

**Recruitment of Mature Students to
Nursing, Midwifery and Allied Health
Courses – Research**

Report to the Office for Students,
by Marketwise Strategies Limited

February 2019

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Executive Summary

Background

The Office for Students (OfS) is working with other governmental and arms-length bodies (ALBs) to ensure an effective transition to the new Nursing, Midwifery and Allied Health (NMAH) funding regime. This effort includes the Strategic Interventions in Health Education Disciplines (SIHED) programme. As part of that programme, Marketwise Strategies was appointed to conduct research that would:

Gain a better overall understanding of the mature segment of the student market entering healthcare courses, in order to support continued recruitment of mature students to higher education (HE) courses.

Mature student participation to HE courses decreased significantly from 2012 onwards¹, when most universities' fees increased to £9,000. There were concerns that the recent NMAH funding reforms, which mean that students now pay fees, may lead to a significant drop in mature student participation, if the same trend was repeated. Because of the prevalence of mature students in these disciplines, where on average they account for more than 50% of the student population², researching mature student participation within this transition seemed crucial both from a widening participation perspective, as these courses are some of the preferred ones for mature students, for course viability and in turn for workforce planning.

¹ MillionPlus, *Forgotten Learners: Building a System That Works for Mature Students* (Summary Report). The figures cited in that research are derived from data that is available from HESA: <https://www.hesa.ac.uk/data-and-analysis/sfr247/figure-4>

² This topic is discussed in depth in Chapter 3 of this report

Methodology

The project developed three explanatory case studies of engagement and recruitment of mature students to HE healthcare courses in England. Each case study focused upon a different geographical area and brought together qualitative and quantitative evidence, gathered from a number of universities and from one or more NHS trusts and further education (FE) colleges. A review of reports exploring mature and part-time entry to NMAH courses was also undertaken.

Primary research consisted of 50 depth interviews and five focus groups, across universities, FE colleges and NHS trusts. Interviewees included:

- Senior academics and Heads of School in universities
- Marketing professionals within universities
- Access Course managers in FE colleges
- Senior learning and workforce development managers in NHS trusts
- Five focus groups with existing and prospective students

In order to preserve the anonymity of the organisations and individuals who took part, this report refers to case study areas by number – from 1 to 3 – rather than by name. References to organisations have been anonymised (e.g. University A; NHS Trust A).

The NMAH professions addressed by the research are listed below.

Nursing (Adult)	Occupational Therapy
Nursing (Child)	Orthoptics
Nursing (Learning Disability)	Physiotherapy
Nursing (Mental Health)	Podiatry
Midwifery	Operating Department Practice
Dental Hygiene and Dental Therapy	Speech and Language Therapy
Diagnostic Radiography	Therapeutic Radiography
Dietetics	

When considering the conclusions and recommendations that follow, it is important to be aware of the nature of case study research methodologies and the limits this places upon the generalisability of findings. Within this research, of particular relevance are the ways in which: (i) case study locations were identified; and (ii) universities, FE colleges and trusts were selected to take part. Those choices were

each intended to meet specific research requirements, such as including a broad range of NMAH professions and a focus upon three different geographical settings. **The findings therefore illustrate the experiences and behaviours of particular organisations, in particular locations, rather than necessarily reflecting NMAH mature student recruitment across the broader population of universities, colleges and employers.**

Mature student recruitment

Across the timescale covered by the study, numbers of mature applicants to **undergraduate** NMAH courses declined at most of the universities researched – especially for programmes that have traditionally recruited small, and mostly mature, cohorts (e.g. Learning Disability Nursing).

Key issues reported by university staff to be affecting mature applications to NMAH degree programmes were:

- Debt-aversion in the wake of changes to the financing of degrees
- Low public awareness of some NMAH careers
- That some of those employed in Healthcare Assistant roles may be waiting to see how degree apprenticeships for NMAH professions evolve

Undergraduate mature student **enrolments** tended to be more stable than applications – or declined at a much slower rate than did mature student applications. Concerns were expressed about enrolments to Learning Disability Nursing, Therapeutic Radiography and Podiatry.

Whilst applications and enrolments to **postgraduate** programmes were more stable, the numbers involved were much smaller than for undergraduate entry.

There were mixed trends in recruitment to health-focused HE Access courses delivered in FE colleges.

Promotion of NMAH degrees and careers

For many NMAH degrees and careers, the mature student recruitment 'pipeline' begins several years before entry; most mature entrants choose their intended profession at least two years before making an application and many do so much earlier than this. Mature students tend to apply to local universities.

A large proportion of those applying for **Nursing** programmes entered university via an Access to HE course in a FE college.

Those enquiring about HE Access courses often had very little knowledge about study pathways and tended to need significant guidance and support – including how best to overcome any academic and financial hurdles.

Students' awareness of careers other than those they had selected tended to be very low; typically no more than 10% changed their intended career while studying a health Access course.

In some focus groups, qualified NMAH professionals had been important as role models: demonstrating their own academic and career achievements, and helping and encouraging others in their families and communities to embark upon healthcare degrees or access courses.

The resources that FE colleges invest in promoting healthcare Access courses are often very limited, which results in low visibility for, and awareness of, Access courses.

Most of the academics interviewed had concerns about declining numbers of mature applicants. Those responsible for small and specialist Allied Health programmes, or for nursing disciplines that recruited small cohorts, also expressed concerns about the profile of their disciplines nationally. They tended, however to be:

- Unsure how best to address these issues
- Conscious that their university's own promotional resource was likely to be focused upon programmes that would generate large numbers of students, rather than upon those that recruited small, often mature cohorts
- Concerned that action needed to be taken at a national level and should involve a number of stakeholders (especially professional bodies)

Most of the universities in this research undertook some promotional activity directed specifically toward potential NMAH mature students (e.g. promoting to NHS staff at specialist events hosted by trusts). In a small number of instances, resource for this could be allocated, or influenced significantly, by subject specialists within faculties and the focus, therefore, was able to be strengthened.

Whilst two universities had a historic focus on mature applicants – and had developed some strategies at a whole-university level to engage with these – this was unusual. Several academics said that central admissions staff or senior managers in their universities prioritised meeting student recruitment targets, irrespective of whether those recruited were mature or younger entrants. This may, of course, change to some extent, after the OfS puts in place mature student targets for universities to include in their Access and Participation Plans.

Work based learning and relationships between universities and trusts

Most **NHS trusts** interviewed had difficulties in filling vacancies. The extent of these difficulties, however, varied.

Employers were largely concerned about ensuring the general diversity of the workforce (including reflecting the local population) rather than specifically about recruiting mature entrants. In some trusts, there were concerns about an ageing workforce. It was notable also that trusts viewed staff retention as central to tackling staffing shortages, alongside offering more opportunities for staff to develop careers and to help fill more senior roles.

The research findings indicated that work-based learning, defined as providing education and development opportunities for staff during working hours, is taking on increasing importance within the NHS as a means of retaining staff and providing career progression. The Trainee Nursing Associate programme (TNA) is seen by trusts involved as a particularly positive initiative. Across the trusts researched, adoption of TNA apprenticeships and nursing degree apprenticeships was uneven, but many trusts intended to expand one or both of these and to use them to help address future vacancy levels in NMAH professions.

Among universities, there is uncertainty about the scale at which employers will adopt degree apprenticeships and the impacts that this will have upon NMAH student recruitment. Employers cannot use the apprenticeship levy for backfill, nor for costs relating to supervision and additional placements. The financial costs to employers will constrain how many apprentices they can support at any one time. The regulation of apprenticeships also places hurdles in the path of trusts and universities that want to work together to expand apprenticeships significantly. If, as intended, apprenticeships in Allied Health professions grow in number and in popularity – among employers and learners – then ways will need to be found for universities and colleges to adapt their NMAH degree portfolios in order to accommodate these.

Now that the commissioning of places has ended, a shift is taking place in the relationships between universities and NHS employers. Whilst links between universities and NHS trusts were often strong, in some locations they appeared to be less well developed. This included instances of universities regarding their relationships with trusts as increasingly transactional. The move to employer-led programmes has also required a process of adjustment, which is still unfolding.

Summary of recommendations

1. Raise awareness of the full range of NMAH professions among the adult population as a whole and some specific target groups (e.g. career changers).
2. Raise awareness and understanding of those Allied Health professions that are little known and/or are misunderstood.
3. Ensure campaigns and marketing activities are coordinated at national and local level.
4. Monitor, evaluate and share good practice and lessons learned from awareness-raising activities.
5. Provide much clearer information for prospective NMAH mature students about the student loan system and the additional financial support available through the Learning Support Fund.
6. When marketing NMAH careers and degrees, and the Level 3 programmes that support mature student entry to these, make clear the education pathways that

students can follow, the precursor qualifications that they require and where these can be studied.

7. More effective outreach should be tripartite, to include colleges, universities and employers.
8. Address regulatory and financial barriers to the development of apprenticeships.
9. Improve communications about the range of NMAH apprenticeships available or in development.
10. Consider consolidating the trainee nursing associate programme (TNA) into a more established pathway to pre-registration nursing and extending this “building blocks” approach to Allied Health.
11. Encourage HE and FE providers, and employers, to explore and develop more creative and flexible study options, and approaches to course delivery.
12. Seek to increase the proportion of male students in NMAH through imagery and examples used in promotional activity.
13. Universities, colleges and employers should work together locally to increase the numbers of black and minority ethnic (BME) mature students recruited to NMAH pre-registration degrees.

1 Introduction

1.1 Mature students in UK higher education

Mature student engagement in UK higher education (HE) as a whole has been declining during the last decade – an issue that has been emphasised in several recent pieces of HE sector research. For example, in 2018, MillionPlus reported a 42% decline in the number of mature students entering undergraduate study in England between academic years 2011/12 and 2016/17. This decline was especially acute among part-timers, and those aged 30 and above.³

The decline in mature students has particular implications for Nursing, Midwifery and Allied Health (NMAH) courses, which traditionally attract more mature students than other HE subject areas.⁴

1.2 Funding changes to nursing, midwifery and Allied Health programmes

Prior to September 2017, pre-registration NMAH full-time students studying, in England, were eligible to receive:

- A non-means tested grant of £1,000 (pro rata for part-time study)
- A means-tested bursary of up to £3,191 in London (lower elsewhere and/or if living at home)

³ MillionPlus, *Forgotten Learners: building a system that works for mature students*, published in March 2018

⁴ A recent Department of Health and Social Care Equality Analysis has noted a tendency for students of nursing, midwifery and Allied Health professions to be more likely to be over 25 years of age, to have dependants and to be slightly more likely to have non-white ethnicity. Department of Health and Social Care, *Equality Analysis Reforming healthcare education funding: creating a sustainable future workforce (Revised Edition)*, published February 2018.

- Other bursary elements (for courses longer than 30 weeks and for placement travel costs)
- If eligible for a bursary, students would also have their tuition costs paid in full by the National Health Service (NHS) and could apply for a maintenance loan

Under the revised funding system introduced in September 2017, bursaries were withdrawn, as was the payment by the NHS of tuition fees.⁵ The main changes implemented for **undergraduate** students were:

- The shift to loans-based funding and the withdrawal of bursaries
- A Learning Support Fund

For part-time students entering courses in the 2017-18 academic year, maintenance bursaries were offered. For 2018/19 entry, however, this system changed to tuition fees and maintenance loans.

For **postgraduates**, bursaries and full funding of tuition fees were retained for 2017/18 entrants. From August 2018 onwards, new postgraduate NMAH students were able to access loans from the Student Loans Company under the same conditions as undergraduate students, and were able to access the Learning Support Fund.

Funding for universities now consists of student fees and funding from the Office for Students (OfS). This includes high-cost funding and targeted allocations, including student premium funding⁶.

Funding for employers has not changed: Health Education England (HEE) continues to pay placement funding at the same amount and under the same mechanism as previously, though this is under review.

These changes were intended to bring about an additional 10,000 NMAH places in England's HE system over the period to 2022, by removing the cap on NMAH

⁵ Department of Health, Reforming healthcare education funding: creating a sustainable future workforce, Government Response to public consultation, July 2016, p.15

⁶ For more information please see: https://www.officeforstudents.org.uk/media/42d81daf-5c1d-49f6-961b-8b4ab1f27edc/ofs2018__21.pdf, and particularly paragraphs 52-67

student numbers. They were also intended to provide students with access to 25% more money during their studies than had been available through bursaries.⁷

1.3 The project

The Office for Students (OfS) is working with other governmental and arms-length bodies to ensure an effective transition to the new NMAH funding regime. As part of these efforts, the OfS is funding the Strategic Interventions in Health Education Disciplines (SIHED) programme, which aims to:

- Increase awareness of Allied Health disciplines
- Increase understanding of, and demand for, HE courses in small and specialist Allied Health disciplines
- Strengthen and diversify the delivery of the small and specialist disciplines covered by this initiative (therapeutic radiography, podiatry, orthoptics, and prosthetics and orthotics)
- Develop a better understanding of the mature student market for nursing, midwifery and Allied Health courses

As part of the SIHED programme, Marketwise Strategies was appointed to conduct research to focus upon mature student engagement in NMAH disciplines in light of the changes to student funding for those programmes and the overall decline in mature student applications.

1.4 Research aims and objectives

The overall aim of the research was to:

Gain a better overall understanding of the mature segment of the student market entering healthcare courses, in order to support continued recruitment of mature students to HE courses

Secondary aims were to better understand:

⁷ Council of Deans of Health and Universities UK: Joint Statement – 'Reforming initial education funding for nursing, midwifery and AHP students in England'
<http://www.councilofdeans.org.uk/wp-content/uploads/2015/06/30062015-CoDH-UUK-Joint-Statement-Health-Education-Funding-Reform-Eng.pdf>

- Barriers to applications from (i) mature male applicants; and (ii) Black and Minority Ethnic (BME) (male and female) mature applicants to these disciplines
- How these barriers could be overcome

Four **research objectives** were agreed at the start of the project. These were to:

1. Analyse the determinants of success in recruiting mature students to healthcare courses
2. Analyse the challenges in reaching and attracting mature students to those courses
3. Make recommendations for providers and professional bodies on ways to maintain or increase overall numbers of mature entrants to healthcare courses
4. Make recommendations for providers and professional bodies on ways to sustain the diversity of mature entrants to healthcare courses

2 Methodology

2.1 Overall approach

2.1.1 Case study method

The project has developed three explanatory case studies of engagement and recruitment of mature students to HE healthcare courses in England. Within those case studies, mature students have been defined as anyone aged 21 or over when they begin their undergraduate studies, or aged 25 or over when beginning a postgraduate programme.

Each case study:

- Focuses upon a different geographical area
- Brings together qualitative and quantitative evidence, gathered from a number of universities and from one or more NHS trusts and further education (FE) colleges

Within each case study, qualitative insights were developed via in-depth interviews with one or more staff per organisation and from at least one focus group of pre-registration undergraduate students or aspiring students. Quantitative data was sourced directly from universities and, where possible, from FE colleges.

Data were at first analysed at the level of each organisation, then comparisons were made across different universities and, where appropriate, FE colleges within the same case study area. Finally comparisons have been made across all three case studies and cross-cutting themes have been identified.

2.1.2 Courses and subjects ‘in scope’

Of interest were NMAH pre-registration courses delivered since 2011, particularly in the disciplines in which changes to funding had been announced in November

2015. This led to a focus upon undergraduate and postgraduate programmes in sixteen disciplines (Table 1).

Table 1: NMAH disciplines addressed by the research

NMAH disciplines	
Nursing (Adult)	Occupational therapy
Nursing (Mental health)	Orthoptics
Nursing (Child)	Physiotherapy
Nursing (Learning disability)	Podiatry
Midwifery	Prosthetics and orthotics
Dental hygiene and dental therapy	Operating department practice
Diagnostic radiography	Speech and language therapy
Dietetics	Therapeutic radiography

Since some NMAH disciplines traditionally attract large proportions of mature students, representing those disciplines was an important consideration when developing the research methodology. This meant a stronger focus upon: **adult nursing; mental health nursing; learning disability nursing; occupational therapy; podiatry; therapeutic radiography; and operating department practice.**

2.2 Secondary research

The research began with a review of:

- Data from the Higher Education Statistics Agency (HESA), Higher Education Student Early Statistics (HESES) and Higher Education in Further Education Students (HEIFES) – in order to understand trends in applications and recruitment to NMAH courses
- Other documents and reports that explore issues surrounding mature and part-time entry to NMAH courses
- A broader body of literature on the theme of widening participation and mature student enrolment in UK HE

This helped to inform the fieldwork and provided a context for data analysis and reporting.

The reports and other literature that have helped to inform this study are listed in the Bibliography at Appendix Five.

2.3 Case study areas and organisations

2.3.1 Selecting case study areas

Rather than being constrained by regional or sub-regional boundaries, each case study focused upon a bounded geographical area in which universities were likely to face some similar recruitment challenges. This resulted in two case study areas that were each within a single English region and a third that spanned two regions.

Those three locations were selected from an initial shortlist of six. The selection process sought to represent, within each case study, pre-registration degree courses in:

- Each of the NMAH disciplines that have traditionally recruited large proportions of mature students
- As many as possible of the other in-scope disciplines.

Across the project as a whole, there was also an attempt to represent areas of differing population density and to include some locations that had substantial BME populations.

The selection of case study locations and universities was approved by a project Steering Group, appointed by the OfS, at a meeting on 10th April 2018. (Steering Group members are listed at Appendix 4.) The final selection of universities achieved coverage of all subject disciplines except for Prosthetics and Orthotics.

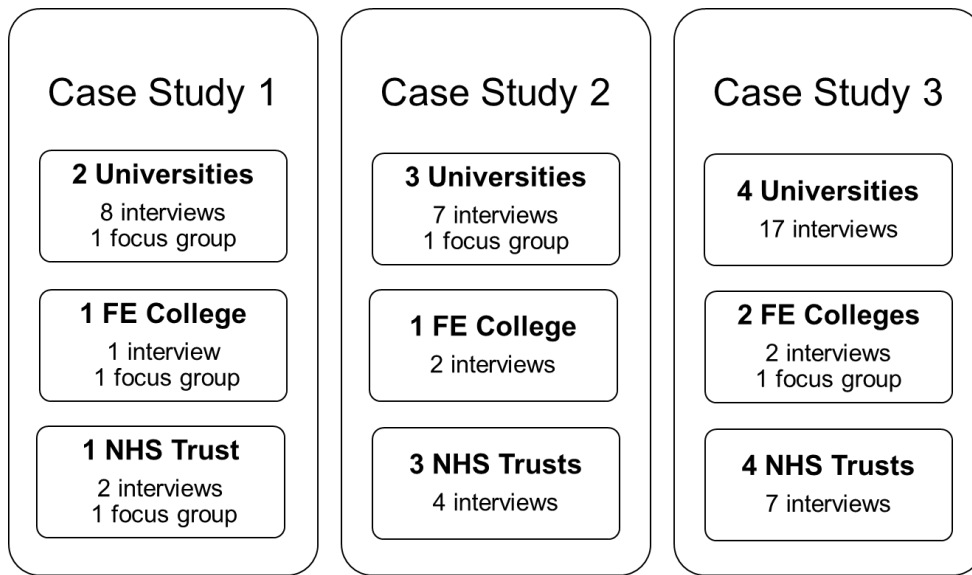
In order to preserve the anonymity of the organisations and individuals who took part in the research, this report refers to case study areas by number (from 1 to 3) rather than by name.

2.3.2 Selecting the organisations

The project as a whole draws upon data and insights from the following sources (

Figure 1).

Figure 1: Primary research within each case study



The universities approached were selected mainly on the basis of the NMAH degree courses that they offered. Some further considerations, however, included:

- Researching courses with large and small student cohorts
- The value of comparing individual disciplines, where possible, across more than one institution
- Representing, across the project, a range of traditional and modern universities
- The potential for individual institutions – e.g. of a similar size and type – to act as comparators to one another

There may, therefore, be other universities in each region that have different experiences than those that were researched.

Relevant 'feeder' FE colleges were identified via desk research and in discussions with universities. Each offered one or more healthcare-focused, Level 3, Access to Higher Education courses from which one or more of the universities tended to recruit NMAH mature students.

The NHS trusts approached to take part were identified primarily in interviews with university staff who led or taught on NMAH pre-registration courses. Criteria for selecting trusts were as follows.

- Their involvement with universities – for example, in open days or applicant selection; as placement providers; or occasionally in developing joint or bespoke courses
- Across the three case studies, achieving good coverage of the relevant NMAH professions

2.3.3 Arranging access to organisations

Prior to any contact from Marketwise Strategies, OfS wrote to the Vice Chancellor of each potential participant university to explain the purpose of the research and to request their co-operation. Marketwise Strategies then liaised with Vice Chancellors, their executives and senior staff in faculties and some central departments in order to secure agreement to take part.

Both the qualitative and quantitative data that organisations were asked to make available to the study tended to be highly confidential and was sometimes commercially sensitive. Each organisation was given written assurances about confidentiality and about data security. Only when written approval had been received were requests for data made and interviews finalised. Similar assurances of confidentiality were given to each interviewee and focus group participant.

The approaches made to FE colleges and NHS trusts used a similar process. The initial approach, however, came from Marketwise Strategies and included an introductory letter from the OfS, as an attachment.

Each organisation that took part in the research was given an opportunity to review relevant sections of this report before publication.

2.4 Enrolment and other data analysed

All three case studies present trends in applications and enrolments to Nursing, Midwifery and Allied Health degree programmes from 2012/13 to 2017/18. These analyses are based upon data sourced from the participating universities and upon national-level HESA data for UK enrolments in the 2016/17 academic year.

Each university was asked to provide:

- Internal, anonymised data detailing trends in **applications, enrolments** and **retention** across all NMAH courses – undergraduate (UG) and postgraduate taught (PGT) – for each academic year from 2011/12 onwards, including:
 - demographic characteristics of the student population (age, gender, socio-economic profile and BME status)
 - full-time vs. part-time status
 - entry dates
 - sources of mature applicants, including previous institutions (FE college; school) or employment
- Similar internal, anonymised data across other UG and PGT Health programmes offered by the university and for the university as a whole

Most or all of the above data was received from each university, though some did not provide data about BME status and one provided enrolment data for NMAH courses as a whole (rather than by course title), citing data protection concerns.

2.5 Gathering qualitative insights

2.5.1 In-depth interviews with staff in universities, colleges and NHS trusts

In each university, interviews took place with subject and/or course leaders responsible for pre-registration NMAH programmes. Often these interviewees were also admissions tutors. In some universities, staff in marketing roles – within academic departments or centrally – were also interviewed.

The number of interviews per university varied, according to management structures and the ways in which subject and course leadership responsibilities were distributed. In Case Study 3, the number of employer interviews was higher than in the other locations. This was because: (i) four universities were included (to achieve the necessary subject coverage) and these tended to work with different trusts; and (ii) in one trust it was appropriate to speak to several staff in education leadership and related roles.

Within FE colleges, interviewees were staff who oversaw, led and/or recruited to HE access courses in health disciplines, or who liaised with universities.

Most interviewees within NHS trusts were in senior or middle management roles concerned with education and learning or workforce planning, for nursing, midwifery and/or Allied Health (AH) professions. In one trust, additional insights came from two junior managers.

Interviews were semi-structured and lasted an average of 61 minutes. Most were conducted by telephone, but in each case-study location a proportion were face-to-face. All interviews were audio-recorded and transcribed.

2.5.2 Focus groups

Participants in the five focus groups were recruited via their course tutor or employer. HE and FE students each received a cash incentive for taking part.

Groups were intended to be mixed in terms of mature age bands, gender and ethnicity. Two of the groups, however, were all-female and reflected a largely or entirely female course cohort. Brief information about the make-up of each focus group is provided within the case studies.

2.6 Analysis and reporting

Using data from the above sources, the research set out to identify and draw comparisons between levels of, and patterns in, applications and enrolments and between the recruitment strategies and tactics adopted by different institutions within and across case studies. Universities' links with FE colleges and with employers were an important part of that analysis.

As the project developed, however, it became clear that the approaches that employers were taking to workforce planning and staff development were likely to have significant implications for the opportunities available to potential mature students. This has therefore been reflected in the attention given to employer strategies within the resulting case studies.

In considering the conclusions reached by the research and the recommendations that follow, it is important also to bear in mind the nature of case-study research methodologies and the limits that these place upon the generalisability of the findings. In particular, the ways in which the case study locations were identified and which universities, FE colleges and trusts were selected to take part, were intended to meet a specific set of needs (outlined above). The findings therefore should be seen as illustrating the experiences and behaviours of particular organisations, in particular settings, rather than as presenting a picture that can be extrapolated to NMAH mature student recruitment nationally.

3 Mature Student Recruitment to NMAH Degrees – the Wider Context

3.1 Recruitment of mature students to UK higher education

3.1.1 Declining numbers

A decline in the number of mature students in UK HE – especially in England – has been noted in several recent reports. For example, in its 2018 research report, *Forgotten Learners: Building a System That Works for Mature Students*, MillionPlus identified that:

- Between 2011/12 and 2016/17, the number of mature students enrolled in UK undergraduate degree programmes had fallen by 20%; there were 122,060 fewer mature students in England in 2016/17 than in 2011/12
- The steepest declines in enrolments over that period were among those studying part-time, those aged 30 and over, and those studying “other” degrees⁸

In 2018, the Universities and Colleges Admissions Service (UCAS) reported a fall in the overall number of applicants in the 2017 application cycle – and that this was driven almost entirely by a decline in applications from mature students, in contrast to the healthier picture among applicants aged under 21.⁹

⁸ MillionPlus, *Forgotten Learners: Building a System That Works for Mature Students* (Summary Report). These figures are derived from data that is available from HESA: <https://www.hesa.ac.uk/data-and-analysis/sfr247/figure-4>

⁹ There were 282,380 UK applicants aged 18 years old in 2017. This was the highest number on record. In contrast, applications from those in the 21-25 age group fell by 7% (to 71,325) compared to 2016. There was also a decline of 9.8% among those aged 26 or above (to 72,550 UK applicants), compared to 2016. UCAS (2018), *Admissions patterns for mature applicants, 2017 cycle*, p.3.

The decline in mature participation in UK HE is also reflected in the part-time student market. The Sutton Trust has reported a significant reduction in numbers of part-time undergraduates – and that this is especially apparent among the over-35s, who historically have made up a significant proportion of part-time undergraduates.¹⁰

3.1.2 Value of mature entrants in HE

The importance of mature student engagement in UK HE has been emphasised by a number of key commentators:

- MillionPlus has argued that mature students widen participation and diversity in HE, as they are more likely to be from disadvantaged or under-represented groups than are 18-year-old students¹¹
- The CBI has reported that nearly half of all jobs (47%) by 2024 will require workers to have completed some form of HE – and that meeting this demand will require greater engagement in HE among non-traditional audiences, including mature students.¹²

Relevant to initiatives to increase mature participation in HE is the current Augar Review of Post-18 Education and Funding, which is considering how Government can ensure that post-18 provision (academic, technical and vocational) is accessible to all; is supported by an appropriate funding system; incentivises choice and competition; and delivers the skills that the UK requires.¹³ The Review is expected to report early in 2019.

¹⁰ Sutton Trust (2018), *The Lost Part-Timers: The Decline of Part-Time Undergraduate Higher Education in England*, p.3

¹¹ MillionPlus, *Forgotten Learners: Building a System That Works for Mature Students*, p.30

¹² FE News, 7th December 2017, 'CBI – Enhance the diversity of provision within higher education,' available at: <https://www.fenews.co.uk/press-releases/15581-cbi-enhance-the-diversity-of-provision-within-higher-education>

¹³ House of Commons Library, June 27th 2018, *Review of Post-18 Education and Funding*, available at: <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8239>

3.2 Mature students and NMAH courses

3.2.1 Value of mature students to NMAH disciplines

NMAH courses have historically attracted greater numbers of mature students than any other subject area, as is evident from both HESA and UCAS data. For example, HESA data for 2016/17 shows that:

- 40.0% of all undergraduate students enrolled in Subjects Allied to Medicine – the Joint Academic Coding System (JACS) code that includes the majority of NMAH subjects – were aged 25 or over. No more than 23.3% of undergraduates were aged 25 or over in any other subject area.¹⁴

UCAS has reported that, in 2017/18, the proportion of mature students enrolling on subjects allied to medicine (including nursing) was much higher than in any other subject area.¹⁵

Any significant decline in mature applications and enrolments to NMAH courses, therefore, is likely to be reflected in the overall level of HE applications and enrolments among mature students.

The literature reports that, as well as being more mature than those studying other subjects, NMAH students are more likely to be:

- Female – women accounted for 86.7% of NMAH students in 2016¹⁶
- BME – in 2016, 21.8% of the NMAH student population was non-white. This was higher than the 14.0% of the population of England and Wales that was non-white.¹⁷

¹⁴ Figure provided by HESA. <https://www.hesa.ac.uk/data-and-analysis/students/table-6>

¹⁵ UCAS (2018), Admissions patterns for mature applicants, 2017 cycle, p.16

¹⁶ UCAS (2018), Admissions patterns for mature applicants, 2017 cycle, p.16

¹⁷ Department of Health (2016), 'Equality Analysis (Consultation stage): Reforming healthcare education funding: creating a sustainable future workforce,' p.15. Full text available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/515028/EAN_HS_bursary.pdf

3.2.2 Recent undergraduate trends

In recent years, both for NMAH programmes and across UK HE as a whole, numbers of mature applicants and entrants have declined. This trend began well before the withdrawal of bursary funding; in 2018, MillionPlus reported that numbers of mature (i.e. aged 21 and over) entrants to undergraduate nursing programmes had fallen by 28% between 2009/10 and 2016/17 – the greatest fall being among those aged 30 or over, at 40%.¹⁸

This trend of declining numbers of mature applicants to NMAH degree programmes has continued more recently. In the 2017 UCAS application cycle (period to mid-January 2017), the number of applicants to B7¹⁹ courses in England fell by 23%. That reduction was greatest however, among those aged 21 and above (at 28%) than among 18 year olds (10%).²⁰

Application data for the 2018 cycle (released by UCAS in January 2018), specifically for Nursing programmes, showed a 13% decrease in applicants, compared with January 2017.²¹ Among mature groups, however, numbers of applications from those domiciled in England fell at a faster rate than this (

¹⁸ MillionPlus, *Forgotten Learners: Building a System That Works for Mature Students*, p.34

¹⁹ The B7 HESA code includes all of Nursing and midwifery, but does not include Allied Health.

²⁰ *Ibid.*

²¹ UCAS 2018 Cycle Application Figures, <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-january-deadline>

Table 2).

Table 2: Declines in applications to UG nursing programmes among those domiciled in England, by age band, 2018 application cycle

Age group	Decline in applications to UG Nursing
20-24 years	-15%
25-29 years	-20%
30-34 years	-18%
35 years and above	-18%

Source: UCAS 2018 cycle applicant figures – January deadline²²

The UCAS *End of Cycle 2017 Report* also highlighted that the proportion of nursing students entering through UCAS Clearing was higher than ever before (11.7%).²³

The decline in numbers of applicants to nursing programmes is paralleled by declines in application to some Allied Health disciplines. In 2017, for example, the College of Radiographers reported a significant drop in applications to Therapeutic Radiography degrees, particularly from mature students²⁴

3.3 Issues that may affect mature entry to NMAH courses

3.3.1 Application behaviours

Mature applicants to HE tend to behave differently from those aged 18. In 2018, UCAS reported that mature applicants:

- Tend to apply to lower-tariff institutions
- Are more likely to live at home when studying – and therefore often apply to local universities
- Often make just one choice of university and course – especially if they are aged 30 or above²⁵

²² <https://www.ucas.com/corporate/data-and-analysis/ucas-undergraduate-releases/2018-cycle-applicant-figures-january-deadline>

²³ UCAS data is from two sources: the End of Cycle Report 2017; and the 2018 cycle applicant figures (by the January 2018 deadline)

²⁴ NHS Health Education England (2018), RePAIR: Reducing Pre-registration Attrition and Improving Retention Report, p.9

²⁵ UCAS (2018), Admissions patterns for mature applicants, 2017 cycle, p.3

Other factors suggested in the literature as potentially affecting mature students' rates of engagement in HE include that they:

- Can find the application process lengthy, difficult and confusing²⁶
- Often have limited choices of university – either because family commitments lead them to consider only local institutions, or because only a small number of universities offer some Allied Health courses²⁷

In addition, qualitative research, commissioned by HEE, to explore smaller and specialist Allied Health Professions (AHPs) found low awareness of some professions when compared to medicine and nursing – and a perception among potential students that the 'narrowness' of some AHPs meant restricted job opportunities in comparison to nursing.²⁸

3.3.2 Financial issues

Since the move away from bursaries was announced, several pieces of research, including among nurses and care staff, have suggested that this shift may be having an impact on mature entry to NMAH degrees.

- In its 2018 research, MillionPlus reported that mature students were more debt-averse than others, and therefore more likely than younger students to be deterred from study by the removal of bursaries²⁹
- Within its 2016 survey, HEE's RePAIR research found that 63% of 3,447 Nursing, Midwifery and Therapeutic Radiography students would not have applied to their programme without the bursary³⁰

²⁶ NHS Health Education England (2018), RePAIR: Reducing Pre-registration Attrition and Improving Retention Report, p.36

²⁷ NHS Health Education England (2018), RePAIR: Reducing Pre-registration Attrition and Improving Retention Report, p.36; UCAS (2018), Admissions patterns for mature applicants, 2017 cycle, p.16

²⁸ Define Research and Impact (2017), Smaller and Specialist Allied Health Professions: Qualitative Research Final Report (June 2017), pp.3-6

²⁹ MillionPlus, Forgotten Learners: Building a System That Works for Mature Students, p.29

³⁰ NHS Health Education England (2018), RePAIR: Reducing Pre-registration Attrition and Improving Retention Report, p.35

- An Open University survey of 500 registered nurses and health care support workers, in 2018, found that only 30% would have been willing to self-fund or partially self-fund their initial nursing education³¹

None of the earlier literature has considered the effect of the funding reform upon subsequent applications to NMAH degrees. This is therefore the first research to explore that theme.

