated Practice Learning*. Available at: www.nmc.org.uk/standards/guidance/supporting-information-for-our-education-and-training-standards/simulated-practice-learning
- xciv Royal College of Nursing Survey of Nursing Students in England (2023)
- xcv Community research (2024) *Addressing Student Nursing Attrition in England: A Research Report to the RCN*.
- xcvi Ibid
- xcvii Ibid
- xcviii Nuffield Trust (December 2024) *Practice learning in nursing and midwifery education An independent rapid review*. Available at: www.nuffieldtrust.org.uk/news-item/independent-report-finds-varied-learning-experiences-and-supervision-for-nursing-and-midwifery-students
- xcix Community research (2024) *Addressing Student Nursing Attrition in England: A Research Report to the RCN*.
- c NMC (2020) *Principles of Preceptorship*. Available at: www.nmc.org.uk/standards/guidance/preceptorship
- ci NHS England (2023) *National Preceptorship Project: First Year Review Analysis*. Available at: <https://workforceskills.nhs.uk/wp-content/uploads/2023/08/National-First-Year-Review-Analysis-July-2023.pdf>
- cii *Nursing Times* (2022) Exclusive Survey Reveals too Many Nurses Lacking Good Support at Start of Career. Available at: www.nursingtimes.net/workforce/exclusive-survey-reveals-too-many-nurses-lacking-good-support-at-start-of-career-02-02-2022
- ciii Middlesex University (2022) *Preceptorship: What Works? An Integrated Literature Review*. Available at: <https://workforceskills.nhs.uk/wp-content/uploads/2022/06/Preceptorship-review-corrected-refs.pdf>
- civ The NMC register [September 2024 mid-year report] Available at: www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics
- cv The NMC (2024) *The NMC register (1 April 2023 – 31 March 2024)*. Available at: www.nmc.org.uk/globalassets/sitedocuments/data-reports/july-2024/annual-data-report-march-2024.pdf
- cvi Ibid
- cvii *Nursing Times* (19 July 2024) More early career nurses quitting and ‘vowing to never return’. Available at: [www.nursingtimes.net/workforce/more-early-career-nurses-quitting-and-vowing-to-never-return-19-07-2024/#:~:text=Concerningly%2C%20one%20in%20five%20\(20,in%20the%20last%2012%20months](http://www.nursingtimes.net/workforce/more-early-career-nurses-quitting-and-vowing-to-never-return-19-07-2024/#:~:text=Concerningly%2C%20one%20in%20five%20(20,in%20the%20last%2012%20months)

- cviii Million Plus (2024) Consider Fee Loan Forgiveness for Nurses ahead of the Budget, say MillionPlus and RCN. Available at: www.millionplus.ac.uk/consider-fee-loan-forgiveness-for-nurses-ahead-of-the-budget-say-milli

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