The RePAIR authors have argued that universities need to do more to make hardship funds known and available to mature students.³² MillionPlus, meanwhile, has argued for tuition fees for mature students to be written off after five years working in the NHS.³³

3.3.3 Other potential issues

Negative perceptions of workload in the NHS may be having a detrimental impact on applications to nursing, midwifery and Allied Health.

3.4 Workforce issues and development of apprenticeships

3.4.1 Staff shortages in NMAH roles

In July 2018, the Government reported a shortage of approximately 36,000 nurses in England.³⁴ Current initiatives to address this shortage include:

- The Trainee Nursing Associate, which is intended to
 - lead to a new role, of Nursing Associate, at NHS Band 4 (Nursing Band 4 roles carry accountability for any delegated patient care within their scope of practice, delivering care under the direction of a Registered Nurse)

³¹ Open University (2018), Tackling the Nursing Shortage

³² NHS Health Education England (2018), RePAIR: Reducing Pre-registration Attrition and Improving Retention Report, p.90

³³ MillionPlus, Forgotten Learners: Building a System That Works for Mature Students, p.36

³⁴ HM Government (2018), The Government response to the Health and Social Care Select Committee Second Report of Session 2017-19, 'The Nursing Workforce', p.2

- offer healthcare assistants a career ‘bridge’ to registered nursing professional roles
- increase the supply of nurses³⁵
- The development of degree apprenticeship routes to becoming a registered nurse³⁶
- Encouraging trained professionals to ‘Return to nursing’, by completing a Nursing and Midwifery Council (NMC) approved return to practice course
- ‘Retire and return’ arrangements, which enable staff who have taken their NHS pension scheme benefits to return to work in the NHS

3.4.2 Trainee Nursing Associates

The Trainee Nursing Associate (TNA) programme began in January 2017 as a two-year pilot offering 2,000 places across 35 sites in England; each site consisting of at least one employer and one university, and aligned with a Sustainability and Transformation Partnership (STP). A key element of the TNA route is exposure to work in a variety of settings, and among a range of service user groups and conditions.

Academic study, within TNA programmes, can involve four or five-day blocks of learning each month, or an integrated ‘day a week’ every week. By 2019, the number of TNAs recruited per year is targeted to increase to 7,500.

In July 2018, an evaluation was published, based primarily upon online surveys of over 1,000 TNAs and their managers, and ‘deep dive’ interview exercises at four sites.³⁷ This reported that:

- The pilot programme was heavily over-subscribed, with a little over 8,000 applicants for its 2,000 places

³⁵ Traverse (2018), Evaluation of Introduction of Nursing Associates: Phase 1 report for Health Education England (July 2018), p.3

³⁶ NHS England, ‘Strengthening Our Workforce,’ available at:

<https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/strengthening-our-workforce/>

³⁷ Traverse (2018), Evaluation of Introduction of Nursing Associates Phase 1 report for Health Education England, (July 2018), p.22

- Students' motivations for applying focused upon progressing in their careers and developing their skills and capabilities, and upon improving the quality of care for patients and service users

Some challenges, however, were:

- Acceptance of the Nursing Associate role from professionals
- Awareness and understanding of the role within workplaces
- The high student workload and having limited time to undertake the desk-based work required

The evaluation also noted that some TNAs were the first in their family to study in a university setting – and that this had meant uncertainty and some nervousness about academic study.³⁸

3.4.3 Degree apprenticeships

In November 2016, the Department of Health and Social Care announced the creation of nursing degree apprenticeships, to begin recruiting from September 2017 and with an ambition to train 1,000 nursing degree apprentices per year.³⁹ The standard was approved for delivery in May 2017.⁴⁰ By December 2018, the Nursing and Midwifery Council had approved 19 nursing degree apprenticeship programmes.⁴¹

The Institute for Apprenticeships has approved for delivery degree apprenticeship standards in: Podiatry; Occupational Therapy; Operating Department Practice;

³⁸ Traverse (2018), Evaluation of Introduction of Nursing Associates Phase 1 report for Health Education England, (July 2018), p.4

³⁹ Department of Health and Social Care, 30th November 2016, 'New nursing degree apprenticeship,' available at: <https://www.gov.uk/government/news/new-nursing-degree-apprenticeship>

⁴⁰ Institute for Apprenticeships: <https://www.instituteforapprenticeships.org/apprenticeship-standards/registered-nurse-degree-nmc-2010/>

⁴¹ Nursing and Midwifery Council (NWF0004), evidence submitted to House of Commons Select Committee on Education, 'Nursing Degree Apprenticeships: In Poor Health?', 6th December 2018. Available at: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/education-committee/nursing-apprenticeships/written/87038.html>

Physiotherapy; and Orthotics and Prosthetics. A Diagnostic Radiography degree apprenticeship standard has been approved but, at the time of writing, had not been “approved for delivery”. A Therapeutic Radiography degree apprenticeship standard is being developed.

A total of 260 registered nurse degree apprentices began their training in the period from August 2017 to April 2018. This was lower than the 1,000 apprenticeship starts per year announced by the Department of Health as an ambition in 2016 – and compares with 20,944 students that enrolled on an undergraduate Nursing degree in the 2017/18 academic year.⁴²

Nursing degree apprenticeships are thought to be particularly relevant to mature learners. This has been alluded to by several sources and the 2018 RePAIR report concluded that some potential mature students may come to regard apprenticeships as more financially attractive than traditional degrees.⁴³

Nevertheless, there have arisen some concerns about the nursing degree apprenticeship route and its overall potential.

- The Council of Deans of Health – in its November 2018 contribution to the Westminster Hall debate concerning investing in nursing HE in England – argued that apprenticeships were likely only ever to make a small contribution to the development of the NHS workforce. In particular, it expressed concerns about how many trusts would be able to afford to fund those apprenticeships⁴⁴

⁴² Stephen Barclay, Department of Health and Social Care, 17th September 2018, in response to a Parliamentary question from Thelma Walker (Lab) concerning aspirations for the recruitment of nursing degree apprentices. House of Commons Library, Investing in Nursing Higher Education: Debate Pack, 19th November 2018, p.10. Data for number of new starts on degree programmes is from HESSES data supplied to Marketwise Strategies by OfS, April 2018. This figure combines both undergraduate and postgraduate enrolments

⁴³ NHS Health Education England (2018), RePAIR: Reducing Pre-registration Attrition and Improving Retention Report, p.90

⁴⁴ Council of Deans of Health, Investing in Nursing Higher Education in England: Westminster Hall Debate (21 November 2018)

- In December 2018, the Commons Select Committee on Education reported some specific challenges that employers were facing when implementing nursing degree apprenticeships.⁴⁵ These included:
 - The requirement both to fund apprentice salaries and to backfill off-the-job training for 50% of the apprentices' hours (the latter being an NMC training requirement for the registered nurse apprenticeship⁴⁶). The levy cannot be used to fund backfill costs
 - The cost of developing the infrastructure that degree apprenticeships required, such as training of nurses to supervise apprentices

The role and contribution of apprenticeships to the future development of the NHS workforce is subject, therefore, to some debate and uncertainty.

HEE has identified that, in order to use all of its apprenticeship levy, the NHS will need to employ 27,500 apprentices (across various occupational groups) each year.⁴⁷ There exists, therefore, a potential tension between the desire of NHS trusts to reclaim the levy that they pay and the cost of doing so. This is a more significant barrier for the registered nurse apprenticeship than for others because of the supernumerary status, which significantly increases the cost of backfill.

3.5 Summary

Some key issues, therefore, are that:

⁴⁵ House of Commons Select Committee on Education, 6th December 2018, 'Nursing Degree Apprenticeships: In Poor Health?', available at:

<https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/1017/101702.htm>

⁴⁶ House of Commons Select Committee on Health, 25th January 2018, 'The Nursing Workforce,' available at:

https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/35306.htm#_idTextAnchor019

⁴⁷ Health Education England, Facing the Facts, Shaping the Future - A draft health and care workforce strategy for England to 2027, December 2017, p40, available at:

[https://hee.nhs.uk/sites/default/files/documents/Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027.pdf](https://hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts,%20Shaping%20the%20Future%20-%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf)

- Numbers of mature applicants and entrants to HE in the UK 'in general' are reducing. This trend dates back to 2010
- This decline is affecting NMAH courses – for which there were significant falls in both application and entry for 2017, after bursaries were removed
- Issues that may be influencing mature recruitment to NMAH courses include:
 - The different behaviour of mature applicants (e.g. tending toward local and lower-tariff universities)
 - Financial concerns, in wake of the removal of bursaries
 - Some other potential factors, such as finding the application process confusing
- Whilst the recent launch of the TNA and nursing degree apprenticeship schemes is intended to help plug some of workforce gaps in the NHS, the ultimate contribution that these will make – and their long-term impact on recruitment to degree programmes – is unclear.

4 Mature Enrolments in NMAH Programmes in England in 2016/17

4.1 Overview

The following section analyses HESES and HESA data for mature enrolments to NMAH courses in English universities in the 2016/17 and 2017/18 academic years, to show differences in the proportion of mature students that enrol in different disciplines.

- HESES provides numbers of enrolments across each individual NMAH discipline, per university, at UG and PG level in England. It does not, however, provide any information about the age profile, gender or ethnic background of students
- HESA provides numbers of new enrolments within individual pre-registration NMAH disciplines nationally at UG level. This breaks numbers down by age band (over 25 only), gender and ethnicity.

4.2 Nursing and Midwifery

4.2.1 Undergraduate students

HESES data for new enrolments on undergraduate, pre-registration Nursing and Midwifery degrees (**Error! Reference source not found.**) shows that:

- In four nursing disciplines, UG enrolments were higher in 2017/18 than in 2016/17. The fastest growth was in Child Nursing (19.1%)
- Learning Disability was the only nursing discipline in which new enrolments declined (by 24.4%)

- In both years, there were more enrolments on Adult Nursing degrees than the other four disciplines combined

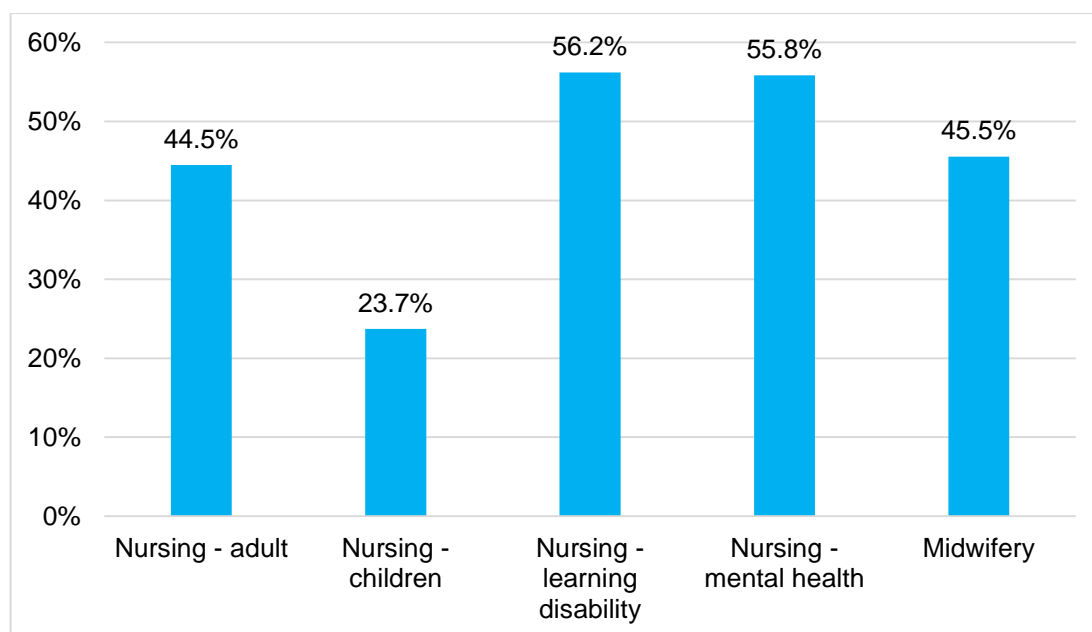
Table 3: Number of new, pre-registration UG enrolments on Nursing and Midwifery programmes, England (2016/17 and 2017/18)

Nursing and Midwifery discipline	Number of UG enrolments 2016/17	Number of UG enrolments 2017/18	Year-on-year change (%)
Adult	12,513	12,823	+2.5%
Mental Health	2,755	2,935	+6.5%
Midwifery	2,142	2,484	+16.0%
Child	1,924	2,292	+19.1%
Learning Disability	542	410	-24.4%
TOTAL	19,876	20,944	+5.4%

Source: HESES

According to HESA data for 2016/17, 44.3% of new enrolments to Nursing and Midwifery disciplines were aged over 25. The disciplines in which mature students made up the highest proportions of enrolments were Learning Disability Nursing (56.2%) and Mental Health Nursing (55.8%). Child Nursing enrolled the lowest proportion of mature students (**Error! Reference source not found.**).

Figure 2: Nursing and Midwifery – percentage of new UG students aged over 25, England (2016/17)



Source: HESA

The proportions of male to female students in Nursing and Midwifery programmes varied. Mental Health Nursing had the highest proportion of male new students, at 23.3%. The lowest representation of male students in Nursing degrees occurred in Child Nursing (2.7%) and Midwifery (0.4%).

In all Nursing disciplines except for Midwifery, 20-35% of new students were from BME backgrounds. The highest proportions of BME new students were in Learning Disability Nursing (35.0%) and Mental Health Nursing (32.2%). In Midwifery, however, the figure was only 14.4%.

4.2.2 Postgraduate students

According to HESES data, PGT enrolments accounted for less than 10% of all enrolments in Nursing and Midwifery disciplines, apart from Mental Health Nursing (**Error! Reference source not found.**).

Table 4: Number of new pre-registration PGT enrolments on Nursing and Midwifery programmes, England (2016/17 and 2017/18)

Nursing and Midwifery discipline	Number of PGT enrolments 2017/18	Proportion of all students that were PGT
Adult	929	6.8%
Mental Health	568	16.2%
Midwifery	80	3.1%
Child	146	6.0%
Learning Disability	44	9.7%
TOTAL	1,767	7.8%

Source: HESES

4.3 Allied Health

4.3.1 Undergraduate students

Allied Health programmes (**Error! Reference source not found.**) typically enrolled fewer new UG students than those in Nursing and Midwifery (except Learning Disability Nursing).

- Physiotherapy, Occupational Therapy and Diagnostic Radiography were the only Allied Health subjects to enrol over 1,000 students a year.
- Orthoptics along with Orthotics and Prosthetics both enrolled fewer than 100 new undergraduates in each of the two years.
- New enrolments in Podiatry fell by more than 10% in 2017/18 compared to the previous year. The largest proportional increases were in Physiotherapy (17.2%) and Speech and Language Therapy (15.2%).

Table 5: Number of UG students enrolled on pre-registration Allied Health programmes, England (2016/17)

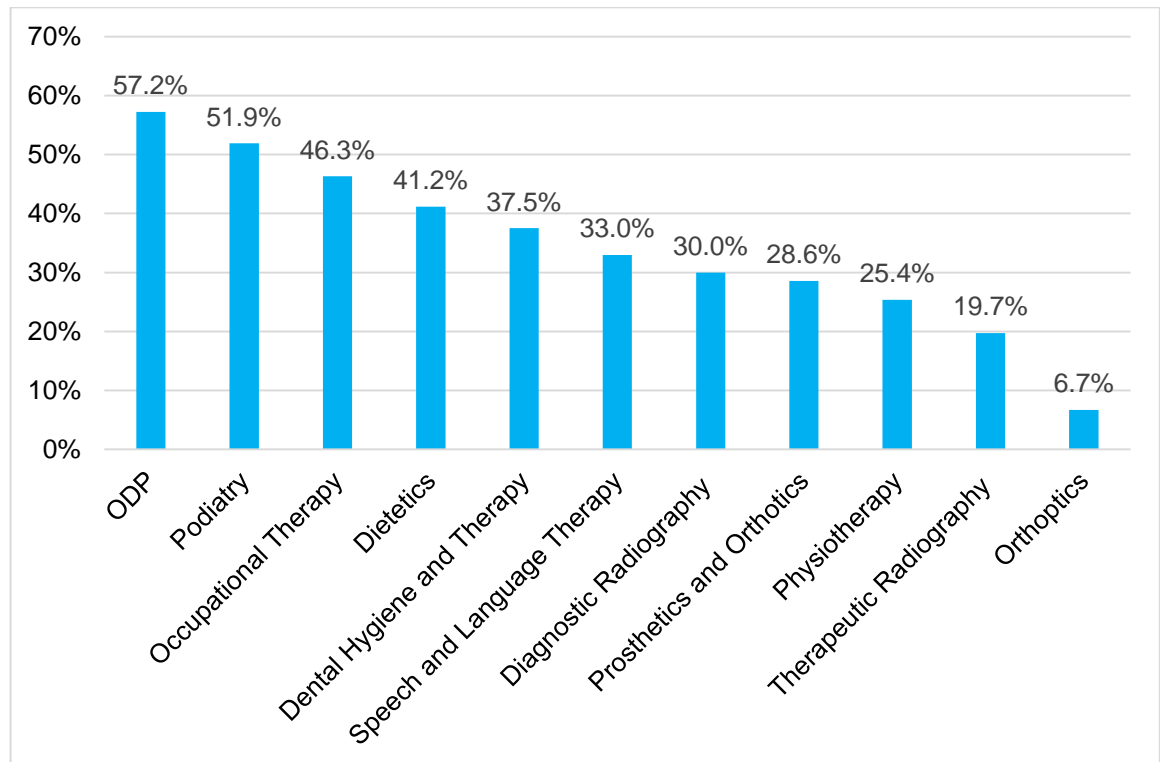
Allied Health discipline	Number of UG enrolments 2016/17	Number of UG enrolments 2017/18	Year-on-year change (%)
Physiotherapy	1,297	1,526	17.7%
Dietetics	238	248	4.2%
Occupational Therapy	1,203	1,174	-2.4%
Diagnostic Radiography	1,063	1,158	8.9%
Operating Department Practice	862	856	-0.7%
Speech and Language Therapy	368	424	15.2%
Therapeutic Radiography	282	278	-1.4%
Podiatry	265	236	-10.9%
Dental Hygiene and Therapy	N/A	264	N/A
Orthotics and Prosthetics	32	28	-12.5%
Orthoptics	73	67	-8.2%
TOTAL	5,683	6,259	5.5%

*NB Total percentage year-on-year change excludes figures for Dental Hygiene and Therapy, as no figures were available for this subject for the 2016/17 academic year.
Source: HESSES*

HESA data indicates that 37.2% of all new Allied Health undergraduates in England in 2016/17 were aged over 25, though the proportions differed considerably, across the Allied Health subject disciplines (**Error! Reference source not found.**).

- In 2016/17, over-25s made up more than 45% of new enrolments to Operating Department Practice (ODP), Podiatry and Occupational Therapy.
- The proportion of new enrolments that were over 25 in Therapeutic Radiography, however, was 19.7% and in Orthoptics was only 6.7%.

Figure 3: Allied Health – percentage of new UG students aged over 25, England (2016/17)



Source: HESA

Across all UG, pre-registration Allied Health degrees in England in 2016/17, the majority of new students enrolling were female.

- Male students were most strongly represented in Prosthetics and Orthotics (40.0%), Physiotherapy (36.0%), Diagnostic Radiography (30.0%) and Operating Department Practice (29.6%)
- Male students made up a very small proportion of new UG enrolments in Orthoptics (6.7%), and Speech and Language Therapy (3.6%).

BME enrolments in Allied Health disciplines were highest in Therapeutic Radiography (52.7% of newly-enrolled students in 2016/17 were BME), Diagnostic Radiography (46.9%), and Orthoptics (46.7%).

- BME students were least represented in Physiotherapy (12.4% of new enrolments in 2016/17), Speech/Language Science (15.7%) and Occupational Therapy (17.8%).

4.3.2 Postgraduate students

According to HESES data, PGT students accounted for 16.4% of new enrolments in Allied Health disciplines in 2017/18 (**Error! Reference source not found.**).

- Speech and Language Therapy, Occupational Therapy and Dietetics had the highest proportions of enrolments that were PGT.

Table 6: Number of new pre-registration PG enrolments in Allied Health programmes, England (2016/17 and 2017/18)

Allied Health discipline	Number of PG enrolments, 2017/18	Percentage of all enrolments that were PG
Physiotherapy	317	17.2%
Dietetics	68	21.5%
Occupational Therapy	328	21.8%
Diagnostic Radiography	33	2.8%
Operating Department Practice	0	0.0%
Speech and Language Therapy	257	37.7%
Therapeutic Radiography	12	4.1%
Podiatry	10	4.1%
Dental Therapy/Hygiene	0	0.0%
Orthotics and Prosthetics	0	0.0%
Orthoptics	0	0.0%
TOTAL	1,025	16.4%

Source: HESES.

5 Comparing the Case Studies

5.1 Introductory note

This chapter draws comparisons between key aspects of the case studies that were researched. Full analyses of the individual case studies are provided in Appendices 1-3.

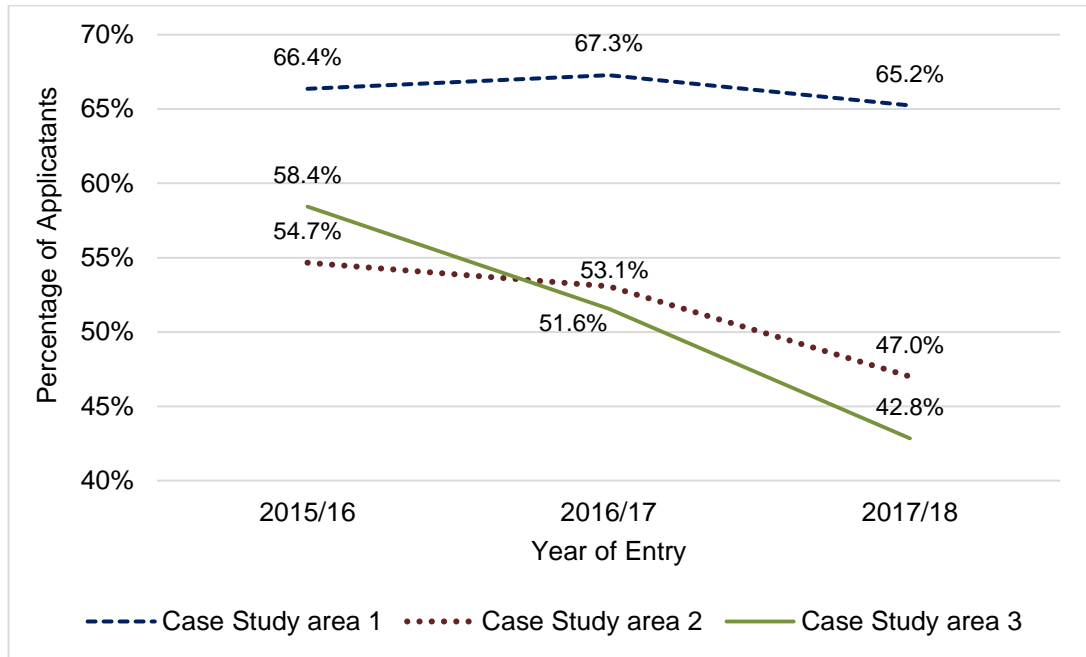
5.2 Applications and enrolments within each case study

5.2.1 Mature applications – declining but at different rates

Across the timescale covered by the research, numbers of mature applicants to UG NMAH courses declined as a whole. The rate of decline, however, was not consistent across the three case studies (Figure 4).

- Undergraduate NMAH degrees at Case Study 1 universities – in a large urban area – attracted a much higher proportion of applicants that were mature than did those in the other case studies. This proportion was also more stable than in the other regions.

Figure 4: Proportion of undergraduate NMAH degree applicants that were mature, 2015/16 to 2017/18

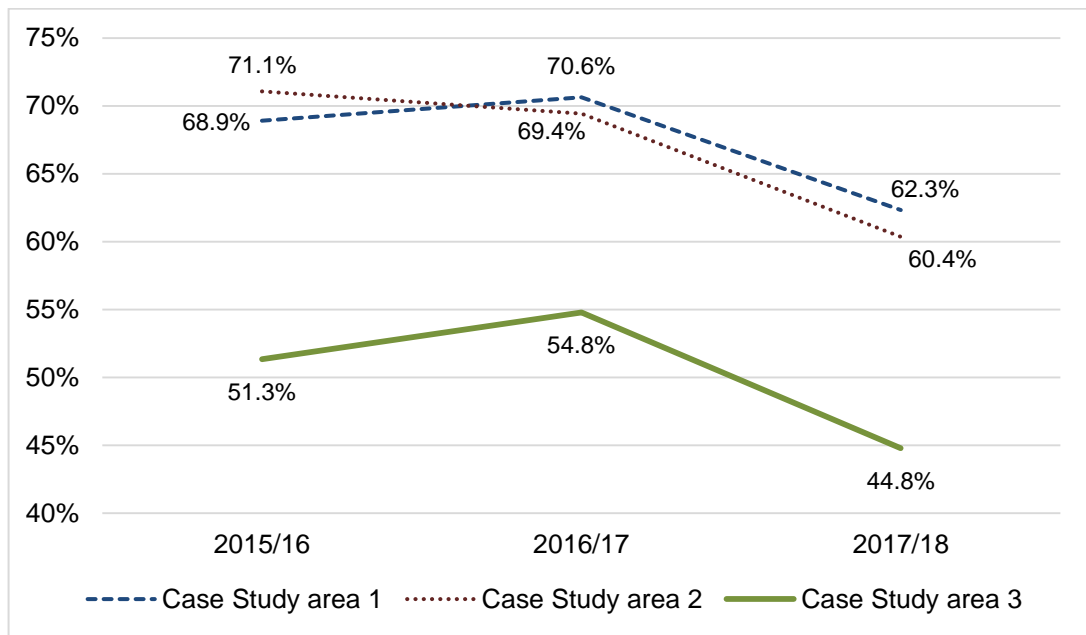


Mature student enrolment declined at a slower rate than did 'mature' applications. Across the six universities that supplied data for the 2017/18 year, the number of mature student enrolments to undergraduate NMAH programmes fell by 15.2%.

Whilst the proportion of student enrolments that were mature fell in all three case study areas, there were some important differences (Figure 5).

- At universities in Case Studies 1 and 2, the proportions of enrolments accounted for by mature students were much higher than at the two universities in Case Study 3.
- Those Case Study 1 and 2 universities also had a higher rate of mature student enrolment in 2016/17 than the HESA average (which was 58%). In Case Study area 3, it was slightly lower than the HESA average.

Figure 5: Proportion of undergraduate enrolments that were mature



NB Data refers only to those six universities that supplied enrolments data for 2017/18.

Between 2015/16 and 2017/18, PGT enrolments grew by 20.4% in Case Study 1 and by 20.0% in Case Study 3. They declined, however, in Case Study 2 by 45%; one of those universities recruited no postgraduate students in 2017/18.

5.2.2 Vulnerability of courses

The courses that academics consistently considered to be most vulnerable were:

- Learning Disability Nursing, which recruited overwhelmingly from very small pools of applicants that were mostly mature
- Therapeutic Radiography, in which numbers of both mature and non-mature students declined. Several interviewees were concerned that the future of Therapeutic Radiography as a degree discipline was under threat unless rapid, national-level action took place to drive recruitment

In Case Studies 1 and 2, there were concerns about recruitment to Podiatry courses – though fewer concerns were reported in the one institution within Case Study 3 that offered a Podiatry degree.

There were no significant concerns, among academics in all case studies, about student recruitment to:

- Physiotherapy
- Diagnostic Radiography
- Occupational Therapy

There were also fewer concerns about recruitment to Midwifery and Child Nursing – particularly the latter, which often had a younger student profile than did other branches of nursing.

Among the universities included in each case study, the number of Adult Nursing courses was increasing.

- All three of the courses launched since 2016/17 had focused specifically on recruiting students locally, and two had established very close relationships with a small number of trusts
- More established providers, in each case study, noted that they had become more reliant upon UCAS Clearing, and on younger students, to fill places. Some academics voiced concerns about the commitment and levels of maturity that some of those students brought, and therefore about the implications for teaching and for future rates of retention.

5.3 Reasons for the decline in mature NMAH applicants

5.3.1 Finance

In all three case studies, academics linked the declines in mature applicants and enrolments to changes to funding of undergraduate NMAH programmes from 2017/18.

Focus groups with students and interviews with staff in FE colleges revealed that those enquiring about or already studying Access courses often had an incomplete picture of the student finance system and that this had some influence upon applicant decisions and the timing of those decisions. This information gap applied both to the loans and other funding sources available and the repayment obligations involved.

Within focus groups with first year undergraduates, students' financial and family backgrounds appeared to be influencing their perceptions of student debt and routes to qualification.

- In Case Study 1, most undergraduates in the HE group had children for whom they had caring responsibilities and several spoke about financial pressures that they were under. Whilst these students felt that they had reached a point in their lives when they could embark upon a degree, almost all said that they would have opted instead for a nursing degree apprenticeship if that opportunity had been available, since they would then have been able to receive a full-time wage whilst learning
- In comparison, most participants in the Case Study 2 HE group had far fewer caring responsibilities and this group had slightly different attitudes to finance. Despite, in some cases, emphasising that they needed to work alongside studying, in order to support themselves, these students were more concerned to graduate and enter the professional workforce as quickly as possible. Sometimes, this was influenced by perceptions that peers or relatives were 'getting ahead' of them. The apprenticeship route – which would take longer to complete – was of much less interest.

It would seem therefore, on the basis of the qualitative feedback from the focus groups, that these students' family backgrounds, financial circumstances and life expectations were influencing the respective appeal of traditional versus apprenticeship routes to qualification in more or less positive directions.

Within Case Study 3, students in the FE college focus group had some concerns about taking on debt, but tended to view degree study as an investment. Many saw their only alternatives as remaining in lower-paying jobs. Within that focus group some students said that they considered tuition fee loan repayments as an extra tax; this had helped to make it seem less "threatening".

In each case study, academics suggested that student finance needed to be better 'sold' to mature students, in order to explain:

- That loans made available more money to students than had bursaries

- The level of the monthly repayments likely to be required when working as an NMAH professional
- What this would mean, in the context of the salaries that they could earn.

5.3.2 Other key factors affecting mature recruitment

Other factors commonly reported, across all case studies, as affecting mature recruitment were:

- Low awareness and perceptions of some disciplines – particularly Podiatry, Therapeutic Radiography, Learning Disability Nursing and (to a lesser extent) Operating Department Practice
- The potential impact of some negative perceptions about working in the NHS, such as stressful working conditions and relatively low pay
- In all three case studies, universities also reported increasing competition for NMAH students, and for placements – and that application numbers, including for September 2018 entry, were becoming much less predictable than had been the case when places were commissioned.

In all three case studies, some academics felt that the increasing number of NMAH degree apprenticeships available, or in development, had begun to influence mature 'learners', who saw these as an attractive route to registration, either now or potentially as worth waiting for.

5.3.3 Placement availability

A shortage of additional placement capacity was a particular barrier to growth of student numbers in Case Study 2, which had a 'dispersed' geography, in which placement numbers could be grown only by asking students to travel much further afield.

- In Case Study 1, there were numerous NHS trusts, and placement capacity as such was not reported as a problem. A recently launched Adult Nursing programme, however, had not yet secured sufficient placements locally and students therefore were having to travel further to placements than they would wish, with consequences for the length of their time away from home each day, as well as for travel costs

- In Case Study 3 there were suggestions that some universities were very protective of local placements and that this could make it difficult for other HE providers to grow placement opportunities in the area.

5.3.4 Entry requirements

Most of the universities included within the research were post-1992 or similarly-ranked institutions that recruited a relatively high proportion of students from non-traditional backgrounds. These universities often had more flexible entry requirements for mature vis-a-vis non-mature entrants. One university, however, was a higher-ranked institution with much higher entry requirements for NMAH degrees.

- This affected its mature recruitment to some smaller, specialist Allied Health programmes, as universities in nearby regions had lower requirements
- It was difficult for course leaders to influence the tariff that this university required and therefore to compete for students.

Universities were keen to avoid lowering their entry requirements any further. However, hard-to-recruit courses in each area (notably Therapeutic Radiography and Learning Disability Nursing) had become more reliant on UCAS Clearing to fill places.

5.4 Marketing to mature students

Whilst there was little evidence of universities developing strategies to target mature students specifically, there were some common tactics for promoting NMAH degrees to mature audiences. These included:

- Holding Open Days at weekends and evenings, attracting those who were in work
- Ensuring that mature students at Open Days had opportunities to speak one-to-one with academic staff
- Providing taster/experience days for applicants
- Making marketing materials as inclusive as possible.

It should be noted that outreach to prospective mature students, as individuals, versus prospective students in schools and colleges, requires a very different and

much more resource intensive approach. This is always likely to limit its appeal to universities.

Evidence from student focus groups suggested that taster events, especially those involving hands-on activities, were especially effective in building interest in and enthusiasm for individual health professions.

Throughout the research, it was common for course leaders, especially in specialist Allied Health disciplines, to refer to internal competition for centrally-allocated marketing budgets, and an inability to compete against high-recruiting subject areas, such as Engineering or Business, where the rate of return to the university would be much higher.

- One marketing professional at a university in Case Study 1 commented that it would be useful for a video to be produced to explain the nature and reality of a Therapeutic Radiography career in order to communicate the benefit this would have to patients' lives. However, there was little resource available internally to fund this – the interviewee felt that this would be better as a national-level initiative, supported by the relevant professional body
- In Case Study 3, one university had very recently appointed a Marketing professional specifically to promote an Allied Health discipline. As this appointment commenced only in September 2018, its impact on application and enrolment numbers was unknown. This position had been externally funded.

Universities' work with FE colleges mainly comprised visits by academic, widening participation or marketing staff to:

- Promote their NMAH offer as a whole
- Promote or explain specific subject disciplines
- Encourage attendance at taster days and other events

This work tended to take place within a relatively small number of colleges with which universities already had a relationship. It was sometimes difficult to obtain time slots to present to additional colleges, due to already busy timetables within Access courses.

Relationships with trusts – e.g. to distribute marketing literature about degree courses – were also important to promote courses. Common to the approaches in place were:

- The promotion of courses at NHS trust events (e.g. career days)
- Establishing good relationships with relevant workforce development managers or Chief Nurses.

5.5 Challenges and emerging good practice within each case study

5.5.1 Types of challenge faced

In each of the three case studies, the main recruitment challenges that universities faced were very similar: a declining number of mature students; a more competitive HE environment; and the vulnerability of specific courses. Some challenges, however, were specific to individual case studies.

In each of the three case studies, there were some emerging good practice approaches, from universities and colleges, to address key challenges.

5.5.2 Case Study 1

This area featured a variety of universities that offered NMAH courses. Consequently, universities faced significant competition for students, especially in recruiting to courses that were commonly offered (e.g. Adult Nursing).

In addition, the high cost of living in this case study area meant that it could be difficult to recruit younger students to fill any shortfall in mature enrolments, because students did not often move to this region to study. Hence, whilst recruiting a much higher proportion of mature students to their NMAH degrees than in the other case studies, these universities were also potentially more vulnerable to any sudden collapse in numbers of mature entrants.

There was, therefore, a need to ensure a good 'pipeline' of mature students for the future – more so than in the other case studies, where there was more scope to

grow numbers of younger students, even if some academics' preference in those areas was to recruit as many mature students as possible.

Examples of good practice:

- The development of a new Adult Nursing programme that was specifically promoted to the immediate local area, to draw upon latent demand among local healthcare assistants
- An FE college that developed a blended learning Access course that was intended for those who felt unable to leave full-time work or to commit to full-time study alongside their family commitments. This course had recruited successfully in its first year
- This college also had:
 - developed targeted recruitment activity in shopping centres, on public transport and by promoting student 'success stories' on its website
 - used role models (former students) to raise awareness of different Allied Health careers – and to create aspirations that were not simply focused upon nursing
 - used its English for Speakers of Other Languages (ESOL) team to help target members of the local community who were not working in care roles but may have the potential to undertake an Access course and ultimately to become a healthcare professional
 - built good relationships with at least four universities that actively targeted mature students when recruiting to NMAH courses. Those universities, which regularly took part in HE days at the college, came to deliver workshops (around personal statements and interviews) and invited the college to be involved in their own events on campus.

5.5.3 Case Study 2

This area had a more 'dispersed' population than the other case studies, and was coastal. Consequently, the universities were recruiting mature students from a smaller population size locally than those in Case Study 1.

In addition, the geography of this region meant that there were fewer local opportunities to increase placement opportunities for students. The competition between universities for placements was having some impact – with at least one university having to seek placements further afield than prior to the funding changes. In turn, this meant that students would be required to travel further, which was less attractive to mature students than was a local placement.

Examples of good practice:

- A new Adult Nursing programme developed in close association with workforce development managers in a small number of local trusts to ensure that the programme would meet their future nursing needs. This had replicated a similar model at another university elsewhere in the country and had recruited very successfully to date – albeit this was a very new programme, meaning that it was very difficult to assess its long-term effectiveness in recruiting mature students
- Ensuring that Open Day events were set up to cater for mature audiences – including offering online versions of Open Days for those whose work commitments made it difficult to attend in person
- Sustaining relationships with senior NMAH staff to:
 - help to recruit Healthcare Assistants to NMAH courses – e.g. so that those employees expressing an interest in studying for a degree would be directed toward that university
 - enable promotional materials (posters and flyers) to be displayed in hospitals and encouraging those staff to recommend the university’s programmes to more junior staff. This, however, was increasingly challenging as universities were competing for placements at trusts. This made it more difficult for trusts to recommend that their staff consider only one particular university.

5.5.4 Case Study 3

Case Study 3 area was a large area with a number of cities and mid-sized towns. There were fewer universities overall than in Case Study 1, but more than in Case Study 2.

Some trusts in Case Study 3 were extremely concerned about filling vacancies to nursing positions, and about their ability to do so by recruiting new graduates of

degree programmes alone. Consequently, they had a very strong focus on staff development and staff retention as a means of filling those positions, and were very interested in both the TNA and apprenticeships as ways of achieving that.

In the Access course focus group, there were also examples of students selecting their local university despite preferring a different provider or even a different branch of nursing, because family commitments appeared to rule out travelling further.

Examples of good practice were:

- That one trust had initiated discussions with a local university, which had resulted in a trust-specific, three-year, full-time Nursing (Adult) degree that targeted mature learners and had a widening participation agenda locally.

That degree included:

- a pre-study period, working as a healthcare assistant at the trust
- all placements being spent at the trust
- upon graduation, guaranteed employment (Band 5) at the trust

Those enrolled would also be offered a flexible (zero-hours) contract as a healthcare assistant. The trust hoped to recruit 100 graduates each year from that programme, in addition to developing 50 trainee nursing associates, some 20 of whom were expected to progress to registered status

- Another university working closely with a single trust to develop a new Adult Nursing degree programme that was tailored as far as possible to meet the needs of the trust. The programme involved students completing their placements within that trust and ultimately being offered employment there.

Other initiatives were:

- Developing collaborative events with a trust and with local FE colleges, to promote NMAH careers to potential mature students in a large town that:
 - struggled to attract students to placements, and in which the trust struggled to fill nursing vacancies
 - did not provide the volume of students that might be expected from a town of its size
 - had a history of low participation in HE

This intervention involved a series of special events held within the trust, to help to “demystify” HE and encourage attendance at special Open Day events at the university. It included local FE college staff, offered sessions introducing apprenticeships and details of work experience opportunities, and featured students who were on placement in the trust.

This approach was said to have been very successful at raising awareness of routes to nursing careers among mature people in that town, as well as further ‘cementing’ the relationship between the university and the trust. The university intended to replicate this approach in other trusts in similar locations.

- Universities working with FE colleges to develop or accredit programmes that would allow students to enter directly into Year 2 – though only in a small number of programmes. It was unclear whether these would be ‘rolled out’ across NMAH portfolios more widely.
- Universities offering interview coaching for those studying Access courses.

Evidence of the success of these outreach initiatives, nevertheless, tended to be anecdotal, and came largely from Access course staff or from academics who had been involved.

Working with local trusts is a common thread in terms of good practice.

6 Overall Conclusions

6.1 NMAH applications and enrolments

Applications to undergraduate NMAH courses as a whole declined at most of the nine HEIs researched – from the 2015/16 to 2017/18 application cycles, applications to all undergraduate NMAH programmes across the universities studied fell by 17.7% – but mature student applications fell by 30.7%. The steepest decline occurred in the 2017/18 cycle. In all of the regions studied, mature student applications declined at a faster rate than applications overall.

In most subjects, mature student **enrolment** tended to be more stable than applications – or declined at a much slower rate than did mature applications. There were, however, clearly more serious issues of declining enrolments in Learning Disability Nursing and in Therapeutic Radiography – where courses were reported by several academics to be at risk of closure:

6.2 Reasons for the decline in mature NMAH applicants

The changed funding regime and particularly the removal of bursaries were mentioned by all of the universities as a factor, and probably the factor, in the decline in mature applicants. Several interviewees, however, noted that it may be too early to reach firm conclusions about this, and that the situation was likely to be more complex than a simple correlation between the ending of bursaries and receiving fewer applications. They suggested, for example, that the recruitment impact of NMAH degree apprenticeships was unclear, but that some mature enquirers had expressed interest in these, seeing them as financially attractive. It was also unclear to what extent wider factors may be influencing decision making among potential mature entrants.

6.3 Applicant journey and choosing NMAH degrees/careers

In every region analysed, those applying to pre-registration degrees in NMAH subjects tended to have chosen their intended profession at least two years and often four or more years before making an application.

- Mature applicants' interest in a nursing career tended to result from personal or family circumstances – usually several years prior to application. This was also the case among many Allied Health applicants

Mature students who applied to and enrolled on NMAH degrees tended to do so when their personal and financial situations allowed. Many also studied for other qualifications (Level 3 and sometimes Level 2), in order to be accepted.

Since some health Access courses focus upon a specific set of NMAH professions and since students normally make their UCAS applications very soon after their courses commence, college admissions staff expect applicants to have a clear idea of their career preferences at entry. Within the FE colleges researched, only a small proportion of students (typically no more than 10%) changed their intended profession whilst studying a health Access course. Those who were open to changing their preference tended to be considering two or three professions, often deciding on the basis of perceived job security and/or fit with lifestyle preferences.

Across the focus groups of students, awareness of careers other than those they had selected was mostly very low, unless their work or family lives had brought them into contact with a range of health professions. In addition, there were some negative perceptions of certain careers (e.g. Podiatry).

When potential students first enquired about health Access courses, they tended to need a great deal of guidance about career and study pathways, and support in understanding how best to address and overcome any academic and financial hurdles. From FE college staff and students, there were also suggestions that awareness of Access courses is quite low among the general population, including among those who may be able to benefit most from the opportunities that they offer.

6.4 Mature entrants – a priority for universities and trusts?

6.4.1 Universities

Across the research, academic course leaders tended to emphasise the value that mature entrants brought to NMAH degree programmes. These comments focused upon:

- Their levels of commitment. Retention rates among mature NMAH students were usually higher than for 18 year olds on those programmes – i.e. once mature students had commenced a degree programme in NMAH they tended to complete their courses. Academics often considered retention to be a more significant issue among younger students entering programmes through UCAS Clearing⁴⁸
- Their experiences of working in healthcare – which meant that they tended to be better prepared for the reality of placements
- Their greater tendency than younger students to take up employment in the local area, with placement provider trusts – in turn, this helped to cement relationships between universities and trusts
- The ways in which they helped degree cohorts to better reflect their localities.

Many academic staff therefore regretted the fact that mature students made up a declining proportion of their cohorts. Course leaders were, nevertheless, under pressure from within their institutions to ensure that places on courses were filled, irrespective of students' ages. In each of the case studies there was evidence that UCAS Clearing was playing a greater role in filling places – across Nursing, Midwifery and Allied Health – and that this often meant that the age profile of the cohort reduced.

6.4.2 NHS trusts

Employers were primarily concerned about ensuring the general diversity of the workforce (including reflecting the local population) rather than specifically about

⁴⁸ Student retention was the subject of the RePAIR report published by HEE. That report is discussed within Chapter 3, above

recruiting mature entrants – albeit trusts were not necessarily defining ‘mature’ in exactly the way as were universities (i.e. as those aged 21 or above).

Several had, however, noted that the average age of placement students (for instance, at one trust, in Occupational Therapy) had been falling. They did not, therefore, see this as an issue on which they should be taking action or encouraging universities to take action. In general, trusts tended to place much greater emphasis upon addressing the ageing profile of the workforce.

- Among some interviewees in trusts within Case Studies 2 and 3, there was however a concern about younger people being more geographically mobile and therefore more difficult to convert from placement students to full-time employees, or to retain once recruited

Whilst some trusts worked with local HEIs and FE colleges to promote NMAH professions and courses to mature learners (e.g. at Open Days and careers events), this was on a much smaller scale than activity aimed at schools and at young people.

Action to promote diversity within recruitment tended to focus upon better reflecting the populations that trusts served. In some instances, therefore, effort was being put into recruiting more BME staff and recruiting from lower socio-economic groups, and non-traditional learner families.

6.5 NMAH vacancies and trusts’ responses

6.5.1 Vacancies in NHS trusts

Managers in NHS trusts commonly reported workforce shortages in Nursing and in some Allied Health professions: often vacancies were in excess of 10% and sometimes were more than 20% of the workforce.

- Within nursing, areas of shortages included Learning Disability Nursing and Child Nursing. There were, however, some notable differences in trusts’ experiences of specific professions. For example, in Case Study 2, the least recruitment difficulties were in Midwifery, but a trust in Case Study 3 reported a shortage of qualified midwives.

- Within Allied Health, professions that faced recruitment difficulties tended to differ between trusts:
 - One trust in Case Study 2 was concerned about shortages in Podiatry, Dietetics, Speech and Language Therapy and Therapeutic Radiography, because of insufficient supply of graduates from those degree programmes locally
 - By contrast, in Case Study 3, trusts reported an oversupply of candidates in several Allied Health professions.

Trusts attributed shortages to a variety of factors, many of which were historic and some of which related to approaches taken to workforce planning in the past.

In instances where a local HE provider had withdrawn a Nursing or Allied Health course, or had restricted the numbers accepted (e.g. in order to adopt a higher UCAS tariff), trusts had felt an impact in numbers of applicants or placement students, and this had posed concerns. Those worries were greatest in Allied Health, since in nursing new providers had sometimes stepped in.

6.5.2 Retention and staff development

Trusts had responded to vacancies and staff shortages mostly by focusing upon ways of retaining existing staff. These were often central to the workforce strategies that trusts were developing.

“Actually the retention piece is the piece that’s going to have the greatest impact for us I think, because our turnover at Band 5 is around 15% in contrast to Band 6 and 7, so around 8%. So we know that the people who are further into their careers are probably more settled...” (NHS Trust)

Strategies to improve retention included: promoting development opportunities to staff; and seeking to create new opportunities to develop staff in roles and bands where there was high attrition. Other initiatives included ‘retire and return’ and ‘return to practice’, both of which target mature professionals.

Within Allied Health professions, career development opportunities in trusts tended to be less than in Nursing and had sometimes become blocked since HEE funding was reduced (meaning that trusts had less scope to sponsor pre-registration

study). This meant that there were staff working in trusts who, in the past, may have been supported to undertake Allied Health degree programmes but who, under current funding regimes, were not being offered that progression.

6.6 Work-based and flexible learning

6.6.1 Apprenticeships

NHS trusts that had been involved in TNA pilots had experienced very high levels of interest in these from current staff, only a proportion of whom had been able to be part of the initial cohorts. The indication from the research is that this built-up demand among staff could, in many trusts, take several years to 'work through'.

Where there is a perceived need to introduce 'new blood' or to enhance the quality of the applicant pool, trusts are beginning to recruit externally to TNA programmes – and, in doing this, they are likely to be drawing upon a similar pool of applicants to that which has traditionally entered healthcare-focused Access courses in FE colleges (often, those who have been working in domiciliary or residential care settings). The opening up of TNA recruitment beyond the NHS workforce – if adopted on a significant scale – could, therefore, bring TNA programmes into competition with health Access courses.

This, combined with the strong interest in TNA and apprenticeships among many of those in the focus groups, suggests that, for many mature applicants, work-based learning has the potential to become a significant alternative route to registration in nursing and – in time – many Allied Health professions. The main constraint upon growth of this opportunity is the number of places that trusts are able to fund and supervise.

In nursing there was a wide variation in the extent to which trusts had embraced – and had prepared in advance for – degree apprenticeships. Where there had been relatively small scale adoption, numbers were said to be constrained by the costs of releasing staff (e.g. paying for agency staff to provide cover).

One trust envisaged supporting 25 TNAs per annum (continuing at the same rate as its current pilot), and hoped to support 10 completers from this programme to proceed to a two-year, part-time, articulated top-up course. Only if nursing

applications from new graduates “dipped” would it develop a full, nursing apprenticeship programme. In contrast, another trust had shifted much more fully to an apprenticeship-based recruitment path.

In Allied Health professions, any shift towards apprenticeships – as standards develop – will depend upon neighbouring trusts collaborating, to develop joint programmes. This is likely to be necessary in order to achieve sufficiently-sized cohorts and to provide the range of placements required. Though employer-driven, this will need to involve higher education providers at an early stage, whilst maintaining the integrity of the procurement model that apprenticeships require. There was evidence of this already beginning to happen in Podiatry. In addition, Allied Health apprenticeships were said to require fewer hours “off the rota” and were therefore potentially more attractive financially to employers than were nursing equivalents.

Some further constraints, for both universities and trusts, stem from the regulatory framework for apprenticeships, which makes it less easy for the two parties to work together to develop and significantly expand work-based learning.

Together, these constraints mean that, across the NMAH support workforce, some staff who could potentially be progressing to pre-registration programmes are having to wait (e.g. because there were insufficient places when they first applied, or because a suitable progression pathway has not yet been developed).

6.6.2 Flexible learning options

The traditional NMAH degree programmes, particularly where placements involve night working and/or extensive travel, are not currently structured to cater for those mature students who have childcare responsibilities beyond their studies.

Combined with the removal of bursaries, it is likely that this is deterring at least some prospective students from applying for these courses. There was evidence, also, that mature students’ choice of some Allied Health professions was influenced by a desire to avoid working shifts.

- When NHS employers discussed the role that part-time degrees could play in developing their staff, there was a recognition that only by trusts working together would it be possible to create cohorts large enough to be viable for

universities. The implications of providing part-time placements were also a consideration

- Where FE colleges had introduced blended learning or part-time health Access courses, these had recruited successfully and were said to have attracted students who would not otherwise have enrolled.

6.7 Promoting NMAH careers – where does responsibility lie?

Staff in universities and in trusts expressed concerns about the extent to which NMAH careers – especially in Allied Health – were being promoted.

Individual NHS trusts and universities undertake limited promotional activity to support recruitment to individual Allied Health professions – due partly to resource constraints and competing priorities, but also to a view that the scale of the ‘problem’ requires action at national level. In the case of universities, resourcing the promotion of some Allied Health courses is seen as not cost-effective, since the number of additional recruits achieved would be very small.

Within universities therefore, it was common for academic staff to suggest that the professional bodies should do more to raise awareness and promote the attractiveness of those careers.

Within the trusts, however, there was more emphasis upon ways in which studying at degree level could be made more attractive financially, especially for Allied Health professions: for example via incentivisation (in the manner of STEM – Science, Technology, Engineering and Mathematics – teaching) or by guaranteeing paid work to students alongside their studies. In one trust, a recent innovation within nurse recruitment was the offer of student internships that included an annualised hours contract whilst studying and a job guarantee upon graduation.

When FE colleges in the case studies had taken action to promote their health Access courses this appeared to have increased recruitment. There were few instances, however, of links between NHS trusts and FE colleges for mature student recruitment. In one trust a view was expressed that working with FE

colleges to attract students to NMAH degrees was the role of universities, not of the employer.

6.8 The evolving relationships between universities and trusts

Whilst links between HE providers and NHS trusts were often strong, in some locations they appeared to be less well developed. This included instances of universities regarding their relationships with trusts as increasingly transactional since the shift away from commissioning of places. The move to employer-led programmes also involved a process of adjustment, which was still unfolding.

“...Some [universities] have been better than others. Some people have struggled with [TNAs and degree apprenticeships] being employer led.... We’re all learning in this together and trying to navigate the apprenticeship model and that shift in relationship.” (NHS Trust)

The creation of broad Allied Health ‘lead’ roles in trusts was also said to pose some challenges for developing and maintaining relationships with individual subject specialists in HEIs.

Other ways in which relationships between trusts and HEIs were being refashioned, collaboratively, included trust staff delivering an agreed number of teaching hours within a degree course, in order to make a small cohort more financially sustainable for the university.

6.9 Implications for universities and colleges

A shift is taking place in the relationships between higher education providers and NHS employers, as work-based learning programmes and pathways are developed within NHS trusts. Whilst this is not seen as replacing traditional graduate recruitment, it is becoming important as a way to reshape the workforce (e.g. by introducing more Band 4 posts), provide development opportunities and improve staff retention. It has the potential, therefore, to grow significantly – particularly if funding and regulatory barriers to degree apprenticeships are addressed. Some trusts had already committed to ambitious growth targets. A

minority had also begun to open up recruitment of TNAs or nursing degree apprentices to external applicants, to reflect the local population and/or where the internal candidate pool was deemed insufficient.

Progress is uneven at present and some subject disciplines in universities may not be fully engaged with the processes that are underway and the consequences that these may have. The current regulatory barriers may be constraining confidence amongst trusts and HE providers, about working together to further develop provision in this area.

If, as is intended, apprenticeships in Allied Health professions grow in number and in popularity – among employers and learners – then HEIs will need to adapt their portfolios to accommodate the growth and to address any implications for existing programmes. Regulatory barriers, therefore, will need to be addressed, in order to help enable this development.

Depending upon the development of apprenticeships standards, it is possible that similar implications might arise for areas of nursing that tend to recruit higher proportions of mature applicants (e.g. mental health).

Opportunities may be created, however, for:

- New part-time programmes (e.g. in AHP) with employers partnering to create sufficient scale and viability for universities
- Post-TNA transition programmes, leading to registration

Some examples of productive collaboration identified in the research included a trust having approached a local university to develop a trust-specific, full-time degree that targeted mature learners. This had gone ahead and this had led to the university developing a similar degree programme with another, nearby trust.

6.10 Determinants of success in recruiting mature students

The issue of declining mature student applications and enrolments to NMAH courses is a relatively recent phenomenon and none of the universities consulted had developed strategies that could be said to have successfully countered the challenges.

There were, however, some factors that appeared to be playing a role:

- Access to local placement opportunities
- Engaging mature applicants throughout the application process – including Open Days at favourable times, access to academic staff and subsequent ‘taster’ days to ensure that mature students remain engaged in the process
- Developing strong relationships with NHS trusts for promotion of courses and careers
- Strategic promotion to non-engaged audiences in NHS and community settings, in order to raise awareness of NMAH education opportunities and career pathways, and to build ‘belief’ among potential students (e.g. via role models)
- When developing new courses – working with local trusts to understand workforce needs, as had been the case for two of the three new Adult Nursing courses that had been developed.

As NMAH courses have a long history of recruiting mature students, good practice on mature engagement in NMAH is likely to be of potential use to the rest of the HE sector.

7 Recommendations

The recommendations each include a suggestion as to which NMAH stakeholders are believed to be best placed to take action. In order for these recommendations to have maximum effect, there is in many cases a need for collaboration between multiple stakeholders.

Raising awareness

- 1. Raise awareness of the full range of NMAH professions among the adult population as a whole as well as among some specific target groups – such as those interested in changing careers or returning to the labour market.**

Promotional activity should take into account the factors – beyond “wishing to make a difference” – that attract students to specific Allied Health professions and to the different branches of nursing. There is also a need to counter some negative perceptions.

- The research found several instances of students being attracted to certain Allied Health professions since they offered a route to self-employment or did not involve shift work.
- It was common for initial interest from prospective students to have been generated by circumstances in their own lives or those of their families. This can be taken into account when developing promotional messages and campaigns, but will require some sensitivity.

Action by: Government and arm’s length bodies (ALBs), NMAH professional bodies, universities and colleges.

2. Raise awareness and understanding of those Allied Health professions that are little known and/or misunderstood.

- This includes for instance Dietetics, Operating Department Practice, Orthoptics, Therapeutic Radiography and Podiatry, but would exclude Physiotherapy, which has much higher awareness and demand.
- Some students in focus groups had negative views of the work that some specialisms involve, e.g. Podiatry, with little appreciation of the diversity of the work or the level of skills and knowledge required.
- HE and employer staff interviewed were clear that individual universities and employers could achieve little impact on their own, apart from a limited degree of information and guidance for those coming to healthcare events in their own localities.

Action by: Government and ALBs, Allied Health professional bodies, universities and colleges.

3. Ensure different campaigns and marketing activities are coordinated at national and local level.

- This will help potential NMAH mature students to more easily navigate their journey into higher education.
- It will also contribute to more effective and efficient use of marketing resources by individual stakeholder organisations.
- In order for national and local awareness-raising activity to have maximum impact upon NMAH recruitment, there needs to be a collective responsibility among all stakeholders, at national level but also at local level and including universities and colleges, to collaborate to capitalise upon that investment.

Action by: Government and ALBs, Office for Students, universities and colleges, NMAH professional bodies

4. Monitor, evaluate and share good practice and lessons learned from awareness raising activities to maximise impact.

- There was limited evidence of evaluation of university level, trust-based awareness raising activities taking place. Some interviewees stated that they would wish to improve the tracking that their organisations undertook.
- The fact that students tend to decide upon a particular profession or specialism several years before enrolling on their Access or degree course has implications for the approaches taken to evaluating promotional activity – and to the setting of expectations for impact.

Action by: Stakeholders sponsoring national or regional/local campaigns, professional bodies, universities and colleges

Clarifying the financial and educational pathways

5. Provide much clearer and more easily accessible information for prospective NMAH mature students about the student loan system and the additional financial support available through the Learning Support Fund.

- Research in FE colleges and among some HE staff suggested that the student loan system is not necessarily well understood by prospective students, leading some students to not apply or to delay applying for Access or degree courses.
- There is a specific need to explain and promote support available for students on a low income and/or with dependent children through the Learning Support Fund.
- FE staff and students indicated that those enquiring about HE Access courses often needed a great deal of guidance about the career routes and study options open to them, but the information is not always readily available on websites.
- Providing clear information advice and guidance to students is one of the responsibilities of universities and colleges, monitored by the Office for Students as regulator.

Action by: Universities and colleges, Student Loans Company, NHS Business Services Authority, Office for Students

6. When marketing NMAH careers and degrees, and the Level 3 programmes that support mature student entry to these, make clear the education pathways that students can follow, the precursor qualifications that they require and where these can be studied.

- FE staff and students indicated that those enquiring about HE Access courses often needed a great deal of guidance about the career routes and study options open to them, but the information is not always readily available on websites.
- Providing clear information advice and guidance to students is one of the responsibilities of universities and colleges, monitored by the Office for Students as regulator.

Action by: Universities and colleges, Office for Students, employers

7. More effective outreach should be tripartite, to include colleges, universities and employers.

- FE colleges are the first point of contact for many mature students. Colleges' recruitment of mature students to health access courses, however, is sometimes poorly resourced. Recruitment would benefit from greater collaboration with universities and employers in their localities.
- Existing National Collaborative Outreach Programmes (NCOPs) are regional partnerships which can be used to lead effective collaborative approaches.
- Some staff in HE and FE emphasised the impact that role models (i.e. past students) within local communities and in hospitals had in persuading those who aspired to, for example, a nursing career, that this was possible for them.

Suggested action by: Universities, colleges and employers

Apprenticeships and flexible approaches to course delivery

8. Address regulatory and financial barriers to the development of apprenticeships.

- Trusts are typically constrained in expanding degree apprenticeships because of the costs of backfill. This applies especially to the registered nurse degree apprenticeships because of the supernumerary status requirement.
- In focus groups and interviews, there was strong evidence that work-based learning is attractive to potential mature students. There were also indications that some potential mature students were waiting for apprenticeship places to become available and that this may lead them to not apply, or to delay applying, to traditional degree programmes.
- The development of apprenticeships is risky for universities for several reasons including:
 - employers' procurement requirements
 - uncertainty regarding numbers of apprentices employers will be able to support
 - the risk that prospective students will prefer to wait for potential apprenticeship options rather than apply for existing campus based courses

Action by: Government and ALBs, the Education and Skills Funding Agency (ESFA) and the Institute for Apprenticeships (IFA), the NMC

9. Improve communications about the range of NMAH apprenticeships available or in development.

- Among interviewees in HE and FE, awareness of NMAH degree apprenticeships was patchy and some staff managing and delivering Access courses in colleges knew very little about these.
- Within trusts, responsibility for staff development across multiple professions meant that managers sometimes struggled to keep abreast of the progress of different NMAH apprenticeships. AHP leads are being

created in trusts but they sometimes do not have a broader knowledge of developments, such as apprenticeships, or a contact network in professions beyond their own. This means that they are not able to take advantage of new opportunities as they arise.

Action by: Employers, ALBs, ESFA, HE providers

10. Consider consolidating the trainee nursing associate programme (TNA) into a more established pathway to pre-registration nursing and extending this “building blocks” approach to Allied Health.

- Staff interviews in trusts, and the recent evaluation work carried out by Traverse⁴⁹, suggest that TNA has generally been well received by all parties.
- There remains some uncertainty, however, around progression, where appropriate, to the registered nurse qualification.
- The development of this new nursing ‘foundation’ programme could have some applicability in Allied Health.

Action by: Professional, statutory and regulatory bodies (PSRBs), ALBs, universities and colleges, employers, professional bodies.

11. Encourage HE and FE providers as well as employers to explore and develop more creative and flexible study options and approaches to course delivery.

- In focus groups, it was clear that many students felt a need to work alongside studying in order to cope financially. For some (in the FE and NHS employee groups), this was a barrier to full-time study in FE or HE.

⁴⁹ Traverse (2018), Evaluation of Introduction of Nursing Associates: Phase 1 report for Health Education England. Available at:
[https://www.hee.nhs.uk/sites/default/files/documents/Phase 1 OPM Evaluation Report \(002\).pdf](https://www.hee.nhs.uk/sites/default/files/documents/Phase%201%20OPM%20Evaluation%20Report%20(002).pdf)

- Travel to and shift working on placements also placed considerable pressure on some mature students who had children.
- Blended learning and part-time programmes had been introduced at some FE colleges and had recruited successfully, leading to overall growth in enrolment.
- The research also found several examples of productive collaboration between universities and trusts where joint initiatives had been developed that targeted mature learners. This type of 'best practice' sometimes included degree courses being developed to meet the specific needs of one or more local NHS trusts and/or ways of enabling students to better support themselves financially, via part-time work alongside their degree studies.
- Some employers indicated that they may need to work together to create the level of demand that would justify universities developing more flexible learning programmes (for instance, in light of the decline in part-time study).
- Accrediting flexible delivery options may require a greater degree of flexibility from PSRBs, so as not to discourage innovation in this space.

Action by: Universities and colleges, employers, PSRBs

Supporting diversity

12. Seek to increase the proportion of male students in NMAH through imagery and examples used in promotional activity.

- Male mature students tended to be drawn to a relatively narrow range of NMAH careers – typically including paramedic roles, podiatry and physiotherapy.
- It was also common for cohorts studying Access courses in the FE colleges to have a female/male split of approximately 85% to 15%, which was reflected in the focus groups within this project.
- If nursing and other NMAH professions are to better reflect the populations that they serve then it will be important to take action to adjust the gender balance within the NHS and wider healthcare workforce.
- Marketing collateral developed by education providers sometimes focused upon traditional 'nursing' imagery.

- To help ensure that campaign imagery and messaging are appropriate and appealing, further research should be conducted among male prospective students to explore motivations and barriers to NMAH careers.

Suggested action by: Government and ALBs commissioning campaigns, universities and colleges, NMAH professional bodies

13. Universities, colleges and employers should work together locally to increase the numbers of BME mature students recruited to NMAH pre-registration degrees.

- This effort should take into account: (i) the make-up of different local communities; (ii) the health and social care sector roles in which potential students may currently be working; and (iii) language and other barriers that some aspiring students face when accessing FE and HE.
- Students who have emigrated to the UK may take longer to enter HE Access courses and NMAH degrees, due to a need to improve their English language skills and because of funding arrangements.
- In focus groups and in interviews with teaching staff, there were indications that non-UK, NMAH students from BME backgrounds were often recruited to courses after working for some years in health or social care assistant roles.

Suggested action by: Universities and colleges, employers

Appendix 1: Case Study 1

1 Introduction

Case Study 1 was a large urban area with a number of universities.

Two universities participated in the case study.

- Their Nursing, Midwifery and Allied Health (NMAH) portfolios ranged from three to ten undergraduate (UG) and from zero to nine postgraduate taught (PGT) programmes.
- One university had recently introduced a BSc Adult Nursing programme.

The pre-registration NMAH disciplines covered by the universities are shown below (Table 7 and Table 8).

Table 7: Pre-registration UG NMAH courses offered

NMAH degree courses	Number of universities offering
Adult Nursing	2
Children's Nursing	1
Mental Health Nursing	1
Learning Disability Nursing	1
Midwifery	1
Diagnostic Radiography	1
Occupational Therapy	1
Operating Department Practice	1
Physiotherapy	2
Podiatry	1
Therapeutic Radiography	1

Table 8: Pre-registration PGT NMAH courses offered

NMAH degree courses	Number of universities offering
Adult Nursing	1
Children's Nursing	1
Mental Health Nursing	1
Learning Disability Nursing	1
Diagnostic Radiography	1
Occupational Therapy	1
Operating Department Practice	1
Physiotherapy	1
Therapeutic Radiography	1

Other organisations to participate in this case study were:

- One further education (FE) college – interview and focus group
- One NHS trust – two interviews and one focus group.

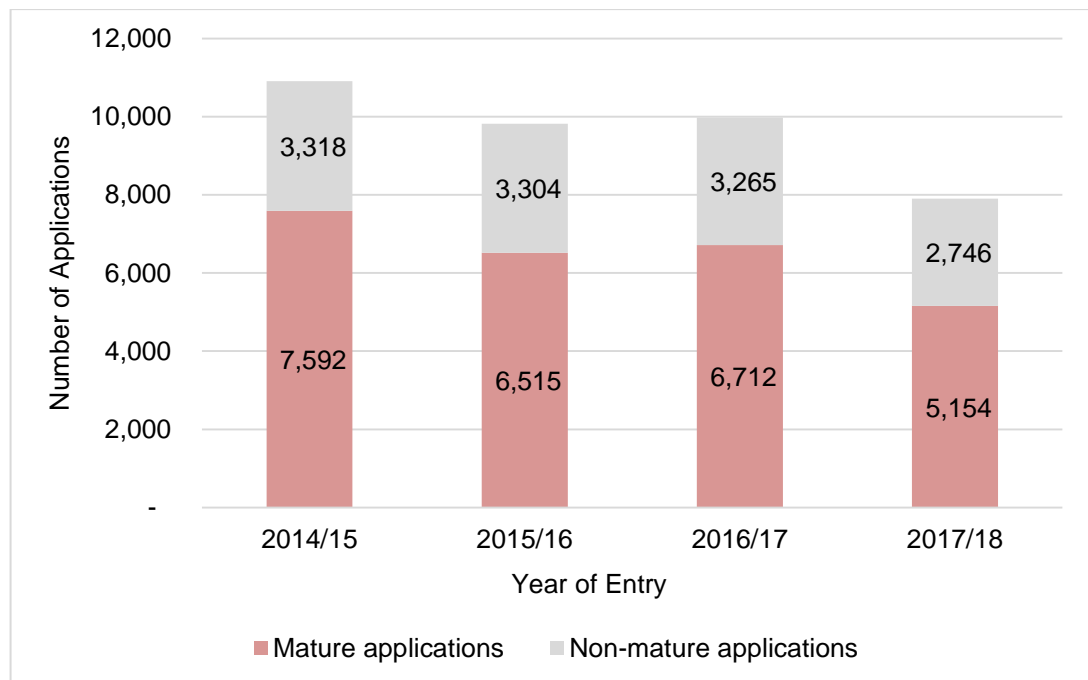
2 Trends in Mature Applications and Enrolments

2.1 Undergraduate programmes

2.1.1 Applications

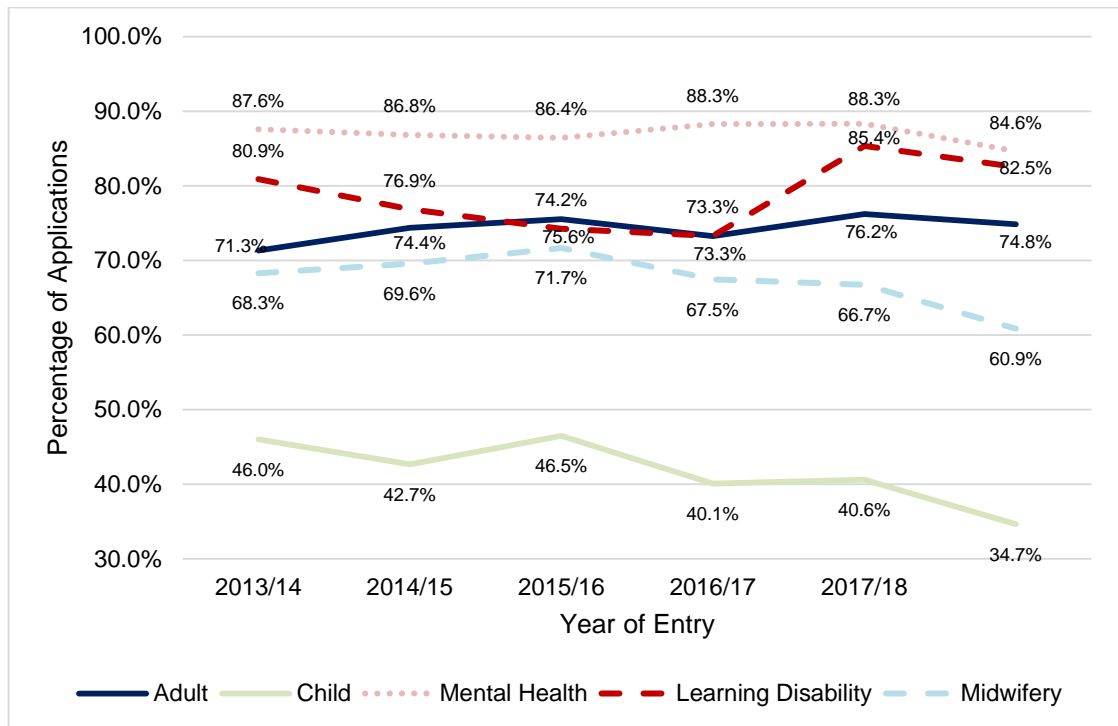
Across the two universities, total applications to all undergraduate NMAH courses declined, over the four-year period from 2014/15 to 2017/18. Across both institutions, the proportion of applications that were 'mature' reduced slowly, over the four-year period, from 69.6% in 2014/15 to 65.2% in 2017/18 (Figure 6).

Figure 6: Mature applications to UG NMAH courses, universities combined



In Nursing and Midwifery disciplines, the highest proportions of mature applicants were in Learning Disabilities and Mental Health Nursing (both were above 75% in most years). The lowest proportion was in Child Nursing (Figure 7).

Figure 7: Percentage of UG Nursing and Midwifery applicants that were mature, by discipline

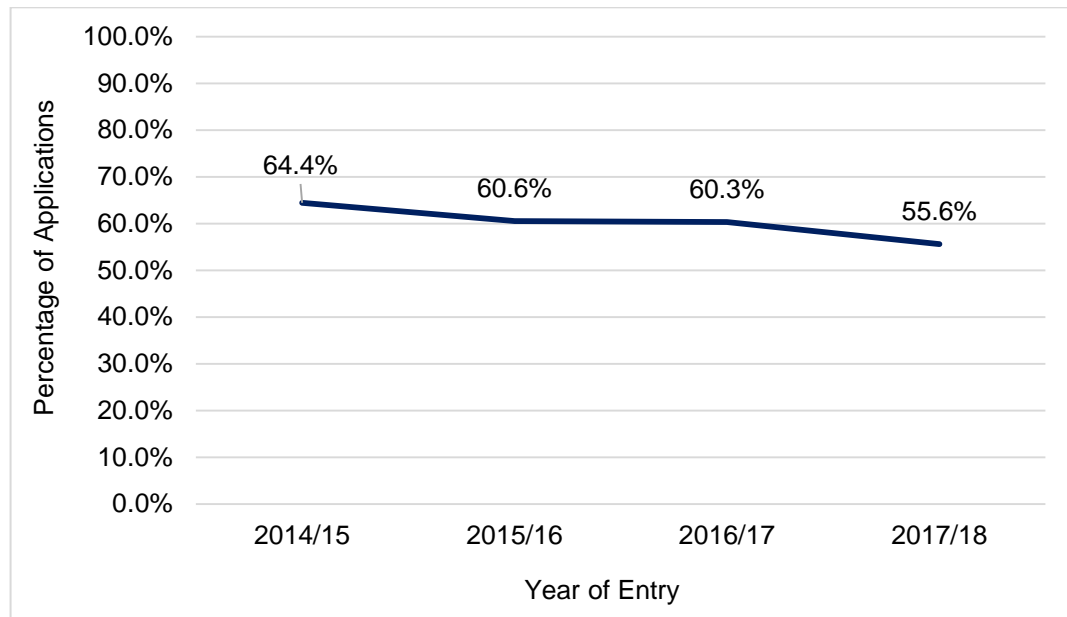


At University A, in every Nursing and Midwifery programme except for Adult Nursing, the decline in **mature** applicants for 2017/18 entry was steeper than for applicants as a whole: for example, in Child Nursing, mature applicant numbers declined by 42.4%, while applications as a whole declined by 32.5%.

At University B, over 90% of applicants to the Adult Nursing programme in 2017/18 were mature. This course had been developed partly in order to recruit mature students from among the local community.

The proportion of mature applicants to Allied Health programmes across the two universities also declined over the period – from 64.4% to 55.6% (Figure 8).

Figure 8: Percentage of Allied Health UG applicants who were mature, universities combined



The proportion of applicants who were mature declined in all Allied Health subject disciplines offered except for Operating Department Practice (ODP).

- The steepest decline was in the two Radiography subjects: in each, mature applications fell to below 50% of the total by 2017/18. In Therapeutic Radiography, the number of mature applicants fell from 121 for 2014/15 to 40 for 2017/18.

2.1.2 Enrolments

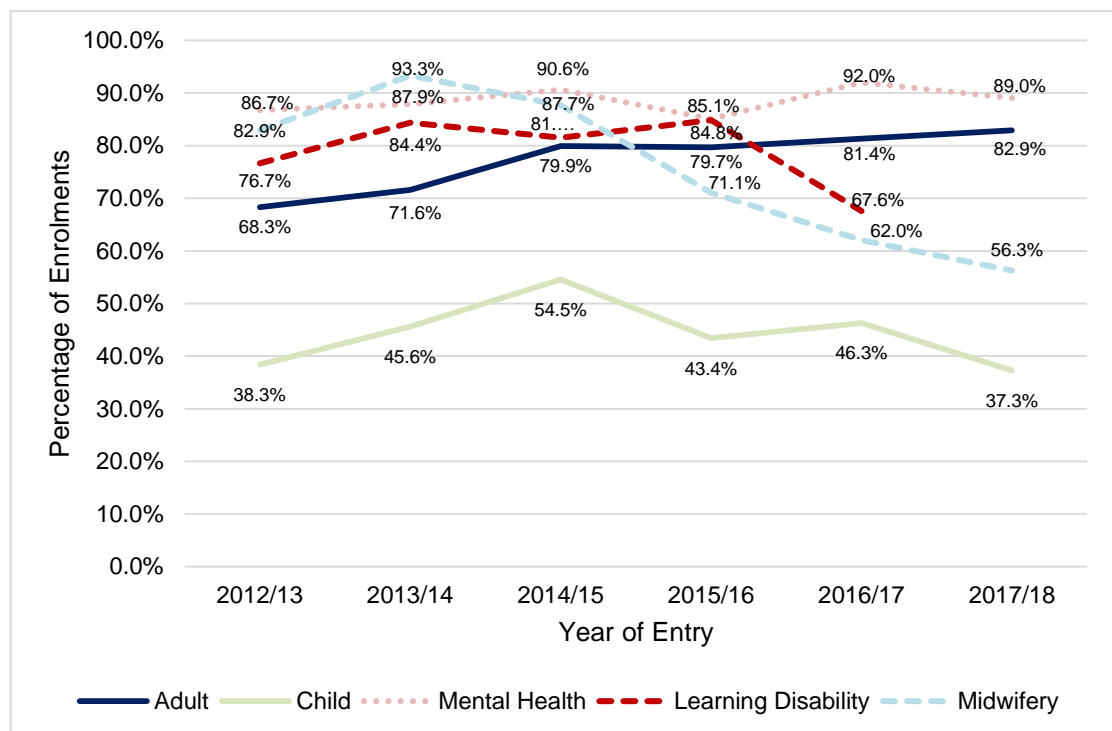
At University A, total enrolments for entry to UG NMAH courses were 6.1% lower for 2017/18 entry than for 2016/17 entry. At University B they were 10.6% lower. This followed a year-on-year increase in 2016/17, of 1.7% at University A and 6.8% at University B.

The number of NMAH enrolments that were from **mature** students, however, fell more steeply than did enrolments as a whole: declining by 13.6% at University A, and by 25.7% at University B. A fall in numbers enrolled on Podiatry was the main contributing factor at University B, whilst enrolment to the UG Physiotherapy programme remained stable.

In 2017/18, there were substantial declines in mature enrolments for **Nursing and Midwifery** courses across the universities, with the exception of Adult Nursing (where the proportion of students that were mature increased over the period, from 68.3% in 2012/13 to 82.9% by 2017/18). The steepest decline was in Midwifery: from 82.9% of enrolments being mature in 2012/13 to 56.3% by 2017/18.

Among the Nursing and Midwifery programmes, Child Nursing attracted the lowest proportion of mature enrolments, and that proportion fell below 40% in 2017/18 (Figure 9).

Figure 9: Percentage of UG Nursing and Midwifery enrolments that were mature students, by discipline



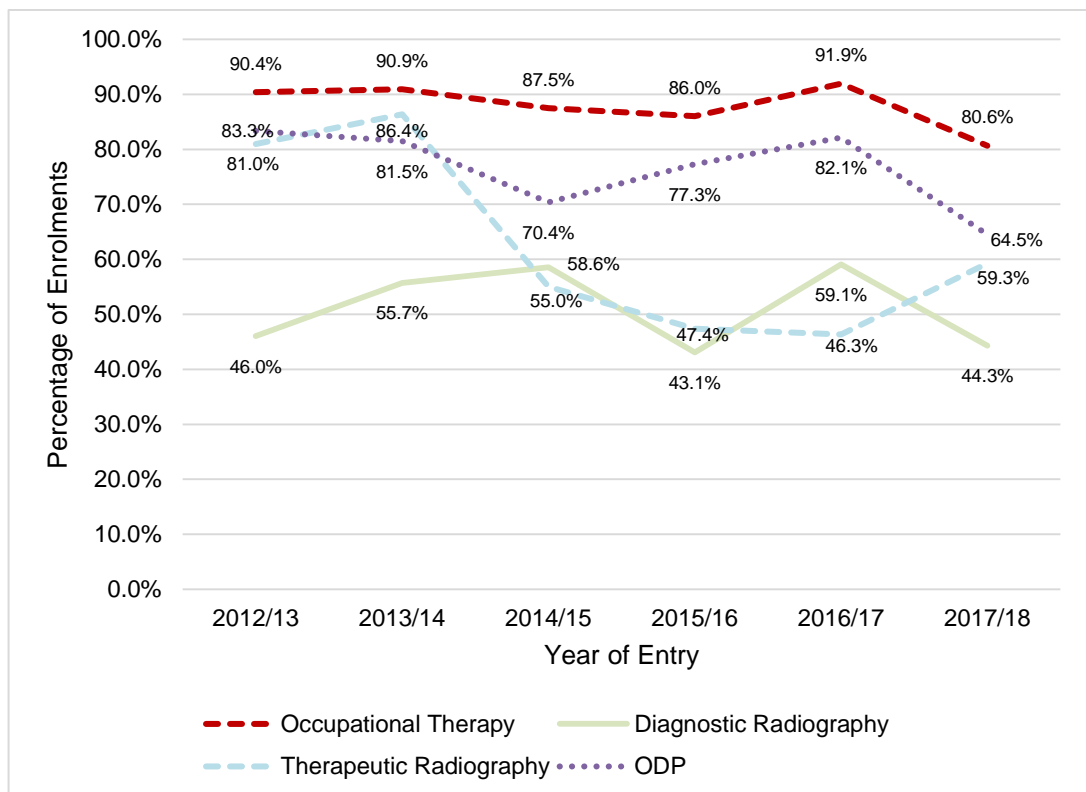
Numbers of students enrolled to **Allied Health** programmes were typically smaller than to Nursing programmes (except for Learning Disability Nursing).

In both universities, mature students made up the majority of enrolments across Allied Health courses for the period from 2012/13 to 2017/18.

The numbers did, however, vary by subject discipline:

- For each of the Allied Health programmes at University A which were available both in 2016/17 and in 2017/18, the number of mature student enrolments declined over that period, by between 10% and 16%.
- Occupational Therapy consistently enrolled more mature students than did any other AH discipline (Figure 10).

Figure 10: Percentage of UG Allied Health enrolments that were mature students, by discipline (University A)



At University B, which offered Physiotherapy and Podiatry, the proportion of mature students enrolled also fell across the period, but remained above 50% in both subjects.

2.1.3 Comparison to HESA data

In 2016/17, the **mature** proportion of total NMAH enrolments at both universities was higher than the national average. The only subject area in which this was not

the case was Learning Disability Nursing – in which 67.6% of students enrolled in 2016/17 were mature (compared with 71.3% nationally).⁵⁰

2.1.4 BME and gender

At both universities, UG NMAH courses enrolled a much higher proportion of BME students than was the case in HESA data nationally. This reflected the demography of this region.

- For example, at University A, BME enrolments across NMAH subjects increased from 51.2% in 2012/13, to 62.1% in 2017/18. This compares to 28.0% BME students enrolled across NMAH subjects nationally in 2016/17.

Between 2012/13 to 2017/18, males made up between 12% and 14% of new enrolments to NMAH courses at University A.

In 2016/17, Allied Health courses across both universities tended to have a higher proportion of male enrolments (20-30%) than Nursing.

At University B, Physiotherapy had a much higher proportion of male students (44.0%) than did Podiatry (13.6%) in 2016/17. (The national average for Podiatry was 24.4%).

2.2 Postgraduate programmes

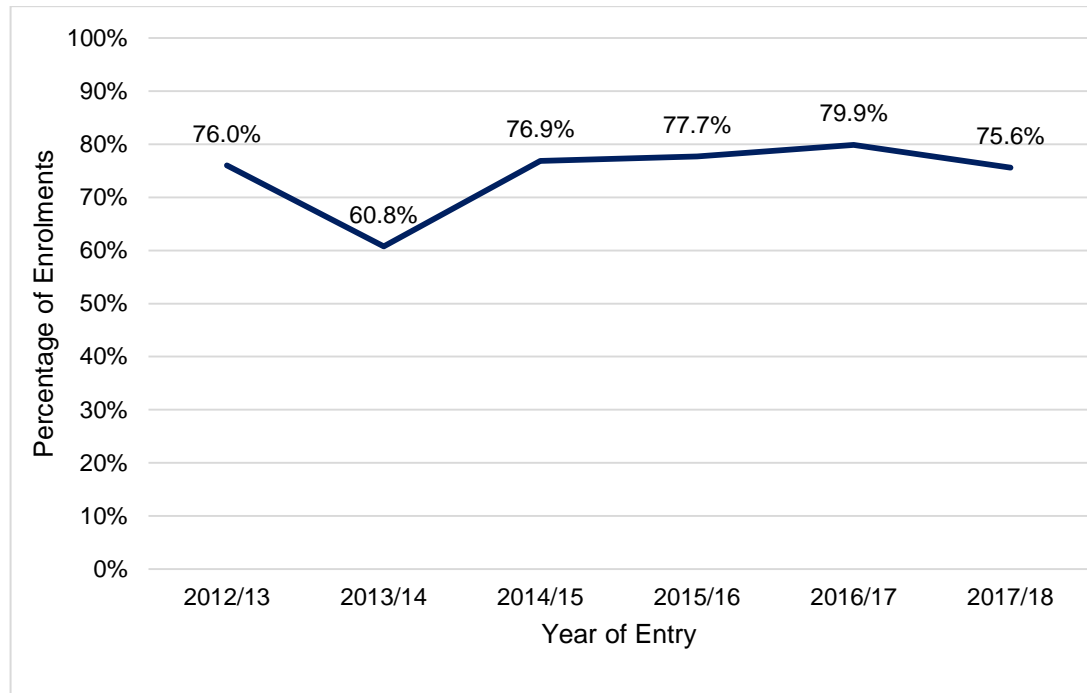
2.2.1 Applications and enrolments

The universities provided postgraduate taught (PGT) **applications** data only for Nursing courses. These showed a sustained **increase in applications** across a five-year period (from 2012/13 to 2016/17), before **a fall of 18.1% for 2017/18 entry**. Total PG applicant numbers to those courses fell from 1,416 to 1,159 for 2017/18 entry.

⁵⁰ This comparison uses a HESA data set that combined pre- and post-registration student numbers for those aged 21 or above.

Whilst overall numbers of applicants fell for 2017 entry, the mature student (i.e. aged 25+) proportion of PG Nursing enrolments was typically between 75% and 80%, except for in 2013/14 (Figure 11).

Figure 11: Percentage of PG Nursing enrolments that were mature (over 25)



Between 2012/13 and 2017/18, Adult Nursing showed the greatest increase in overall mature **enrolments**, from 17 students to 72. Over the same period, mature enrolments on Child Nursing increased from 10 to 24 (peaking at 34 students in 2016/17). Numbers of mature students enrolled on PG Mental Health Nursing grew steadily, from 11 to 24, over that period.

2.2.2 BME and gender

Between 2012/13 and 2017/18, **BME** enrolments on PG courses were between 39.1% and 43.8%. They made up a consistently smaller proportion of enrolments than within UG-level courses.

There was an increase in **male** student enrolments, from 18 in 2012/13 (14.4%), to 51 in 2017/18 (20.1%).

2.3 Student retention

University interviewees did not consider undergraduate retention a major issue.

Data from **University A** showed that:

- UG retentions in Diagnostic and Therapeutic Radiography (combined) were above 80% per year.
- Nursing courses had a retention rate of 70-78% of students – i.e. slightly lower than in Radiography subjects.
- Across NMAH courses in total, retention was higher among mature students than among students as a whole.⁵¹

Between 2012/13 and 2017/18, retention of mature students in PG NMAH subjects improved at University A. Over the same period, at University B, in both PG subjects offered (Physiotherapy and Podiatry), retention of mature students was always above 80%.

2.4 Comparison to whole-university trends

Whole-university data was supplied only by University B.

2.4.1 Applications

Across the university as a whole, the proportions of **mature applicants** for undergraduate courses were between 39.6% and 36.0%. The three NMAH programmes offered, however, attracted larger proportions of mature applications. In 2017/18, for example, 92.0% of Adult Nursing applicants were 'mature'.

2.4.2 Enrolments

Between 2014/15 and 2016/17, across the university, the 'mature' proportion was much higher among **enrolments** than among applicants but declined during the

⁵¹ Whilst universities supplied data about numbers of retentions on their NMAH programmes, we are conscious that different institutions are using different benchmarks to evaluate this, and that there is no common standard to evaluate retention. Universities' expectations for levels of retention will also vary by institution.

period studied. In 2014/15, more than 60% of **enrolments** to UG programmes were mature, but this dropped to below 50% in 2017/18. On the Allied Health programmes at University B, the mature proportion of student enrolments was higher than this, throughout the period.

3 Universities' Perceptions of Trends

3.1 Overview

Mature students were considered essential to the viability of most NMAH programmes in both universities – with the exception of Child Nursing and Physiotherapy, both of which had younger student profiles.

In both universities, interviewees had concerns about a fall in mature applications to NMAH programmes in 2017/18. These concerns were expressed most strongly in University A, which had a much larger portfolio of NMAH courses.

3.2 Status of individual subjects

3.2.1 Subjects of greatest concern

There were concerns about the viability of three programmes that had traditionally recruited small cohorts, that were mostly mature – and for which mature applications and/or enrolments had declined significantly in the last two years:

- A Learning Disability Nursing programme, which recruited primarily from a small pool of Healthcare Assistants.
- A Therapeutic Radiography programme, which was less popular than Diagnostic Radiography among both mature and non-mature students.
 - For example, at a recent Radiography open day, only eight of 40 of those present had attended for Therapeutic Radiography.
 - Within this subject in particular, academics thought it crucial to retain a high proportion of mature enrolments, as it was said to be particularly beneficial for students to have prior experience of working in a radiotherapy setting – and there were limited opportunities for 18-20 year olds to do this.

- A Podiatry programme, which saw the steepest fall in applications of any Allied Health programme in this region. There was a concern that the number of career changers willing to study a three-year undergraduate programme had declined, and that the course was accepting students with lower entry qualifications in order to meet recruitment targets.

Academic staff commented that all three of these subjects were suffering from declining enrolments nationally and that successful action to resolve this could not be driven by individual universities alone.

3.2.2 Concerns in other subjects

Whilst mature enrolments to Adult Nursing at both universities had been stronger than expected after the removal of bursaries, one university had become more reliant on UCAS Clearing to fill places in 2017/18 than in previous years. This meant a greater risk that students would struggle with some aspects of the course – and there was some concern that this may ultimately harm its retention rate.

Similarly, one course leader for Child Nursing was concerned that younger students were sometimes poorly informed about the reality of nursing children – and were more at risk of withdrawing from study than were mature students.

- There was also concern that it was difficult to recruit mature students to Child Nursing, as they could find the emotional pressures involved much more challenging than Adult Nursing.

3.2.3 Least vulnerable subjects

The fewest concerns about mature student recruitment were reported in:

- Occupational Therapy which attracted a large pool of applicants who were interested in social science as well as healthcare and which offered job opportunities within and beyond the NHS. Occupational Therapy had one of the highest proportions of mature enrolments of any Allied Health subject in this case study. Its part-time route recruited 20 mature students each year with little difficulty.

- Physiotherapy which attracted a younger cohort of students than did other Allied Health professions. There was a surplus of applicants – driven, according to a careers adviser, by a perception that graduates would have opportunities to work with sports professionals.

3.3 Factors influencing mature student recruitment

3.3.1 Finance

Interviewees had some concerns that mature **applications** were falling because bursaries had been removed:

“At the open days, where there is the opportunity to listen to people, they’re wanting to know the finances and I don’t think that mature people want to commit to a debt.”

“Once you take the bursaries away, students that might want to do [Podiatry] but would struggle to do it financially – are not going to be able to. It’s always been a struggle to recruit, but this year it became very, very difficult.”

There were also concerns about the long-term future of PGT Nursing programmes, in light of the level of student debt that new graduates now carried and the salary levels associated with Nursing. Two informants, however, thought it too early to assess how the removal of bursaries was affecting mature student recruitment to NMAH courses and they questioned whether this would necessarily reduce mature recruitment across all subjects and age ranges. They suggested that:

- Fees were unlikely to deter those in their 40s and 50s who may never pay off their loans.
- As BME students tended to attach a very high value to education, mature BME students may be less deterred by the student loan system than some other student groups.

3.3.2 Awareness and perceptions of NMAH professions

Several interviewees in this region thought that public awareness and perceptions of NMAH careers affected student recruitment, both mature and non-mature. In particular they mentioned:

- Low public awareness of careers such as Podiatry, Therapeutic Radiography and Learning Disability Nursing.
“Everybody knows about nurses, most people know what a physio does. [But] nobody knows what radiotherapy is unless they’ve had treatment.”
- One senior academic noted that Access students in FE colleges tended to know little if anything about Podiatry, but when the nature of a podiatrist’s work was explained, few were comfortable about the prospect of working with patients’ feet.
- NHS careers advertising that focused on Nursing, rather than Allied Health.
“We’re all talking about the shortage, but no-one seems to be advertising that there are these amazing jobs.”
- Negative publicity about working conditions within the NHS.

3.3.3 Apprenticeship routes

Interviewees were able only to speculate about the likely impact of apprenticeships on mature student recruitment to their degree programmes.

- **One university had successfully tendered for a Trainee Nursing Associate** programme with a local NHS trust that recruited 90 TNAs per year. This was seen as a potential means of bringing mature students into the final two years of the undergraduate Adult Nursing degree.
 - This university was also about to commence a degree apprenticeship with the same trust from January 2019. An academic interviewee suggested, however, that in the future this could reduce

direct applications, from Healthcare Assistants, to pre-registration degrees.

It was difficult for interviewees to predict how far their universities would become involved in Allied Health apprenticeships, or how that might affect recruitment of mature students to other degree programmes. Some issues raised, however, were that:

- Allied Health apprenticeships would appeal especially to mature students – for financial reasons – and that this was likely to reduce mature student numbers on existing degree programmes. There was particular concern about the impact of this on a part-time Allied Health degree.
- Some professions, such as Therapeutic Radiography, would yield very few apprentices within an individual healthcare provider; universities, therefore, may not consider courses viable unless trusts worked together to provide sufficient numbers of students.

3.3.4 Other factors

Other factors said to be influencing recruitment to NMAH courses were:

- That universities were unwilling to allocate significant marketing resource to promote courses that attracted relatively small cohorts (e.g. Podiatry and Therapeutic Radiography).
- Family commitments that prevented potential mature students – particularly those with school age children – from committing to courses that involved unsocial hours when on placement.
- Increased competition, between universities, for Nursing students. In this region several universities, with NMAH portfolios, were sited quite close to one another. The shift away from commissioning of places on Nursing courses and the removal of the cap on student numbers had combined to create a particularly competitive environment for these universities. This issue was less important for Allied Health courses, as there tended to be fewer providers in each discipline.

4 Promoting NMAH Courses and Professions

4.1 Marketing activity

In both universities, social media was seen as the most effective way to reach out to the target audiences for their NMAH programmes. Internal research within one university was said to have found that Facebook was the most effective channel.

Both were also conscious that mature attendees at open days could be nervous about the prospect of visiting a university – and that there was a need, at those events, to ensure that mature attendees had their fears resolved. Effective ways of doing that were:

- Providing one-to-one sessions for mature attendees to discuss particular issues privately.
- Having alumni or final year students present. As well as giving potential applicants an opportunity to speak to current students, this was also seen as a useful way of exposing attendees to Allied Health professions – e.g. by including Podiatry alumni or final year students.

One interviewee thought that it may be helpful if future open days allowed potential students to observe professionals (such as podiatrists or physiotherapists) at work.

Both universities were also considering introducing Foundation Year courses that may help to further expose potential students to smaller Allied Health professions. This was not, however, being considered specifically with mature students in mind.

4.2 Work with employers to promote NMAH degrees

There were some examples of the universities working with employers to promote courses and careers in NMAH professions, though these did not appear to be as extensive as some of those in the other case studies.

- One university took part in Open Days at NHS trusts – although the success of these was said to be patchy.
- Though the other university had links with employers for placements, it was not using these to promote courses
 - Its Adult Nursing degree had recruited very successfully (primarily from the local area), without being promoted in local trusts

4.3 Promoting Allied Health professions

University staff were often unsure how to reach out to a potential student population that had minimal exposure to Allied Health professions.

- In one instance, advertising an Allied Health programme in a free newspaper was said to have been counterproductive, as many of those who responded were unsuitable and did not meet the standards required.
- A senior lecturer in one of the Strategic Interventions in Health Education Disciplines (SIHED) priority subjects tried to promote his courses and profession when he visited clinical educators in NHS trusts. He was unsure, however, whether the posters and leaflets that he left with them were put on display. Whilst some managers and clinicians appeared concerned about recruitment to the profession, others, he felt, saw it as “someone else’s problem”.
- Podiatry academics at the universities promoted not only via the NHS but also in private practices, since students often learned about the profession through visiting a podiatrist as a patient or carer. They also placed leaflets about podiatry with local pharmacists.

There were limitations to the extent to which smaller Allied Health courses could be marketed internally – one interviewee commenting that the university (in which marketing was largely centralised) would prefer to focus its promotional budget upon subjects that attracted significant numbers of students (e.g. Business).

Some academic staff, therefore, suggested that the professional bodies should be much more proactive in promoting Allied Health careers and that individual universities should not carry that responsibility. This was partly because they accepted that universities would invest in the courses that produced the greatest

financial return, but also because the benefits from promotion were felt to extend beyond individual institutions, to the professions, the NHS and society as a whole.

4.4 Promoting NMAH degrees to Access course students

Both universities visited local FE colleges to promote their NMAH programmes. Academic managers and subject tutors in most NMAH disciplines saw Access to HE courses as the main feeder route for their mature entrants.

Allied Health academics, however, often saw making presentations to FE students as very time-intensive and, whilst seemingly necessary, likely to bring limited rewards. This was largely because mature students on those programmes had already made their career choices and were difficult to 'convert'. Staff promoting Podiatry programmes, for example, tended to find that, at most, two or three students on an Access course were interested in or had heard of the profession.

Since Access courses lasted only one year, most students made their university applications in their first term of study, and were therefore expected to have in mind quite a clear career path before being admitted to the Access course.

The titles of Access courses available locally appeared to reinforce this need for 'early' decisions: a number of providers for example offered 'Access to HE (Nursing)' and one offered Access to HE (Midwifery), though we encountered only one broadly-based 'Access to Healthcare' course among the FE colleges situated close to the universities in this case study.

“Most of [the students], through those colleges, are doing Access to higher education with the Access to Nursing option. So, they're doing a course that is very specifically leading them to this outcome.”

Since each Allied Health discipline recruited in very small numbers from individual FE colleges – often no more than one student per college, per annum – it was difficult for academic staff to justify spending time building relationships with college staff.

One university, however, followed up presentations in colleges by inviting students who were interested in Podiatry to visit its clinic and to meet academic staff.

Keeping in touch with those students throughout the UCAS recruitment cycle was described as “challenging”, since the Admissions Tutor had to balance outreach with teaching.

Since some Allied Health disciplines tended to recruit far greater proportions of mature students than did others, this was reflected in the importance that academic staff attached to promoting to Access to HE course cohorts. In Child Nursing and in Therapeutic Radiography, for example, mature applicants made up a smaller proportion of recruits than was the case in Podiatry or in Adult Nursing.

4.5 Liaising with FE colleges

When responsibility for college liaison was concentrated within a central function, healthcare lecturers and admissions tutors tended to see their own involvement as very limited.

“...if my role was purely admissions... I would be quite happy to go [to schools and colleges] but I just can't fit it in. And, therefore, it's almost been left to Marketing to do that.” [Academic – Allied Healthcare discipline]

Such centralisation, however, left NMAH courses potentially vulnerable to changes in priorities and reductions in central resource. Within one of the universities, changes to a central outreach function were creating some uncertainty among healthcare academics.

Some factors internal to FE colleges presented further barriers to engagement. At one university, those responsible for liaison noted that staff turnover in colleges could be high and that, when contact was achieved, much relied upon the “goodwill” of Access course tutors, which was far from guaranteed.

5 FE College Staff Perspectives

5.1 The college

The FE college operated from a single site, located within 10 miles of both of the universities within this case study. It offered the following Access courses that were relevant to NMAH professions:

- Two classroom-based, full-time courses, requiring attendance two days per week. These were specific to:
 - Nursing and Midwifery
 - Health science (preparing students for careers including radiographer, paramedic, physiotherapist and occupational therapist).
- A newly introduced (September 2018), blended learning healthcare Access course, relevant to a wide range of health professions. This lasted nine months and offered flexible start dates. Attendance was for one evening per week.

“Now that people need to work, they feel they need to earn as much money as possible before going to university. That’s why we’ve looked at the blended option, to try and encourage and support people who have full-time jobs.”

Students enrolled on the blended learning course tended to be in slightly higher-paid employment and from a wider geographical area than those attending the classroom-based programme.

5.2 Student enrolments and completions

Numbers of students recruited to the full-time Access to Nursing and Midwifery course had fallen in 2016/17 and again but more significantly in 2017/18 (

Table 9).

Table 9: Students recruited to Access to Nursing and Midwifery course, from 2013/14 to 2017/18

Year	2013/14	2014/15	2015/16	2016/17	2017/18
Number of students recruited	143	140	144	125	72

College staff attributed this decline to the removal of student bursaries. Most of those attending Access courses at the college were said to come from low-income backgrounds. Whilst the college did explain the nature of the student loans system – and the likely level of monthly repayments – the prospect of accumulating a substantial debt was still thought to be deterring a proportion of potential healthcare students.

The age of the students attending the Access to Nursing and Midwifery course was changing. Historically, around 70% to 80% of students were aged 21 or above. In recent years, however, the proportion of recruits aged 19-20 had increased; a growing number being those whose A-level results had not secured them a university place who were now seeking another route into HE.

Approximately 97% of those who completed a health-related Access course at the college progressed to degree-level study.

5.3 Diversity

Students studying Access to Nursing and Midwifery were almost all female. The decline in enrolments, however, had occurred among both men and women (

Table 10).

Table 10: Students recruited, from 2013/14 to 2017/18, by gender

	2013/14	2014/15	2015/16	2016/17	2017/18
Male	15	16	5	11	4
Female	128	124	139	114	68

The majority of the non-UK born students on the course were African and East European. There were very few students from an Asian background. That ethnic mix had been fairly static for several years: whilst the number of enrolments had declined in 2016 and 2017, the split between different ethnic groups had not changed significantly. Most of these non-UK born students had come to the UK in the past 10 to 15 years and brought with them qualifications from abroad. After entering the UK, many had worked as carers for a number of years, whilst improving their skills in English and maths (often via a functional skills programme). A staff member suggested that this need to study English and maths prior to the Access course meant that they were well prepared for learning and therefore had very high attendance rates and an almost 100% completion rate.

5.4 Students' backgrounds and career choices

The majority of students, each year, were current or former healthcare assistants in a care or support worker role – although primarily in private sector care environments. Very few students came directly from employment within the NHS. Around 60-70% had children of primary school age or younger.

Students were often prompted to apply through word of mouth, through knowing – or knowing of – another member of their community who had successfully embarked upon that career path. This was especially important for many of those from a non-UK background, who often needed also to complete pre-Access maths and English qualifications before starting the course, and may have low confidence in their academic abilities.

“That’s why we are keen to have a big presence within the community because people need to see that they can do it, they need to hear that they can do it, because people tend to lack confidence that they can actually do it.”

Most went on to study Adult Nursing, which students tended to believe presented more career options than more specialist branches of nursing. It was very unusual for students to change their mind from a nursing to an Allied Health career during the period of the Access course.

Staff at the college were conscious, however, that students may not have been exposed to a wide range of health professions and might opt for the most 'obvious' choices.

“But what we recognise is that most people talk about nursing because that’s what they know. Most people know somebody who is a nurse. But if you talk about radiography, most people don’t know anyone who is a radiographer. Or physiotherapy.”

They tried, therefore, to raise awareness of Allied Health professions by:

- Identifying Allied Health professionals from different ethnic backgrounds to act as role models.
- Encouraging those studying Level 2 English and maths to consider a wide range of NHS careers. This approach had developed from an understanding that students were more likely to consider a range of career routes at this stage, rather than after starting the Access course.

The majority of those who studied a nursing degree progressed to local universities. There were several universities within easy travelling distance in this large urban area.

5.5 Promoting the courses – and healthcare careers

Marketing activity focused mainly upon healthcare careers, rather than specifically the Access course.

- This involved promoting within the community, for example at shopping centres or on public transport.

- The college also published student 'success stories' on its website. These focused on the learner journey from beginning to end. It took care to use imagery that was representative of the local population.

The college was attempting to work proactively with employers – particularly agencies that employed people in health and care roles – in order to access work experience opportunities and for healthcare workers to be better aware of career development routes within the health sector. There was some resistance to these types of outreach, however, from private sector employers who had concerns about losing employees to full-time education.

The college also sought to develop a higher profile in the local community, by working with community-based learning agencies. In addition, the Access recruitment team worked very closely with the English for Speakers of Other Languages (ESOL) team in the college, to target those in the community who may not currently be working in a care role.

The decline in student numbers meant that there was more competition between local FE colleges for Access students. In response to that, the college was trying to respond to new enquiries as quickly as possible, and had introduced more flexible entry points.

5.6 Relationships with universities

The Access tutor had close relationships with five universities in the area – four of which were reported to be keen to recruit mature students. These universities:

- Sent staff to the HE days at the college.
- Visited, to offer workshops around personal statements and interviews.
- Invited the college to their own events, such as taster days.

One of those universities was said to have recently recruited a staff member whose job was to support mature applicants, including by encouraging Access students to visit the campus to shadow current HE students, and to sit in on lectures.

The tutor consulted those universities about the content of its Access programmes in order to understand their requirements and was very conscious of the need to prepare students appropriately so that they did not withdraw from their degree courses once at university.

6 Perspectives from Within NHS Trusts

6.1 Introduction

The research included interviews with two managers at a Foundation Trust which provides a range of integrated community and mental health services. One of the managers was Director of Nursing, with responsibility for clinical education, and the other a Professional Lead for Allied Health Professions.

It also included a focus group with seven employees of the trust, in various healthcare support/assistant roles. One of the participants was a Trainee Nursing Associate.

- 5 of the group were aged 35 or older; 1 was aged 30-34; and 1 was 20-24.
- 4 participants were British; 3 were from African backgrounds.

Among the subject disciplines and professions in scope for the research, the trust employed the following:

Nursing	Adult, Child and Mental Health
Allied Health	Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Prosthetics and Orthotics, Speech and Language Therapy

6.2 Vacancies and recruitment

Nursing vacancy rates at the trust have been increasing, though they were not believed to be any worse than regionally or nationally. Within Allied Health, the vacancies were particularly at Band 6 Occupational Therapy, Physiotherapy, and Speech and Language Therapy; although overall the Allied Health Professional vacancy rate has reduced over the last two years from 28% to 16%. More recently there have been recruitment challenges at Band 5.

Within nursing, there has not been a major reduction in pre-registration students, and placements remain at full capacity. What has changed over the last few years, however, is that recruitment of newly qualified graduates has become more competitive, and the trust is having to be increasingly proactive in making offers. For instance, any students who completed all of their training (students studying a mental health nursing degree) at the trust, or their final year management placement, were automatically offered a post, so long as they passed their degree.

“So they don’t have to formally apply, it’s an informal process and they give a preference as to the kind of area they want to work in and we slot them into those places.”

The situation was somewhat different in Allied Health; the majority of the workforce was at Band 5 and 6, with a relatively small proportion of Allied Health Profession (AHP) support workers. The trust recognises that it has not been offering sufficient numbers of student placements and that this has affected the recruitment of new graduates. Recently, therefore, it has launched an AHP plan, with one priority being to increase the number of students coming through. The Professional AHP Lead also believed that the trust could be more strategic and proactive in recruiting from final year students.

The recruitment of mature students was not a particular consideration for the trust and there was no specific effort to target awareness-raising activity at a mature audience. General diversity of the workforce and, if possible, the recruitment of local staff (because they will be more attuned to the catchment population and are more likely to stay with the trust), were more important priorities.

“Consciously I wouldn’t think of age necessarily, it would be that coming from the local area is helpful because of the retention. Because we’re such a large trust, our diversity is very varied; our aim would be that our diversity of staff matches the diversity of our local areas, because that’s beneficial.”

When promoting careers, the trust’s main activity targeted school leavers via, for example the ‘Step into the NHS’ programme, which brings young people into the trust to find out about health careers, and involves some shadowing.

Staff retention, however, was said to be at least as challenging an issue as recruitment, and is discussed below.

6.3 Staff retention and work based learning

6.3.1 Nursing

The national **Trainee Nursing Associates programme** (TNA) was seen as a positive and important initiative; as a new and valuable Band 4 role, addressing a skills gap between health and care assistants and registered nurses, and providing ambitious support workers with a potential career pathway.

“Even when we did the Assistant Practitioners, we were keen to take that forward.... I think because the Nursing Associate programme is a national programme and the NMC has registered them then I’m sure we will have many nursing associates going forward, and I’m sure in ten years’ time we’ll forget that we ever reintroduced them.”

The trust has, to date, been recruiting its own staff onto the TNA, but is aware of its potential future value as an additional attractor for external staff recruitment. Internal demand has been high, significantly outstripping the number of allocated places, even when required qualifications, such as Level 2 English and maths, are taken into account. For staff who have been with the trust for many years, the TNA offers a new opportunity to progress.

“That’s possibly why a lot of the people that we’ve got on the TNA programme have been with us for a significant time; because they’ve worked for us as support workers and stayed like that, because perhaps financially they couldn’t do anything different. This opportunity has come along and they’ve jumped on it, which is great for us and great for them.”

The first cohort of TNA students will qualify after two years, in January 2019, with a Foundation degree, and the trust was in the process of finding the most appropriate posts for these. Managers were also debating how many they could fund through the transition through to pre-registration qualification, via a two year Nursing Associate Higher Apprenticeship programme that would be delivered by a partner HE provider.

A focus on the TNA programme has meant that, to date, standalone Degree Apprenticeships (and specifically in nursing, the Registered Nurse Level 6) have not been progressed. Cost has been part of that consideration, as the TNA route was seen to be less expensive for the employer. The trust will, however, be monitoring the flow of nursing applicants each year from universities and will consider launching its own nursing degree apprenticeship programme if there are not sufficient (self-funded) graduates coming through in each of the next few years.

6.3.2 Allied Health

The trust was said to lack clear development pathways for Allied Health support level staff (Band 3). In the recent past, some occupational therapy assistants have been funded, with support from Health Education England (HEE), to undertake an in-service programme run by a partner university, whilst remaining employed by the trust and being guaranteed a position upon graduating. This funding, however, had come to an end.

New forms of support were now being discussed – such as offering work (regular shifts via its staffing “bank”) to employees who wanted to study on Allied Health degrees and progress to registered roles. The trust would not therefore pay HE fees for those students, but would try to help in other ways.

“We might not be able to pay for their place at uni but we can offer other ways of supporting them. So we’re trying to have a bit more of a process around that, kind of a bit of a flowchart almost that could guide managers into thinking, ‘How can I support this member of staff through their training?’”

Band 5 and 6 career progression pathways were also being explored (trust-wide) and two of the priority professions for this were Physiotherapy and Occupational Therapy.

The staggered approach to developing apprenticeship standards nationally, however, had influenced the attention given to nursing versus AHP apprenticeship routes within the trust. As a result, the trust was less prepared for actioning Allied Health apprenticeships than it might have been.

“I think because the AHP apprenticeships have been a bit behind, it’s felt very nurse dominated in our trust and I have felt like I’ve struggled to get the door opened to talk about AHPs. I feel I’m getting there, which is good.”

The diversity of AHP (involving oversight responsibility for 10 professions) and the relatively small scale of individual professions had also made it more difficult to maintain an overview of apprenticeship standards development nationally. Whilst trusts are increasingly creating posts that are Health Professions Leads, those individuals were said to be likely only to be a member of their own professional body. They do not therefore see the information that other professional bodies are producing about apprenticeships – nor the standards that they publish for these.

Conversations had now begun with other neighbouring trusts to explore a joined-up approach to AHP apprenticeships, for instance in Podiatry.

“So what we’re talking about is beginning some conversations with our neighbouring trusts about working together on some of the apprenticeships: about maybe some of them taking a lead on some, us maybe taking a lead on some. So it would almost be sharing out the workload a little bit, as well as how do we create that volume to make it viable?”

More external guidance and support, however, would have been welcomed.

“It’s felt like quite hard work and I’ve had to initiate it. It’s not felt like there has been much guidance from anyone nationally, or even from professional bodies.”

6.3.3 Retention and mature students

From an AHP perspective, there was believed to be significant recruitment potential in ‘Return to Practice’, though there was not yet an agreed, internal process to deal with any Allied Health professional who enquired about this. Ways forward were being debated and there was hope of early progress, despite some current AHP staff having reservations about being able to properly support these placements.

Staff development and retention initiatives, such as 'Return to Practice' and the TNA programme, naturally involve mature 'learners' but the reasons for progressing these were not based upon any objective to attract more mature entrants.

6.3.4 TNA programme

The TNA route was viewed very positively within the focus group, including by the participant who was close to completing a TNA programme and who wished to further progress his career.

Two other focus group participants were keen to join the TNA programme but were frustrated by the limits upon places. The same two had also shown interest in the apprenticeship route but had recently been told that no funding would be available.

“There is no funding for the Band 5 training and no secondments. So the route is to go the nursing associate or the Associate Practitioner role but that's already gone past so we missed out this time because we were waiting.”

These employees had no preference for either the TNA or apprenticeship; they simply wished to progress their roles and careers.

6.3.5 Staff development within the trust

Some participants in the focus group felt that there were relatively few opportunities to develop their careers within the trust. Several wished to progress to better-paid NMAH roles, but were unclear about how this could happen. A number had concerns about the cost of degree-level study.

- One, who worked in an Allied Health profession, was about to apply for a two-year Master's course in order to qualify. The decision to apply for the postgraduate degree was influenced by an awareness that an apprenticeship standard for this profession was still under development, and it was unclear when (if at all) that route would become available.

- Those in the group who had an NVQ Level 3 in Health and Social Care could enrol directly onto a degree course, but would prefer to take the TNA route instead.
- One participant was also concerned that beginning to tackle academic work was more of a worry as she aged.

6.4 Relationships with universities and colleges

The trust's engagement with universities has become more varied in recent years and in addition to providing placements the trust has regular conversations with universities about NMAH applications.

“I know that universities have had – some universities more than others – a dip in applications since the bursary went. At the moment we're not seeing a massive impact of loss of student numbers [on placements].”

The wide range of AHP professions employed meant that the trust needed to work with a variety of higher education institutions (HEIs) across its geographical area, making it difficult to achieve close relationships.

“I'm trying to work across so many professions and each of those professions have got different HEIs.”

The TNA (and Degree Apprenticeships) brought a different type of collaboration and relationship; one where the trainee is an employee and is being paid by the trust, rather than being a university student. The educational element of the programme is also different from a 'normal' degree course.

It was suggested that universities that already had a widening participation focus have found TNA programmes easier to assimilate than those who, for example, did not already offer Foundation degrees and therefore were not so prepared for delivering at that level.

7 Students' Decision Making Process

7.1 The focus group participants

The university focus group comprised 10 first year students taking BSc Adult Nursing, all of whom were female.

- Seven were 35 or older; one was 30-34; one was 25-29; and one was 20-24.
- Four were of African backgrounds, with the remaining six from a range of ethnicities (European; Caribbean; Asian).

The FE focus group had 10 participants, who had enrolled in September 2018 on a newly launched, blended learning, HE Access programme that was intended to prepare students for a range of health careers. All in the focus group were female.

- Five were British; the others were Indian, African and Caribbean.
- Five were aged 35 or older; one was 30-34; two were 25-29; and two were mature but under 25.
- At least half of the participants had Level 3 qualifications or above, and two had a Level 6 qualification.

7.2 Deciding upon a healthcare career: inspirations and awareness

Students in focus groups identified direct personal experience, or exposure through family members or in the workplace, as the main factors prompting interest in nursing and Allied Healthcare careers and courses. Six of the Adult Nursing degree students mentioned having been inspired by contact that they had had with nurses, during illnesses that they or a family member had suffered. Two others had been influenced by nurses whom they had met whilst working as a carer or support

worker and one student had been in a junior level healthcare role in the NHS, where they had worked alongside practice nurses.

In a small number of cases, those experiences had built upon an earlier interest that had remained in students' minds until 'the time was right'. For some, the "job guarantee" that nursing provided was also a factor.

Students' decisions to embark upon a degree – or on an Access course in preparation for this – therefore were multifaceted and usually happened in stages, over a period of time. Common themes, however, tended to be: (i) feeling inspired by the actions or behaviours of (one or a team of) nurses; (ii) this creating – or building upon an existing – interest in the profession; and then (iii) reaching a point in one's life at which it became possible to take action (re-enter education).

"I've really enjoyed working with the practice nurses, so I've always wanted to be a practice nurse... I've been trying for years to get in, but the issue was always the funding and I decided to give them a deadline – the partners in the GP surgery – if they don't support me or fund it, I'm going to have to do by myself. And that's what I did."

"...when my mum got ill that inspired me to become a nurse. This was years ago [and] I just didn't go for it. I was thinking about being in debt, struggling. But then eventually I just did it and here I am."

"I've had a few bouts of illnesses when I had to go in hospital, so I had great admiration for the nurses that looked after me. [After] I was made redundant... I thought why not come into nursing, because I would be doing something for the community and helping others, which I love to do."

"I think even from secondary school I knew that I wanted to do nursing but, from my family, the parents don't want you to study – even secondary school you're not supposed to go – so it was hard to break out to study. Then I had children, one of my children was sick and was always in and out of the hospital and I knew this is exactly what I wanted to do. So I went to an access course to do Access to Nursing and then I came here."

“...one of my family members was in hospital [and] I was visiting him every day.... We had to go through a lot of complications – it was like “anything can happen”. There were some nurses who were [reassuring me that] situations would be alright...[also] when you do something else you need to struggle to find a job, but nursing is a job guarantee... so that’s the reason I’m here.”

“...it’s something I’ve always wanted to do but I just didn’t have the motivation or the push or advice to do it back then. And, obviously, then having kids early, so I kind of thought, ‘I’m not going to do it’.”

Students within the FE college focus group (who were in the first month of their course) had very little awareness of Allied Healthcare professions except those with which they had been in direct contact. That group was made up of students seeking careers in nursing (including mental health), midwifery, physiotherapy, and speech and language therapy, and most were unaware of other Allied Health professions, such as podiatry or dietetics. When these were mentioned, students began to suggest what they might involve, and – in some cases – to share what knowledge they had with others in the group. For example:

- Only one student was aware of the nature of dieticians’ work and this was primarily because of her work within a school.
- There was some debate about the role of occupational therapists – whether this role was primarily about children, or was a profession that focused on health in the workplace.

7.3 The right time to enrol

Among the group of ten BSc Adult Nursing students, half had been keen to enter nursing for at least the past five years (one of those, for 18 or 19 years), and most of the others for at least three years. Some referred to simply reaching a point at which they felt ready, or that they would be able to cope – for example, financially. Two, however, had applied previously to nursing programmes but had not been accepted.

Students within the FE focus group recounted similar stories to those of the BSc Nursing students; most having been motivated by past family or personal experience of their planned profession, or having had a longstanding interest that could now be brought to fruition.

Within both groups, factors that had made the timing 'right' were sometimes to do with children reaching a particular stage in their development, though several students had very young children, and some had more than one pre-school child.

Both the FE and HE focus groups comprised students from recently launched courses, and a proportion of students in each group said that they had enrolled because that course had become available – at a location and at times that made it possible for them to attend.

In both focus groups, there were students who had needed to complete a Functional Skills course (to improve their maths and/or English) before joining their current programme: this was especially common within the Access course group.

Both focus groups also included some students who had been born outside of the UK. Those students commonly had obtained degree level qualifications and/or had worked in professional or clerical roles before moving to England. Only rarely, however, had they worked in similar roles since making that move. For a small number of those students, there had been a need to improve their English language skills before progressing to a healthcare course.

“I was encouraged by my daughters and also because I was doing the other courses; I did English, Maths, Health and Social Care. I feel better now, but before, I was very scared of my language and I said I couldn't do that. I thought it couldn't be possible for me.” [HE focus group participant]

7.4 Loans, finance and affording to study

7.4.1 Working alongside studying

Five of the ten Nursing degree students undertook part-time or casual employment alongside their studies – some saying that they worked when they could (often meaning when they could arrange childcare).

- One student worked for up to 33 hours per week, including when on placement. This involved three shifts of 11 hours, in a non-care role.
- Another worked 2 x 8 hour shifts, at weekends, in a care home.

Some of those in the FE group emphasised that a blended Access course – which enabled them to continue to work full-time – was the only way in which they could have afforded to complete an Access course and then a degree.

7.4.2 Attitudes toward loans

Those in the Nursing degree focus group largely viewed their student loans as debt, rather than as, in effect, a tax upon their future income or as a form of investment.

- One student cited the example of a neighbour who paid “£190 per month after tax toward student finance and she says it is a lot for her”. Other students in the group thought that this seemed a large sum to pay each month.

Some students within the FE group felt very uncomfortable about the prospect of building up a debt during their studies. Others tried to persuade them not to view this negatively and instead to see it as similar to a mortgage, and as only a small payment from their monthly income.

7.4.3 Attitudes to work-based learning

When asked, almost all of the Adult Nursing degree group, said that they would have considered an apprenticeship route because this would have enabled them to be paid whilst learning.

Most students in the FE group were not aware of apprenticeships being developed within the NHS. When this was discussed, however, there was very strong interest from across the group.

“I think that might have suited me a bit better with my kids being so young, but it’s how to get onto it and what have you got to pay back to do it and that sort of thing.”

When the TNA programme was explained to students in the FE group, many commented that it was difficult if not impossible to enter the NHS as a healthcare assistant ‘from the outside’. As most of those in this group were employed in private care settings, it was therefore difficult for them to consider the TNA as a feasible option.

7.5 University and placement locations

The BSc Adult Nursing programme was in its first year of operation and the university had not yet secured placements with nearby NHS trusts. Students, therefore, were having to travel further than was typical for nursing placements.

In the FE group students discussed placement rotas (e.g. whether weekends are worked) – in the context of some students needing to work, outside of their studies, in order to fund their living costs. One existing graduate in the group was also conscious of needing to fund her tuition fees, as she expected not to be eligible for a student loan.

7.6 Coping with childcare and other responsibilities

Outside of their studies, most students in the BSc Nursing group continued to have some caring responsibilities. Among the 10 students in that group, five had at least one school-aged child and three had at least one child of pre-school age.

Combining those responsibilities with study led to some struggles, both practical and financial. When problems did arise, however, students – and sometimes their

lecturers – had been inventive in finding solutions: tutors, for example, allowing students to bring a child into the university, and spouses or family members being called upon to accompany a child to medical appointments. Some family members also helped out financially.

Similarly, half of the FE group had childcare responsibilities – mostly for children aged 10 or under. One was also caring for elderly grandparents. Several students spoke of their concern at leaving their children in order to study, though they emphasised the long term benefits that they – and their children – would accrue when they progressed to a healthcare career.

Appendix 2: Case Study 2

1 Introduction

Case Study 2 was a coastal area with a “dispersed” geography (i.e. lengthy distances between urban settlements).

Three universities took part in the case study.

- Their Nursing, Midwifery and Allied Health (NMAH) portfolios ranged from five to seven undergraduate (UG) and one to four postgraduate taught (PGT) programmes.

During the period covered by the research, these universities had introduced four new NMAH courses: two at undergraduate and two at postgraduate level.

The pre-registration NMAH subject areas covered by the universities are shown below (Table 11 and Table 12). None of the universities in this case study offered Learning Disability Nursing.

Table 11: Pre-registration UG NMAH courses offered

NMAH degree courses	Number of universities offering
Adult Nursing	3
Children’s Nursing	2
Mental Health Nursing	2
Midwifery	2
Dental Hygiene and Dental Therapy	1
Diagnostic Radiography	1
Occupational Therapy	2
Operating Department Practice	2
Physiotherapy	2
Podiatry	1
Therapeutic Radiography	1

Table 12: Pre-registration PGT NMAH courses offered

NMAH degree courses	Number of universities offering
Adult Nursing	1
Children's Nursing	1
Mental Health Nursing	1
Midwifery	1
Occupational Therapy	1

Other organisations to participate in this case study were:

- One FE college – interview and focus group.
- Three NHS trusts – four interviews in total.

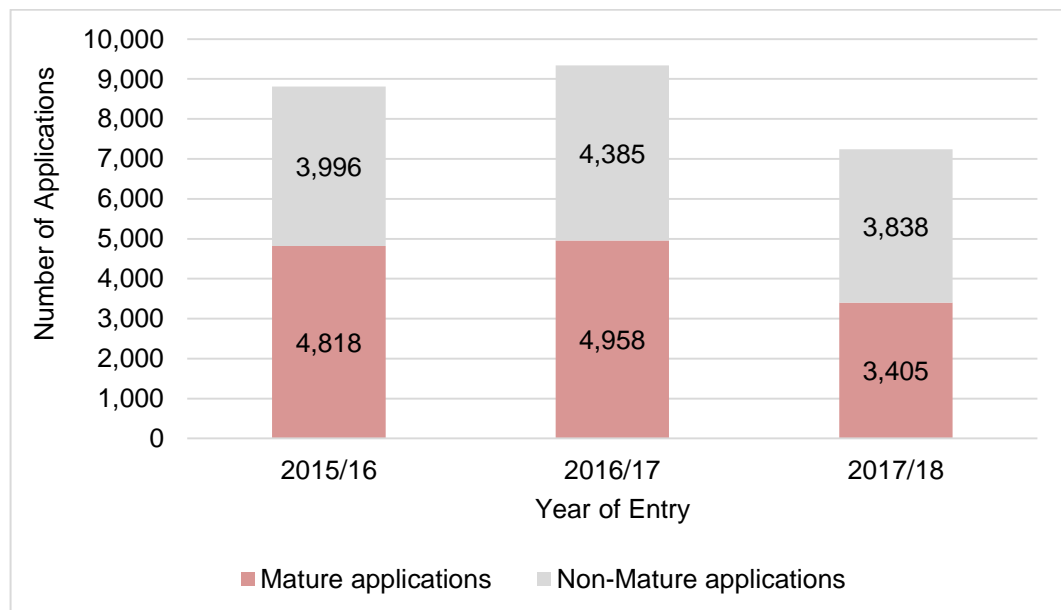
2 Trends in Mature Applications and Enrolments

2.1 Undergraduate programmes

2.1.1 Applications

Across the three universities, total applications to the in-scope undergraduate NMAH courses decreased by 17.8% between 2015/16 and 2017/18. The proportion of applicants that were 'mature' declined only very slightly between 2015/16 and 2016/17, from 54.7% to 53.1% (Figure 12). For 2017/18 entry, however, the proportion fell further to 47.0%.

Figure 12: Mature applications to UG NMAH courses, universities combined

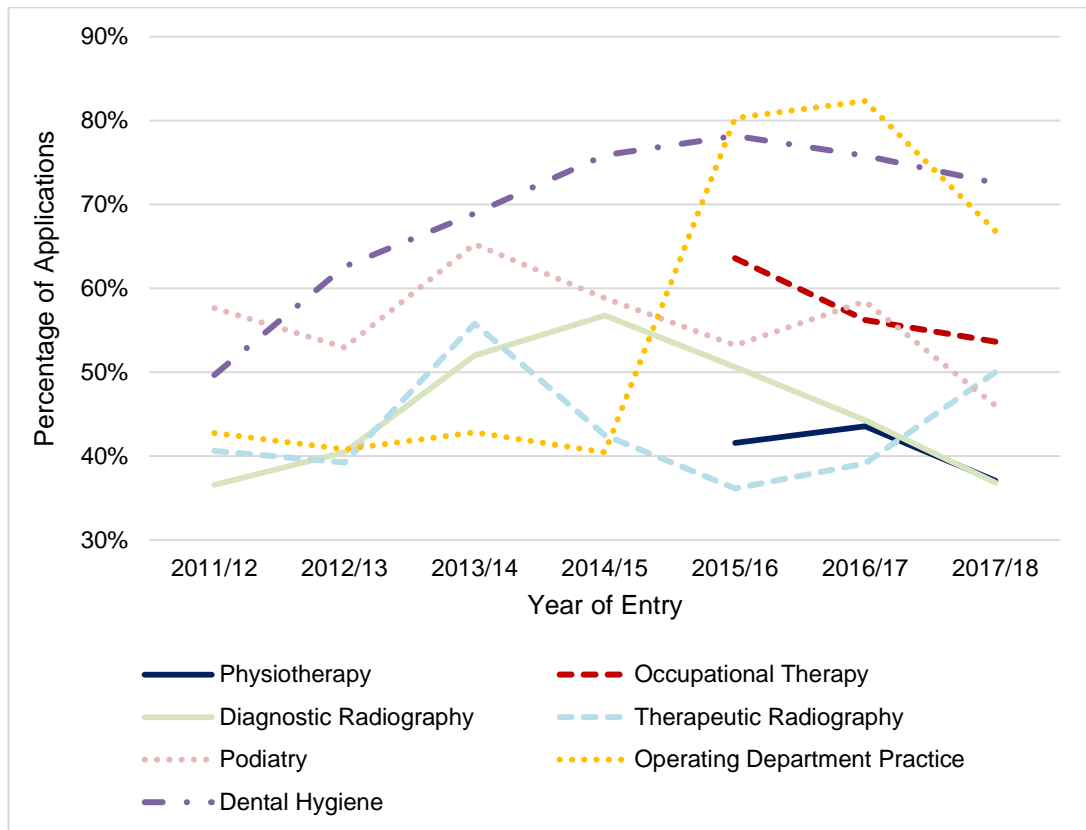


- **University A:** Between 2012/13 and 2016/17, mature applicants made up at least half of all UG NMAH applications (ranging from 50.4% in 2016/17, to 57.7% in 2013/14), but for 2017/18 entry, that proportion fell to 41.8%.

- **University B:** Between 2012/13 and 2016/17, mature applicants ranged from 54.6% to 65.5% of UG NMAH applications. This university offered several Allied Health courses and only one Nursing course (introduced in 2016/17), and had a greater 'bias' toward Allied Health than did universities A and C. It had introduced a new Adult Nursing programme very recently.
- **University C:** Data for the number of mature UG applicants were available only for 2015/16 entry onwards. Within this three-year period, the proportion of applications that were 'mature' declined from 56.3% for 2015/16 entry, to 54.0% for 2016/17 entry, then to 47.7% for 2017/18 entry.

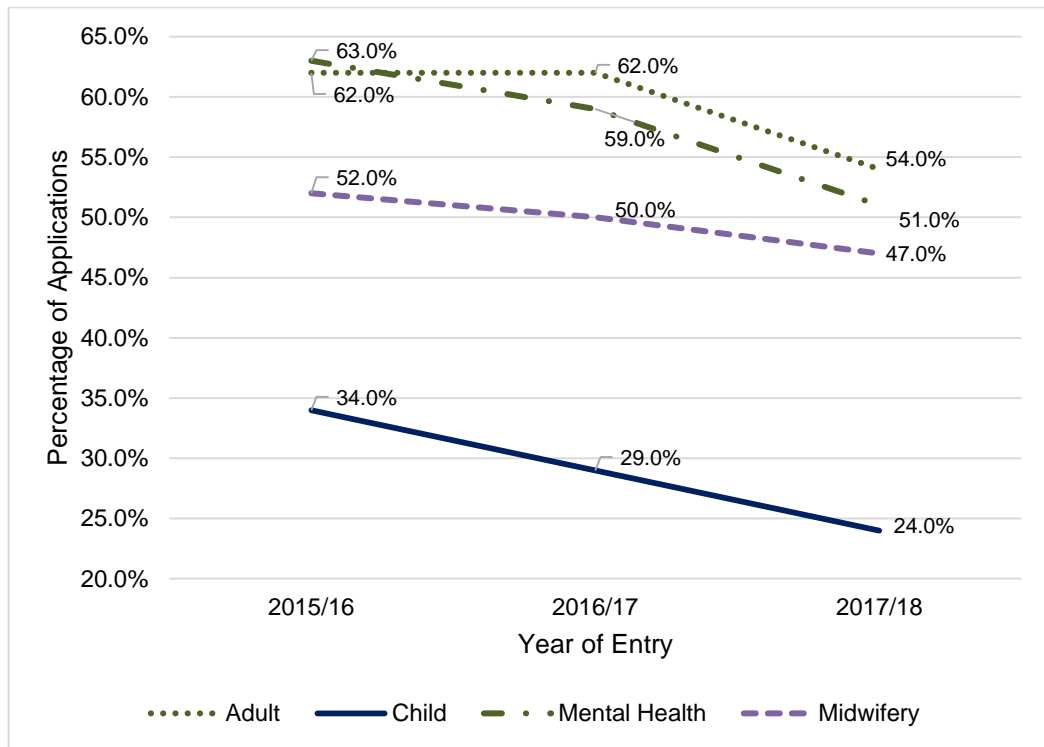
Across the three universities, the number of applications for UG **Allied Health** programmes fell by 23.7% in 2017/18, compared to the previous year. Over the same period, the number of mature applicants declined faster, reducing by 3.0%. These trends occurred in all Allied Health courses except for Dental Hygiene and Dental Therapy, applications for which increased slightly in 2017/18, though it is worth noting that funding reforms only applied to these courses from 2018/19 (Figure 13).

Figure 13: Percentage of UG Allied Health applicants that were mature, by discipline



A similar trend emerged in Child Nursing, Mental Health Nursing and Midwifery. In Adult Nursing, the data was influenced by the addition of a new programme, in 2016/17, which targeted mature students (Figure 14).

Figure 14: Proportion of UG Nursing and Midwifery applications that were mature



2.1.2 Enrolments

Between 2011/12 and 2016/17, all three universities **increased their total number of NMAH enrolments year-on-year**, in line with increased numbers commissioned by Health Education England (HEE).

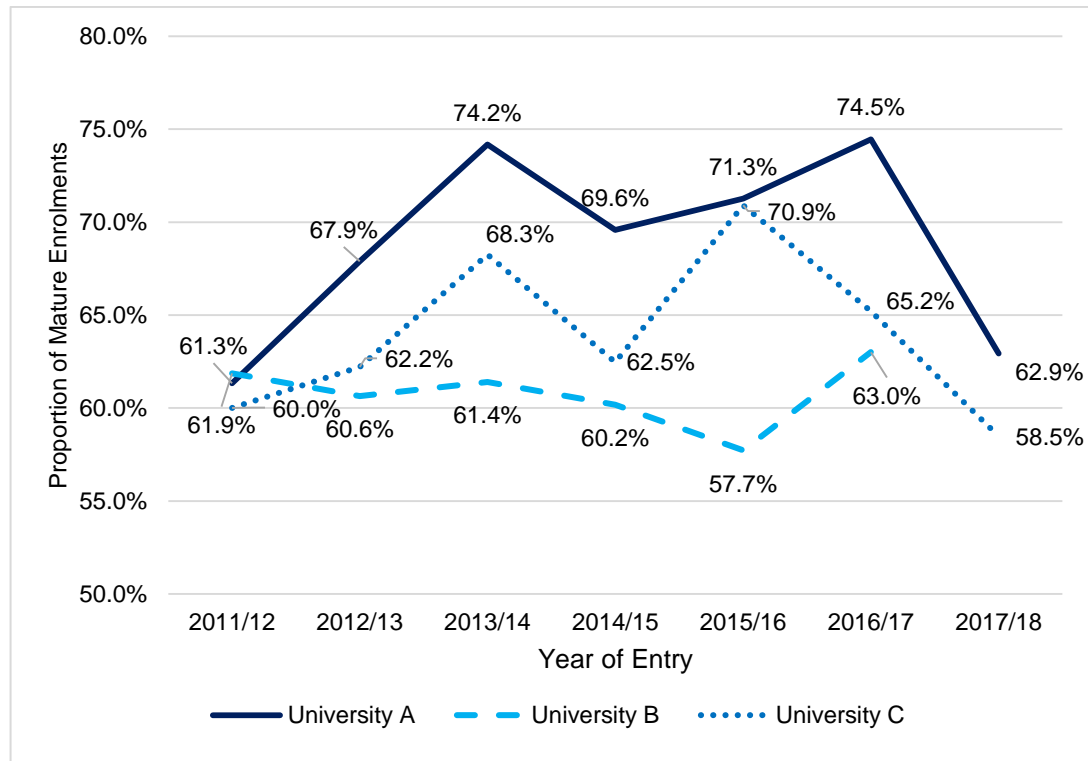
During the same period, across all three universities, the proportions of NMAH UG students that were mature fluctuated, between 61.0% and 70.1%. At Universities A and C, the mature proportion of **enrolments declined in 2017/18 to levels similar to 2011/12**. (Data for 2017/18 from University B were unavailable.)

- University A: 61.3% of UG NMAH enrolments in 2011/12 were mature, and 62.9% in 2017/18

University C: 60.0% in 2011/12, and 58.5% in 2017/18 (

- Figure 15).

Figure 15: Proportion of new UG NMAH students that were mature, by institution



In four particular subjects, enrolments of mature students declined faster than did non-mature in 2017/18 **Error! Reference source not found.**(Table 13). In two of those subjects – Mental Health Nursing and Podiatry – there was no decline in total UG enrolments but numbers of mature enrolments did fall.

Table 13: Total new UG student enrolments in four subjects, 2016/17 and 2017/18

Subject	New UG enrolments 2017/18	Percentage change from 2016/17	New UG mature enrolments 2017/18	Percentage change from 2016/17
Mental Health	74	0.0%	34	-33.3%
Midwifery	118	-7.1%	75	-20.2%
Occupational Therapy	53	-13.1%	35	-22.2%
Podiatry	30	+20.0%	15	-25.0%

Source: Data from universities

In 2017/18, mature enrolments in those subjects declined substantially as a proportion of the whole, compared to their average proportion across the previous six years (Figure 16 and Figure 17).

- Mental Health Nursing: 45.9% of new enrolments in 2017/18 were mature; whereas, between 2011/12 and 2016/17 an average of 74.8% of new enrolments were mature.
- Midwifery: 63.6%, compared to 75.0% between 2011/12 and 2016/17.
- Occupational Therapy: 66.0%, compared to 78.0% between 2011/12 and 2016/17.
- Podiatry: 50.0%, compared to 69.0%.

Figure 16: Percentage of UG Nursing and Midwifery enrolments that were mature students, by discipline

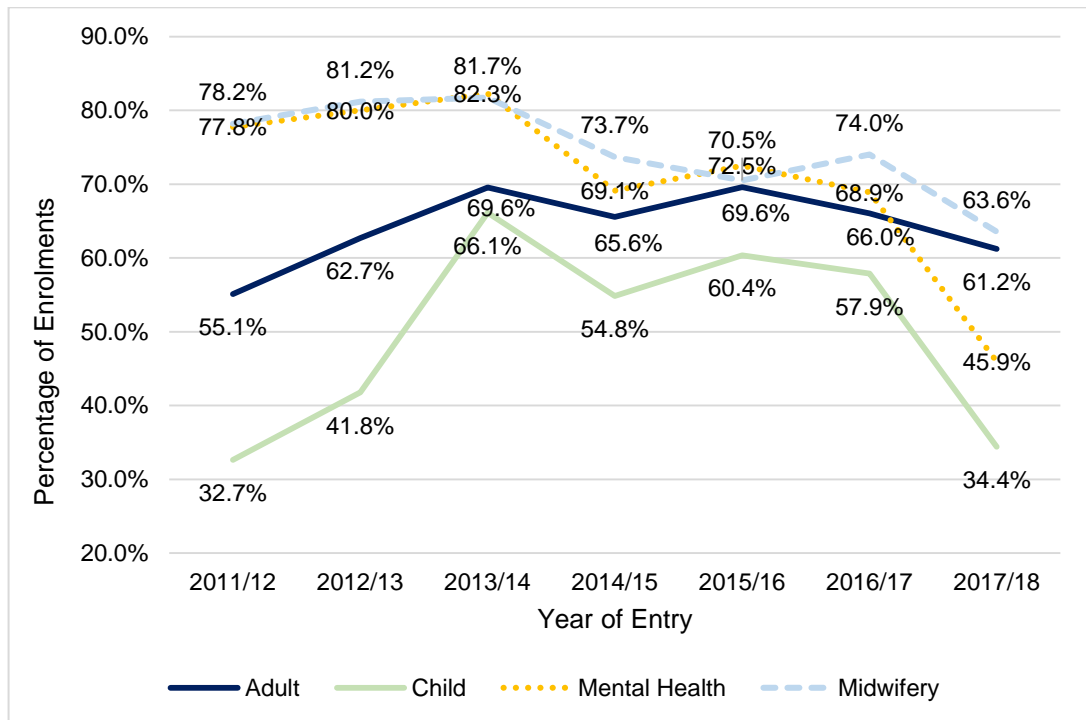
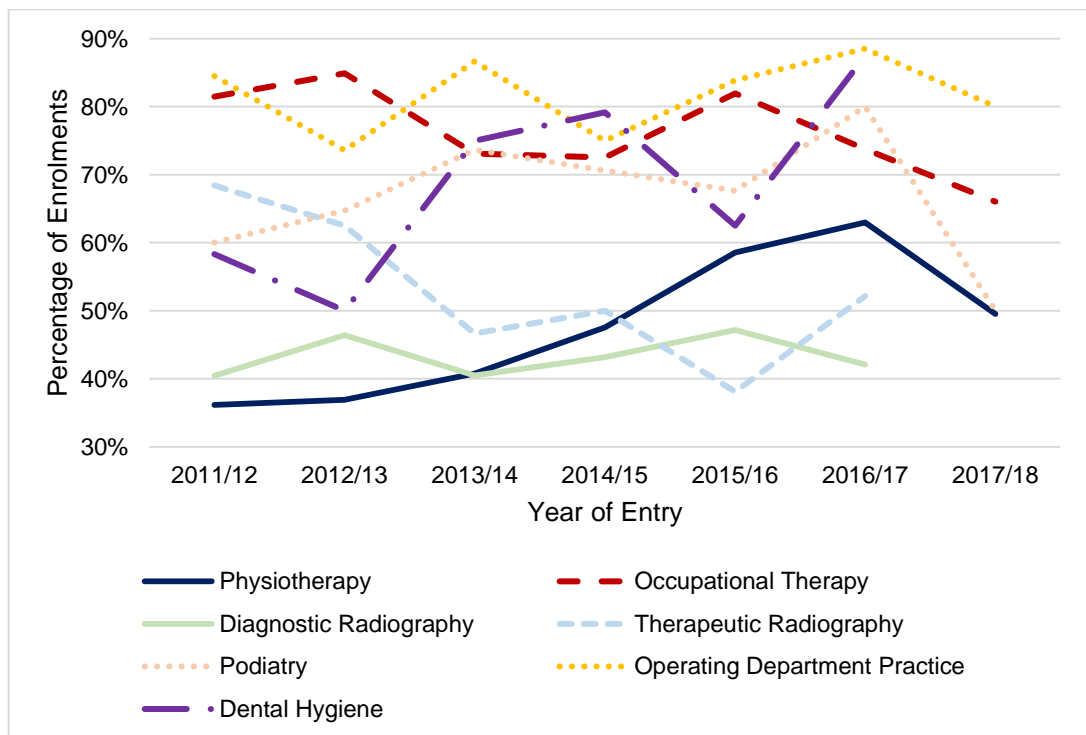


Figure 17: Percentage of UG Allied Health enrolments that were mature students, by discipline



2.1.3 Comparison to HESA data

In 2016/17, across the three universities, 68.1% of students enrolled on a NMAH programme were mature; this compared to a national average of 58.0% for NMAH disciplines.⁵²

2.1.4 BME and gender

2.1.4.1 Applications

Two of the three universities (B and C) provided BME applications data – and there were clear differences between these data sets.

At **University B**, between 2011/12 and 2015/16, there was a steady increase in the proportion of UG NMAH applicants that had a BME background, from 36.1% to 46.6%. Over the following two years, however, this proportion declined, to 41.0% for 2017/18 entry.

At **University C**, between 2011/12 and 2014/15, the BME proportion of UG applications was fairly constant, ranging from 12.3% to 15.9%. From 2015/16, however, the proportion fell to less than five percent and remained at that level for the following three application cycles. From 2015/16 onwards, the proportion of BME applications reduced in all seven UG NMAH courses at this institution.

Two of the three universities provided data on applications from males. The **proportion of applications that were from males would have been stable at both institutions** from 2011/12 to 2017/18, were it not for the impact of the Adult Nursing programme introduced at University B from 2016/17.

At University A, between 2011/12 and 2017/18, the male proportion of applications to UG NMAH courses was 16.3%. At University B, the average proportion was 26.4% prior to Adult Nursing being introduced in 2016/17, but then reduced to 24.8% in 2016/17, and 15.0% in 2017/18.

⁵² As in Case Study One, this comparison uses a HESA data set that combined pre- and post-registration student numbers for those aged 21 or above.

2.1.4.2 Enrolments

All three universities provided BME enrolments data. Between 2011/12 and 2016/17, Universities A and C consistently enrolled cohorts that comprised no more than 17.1% BME students. The proportion of students who were BME at University C was below ten percent for the entire period studied. Consistent with applications, University B had a higher proportion of BME student enrolments than did the others universities: 17.0% in 2012/13, rising to 28.5% in 2016/17.

In Adult Nursing, Child Nursing and Mental Health Nursing, between 2011/12 and 2017/18, BME enrolments fluctuated between 3.2% and 23.0%, but without any clear trend. BME enrolments to Midwifery, however, were generally much lower (between 1.7% and 6.8%).

Over the same period, male students made up between 15.0% and 18.8% of new enrolments to NMAH programmes at University A, and between 16.7% and 26.6% at University B.

The proportion of male enrolments was, on average, higher on Allied Health courses than on Nursing/Midwifery. Between 2011/12 and 2016/17, across Universities A and B, males comprised 11.2%-13.2% of enrolments on Nursing/Midwifery courses and 21.1%-33.3% on Allied Health courses.

2.2 Postgraduate programmes

2.2.1 Applications and enrolments

Two of the three universities within this case study offered postgraduate courses in NMAH subjects. The five courses offered were: PGDip Adult Nursing; PGDip Children and Young People's Nursing (discontinued after 2016/17); PGDip Mental Health Nursing; PGDip Midwifery; and MSc (Master of Science) (pre-registration) Occupational Therapy.

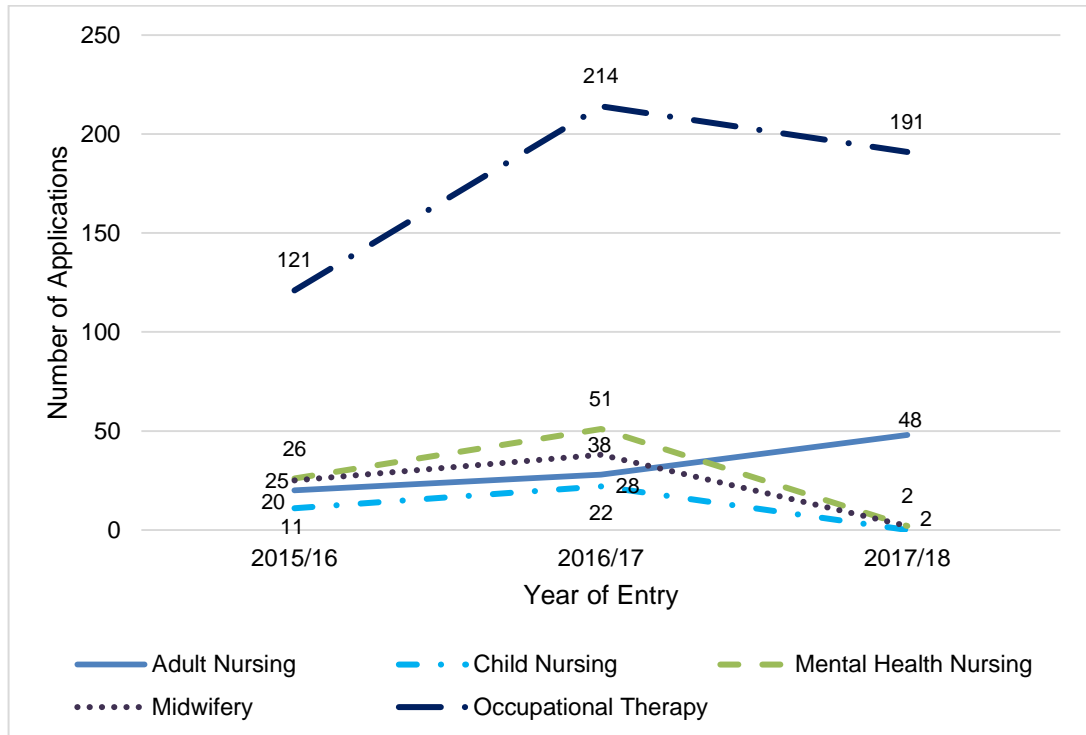
The universities concerned had different definitions of mature at PG level – one using 25 and over and one simply providing data for those aged 21 and above. Consequently, it was not possible to directly compare mature applications. We

have therefore simply analysed postgraduate applications as a whole, rather than introduce a separate category of 'mature' in this case study.

Across the five courses, following year-on-year increases in PG applications from 2014/15 to 2016/17 (from 194 to 353 applications), numbers for 2017/18 entry declined by 31.2% (to 243 applications).

- **Applications for Adult Nursing (University C) grew in each year, to reach 48 for 2017/18 entry.**
- **For 2017/18 entry, Mental Health Nursing and Midwifery each received only two applications.** Prior to this, applications for Mental Health Nursing had increased from 14 to 51 over the period 2014/15 to 2016/17, and applications for Midwifery had increased from 30 to 38 over the same period. Preliminary application figures received from University C for 2018/19 entry indicate that applications for the PG Mental Health Nursing had returned to around 50, which is consistent with their numbers prior to 2017/18.
- The number of PG applications to Occupational Therapy grew from 121 for 2015 entry to 214 for 2016. This then fell to 191 for 2017 (Figure 18).

Figure 18: Applications to PG NMAH programmes, by discipline



Note: Child Nursing was discontinued after 2016/17

Enrolment data for postgraduate courses in Mental Health Nursing and Midwifery were available for only two academic years (2015/16 and 2016/17). In that period, however, the number of students enrolled on Mental Health Nursing increased, from six students to twenty. Enrolments to the Occupational Therapy course fell from 31 in 2015/16 to 24 in 2017/18. Enrolments data were not provided for Adult Nursing.

2.2.2 BME and gender

In each year from 2015/16 to 2017/18, neither the Mental Health Nursing nor the Midwifery course attracted more than five BME applicants. The PG Adult Nursing course attracted 11 BME applicants in 2017/18, having previously attracted only two or three, these numbers were too small for any trends to be discerned. (Data for PG Occupational Therapy applicants were not available.)

Between 2014/15 and 2017/18, there were between 13 and 26 male applicants for PG Occupational Therapy. This represented between 10.7% and 20.6% of all

applications received. (Data for male applications to PG Mental Health Nursing and Midwifery were not available.)

For enrolments, the numbers of BME and male students were too small to enable insights to be drawn.

2.3 Student retention

Two universities provided student retention data: both University B and University C reported UG retention rates of at least 89% for in-scope NMAH courses.⁵³

At University B, UG **mature student** retention on NMAH programmes was, on average, slightly higher (96%) than on UG courses across the whole university (90%). (Retentions data for mature students at University C were not available.)

2.4 Comparison to whole-university trends

2.4.1 Applications

At Universities A and B, UG NMAH programmes attracted an applicant pool that was significantly more 'mature' than was the applicant pool for all courses at those universities. (Whole-university data for University C were not available.)

- Across **University A as a whole**, between 2011/12 and 2014/15, the proportion of applicants that were mature was 24.9%-27.0%, but fell to 22.5% in 2015/16 and 20.1% in 2017/18. For **UG NMAH courses**, the trend was similar but the proportion of mature applicants was much higher (peaking at 57.7% in 2013/14, and falling to 41.8% in 2017/18).
- Across **University B**, during the period from 2011/12 to 2017/18, the proportion of applicants that were mature remained steady (at 11.4%-13.4%), but for UG NMAH courses that proportion was significantly higher:

⁵³ Whilst universities supplied data about numbers of retentions on their NMAH programmes, we are conscious that different institutions are using different benchmarks to evaluate this, and that there is no common standard to evaluate retention. Universities' expectations for levels of retention will also vary by institution.

at 48.9% in 2011/12, and peaking at 65.5% in 2014/15 before falling to 57.0% in 2017/18.

In addition to the above, at **University A**:

- Between 2013/14 and 2016/17, the year-on-year changes in the total number of applications (mature and non-mature) received for UG NMAH programmes were very similar to the annual changes in UG applications numbers for the whole university.
- For 2017/18 entry, however, **there was a much greater decrease in the number of applications for UG NMAH programmes (27.5%)**, compared to the decrease in whole-university applications (5.1%).

(At **University B**, which introduced an Adult Nursing course in 2016/17, there was little evidence of a relationship between year-on-year changes in applications received for university-wide UG courses and for UG NMAH courses.)

2.4.2 Enrolments

University wide, between 2011/2 and 2016/17, the mature proportion of enrolments on UG programmes was very stable – and averaged 43.4% at University A and 29.1% at University B.

The proportions of mature enrolments to UG NMAH programmes at those universities, however, were much higher and averaged 69.8% at University A and 60.8% at University B.

- For 2017/18 entry at University A, there was a decline in students enrolling on UG NMAH courses compared to the previous year (13.9%), which was not evident across the university as a whole (there was a 0.3% increase in mature university-wide enrolments).
- At the same time, there was a 26.5% decline in mature students enrolling on UG NMAH courses, compared to only a 1.1% decline in mature enrolments for all UG courses.

As was the case for applications, data for University B were skewed by the introduction of an Adult Nursing course in 2016/17, and therefore mature enrolments for UG NMAH courses were greater than evident on university-wide UG courses.

3 Universities' Perceptions of Trends

3.1 Overview

Among universities in this region, there were concerns about the impact of funding changes on mature student recruitment – particularly applications.

In two of the universities, trends in applications and recruitment had become much less predictable and, for some courses that were experiencing significant declines in mature applications and enrolments, applicant conversion rates had become much more “sluggish”.

Within this case study area, however, fewer concerns were expressed about declining mature student applications than in either of the other two areas.

At two universities, NMAH student retention was said to be improving after the introduction of fees – and interviewees argued that students were more committed to completing their programmes because they were paying fees.

3.2 Status of individual subjects

3.2.1 Subject of high concern

There were concerns about Therapeutic Radiography.

- Numbers of mature applicants to Therapeutic Radiography were reducing but academics felt that it was difficult to replace these with younger applicants, since young people tended to shy away from a discipline that they associated with people who were dying.
- Whilst unsuccessful applicants to Diagnostic Radiography were offered a place on the Therapeutic Radiography course, few tended to accept. Instead, they would choose entirely different disciplines.

Therapeutic Radiography also had withdrawal rates that were higher than the university average for undergraduate degrees. This was contrary to all other NMAH programmes offered by the university.

3.2.2 Subjects of some concern

In two universities applications to Adult Nursing had been falling for some years, and had fallen most sharply immediately after the transition to a fees-based system.

- Interviewees within one university felt that Nursing courses had been more severely affected by the introduction of fees than had Allied Health disciplines. This was because the bursary was said to be commonly associated with Nursing – whereas some applicants for Allied Health professions in previous years had not realised that bursaries were available

In two universities, the decline in applications was considered to be in line with national trends, with no cause for significant concern.

- Interviewees in one university felt that the quality of applicants to Nursing programmes had improved since the introduction of the fees system. This, it was suggested, was because the requirement for students to take out loans rather than receive bursaries meant that applicants were more committed.
- In the other university, there were some concerns that retention problems may arise among younger students on Nursing programmes, as they had considerably less clinical experience than most mature entrants and a weaker understanding of what would be required during placements.

Concerns were expressed about application levels for Podiatry and Mental Health Nursing. At one university mature enrolments to mental health nursing had “fallen off a cliff-edge” since the introduction of tuition fees. The university, however, had been able to fill the gap to some extent by recruiting more 18-20 year olds.

Operating Department Practice was said by an academic to depend heavily upon UCAS Clearing to recruit students.

Child Nursing and Midwifery in this region were recruiting healthily, albeit mainly among younger age groups. Student recruitment was limited by a shortage of placement opportunities locally, rather than by the number of applications.

3.2.3 Subjects with the fewest concerns

Two of the NMAH subjects offered by the universities were recruiting very well.

- Occupational Therapy, which was recruiting well at both universities delivering it.
 - One UG **part-time** programme, recruiting only those currently working as Occupational Therapy Assistants, was significantly over-subscribed.
- Physiotherapy, which saw a significant rise in enrolments at one university after the removal of bursaries.

3.3 Factors influencing mature student recruitment

3.3.1 Finance

In most discussions with university staff, the transition to the loans system was felt to have been the main factor underlying the decline in mature applications to NMAH degrees – especially Nursing degrees.

“When we went out and did some talks last year in some of the local hospitals, to some of the people that were thinking of coming on the courses, that was very clear that they were very debt averse. They were very concerned about taking on this loan, which would be a huge loan when they left.”

Some reflections from university staff were that:

- The focus on a total debt level of £27,000 did not convey the reality of the relatively small monthly payments that graduates would be required to make – and that these could be emphasised instead, to avoid deterring potential applicants.
- At one university, the transition to a fee-based system had coincided with a trend toward much more localised enrolment among mature NMAH students. This had resulted in a mature student cohort that wanted and expected placements to be as local as possible.
- Changes to PG funding had been finalised very late in the recruitment cycle for September 2017 entry – which had reduced enrolments for that year.

Interviewees in all of the universities thought it too early to reach conclusions about the long-term impact of fees on mature recruitment to their NMAH portfolios. In particular, it was thought important to measure numbers of students starting Access to Health courses in FE colleges in September 2018, to gain a fuller picture of the ongoing impact.

3.3.2 Public perceptions of working in the NHS

Interviewees within universities suggested that negative perceptions of NHS working conditions influenced recruitment to degree programmes:

“Almost undoubtedly the constancy of healthcare being in the news.... It just continues to surprise me that people are keen to come into nursing when there is so much adverse publicity.”

The low-profile of some Allied Health professions was also said to impede recruitment, notably in:

- Operating Department Practice.
- Therapeutic Radiography.

3.3.3 Apprenticeships

Apprenticeships were thought likely to have a significant impact on mature student recruitment in the near future, especially as a progression path for Healthcare Assistants working in the NHS:

“There are mature applicants who are not applying now because of the concern over fees, but they may well apply to do an apprenticeship programme.”

“Particularly locally they’re saying, ‘if [the university] is going to have a degree apprenticeship in X, I’ll wait, and I’ll do it then.’”

One university was working with a trust, to offer a Nursing apprenticeship from September 2019. Two universities, however, reported some hesitancy on the part of trusts, because of apprehension about how to fund the back-filling of posts.

- University B had validated a degree apprenticeship in Nursing – but was unsure whether a viable programme would be able to be run, due to the volume of places required to be filled.
- The university had similar concerns about the viability of degree apprenticeships in smaller Allied Health professions.

3.3.4 Other factors

Other factors said to have influenced mature student recruitment to NMAH programmes were:

- Increasing competition between universities for students.
- Lack of additional placement capacity in the region. Several courses – notably Midwifery in two universities – were identified as having growth potential, but academic staff were nervous about damaging their relationships with employers by applying pressure to increase numbers of placements.

- Linked to this, more competition between universities for placements – with universities beginning to “encroach” on each other’s placements. This meant universities were having to develop relationships with trusts much further afield in order to find sufficient placements for their students.
- Family commitments among mature students – e.g. children or caring for elderly relatives. This often manifested itself in very late decisions made by those applicants to apply or convert an offer.

4 Promoting NMAH Courses and Professions

4.1 Marketing activity

Universities in this region had yet to develop strategies that were intended to sustain or grow mature recruitment to NMAH programmes. The growing competition between universities for students – especially in subjects that were widely offered (e.g. Adult Nursing) – had prompted academics and marketing staff in two universities to consider developing strategies to appeal specifically to mature students. None had yet developed those strategies, however.

Ways of encouraging mature student recruitment currently focused upon:

- At Open Days:
 - Involving current mature students, so that mature attendees could ask questions to those who have enrolled from a similar position. All three universities used this approach.
 - Hosting evening and weekend events specifically intended for mature attendees, with content tailored for that audience.
 - Offering web-based virtual events for those unable to attend the campus – e.g. because of family commitments.

- Making marketing material as inclusive as possible, in order to ensure that BME, male and mature applicants saw universities as welcoming environments (reported by two universities).

For vulnerable subjects, universities also undertook a small amount of additional, **subject-specific activity** such as: promoting Occupational Therapy programmes in public spaces during National Occupational Therapy Week and promoting fast-track routes into Radiography subjects by dropping leaflets in hospitals to target those visiting patients with cancer. None of this activity, however, was aimed specifically at mature audiences.

Widening participation initiatives focused primarily upon localities with low incomes and low educational attainment, rather than upon mature students. There were some isolated examples of efforts to increase recruitment of BME students into some disciplines (notably one in Paramedic Science) but, again, this was not aimed specifically at a mature audience.

4.2 Work with employers to promote NMAH degrees

Two of the universities regarded their relationships with NHS trusts as key drivers of mature student recruitment – through both formal events and wider relationships with education leads.

- Both of these universities were frequently invited by NHS trusts to promote courses – for example by having a stand at trust careers events. This was said to be an effective way of reaching and engaging with Healthcare Assistants within trusts.
- One recently-introduced Adult Nursing programme had been designed with the intention of recruiting some Healthcare Assistants from a small number of local trusts – with which the university had a close relationship. The focus, however, was not solely upon recruiting Healthcare Assistants – the course was also promoted to schools and colleges.
- At one university, broader relationships with senior clinicians – in addition to attendance at trust Open Days – helped recruit Healthcare Assistants to NMAH courses, albeit on an irregular and ad hoc basis:

“They will often get involved in a healthcare support worker coming along and saying, ‘Actually, I’ve been told by my ward sister appraisal, my manager appraisal that I should consider undertaking a registered nurse course. So I want to come and have a conversation with you about that.’”

Long-standing relationships with senior NMAH staff also enabled this university to display promotional materials (posters and flyers) in hospitals,

encouraging those staff to recommend the university's programmes to junior colleagues. This, however, was becoming less easy to arrange, as universities competed for placements at trusts (meaning that trusts were less able to direct students toward one university).

In each instance, the relationships between universities and trusts were long-standing.

4.3 Promoting NMAH degrees to Access course students

Visits by academic staff to FE colleges to promote NMAH portfolios were commonplace, because a large proportion of mature applicants to those programmes were studying Access courses.

Whilst, in the past, universities had tended to await invitations to visit FE colleges, the increasingly competitive HE recruitment environment was prompting some more proactive interventions:

- Whereas University B had previously waited to be invited to talk to Access students, it was now actively contacting all of the local FE colleges in the area, to ask to attend and promote its offer – particularly its recently-introduced Adult Nursing programme.
- University B was also advising Access tutors about the qualities that made for successful applications among their students, so that this information could be passed to applicants.
- University C had developed a strategy of actively targeting particular colleges whose Access courses supplied significant numbers of applicants to its NMAH degrees.

5 FE College Perspectives

5.1 The college

The FE college in this case study operated from multiple sites, which were within a 40 to 75 minute journey of one of the three case study universities. It offered a full-time, health-focused Access course that required three days of attendance (9.30am to 2.45pm) per week, plus 15 hrs of independent study – this had been offered for over ten years.

5.2 Student enrolments and completions

Numbers of students recruited to the health Access course had declined in three of the past four years, prior to a slight upturn in 2018/19 (Table 14). Staff indicated that this upturn had been stimulated by additional marketing (tutors distributing posters and flyers within the local hospital and a library).

Table 14: Students recruited, from 2014/15 to 2018/19, by age band

Students recruited	2014/15	2015/16	2016/17	2017/18	2018/19
Total	55	52	42	34	41
Aged under 21	9	5	7	9	7
21-24	22	18	17	6	7
25-29	9	12	5	5	11
30-34	7	9	6	4	8
35-39	4	3	6	5	3
40 and above	2	4	1	5	5
Age not known	2	1	0	0	0

The decline in numbers enrolled was greatest among those aged 21 to 24, falling from 22 in 2014/15 to seven in 2018/19. At the start of the period, that age band

had contributed far more students than any other, but in 2017/18 and 2018/19 was no longer the largest group.

In interviews, college staff linked declining enrolments to the removal of NHS student bursaries. After that change was announced, the college was said to have experienced a surge in applications for the health Access course, followed by a substantial drop in applications the following year.

Around four in five students enrolled completed the course. Those who did not complete were said to leave mainly for financial reasons. Among those who did complete, approximately 90% progressed toward a health profession, with approximately 85% entering HE within 12 months of completing.

5.3 Diversity

The main contributor to the decline in enrolments was a reducing number of female students; numbers of males changed little (Table 15).

Table 15: Students recruited, from 2014/15 to 2018/19, by age band

	2014/15	2015/16	2016/17	2017/18	2018/19
Male	4	6	7	7	6
Female	51	46	35	27	35

College staff were keen to achieve a more diverse intake but were unsure about how to recruit more male students. They were also conscious that, in the past two years, the cohort had become less ethnically diverse.

The number of students who, upon entry, had an English for Speakers of Other Languages (ESOL) qualification peaked in 2016/17, at 10, having been six in each of the previous two years. After 2016/17, however, that number declined, falling to two in 2018/19. Staff had noticed an absence of Eastern European students enrolling in the past two years, whereas previously there would have been two or three. Reasons put forward for this were Brexit and the restrictions of the current

funding regime, which involved strict residency requirements in order to qualify for a student loan.

5.4 Students' backgrounds and career choices

The majority of students, each year, were current or former healthcare assistants in the NHS, or other types of care or support workers. Those coming from non-health backgrounds were required to obtain relevant experience before applying to a university for a healthcare course – often achieved by volunteering. Obtaining paid NHS shifts, by joining a staffing 'bank' operated by a trust, was said to involve "a long application process".

Tutors reported that many students applied to the health Access course only after their child or children had reached a particular milestone.

"A lot of them say to me at interview, 'I feel it's the right time now because my children are starting nursery,' or, 'My children are starting school,' or whatever."

The vast majority of students were said already to have quite fixed ideas about their career choice – and about where they would study. In most cases, this was their local university.

The relative ease of access to nursing courses was a key reason why students were drawn to study nursing.

- Among the 37 students who completed the health Access course in 2017, four had gone on to study midwifery. When students showed interest in midwifery, staff tried to ensure that they understood the realities of a midwife's role and that they obtained the right experience to support their application.
- Among male students, paramedic careers were a popular choice.

Students had lower awareness of careers such as podiatry and occupational therapy. The college tried to raise awareness of these professions by:

- Embedding discussion of different health professions into its teaching and tutorials.
- Arranging external speakers.
- Encouraging students to attend taster days.

These tactics appeared to be having some – albeit limited – impact upon students' choices: three had applied for Podiatry (2018 entry) after attending a taster day at a local university, and some current students were showing interest in Physiotherapy and in Dietetics.

- Two of the three students who had gone on to apply for Podiatry were older members of the cohort. According to one tutor, the potentially high earnings available in Podiatry and the opportunity to enter private practice had increased its appeal among those students.

5.5 University choices – staying local

Approximately 75% to 80% of students who completed the health Access course progressed to the university that is situated closest to the college. This was primarily because of family commitments (e.g. having children at a local school).

The second closest university was willing to accept lower grades and therefore was attractive to some students – though the fact that it was in a different county was said to be a perceptual barrier. A small number of students – mainly the youngest in the group – chose to commute further distances to university.

5.6 Working whilst learning

According to tutors, around 80% of students enrolled on the healthcare Access course undertook paid work, mostly within healthcare settings – either in a local hospital or in care homes. This enabled students to earn whilst they learned and allowed them to gain the work experience required before being accepted onto a healthcare degree.

In the 2018 enrolment period, one Access course applicant had withdrawn because he did not feel that he could work sufficient hours, alongside studying, to be able to cover his living expenses.

“I think he lived alone so he had to pay his own rent.”

5.6.1 Promoting the course – and healthcare careers

Both of the staff interviewed at the college were concerned that Access courses had a very low public profile – and that they needed much more promotion.

Since enrolments to the health Access course had declined, the course team had promoted the programme through course-specific flyers and posters that were distributed in local hospitals, libraries and other community facilities. Tutors had taken the lead on this, rather than the marketing department in the college.

- Beyond this effort, the course relied heavily upon word of mouth recommendation from former students and some promotion of events such as open evenings and Adult Learners Week.

Staff wished to go further in promoting the health Access provision, including by making Access courses more visible within the college website; adapting the imagery on promotional materials to attract male students and highlight Allied Health careers; and making better use of social media. Skill and resource limitations – e.g. in effective use of social media – did, however, present some barriers.

5.7 Relationships with universities

The college had a close relationship with one local university, which had been established over many years and had recently been formalised via a ‘Compact’ programme that targeted mature students. Through this, the college received direct help and funding of staff time to assist students in preparing their UCAS applications.

Looser relationships existed with other universities that were within daily commuting distance. Whilst staff from these universities occasionally gave talks to Access students, arrangements were ad hoc.

- The intensive nature of teaching on the Access course meant there was only limited scope to increase the number of external university speakers to promote NMAH courses.
- Staff reported a need for more NHS hospital speakers, to discuss a range of healthcare careers at the college.

5.8 Other routes to registration

5.8.1 Apprenticeships – awareness and potential impact

College staff did not attribute recent reductions in student numbers to competition from work-based learning opportunities. According to one interviewee:

“There is talk about apprenticeships... [but] nothing seems to have really happened. It doesn't feel at the moment that any kind of apprenticeship is the reason why our numbers are lower.”

A small number of students were said to have mentioned nursing apprenticeships, but one interviewee voiced a great deal of uncertainty about what these might involve: in particular, where any academic input would come from and what qualifications would be required for entry.

5.8.2 Distance learning

In order to widen its market (including geographically), the college was considering offering an e-learning Access to Midwifery course. This, it was suggested, would be delivered over a longer time period than the full-time healthcare Access course. Staff, however, were unsure how well Access course students would cope with e-learning.

6 Employers' Perspectives

6.1 Introduction

The research included interviews with managers at two trusts that provided a range of acute and community services (Table 16). One of the managers was Head of Practice Education and Development, with responsibility for supporting practice education across NMAH professions, as well as future workforce development. The second was a Head of Employee Resourcing, responsible for recruitment to roles across the organisation.

Table 16: Trusts interviewed

Employer Organisation	Nursing Professions Employed	Allied Health Professions Employed
NHS Trust A (Broadly based)	Adult; Child; Mental Health; Learning Disability. Midwifery	Podiatry; Diagnostic Radiography; Physiotherapy; Occupational therapy; Operating Department practice; Orthoptics; Prosthetics and Orthotics; Dietetics; Speech and Language Therapy
NHS Trust B (Acute services)	Adult; Mental Health; Midwifery	Dental therapy; Dietetics; Occupational Therapy; Physiotherapy; Radiography (Diagnostic and Therapeutic); Speech and Language Therapy

6.2 Vacancies and recruitment

6.2.1 'Difficult to recruit' professions

NHS Trust A described recruitment to all nursing professions, except midwifery, as "very difficult". Within NHS Trust B, a similar picture emerged: Band 5 nurse

vacancies being “incredibly challenging” to fill, a situation that had become more acute – and persistent – in the past two to three years.

- Trust B reported that it had recruited fewer than 40 newly qualified nurses to begin work in September 2018 – three years previously it would have recruited around 70 – though fewer recruitment issues were reported in Child Nursing and Midwifery than in other areas of nursing.
- Similar challenges were reported for recruitment of Allied Health professions, in both trusts. There were particular difficulties in recruiting Occupational Therapy, Dietetics and Speech and Language Therapists.
- Physiotherapy, however, faced none of these issues – attributed in Trust B to buoyant demand for Physiotherapy courses at universities.

6.2.2 Contributing factors

Both trusts identified a variety of factors that combined to make recruitment challenging. In particular:

- Rising demand for services (e.g. radiography).
- Historical under-commissioning of university places by the NHS – and, more recently, an inability to fill all of the places that were commissioned.
- Fewer students – especially in Occupational Therapy, Dietetics and Speech and Language Therapy – coming to the trust for placement, and therefore being recruited via that route (Trust A).
- Reduced availability of HEE funding, which had previously enabled one of the trusts to sponsor staff to train in Occupational Therapy.
- A tightening, by the NMC, of English language requirements for European nurses.
- The switch from bursary-funded nursing degree programmes to a loans-based system, and away from commissioning of places – which was said by one trust to have led the number of Adult Nursing students enrolled in the local area to reduce by more than 100 below the level at the time of

commissioning. This drop in numbers was attributed partly to a local university maintaining more strictly its UCAS tariff for nursing places, once commissioning ended.

6.2.3 Perceived vulnerability of HE provision

Trust A was concerned that some smaller Allied Health courses in the local area – notably Podiatry, Dietetics and Speech and Language Therapy – had been unable to fill all of their places in recent years and were therefore vulnerable.

Trust B was concerned about growing difficulties in recruiting radiotherapists.

6.3 Mature entrants to NMAH professions

Interviewees within trusts referred to a growing proportion of younger students on university courses. Within nursing this trend was said to have begun when the profession adopted graduate-only entry: mature students being less willing or able to cope with the shift patterns that NHS placements involved and with travel to placements.

An interviewee within Trust B regretted this change, arguing that mature graduates were more likely to remain with a single, usually local, employer.

6.4 Adapting to recruitment issues and staff shortages

The trusts were developing multifaceted approaches to tackle recruitment difficulties – improving staff retention being a key focus in both cases.

At Trust A, a new, five-year, nursing workforce strategy was being developed and was intended to include:

- Proactive recruitment of nurses who came on placement.
- Recruiting Nursing Apprentices (from 2018 onwards) and Trainee Nursing Associates.

- Offering Student Internships, that involved a part-time annualised hours contract, enabling a nursing student to work for the trust, alongside their full-time university course.
- Recruiting internationally.

Trust B sought to increase its nurse recruitment ‘funnel’ by, for example:

- Making job offers to nursing students at the beginning of their second year.
- Recruiting internationally (especially to adult nursing posts).
- Most recently, developing a stepped programme that includes multiple “stepping-off points” for trainees. This begins with a six-months long, pre-nursing programme, from which entrants can progress to a care support worker role (Band 2), Trainee Nursing Associate (TNA) programme (leading to a Band 4 position), or a Nursing Degree Apprenticeship (leading to Band 5 upon registration). This model was to be adopted in full in 2019 and would be open to and promoted to the general public; this marked a shift, since the TNA programme had, to date, recruited only internally. It was hoped that the model would later be extended to Midwifery and Occupational Therapy.

6.5 Work-based learning routes to registration

6.5.1 Trainee Nurse Associate roles

Trust B had been part of the early TNA pilots in 2017 and had added a second cohort in April 2018. The majority of trainees in both cohorts had lengthy experience in care support roles, but had been “stuck” at Band 2 until the TNA route had become available. There was said to be a significant backlog of staff who had applied and been unsuccessful, and were now keen to join future cohorts.

- From 2019 onwards, this was to become part of the stepped route taking entrants from a 6 month pre-programme through to (potentially) nurse registration. This would be open to the wider public and was expected to be promoted as such.

- Trust B was also discussing with universities the length of time that those completing TNA would need to study in order to obtain a full, undergraduate degree – but expected that universities would insist upon a two-year programme, rather than the 18 months that should, in theory, be required.

Trust A intended to introduce TNA positions in the near future – and to create a pathway from healthcare support worker to registrant.

6.5.2 Degree apprenticeships

Both trusts had recently recruited their first cohorts of nursing degree apprentices – although both had concerns about the costs involved and, at Trust A, limited capacity to support trainees within the workplace.

- Managers in Trust A nevertheless expected apprenticeships to become “even more important” in filling professional posts in future, because of reductions in the numbers of placement students and graduate applicants.
- Trust B began training its first nursing degree apprentices (a group of 12), in September 2018, working with the Open University (OU). It had also ‘transitioned’ into an apprenticeship some staff from its TNA year one pilot.

Managers in Trust B thought that Allied Health degree apprenticeships could be more attractive than those in nursing, because they required fewer placement hours ‘off rota’ (i.e. needing to be backfilled), whilst still enabling the apprenticeship levy to be used. However, a more affordable approach was thought to be for Allied Health staff to study part-time degrees whilst obtaining clinical experience via part-time employment. They would then be offered a full-time post upon graduation, and have their student loans paid off by the trust. The benefits of this approach, however, were complicated by:

- The need to pay the apprenticeship levy, which could not be used to fund part-time study of this type.
- A perception that universities would not be able to recruit sufficiently large cohorts to make such degrees financially viable.

Managers hoped that by working with other trusts, via the sustainability and transformation partnership (STP) in which it was involved, a viable cohort of learners could be produced.

Trust B had also supported some staff to train as Associate Practitioners – a proportion of whom were receiving salary support to obtain a pre-registration degree in nursing.

- In addition, the trust was providing some part-time paid work for staff who were self-funding their top-up from Associate Practitioner to registered professional.
- Trust B also looked forward to the Nursing and Midwifery Council approving a bridging programme that would allow staff who had a foundation degree (Level 5) – but not via a TNA programme – to move into (Band 4) nursing associate roles.

6.5.3 Impact of work-based learning on mature student enrolment

Within both trusts, nursing degree apprenticeships had attracted very strong interest from current staff. Trust A, for example, employed approximately 500 healthcare support workers and estimated that 20% had shown interest in applying.

- 80% of those appointed to the apprenticeships were current staff and the remainder were mostly college/school leavers: this met the trust's aim to "attract new blood" as well as give progression opportunities to current staff.

Within Trust B, there was a suggestion that in adult nursing, apprenticeships may be reducing the flow of mature students into traditional degree programmes. The trust had found that:

"There are more people interested in looking at apprenticeships now; because they need to be paid. Because they have children, a mortgage, financial commitments – so they can't afford not to work and do their training."

6.6 Working with higher education providers

In addition to involvement with universities to arrange and deliver work-based training, Trust B had begun to develop contracts that involved the trust delivering teaching on healthcare degree courses locally. This enabled universities to run courses at lower cost – and with smaller cohorts – than was ordinarily possible.

7 Students' Decision Making Process

7.1 Demographics

The focus group comprised seven students; of whom six were studying BSc Nursing (Adult) and one BSc Nursing (Mental Health). Most had enrolled in September 2017, but one student was part of a January 2018 cohort.

Five of the students had grown up in the UK; the others having come from Africa or the Middle East. Six were female and one was male.

7.2 Qualifications and study

One student was a graduate and two others had withdrawn from degree courses within the three years prior to beginning their current course. In the past few years, some had also applied for Nursing or Allied Health degrees, but had found that their qualifications (A-level grades or NVQ 3 in Health and Social Care) had not been sufficient, or they had been unsuccessful at interview.

Prior to being accepted onto their nursing degree, three students had studied an Access course at a FE college: two in Healthcare and the third in Midwifery. Another (now seconded from the NHS) had undertaken an advanced apprenticeship, followed by a 'bridging course' which had guaranteed an interview for a course at his current university.

7.3 Career decisions and considerations

7.3.1 Motivations to enter nursing

Most of the students in the focus group had been seeking to study or thinking about studying nursing for approximately two years before they enrolled on their

degree course. During that time, they had obtained the qualifications needed for entry and/or had clarified their decision via work experience in a care setting.

Students' interest in nursing had sometimes originated within their families (e.g. caring for a parent or grandparent or being inspired by a family member who worked in a caring profession). These students and others within the group, however, had decided firmly upon nursing in the light of subsequent work experience.

“I just love it, I love going into work. I still work at the care home now [working flexible shifts] – I love looking after people, I love making a difference.”

Three students had worked in care homes immediately prior to their degree course, and three had worked in Healthcare Assistant, mental health or other support roles in the NHS.

When discussing their choice of a nursing career, not all of the students were confident about finding employment after graduating. Those who were familiar with the NHS, however, were much more confident: suggesting for example that, “The problem will be which job – we’ll have too many to choose from”.

7.3.2 Alternative careers considered

Two of the BSc Nursing (Adult) students had considered or applied for midwifery degrees, but had decided to switch to what they saw as a broader and potentially more interesting career path.

“I did apply for midwifery... [but within] adult nursing I think there is so much more direction you can go in; you’re quite limited in midwifery...”

“With nursing there is an infinite amount of things you can do – and later on down the line you can pursue midwifery if you still want to.”

Similar considerations had led one student toward Adult Nursing rather than a paramedic career (described as “quite fast-paced” work, but also “a narrow path”).

Another student had considered Child Nursing, but had decided that “to see a child go through what some adults go through... would be too hard”.

Three of the students had considered careers outside of nursing; in animal care social work and occupational therapy. The student who had been interested in occupational therapy had been exposed to this whilst working in the NHS – and thought it an attractive second choice to nursing.

7.3.3 Perceptions of other healthcare careers

Experience of working in care homes and/or the NHS had brought students into contact with professions such as Podiatry and Dietetics. Some students in the group, however, were unsure what careers such as Therapeutic Radiography or Operating Department Practice involved.

When Allied Health careers were discussed, there were also suggestions that they would be less interesting and would afford fewer opportunities than would nursing.

“I think with all those roles like podiatry, radiography, it is all quite narrow... that’s why I’m [studying] nursing.”

7.4 Loans, finance and affording to study

7.4.1 Attitudes to student finance

Individual students, as well as the group as a whole, had quite mixed views about funding their studies through loans. Several students felt that it was unfair for those entering caring professions to have to take out loans in order to train. One student, however, suggested that under a bursary-funded system:

“You didn’t always get the best class of nurse, because it’s a free degree and people will just jump on and do it, whether they want to be a nurse or not.”

Whilst several of the self-funded students were concerned about the debt that they were accruing, this concern was outweighed by anticipated higher earnings and by the job satisfaction that they sought.

“But then the more you earn the more you pay, so it depends. If you just want to stay a staff nurse then you’d probably never pay it off. If you want to work your way up and specialise, and be on £40,000 or £50,000 a year then you’re going to be paying it.”

“I see it that I want to be a nurse, [so] I’ve got to go to university. To go to university, I’ve got to have a loan. There you go – inevitable.”

7.4.2 Working alongside studying

Five of the seven students in the group undertook some form of paid work alongside their studies: two of the self-funded students working in care homes and two in the NHS. When not on placement, said one student, she worked three or four night shifts (of 11 hours, 10.5 of which were paid) each week, in a hospital setting. This was necessary, she said, in order “to survive”. Night shifts were attractive since they were paid at an enhanced rate.

Students acknowledged that paid work might be easier to accommodate in the first year of their degree than in subsequent years. In their first year, some had worked part time during their NHS placement. Hours worked per week alongside placements ranged from 6 to 21, though 6 to 12 hours was more typical.

“My first placement was community nursing and it was Monday to Friday, 9 to 5. So in the evenings I was studying, because we had assignments still due in. On a Saturday I would have to work part-time.... So the only day off really I had was the Sunday – and I was just so tired, I’d just go to sleep.”

The seconded NHS employee worked occasional shifts in a hospital and received additional pay for this. Without employer support, he felt, he probably would not be at university, but if he had enrolled, then he would have had to combine this with working nightshifts in the NHS, in order to support himself.

“I don’t live with my parents, my partner doesn’t support me – so I have to maintain a roof over my head.”

7.4.3 Attitudes to work-based learning

Most of the students in the group preferred full-time rather than part-time study, because they wished to qualify as soon as possible. Reasons for this included: a feeling that siblings and peers were already ahead of them in their careers; their current age (from a student aged 40); and a wish to become pregnant in the next few years.

For some students, a desire to complete pre-registration study as quickly as possible meant that nursing degree apprenticeships had little appeal. Across the group, however, most students had known little about nursing degree apprenticeships when they had enrolled on their current course.

“I don’t think I knew much about it. I don’t know what it really involves.”

Among students with NHS experience, there were also some suggestions that a degree apprenticeship route might mean much less support than they currently obtained, from peers on their course and from university tutors, and that this could affect their learning outcomes.

7.5 University and placement locations

Among the seven students in the group, only two had attended open days at universities other than their first choice (at which they were now studying). Only one student, who was among the youngest in the group, had attended an open day at a university outside of the region in which they lived.

Most students’ daily travel times to university were only 10 to 20 minutes each way. The maximum time travelled was 45-50 minutes each way. Travel times to placements, however, ranged from 15 minutes to an hour and ten minutes.

Whilst students had not been able directly to influence their placement locations, they understood that the university tried to accommodate individual circumstances – such as childcare arrangements and whether a student had access to a car. The

university also allocated each student to a placement 'locality', which, for adult nursing students, tended to limit the distances travelled.

Whilst travel times to placements were not seen as problematic, the costs of parking (at NHS premises) or of public transport sometimes were. Some students had selected this university, rather than a nearby alternative, because placements at the other institution tended to be across a much wider area.

7.6 Coping with childcare and other responsibilities

In comparison to some of the other focus groups within the study, fewer members of this group had responsibilities for children and for other relatives. One student, who was a single parent, however, relied upon multiple sources of help and support: including after-school clubs; a family member who lived locally; and some flexibility from her mentor while on placement.

Appendix 3: Case Study 3

1 Introduction

Case Study 3 was a large area with a number of cities and mid-sized towns.

- Four universities participated in the case study.
- Their NMAH portfolios ranged from four to ten undergraduate and two to six postgraduate programmes. One university had recently introduced an Adult Nursing programme.

The pre-registration NMAH disciplines covered by the universities are shown below (Table 17 and Table 18).

Table 17: Pre-registration UG NMAH courses offered

NMAH degree courses	Number of universities offering
Adult Nursing	4
Children's Nursing	2
Learning Disabilities Nursing	2
Mental Health Nursing	3
Midwifery	2
Dental Hygiene & Therapy	1
Diagnostic Radiography	1
Dietetics	1
Occupational Therapy	2
Operating Department Practice	2
Orthoptics	1
Physiotherapy	3
Podiatry	1
Speech & Language Therapy	2
Therapeutic Radiography	1

Table 18: Pre-registration PG NMAH courses offered

NMAH degree courses	Number of universities offering
Adult Nursing	3
Children's Nursing	2
Learning Disabilities Nursing	1
Mental Health Nursing	2
Dietetics	1
Orthoptics	1
Physiotherapy	2
Speech & Language Therapy	1
Therapeutic Radiography	1

1.1 Notes on analysis

Most of the analysis covers the three years from 2015/16 to 2017/18 because data were not available from all four universities for prior years.

In data supplied by the universities, 'mature' was defined for undergraduates as aged 21+. For postgraduates, one university in this case study area provided data for mature as 21+. In two other universities a definition of 25+ was used, and at the remaining university, the data analysed for mature is for students aged 31+.

1.2 Other participating organisations

Other organisations that participated in this case study were:

- Two FE colleges – two interviews and one focus group.
- Four NHS trusts – seven interviews.

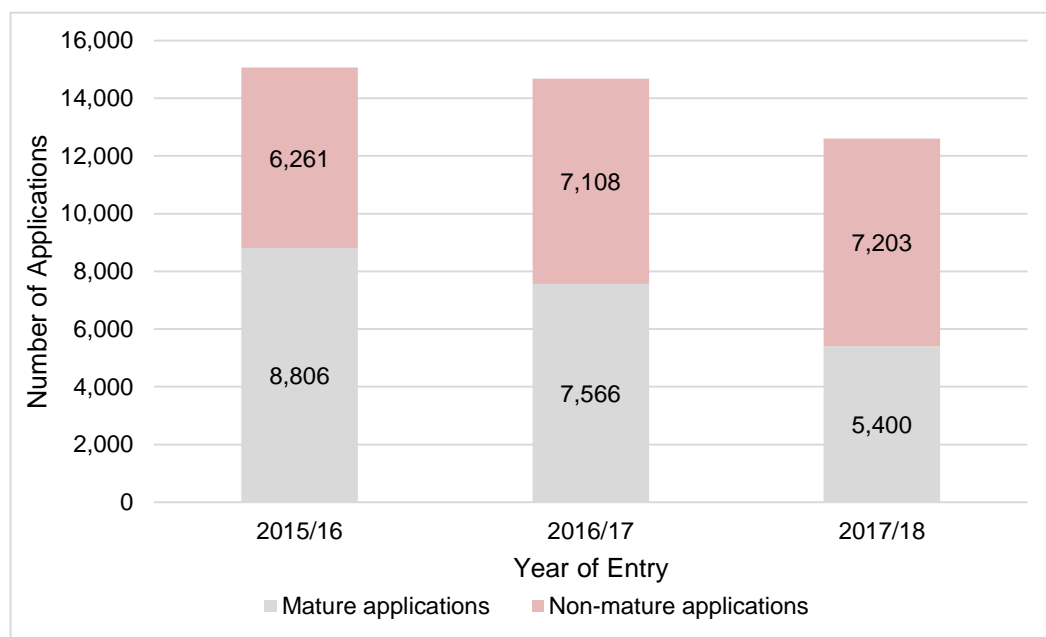
2 Trends in Mature Applications and Enrolments

2.1 Undergraduate programmes

2.1.1 Applications

Over the three-year period analysed, 2015/16 to 2017/18, total **mature** student applications fell by 38.6% (Figure 19).

Figure 19: Mature applications to all UG NMAH courses, universities combined



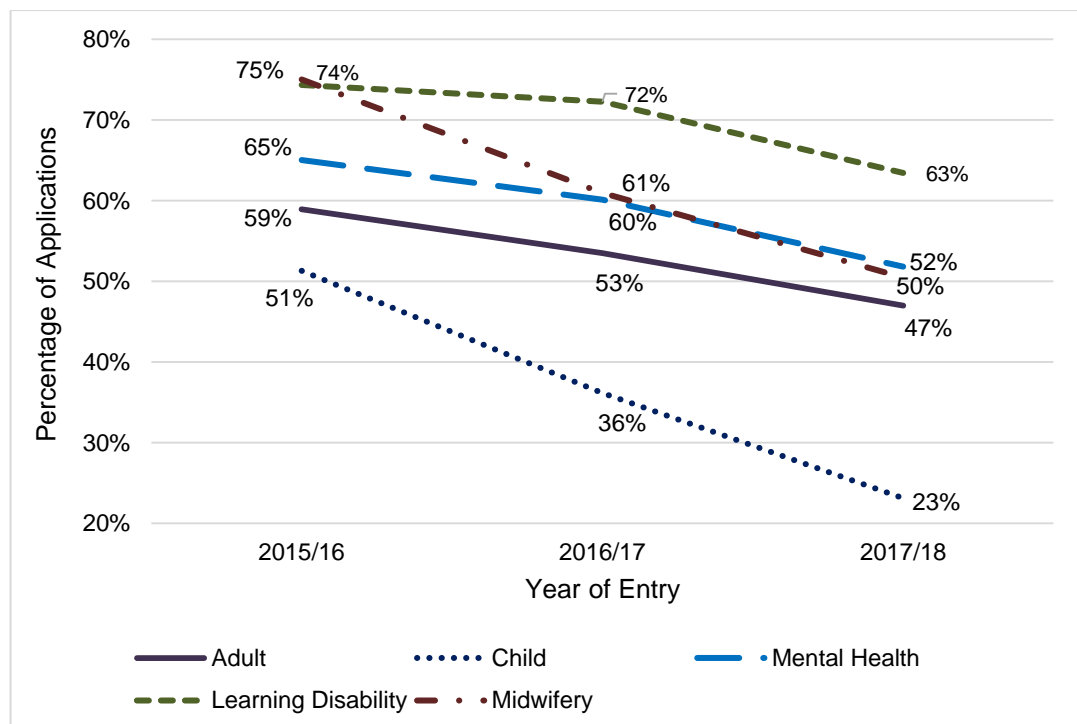
Over the three years, the most significant trends in applications, across the **Nursing and Midwifery programmes**, were that:

- Total applications to Child Nursing (two universities) fell by 13.2% between 2015/16 and 2017/18.

- Mature undergraduate applications for Child Nursing fell by 60.9% whilst the proportion of mature applicants declined from roughly half (51.3%) to less than a quarter (23.1%).
- However, numbers of non-mature applicants to Child Nursing grew by 37.0% from 2015/16 to 2017/18.
- Total Mental Health applications (three universities) fell by 16.7% but the fall in mature student applications was much greater, at 33.6%.
- There was a similar trend in Midwifery applications; down 17.2% in total but declining far more, by 44.3%, for mature students.

The percentage of applicants to Nursing and Midwifery programmes who were mature fell in all five disciplines from 2015/16 to 2017/18 (Figure 20).

Figure 20: Percentage of UG Nursing and Midwifery applications from mature students, by discipline

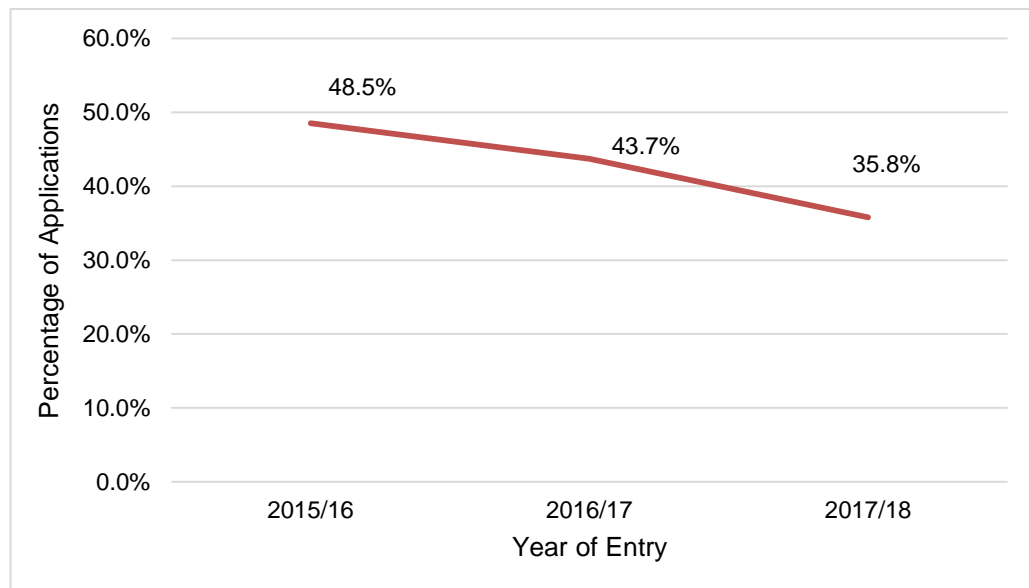


Across the four universities, total applications for **Allied Health** degree programmes fell by 10.4%, over the three years from 2015/16 to 2017/18, half the rate of decline experienced by Nursing and Midwifery. This, however, masks the

fact that Allied Health applications grew by 6.2% between 2015/16 and 2016/17, prior to a 15.7% fall in 2017/18.

Mature student applications for Allied Health declined faster – by more than a third (33.9%) during the three years. In total, the proportion of mature applicants fell from 48.5% to 35.8%. This figure, however, varied from 14.0% to 49.7%, dependent on the university. Across all four universities, the proportion of Allied Health applicants who were mature fell over the most recent three application cycles that were studied (Figure 21).

Figure 21: Percentage of Allied Health UG applicants who were mature, universities combined



Across all Allied Health programmes for which data were provided, **mature** student applications declined more than did total applications. For instance:

- Overall, Occupational Therapy (two universities) applications fell by 30.5% but mature student applications fell by 51.4%.
- Orthoptics (one university) applications fell by 25.5% overall, but mature student applications declined by 36.3%.

2.1.2 Enrolments

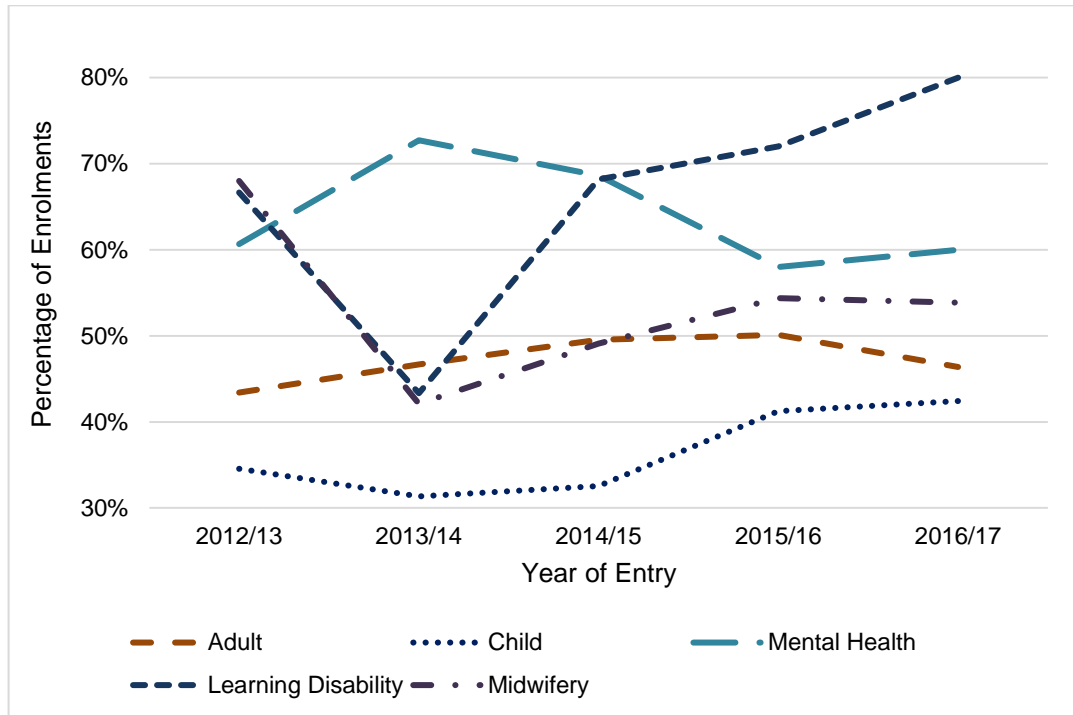
One of the four universities (University A) was not able to supply enrolments data by course title, and instead supplied data for NMAH student numbers as a whole. The analysis of enrolments by subject discipline and age group, therefore, covers three universities and the four years from 2013/14 to 2016/17. During that period, one of the three universities (University D) accounted for more than three quarters of all NMAH enrolments – e.g. that university enrolled 918 new NMAH undergraduates in 2016/17, compared with 176 and 85 at Universities B and C, respectively.

- University A enrolled 348 new NMAH students in 2016/17, according to HESES data – suggesting a cohort size of around a third of that at University D.
- Despite the reductions in applications (discussed above), total UG NMAH enrolments at Universities B, C and D increased by 3.7% over the period. This masks, however, a 9.0% increase in 2014/15, followed by a decline of 4.8% over the following two years. NMAH enrolments for 2017/18 as a whole grew by 14.7%, according to a combination of HESES data (for Universities A and D) and universities' own data (B and C) for that year.

The total number of mature student enrolments to UG NMAH courses declined by 3.2% between 2014/15 and 2016/17. Mature students represented half of all NMAH enrolments over the four years. In 2016/17 – the most recent year analysed – mature student enrolments varied from just under a third of the total (30.6%) in one university to two thirds (66.5%) in another.

Among **mature** students, the drop in enrolments was a little more, at 6.5% over the three years. As a proportion of total Nursing and Midwifery enrolments, the mature students' percentage fell slightly from 53.6% to 52.1% (Figure 22).

Figure 22: Percentage of UG Nursing and Midwifery enrolments that were mature students, by discipline (three universities)



NB Data for the three universities does not include the 2017/18 year. Figures for Learning Disability Nursing and Midwifery are based on a single university only.

Across the **individual Nursing and Midwifery programmes at those three universities**, mature student enrolments declined faster than the total.

- For instance, total Adult Nursing enrolments declined by 1.3% over the period 2014/15 to 2016/17, whereas mature student enrolments to those programmes fell by 7.6%.

One of the universities did not provide Allied Health enrolments data by discipline. Across the three institutions that supplied data by subject discipline, total Allied Health enrolments grew by 2.9% over the four years from 2013/14 to 2016/17, and mature student enrolments by 7.6%. This was despite a fall in applications.

- According to HESES data, UG Allied Health enrolments at University A grew from 142 in 2016/17 to 170 in 2017/18 (19.7% growth).

Across all of the individual Allied Health programmes, the data show quite consistent enrolment numbers for the period, indicating that the universities were achieving their target enrolments from a lower level of applications.

- Physiotherapy enrolments (two universities provided data), for instance, ranged from 121 to 128 from 2014/15 to 2016/17, with mature students accounting for between 48 and 50 of these.

Over the four years, the mature student proportion of total Allied Health enrolments remained relatively stable at between 41.9% and 48.6%. The proportions enrolled at different institutions, however, varied significantly: in the most recent year, 2016/17, from 30.6% in one university to the highest proportion, 64.6%, in another.

2.1.3 Comparison to HESA data

In the 2016/17 data supplied by the universities, mature student enrolments to undergraduate NMAH programmes sometimes showed quite different patterns from those at national level, published by HESA.⁵⁴

- 52.1% of all UG **Nursing and Midwifery** enrolments at the two universities were of mature students, compared to 60.6% in Nursing and 65.0% in Midwifery nationally.
- Within **Nursing**, the biggest differences were in Adult Nursing (46.4% versus 61.4% nationally) and in Mental Health Nursing (60.0% versus 71.3% nationally).
- Across **Allied Health** as a whole, the proportion of mature student enrolments at the universities was very similar to the national picture, at 48.6% and 48.4% respectively.
- At the level of **individual professions**, however, there were greater differences; most notably, 55.8% of UG Speech and Language Therapy (SLT) first-year students at the case study universities were mature. This compared with 41.4% of UG students enrolled on (SLT) nationally (albeit HESA data refers to all years, and not first year students alone). Similarly,

⁵⁴ As in the other two case studies, this comparison uses a HESA data set that combined pre- and post-registration student numbers for those aged 21 or above.

in Dietetics, 65.2% of first years in this case study region were mature, versus 38.0% of Dietetics students nationally.

2.1.4 BME and gender

One university did not provide data about male and BME **applications**.

Across the other three institutions, male students accounted for 16.3%-17.7% of all NMAH applications.

- Within Nursing and Midwifery, male students made up 7.0%-11.8% of all applications in the most recent year, 2017/18.
- In Allied Health, the male percentage of applicants was stable at 16.2-16.4% over the period.

Across those three universities, BME students accounted for 5%-39% of the total NMAH applications.

- In Nursing and Midwifery, BME students represented only 6.9% of applicants to one university but 35.6% - 37.0% in each of the other two (for 2017/18)
- Across those universities, the proportion of Allied Health applicants who were BME was stable, at 10.2%-11.0% per year.

The male student proportion of **enrolments** was also quite stable at approximately 14.0% of total NMAH over the four years. BME students as a proportion of total enrolment grew from 12.0% in 2013/14 to 19.8% in 2016/17. For comparison, in 2016/17, the figure nationally was 28.0%.

2.2 Postgraduate programmes

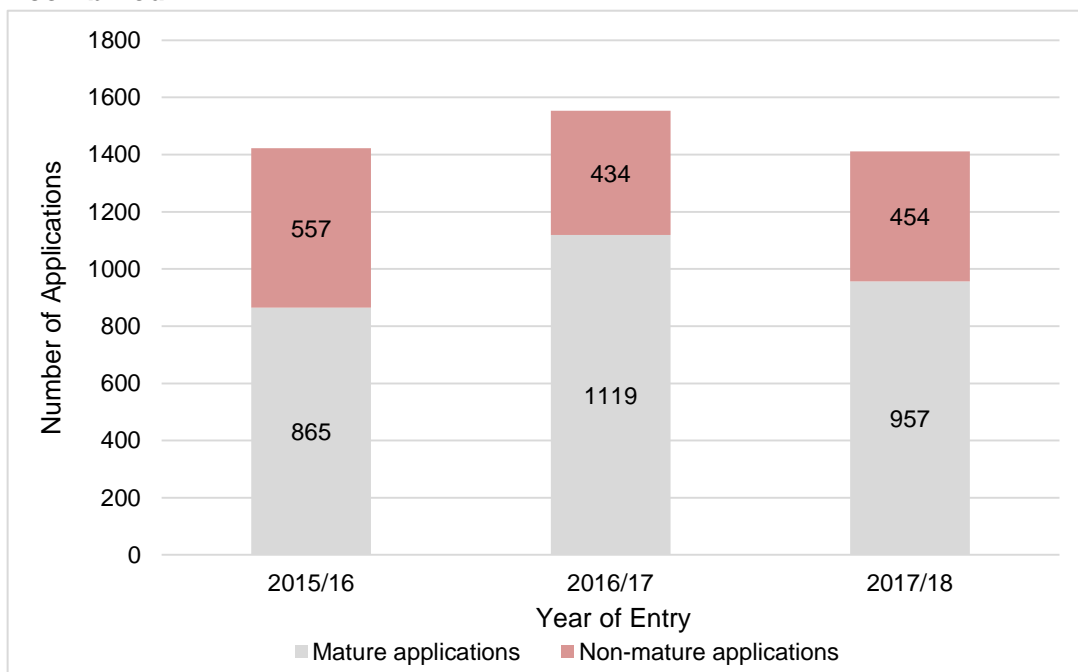
2.2.1 Applications

Across the four universities, total NMAH postgraduate applications rose slightly (0.6%) over the three years, though this included an increase of 12.7% in 2016/17, followed by a fall of 10.8% in 2017/18.

The research was able to analyse **mature** PG NMAH applications data from three universities. In two cases, this data refers to those aged 25 or older; in one case, data refers to those aged 31+, because of the way in which that university segmented students into different age bands.

The data showed growth of 10.6% over the period from 2015/16 to 2017/18.⁵⁵ Similar to the trend for total NMAH PG at these institutions, there was an increase (of 29.3%) in 2016/17 and a decline (of 14.4%) in 2017/18 (Figure 23).

Figure 23: Mature applications to all PG NMAH courses, three universities combined



The proportion of mature applicants increased from 60.8% to 67.8% over the period from 2015/16 to 2017/18 (Figure 23).

- Across the three universities that ran postgraduate **Nursing and Midwifery** programmes, PG applications reduced by 14.7% over the period. Mature student applications, however, declined by 8.1%, i.e. less than did

⁵⁵ The analysis of postgraduate mature student applications excludes one university where the data defined PG mature students as aged 21+.

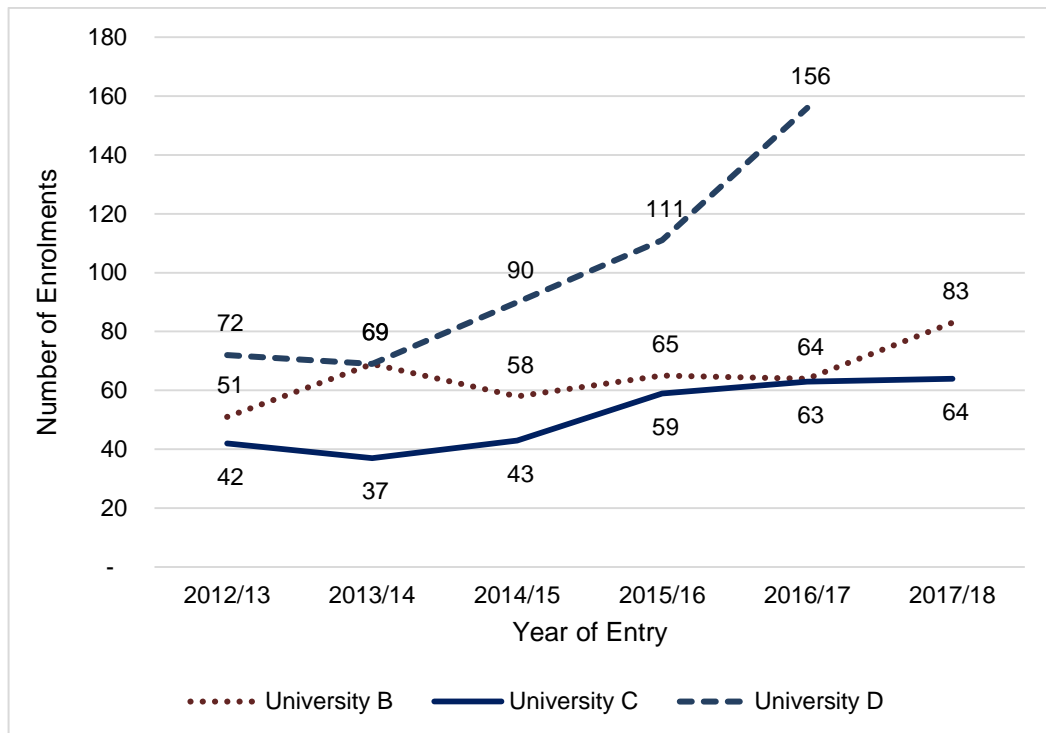
applications in total. This meant that, over the period, the proportion of applications accounted for by mature students grew from 67.7% to 72.9%.

- In contrast, the total number of applications for **Allied Health** postgraduate programmes increased by 14.8% over the three years. Mature applicants for one Allied Health programme increased from 68 for 2015/16 entry to 175 for 2017/18 in one university.

2.2.2 Enrolments

In common with undergraduate level, the analysis of postgraduate enrolments is based upon data from three universities. Over the period from 2013/14 to 2016/17, total PG NMAH enrolments at those three universities increased each year, and grew by 61.7% overall (Figure 24).

Figure 24: Total PG NMAH enrolments, three universities



During the same time period, **mature** student enrolments (i.e. aged 25 or more) at the two universities where data can be analysed increased from 19 to 39 students. Whilst a large percentage increase, the overall numbers of students involved, therefore, were relatively small.

- Over this period, despite the decline in applications to **Nursing and Midwifery**, enrolments increased by 138.8% in total and more than doubled in both universities. Mature student enrolments increased from 31 to 79 students at those two universities. Their proportion of total enrolments increased from 57.4% to 61.2%.
- Within all three universities, PG **Allied Health** enrolments were relatively stable between 2013/14 and 2015/16 but grew by 80% in 2016/17. This growth was largely a consequence of the introduction of a new programme at one university.

According to HESES data, University A enrolled 33 new PG students to NMAH courses in 2017/18.

2.2.3 BME and gender

Two universities provided data for male and BME NMAH applications:

- Male students made up 14.1%-27.0% of PG applications at one institution and 10.5%-14.6% at the other.
- At one university, the proportion of PG BME students varied considerably, year on year, (ranging between 13.6% and 43.6%), but was more consistent (between 21.8% and 29.2%) at the other.

Male students were 20.5% of total PG NMAH enrolments in 2016/17. This was a similar proportion to previous years. The proportion of male students within individual universities ranged from 12.7% to 23.7%.

- BME students made up 20.5% of total PG NMAH enrolments at those universities in 2016/17, and ranged from 11.1% to 25.0% between the universities.

2.3 Student retention

Retention rates on undergraduate NMAH programmes in this case study area tended to be higher than across the same universities' courses as a whole. Mature

retention rates on NMAH programmes were very high – over 90% for the majority of programmes across each of the universities, throughout the period.⁵⁶

- At **University A** mature retention across the academic school delivering the NMAH portfolio was higher throughout the period than for the university as a whole.
- At **University B**, the withdrawal rate among mature students on NMAH courses was between 1.1% and 4.5% for the entire period. This was a much lower rate of withdrawal than among mature students across its UG portfolio (which was 17% in 2015/16).
- **University C** had very few withdrawals from NMAH courses – usually 0.5%-1.5% per year. Similar to the other universities in this case study, this withdrawal rate was lower than that across the institution as a whole.
- **Within University D**, retentions on most UG NMAH programmes were higher than for the university as a whole.
 - The retention rate for mature undergraduates across the university between 2012/13 and 2016/17 was 90-93%.⁵⁷
 - Operating Department Practice was the only NMAH programme to have a typically lower rate of mature retention than the norm across the university – all other programmes had higher retention rates than the university average.
 - At postgraduate level, in each year, the mature student (over 25) retention rate was higher than that for all university PG programmes. The only exception was in Therapeutic Radiography, whose mature retention was usually lower than the university average.

⁵⁶ Whilst universities supplied data about numbers of retentions on their NMAH programmes, we are conscious that different institutions are using different benchmarks to evaluate this, and that there is no common standard to evaluate retention. Universities' expectations for levels of retention will also vary by institution.

⁵⁷ This data was supplied directly by the University in a 'set' format and could not be rounded to single percentage points.

Within interviews, there was a very strong sense that mature entrants to NMAH courses were among the *least* likely to withdraw, and that this was partly a result of well-developed strategies to identify students who may be experiencing problems and to offer support.

2.4 Comparison to whole-university trends

2.4.1 Applications

Three of the universities (A, B and C) provided data for applications across all of their UG and PG programmes. UG NMAH programmes attracted an applicant pool that was more mature than the applicant pool for all courses.

- At **University A**, 38.3% of UG applications in 2017/18 were from those aged 21 or above – this was down from 57.0% the previous year.⁵⁸
 - Within NMAH courses, mature UG applications fell from almost 100% of the whole in 2012/13 to 52.0% for 2017/18 entry.

- Across **University B**, during the period from 2011/12 to 2017/18, the proportion of applicants that were mature remained steady (at 17.8%-23.6%), but for UG NMAH courses that proportion was significantly higher: 41.4%-53.9%. There was a slight decline in the proportion of applications from mature students for the 2017/18 year – this applied both across the university and to NMAH programmes:
 - The proportion of mature applicants for all UG courses fell to 17.8%, from 21.6% in 2016/17.
 - The proportion of mature applicants to NMAH courses fell to 41.4% for 2017/18 entry, from 48.6% the previous year.

- At **University C** there was a very clear difference between mature applications for the university as a whole and NMAH applications.

⁵⁸ Whole university applications data was available only for the 2016/17 and 2017/18 applications cycles.

- Across the university, mature applicants accounted for between 8.1% and 9.1% of all applications between 2012/13 and 2017/18.
- Mature applications for NMAH courses varied between 18.89-22.2%, and then rose to 36.9% for 2017/18 entry, after the introduction of a new Adult Nursing programme.

2.4.2 Enrolments

Enrolments data for both NMAH and all university courses was provided only by Universities B, C and D. Mature enrolments for undergraduate programmes were typically higher than for the universities as a whole.

- **University B:** the proportion of UG enrolments from mature students across the whole university fell from 40.7% in 2012/13 to 28.5% for 2016/17. In 2016/17, however, 65.5% of NMAH enrolments were still mature.
- At **University C** mature enrolments consistently accounted for between 12.4% and 14.6% of all students from 2013/14 onward. However, within NMAH courses, this ranged from 28.4% to 36.9% until the introduction of Adult Nursing increased this proportion to 57.8% in the 2017/18 year.
- At **University D**, the proportion of enrolments from mature students across all UG programmes declined from 29.5% in 2011/12 to 21.4% by 2016/17. In contrast, within the NMAH courses, this remained more stable, varying between 48.3% and 50.6% across the same period.

3 Universities' Perceptions of Trends

3.1 Overview

Mature students were important to recruitment for many of the NMAH programmes offered in this region. In all of those subject areas, however, the proportion of students who were mature tended to be lower than those in Case Study 1.

- Universities' focus was primarily upon filling places on NMAH courses, irrespective of age, rather than on developing strategies that focused specifically upon mature student recruitment.
- Academics also reported increasing pressure from within their universities to grow student numbers; for example, one Adult Nursing programme had a target to increase enrolments from 150 to 200 for 2018 entry.

Several interviewees felt that, for 2018 entry, applications for some courses appeared to be recovering. Since that recruitment cycle was not complete at the time of interview, however, those comments were tentative.

3.2 Status of individual subjects

3.2.1 Subjects giving the greatest concern

The most vulnerable subject was Learning Disability Nursing, which recruited from a very small pool of potential applicants. The long-term future of this programme at University A was unclear. Concerns were that:

- The decommissioning of many Learning Disability services had created uncertainty about the future of that profession among some potential students.

- The applicant pool for Learning Disability Nursing in one university was becoming younger – and more likely to be recruited via UCAS Clearing. This had led to some unexpected issues.

“We took more from Clearing than we normally would [in 2017/18], and that’s translated into some issues with the commitment of the students who’ve come onto the courses, and maybe their own uncertainty about whether they want to be there.”

Therapeutic Radiography – offered by one university – was challenging to recruit to. This was because of its low public profile and a tendency for some potential students – mostly non-mature – to associate it with “death and dying” rather than helping patients to survive and become well. There was a concern that this programme may not meet its recruitment target for autumn 2018.

Other subjects that were raising concerns about mature student recruitment – though not to the same extent as Learning Disability Nursing or Therapeutic Radiography – were:

- Orthoptics, which required students to complete placements over an extremely wide geographical area. This requirement meant that mature students were primarily under the age of 35, with no family commitments. Mature enrolments to this course were low – no more than 5 of 38 students in any recent year.
- Speech and Language Therapy, which had tended to attract mature applicants who were changing career and who had already studied for a prior degree. According to academic staff, the removal of bursaries meant that those students had either stopped coming or were applying for the two-year postgraduate course.
- Operating Department Practice (ODP), which was said to be more dependent on UCAS Clearing than most other NMAH courses and which recruited a significant proportion of students very late in the application cycle.

3.2.2 Concerns in other subjects

Two universities (A and D) expressed growing concern about a drop in applications for Adult Nursing in 2018/19 (mature and non-mature). In University A, applications had fallen from over 1,000 in previous years to less than 700 for 2018/19 entry – a figure that was considered “worrying”. Academic staff were unclear about the reasons for this, beyond suggesting that it was due to the removal of bursaries. Whilst there was no immediate danger to either of these programmes, interviewees were concerned about the implications if applications continued to fall.

Several academics in this region had concerns that a younger student profile for Nursing courses – especially in subjects that had traditionally recruited mature students – presented challenges for teaching and could affect course outcomes.

3.2.3 Least vulnerable subjects

Mental Health Nursing had a more mature cohort wherever it was offered. Interviewees noted that it usually attracted a larger proportion of male students than did other Nursing disciplines, and that most students were aged over 30. None of the three universities that offered Mental Health Nursing had major concerns about recruitment.

Other courses where few or no concerns were raised were:

- Physiotherapy
- Diagnostic Radiography
- Occupational Therapy
- Midwifery

3.3 Factors influencing mature student recruitment

3.3.1 Finance

Interviewees thought changes to the financing of NMAH degrees to be the primary – though not sole – reason why mature applications to many programmes had

fallen in the past two years. Several academics reported that this had had a particular impact in this region, since its population was very debt-averse:

“If people talk about money, they talk about the price of things, they say, ‘Oh, yeah, well I’ll save up for that,’ rather than, ‘I’ll go and get it,’ which I think is a definite difference.”

“Yesterday I was chatting to some people who were Healthcare Assistants – mature – and I was saying, ‘why don’t you come [on one of our Nursing degree programmes]?’ Their words were, ‘I’m not ready for that. I’m not taking on that debt.’”

Interviewees nevertheless thought that the long-term impact of funding changes upon mature student recruitment was difficult to predict – and that impacts were uneven across disciplines:

- One Nursing academic (University B) commented that there was some evidence of recovery in mature applicant numbers for 2018 entry. Most notably, acceptances for Mental Health Nursing – a course heavily dependent upon mature students – were higher than at the same point in the cycle in 2017.

Another academic – discussing Nursing programmes at University A – commented that the current student loan system left students better-off during their studies than did bursaries, as NMAH students were entitled to various benefits not previously accessible (e.g. reductions in council tax). A major problem, however, was a failure to communicate these benefits to potential applicants.

3.3.2 Perceptions and awareness of subject disciplines

Other factors influencing recruitment to NMAH courses were said to include very low public awareness of several disciplines, most notably: Learning Disability Nursing; Orthoptics; ODP; Podiatry; and Speech and Language Therapy.

“If I ask a room full of [Access course] students who’s heard of nursing, everybody has; who’s heard of midwifery, everybody has. And then when you

start working down to podiatry, they ask, ‘is that feet?’ They’re not very aware of it.”

3.3.3 Apprenticeships

Most academic staff interviewed, across the universities, expected potential mature students to find Nursing degree apprenticeships very attractive financially. They tended to emphasise, however, that the impact upon NMAH degree course enrolments was currently impossible to know.

It remained unclear, for example, how many trusts – or which types of trust – would wish to be involved with degree apprenticeships: one Nursing academic commented that HEE had funded the back-filling of posts for the TNA, but would not do so for degree apprenticeships.

Universities in this case study had been very active in the piloting of TNA and most academics interviewed saw the TNA route as an effective way to engage with potential mature students who would not have applied for a Nursing degree.

3.3.4 Other factors

Some other factors said by individual interviewees to have affected mature recruitment included:

- Limited opportunities to grow placements in the local area (Midwifery).
- Some confidence issues among mature applicants; which could affect their performance in interviews and which had led two universities to provide support for Access students in interview preparation.
- Confusion about the new postgraduate loans system for 2017 entry, which had meant that some students had chosen not to enrol (Speech and Language Therapy).

4 Promoting NMAH Courses and Professions

4.1 Marketing activity

Historically, promotion of NMAH courses had not tended to differentiate significantly between mature and non-mature audiences. Some tactics now being adopted to engage with mature audiences, however, included:

- **At pre-application Open Days:**
 - Sessions specifically tailored for mature learners, to address any issues regarding confidence about returning to study (University D).
 - Using current mature students as ambassadors for NMAH programmes, to reassure mature attendees that they would be able to “fit in” to study (University B).
 - Giving mature attendees opportunities for one-on-one sessions with academic staff.
- **Applicant visit days** for those who had applied but had yet to receive, or convert, an offer of a place. Three universities were running these, in order to keep applicants “warm”.
- Amending website imagery to appeal more to mature students, as well as BME and male – particularly for Allied Health professions such as Speech and Language Therapy, where diversity was an issue.
- Using websites to communicate more clearly the types of support offered to mature students – e.g. hardship funds.

The long-term impact of these approaches on mature student recruitment was very difficult to discern at this early stage.

For vulnerable subjects, a small amount of **subject-specific advertising** also took place: e.g. for ODP and Learning Disability Nursing at University A, through social media, radio and promotional events in public.

- The impact of this on mature student recruitment was said to have been modest – and there were questions about the effectiveness of some of the approaches used (e.g. promotional activity in shopping centres).

Whilst the responsibility for promoting individual **Allied Health** courses tended to lie with course leaders, several of these academics found it difficult to do justice to this, in light of the other demands upon their time.

Academics in University A suggested that it might be more effective for universities to collaborate and pool their resources, rather than each promoting these courses individually within a region – and that this had happened successfully elsewhere in the country.

“They just all collaborated, the trusts, the higher education institutions, and put a big “Come to [name of city]” campaign together – so why aren’t we thinking about this?”

Widening Participation within the case study universities focused primarily upon low participation neighbourhoods and on BME students. There were no systematic widening participation initiatives intended specifically to drive applications and enrolments among mature groups.

4.2 Work with employers to promote NMAH degrees

Academics emphasised that the end of HEE commissioning for NMAH degree programmes meant that promotion of courses and careers within trust environments was now critical to engaging with potential mature students. These engagements were at an early stage – but all four universities were developing approaches that would involve much closer relationships with employers to promote courses and NMAH careers.

Visits to trusts to promote courses to health care assistants were common and one university had developed specialist open days for staff within NHS trusts. These were distinct from open days held at university campuses.

“There are people who live in [name of town] who want to become nurses, who are mature, that don’t come to us. So we did local recruitment; a number of roadshows; we worked with a whole range of people from different [healthcare] organisations as well as colleges to see if we could attract them, and put flyers up in GP surgeries.”

“It absolutely relies on full engagement from the trust as well, it’s like a tripartite approach, so the FE college is there, the trust staff are engaged and then the university staff as well.”

This approach was said to have been very successful at raising awareness of routes to nursing careers among those who were disengaged from universities. There were plans to replicate this in a number of other trusts in the region, in the next academic year. It was nevertheless too early to understand the full impact of this intervention on mature student recruitment to NMAH programmes.

In addition, one university was working with trusts – and private and voluntary sector organisations – to hold events aimed at raising awareness of careers in Learning Disability Nursing.

At University C, a new Marketing and Communication Officer was about to be appointed, with a remit that included developing stronger relationships with NHS trusts to promote NMAH careers.

4.3 Promoting NMAH degrees to Access course students

Since Access courses were the main feeder route for most mature undergraduates, promotional talks and events in FE colleges were an important part of the promotional mix that universities employed.

Attempts to promote the smaller NMAH professions, which were poorly understood in comparison to Adult or Child Nursing, were sometimes stymied by the amount of time that colleges were able or willing to make available. For example, one

academic said that they had tried several times to contact FE colleges to discuss promoting **Orthoptics** to Access students – but that colleges were not receptive because the subject was not well understood.

In addition:

- To address concerns that mature applicants often performed poorly in interviews, two universities offered interview preparation sessions for local Access students.
- One university had developed a Foundation Degree in Health and Social care, which was delivered by a number of local FE colleges. This gave students the option to progress directly to Year 2 of some – though not all – of this university's NMAH undergraduate programmes.
- University B was hoping to accredit a course currently offered by one local FE college, so that graduates of the course would be eligible to enter Year 2 of that university's Mental Health degree. This was being developed with a view to increase BME recruitment to the Mental Health Nursing programme.

5 FE College Perspectives

5.1 The colleges

The participating FE colleges were:

- College A, which offered a single, full-time, health science Access course at Level 3.
- College B, which offered three health Access courses, two of which were Nursing-specific. The third course was broadly-based but students were able to select pathways relevant to certain groups of healthcare professions such as Nutrition and Dietetics, or Radiography.

5.2 Applications and enrolments

The Access course at College A had recruited approximately 100 students in 2017/18. In the previous academic year, 97.5% of those completing the course had progressed to HE: almost all to NMAH programmes.

At College B, in 2017/18, there were 70 students enrolled on Access to Nursing and 182 on Health Science Access courses. Progression data quoted was similar to at College A.

Both colleges had increased their recruitment to health Access courses in the last one to two years, after making changes to content or to course management. One college had made those changes because enrolments had been declining.

- College A had introduced a Level 2, Pre-Access course, to help expand its pool of applicants at Level 3.

- Before altering its courses, College B had consulted local universities and had then tried to bring the content closer to entry requirements for relevant degrees. Within two years of those changes being made, the Access to Nursing course had grown from 15-20 students to 70 students.

Approximately 90% of students recruited to the (broadly-based) Access course at College A each year were female. At College B, the Nursing access course recruited a 90% female intake, but there was a more even female to male mix among Health Science Access students.

5.2.1 Staff perceptions of student decision making

According to the Access course leader at College B, students who aspired to nursing usually presented as having had a long-held aspiration and vocation.

“The majority of them say, ‘I’ve always wanted to do this.... I’ve always wanted to be a nurse.... Had I not had my children, I probably would be nursing by now.’”

College staff felt that mature students enrolling on Health Science courses tended to be looking for a change of career but to be less certain about a specific profession than were those aspiring to nursing. Pre-enrolment information and guidance sessions therefore encouraged applicants to read about and explore alternatives.

Course managers in the colleges referred to students tending to decide, after having children, that “This is my time now”, or “I can now take the plunge, I’m now in a place where I can do it”.

5.2.2 Relationships with NHS trusts

College A did not have direct contact with NHS trusts in the context of its Level 3 Access programme. The staff member interviewed tended to hear snippets of information about apprenticeships from students who had “been waiting” for opportunities to become available, but was unsure what healthcare apprenticeships were being developed.

“Some of them have been waiting for the apprenticeship schemes to take off... they’ve been waiting for it, [but] it’s not happening.”

At College B, however, the interviewee worked “very closely” with three NHS trusts, across healthcare courses from levels 1 to 5 (including Level 3 apprenticeships and Level 5 Assistant Practitioner programmes). One of those trusts tended to send groups of care workers, whom they felt had potential to become nurses, to enquire about a Level 3 Access course. The recruitment ‘funnel’ however began earlier than this, since staff appointed to entry-level posts would begin by taking a Level 1 qualification, through the college, and would then progress.

“We all know them by name, we have our collaborative meetings, we have strategic meetings. So we have a good partnership, a good relationship with the hospital trusts around the county.”

5.3 Students’ decision-making process

5.3.1 Focus group participants

The focus group comprised 12 participants, all studying a full-time, one-year Access to Health Professions course.

- All of the students had been born in Britain; 10 were white and two were BME
- Six were aged 35+; two were 30-34; two were 25-29; two were under 25.

All intended to progress to university. The courses that they intended to study were:

- Adult Nursing (2 students)
- Biomedical Science (2)
- Paramedic Science (2)
- Sports Nutrition (1)
- Diagnostic Radiography (1)
- Mental Health Nursing (1)
- Midwifery (1)
- Podiatry (1)

- Physiotherapy or Podiatry (1)

5.3.2 Student backgrounds

Prior to starting the Access course:

- Five had been working as Healthcare Assistants or in a health-related role (e.g. for a Mental Health charity).
- Two had been full-time mothers prior to the Access course.
- Other backgrounds included roles outside of health (e.g. cabin crew for an airline; as an early years practitioner).

5.3.3 Deciding upon a healthcare career: inspirations and awareness

Career aspirations among students in the Access course focus group spanned: midwifery; mental health nursing; adult nursing; nutrition; podiatry; diagnostic radiography; paramedic science; and biomedicine. Benefiting others and making a difference to someone were common factors driving students' career choices in nursing and in Allied Health.

Two of the three students aspiring to adult nursing had worked as healthcare assistants and one had become interested through a relative who was a nurse. One of these students had previously wanted to become a midwife, but now saw adult nursing as easier to enter and offering more opportunities. The aspiring diagnostic radiographer been exposed to the profession through a close relative who had had cancer.

Some students interested in Allied Health or paramedic careers had become interested or more interested after seeing the profession on television, or through working in a hospital or attending a health sector taster day. Two students interested in podiatry were attracted partly by the opportunity to become self-employed and because they saw this as a health career without shift work. Both were female and aged over 35. Another student, however, was certain that they would never have considered podiatry, because of the smell that they associated with diabetic feet.

Some other factors that students had considered included the nature and intensity of the work, in relation to their own age, in the years after qualifying. This had put two students off careers in Midwifery and in Radiography.

5.3.4 Awareness of different NMAH professions

Across the focus group – which was held toward the end of the academic year and therefore of the Access course – most students were aware of the majority of the NMAH professions and degrees that are the focus of this research. There was far less awareness, however, of degrees in Operating Department Practice (only one student was aware) and in Orthotics and Prosthetics (five of the 11 students had not heard of this). A few students were not aware of Orthoptics and two did not know what Dietetics involved. Most did not know the difference between Diagnostic Radiography and Therapeutic Radiography.

Students in the focus group had sometimes struggled to obtain experience in or exposure to the health professions that interested them. Some had contacted podiatry practices or voluntary sector agencies in the hope of securing work shadowing or other experience but had not been accepted.

“I think it would be really good if they opened their doors and said, ‘With the right checks you can shadow this person,’ or a day in the life of. I’ve watched a lot of videos.”

5.3.5 The right time to enrol

All of the students in the focus group had chosen or aspired to their intended career at least three years before enrolling on the Access course and approximately half had made their choice five or six years before enrolling.

“...five years for me because I went to the uni and said, ‘What do I need, to get in?’ and kind of worked backwards. So I got a bit of experience first and then education.”

The longest that a student in the focus group had waited was 14 years, whilst having a family. Other reasons for students delaying included studying for qualifications in English and maths, before being accepted onto the Access course.

5.3.6 Barriers to enrolling on an Access course

When enquiring about Access courses, students' concerns tended to focus upon their ability to cope, academically and financially. Students who were eligible to pay course fees could apply for an Advanced Learner Loan – and this would be waived if they were accepted onto a HE course. Staff, however, suggested that it was common for potential students to be unaware of this, and to be reassured once it was explained to them. Some students, they said, had delayed applying because they did not know that loans were available for Access courses.

Some students who had been accepted into the 2017/18 cohort at College A and who did not have English as their first language were said to have struggled. The interviewee therefore welcomed an initiative at one local university to hold summer sessions for ESOL students, to prepare them to study in English.

5.3.7 Promoting NMAH degrees to Access course students

Students in the group suggested that Access courses were not widely promoted and were even, according to one student “a massive secret”.

“I think if people felt it was accessible that they could get into that career, that it wasn't just a million miles away.... I think people know [about these careers] because they go into hospitals and things... but then they don't realise how...”

“I think it is a similar thing in terms of these more leftfield or obscure careers – like podiatry and things like that – in that they both seem quite poorly advertised. I would say specifically the access course seems really poorly advertised.”

Within the websites of the colleges researched, Access courses were highly visible in the main course listing at College B but were difficult to find in the menus and course pages at College A.

5.3.8 Selecting a university

All of the students in the focus group intended to remain living at their current home when they entered HE: usually in order to stay with or close to their families. This strongly influenced their choice of university.

Several had been impressed by the talks and open days given and – in some cases – telephone calls received, from research-intensive universities. Sometimes this had swayed their decision. The most popular open days appeared to have involved opportunities to use equipment and/or engage in practical tasks.

Most in the group, however, had accepted a place at their local (less highly ranked) university, in order to limit their travel; even though some had reservations about, for example, its open day and administration.

6 Employers' Perspectives

6.1 Introduction

The research included interviews with eight managers at four NHS trusts that provide a range of acute and community services (Table 19).

Table 19: Trusts interviewed

Employer Organisation	Nursing Professions Employed	Allied Health Professions Employed
Trust A (Acute services)	Adult, Mental Health, Child, Learning Disability, Midwifery	Physiotherapy, Occupational Therapy, Dietetics, Orthoptics, Prosthetics and Orthotics, Diagnostic Radiography, Therapeutic Radiography, Speech and Language Therapy, Podiatry, Operating Department Practice
Trust B (Broadly based)	Adult; Child; Midwifery.	Diagnostic Radiography; Dietetics; Occupational Therapy; Orthotics and Prosthetics; Physiotherapy; Podiatry.
Trust C (Acute services)	Adult; Child; Midwifery.	Diagnostic Radiography; Operating Department Practice, Dental hygiene and Dental Therapy.
Trust D (Mental Health and Learning Disability)	Mental Health; Learning Disability.	Dietetics, Occupational Therapy, Physiotherapy; Speech and Language Therapy.

6.2 Vacancies and recruitment

6.2.1 'Difficult to recruit' positions

Three of the four NHS trusts in this case study area reported significant difficulty in recruiting to nursing professions. In one of those, the greatest challenges lay in

recruiting midwives. Across the four trusts, recruitment to Allied Health professions presented fewer problems; only one trust reported any difficulties in recruiting new graduates and another suggested that locally there may even be oversupply in some Allied Health professions. Good quality placement provision was mentioned as one possible reason for ease of recruitment to certain professions.

“The Occupational Therapy rotation is quite widely respected around the local area.⁵⁹ So we’ll put out an application for that and get, for one post, quite a large number of applications.... There is a Dietetic rotation as well – and again, we don’t struggle to recruit to that.”

Nevertheless, one trust noted that its current vacancies were equivalent to 10% of the workforce. There was a concern also that difficulties in nurse recruitment were drawing attention away from expected future shortages in Allied Health professions.

6.2.2 Placement numbers as a constraint upon recruitment

Recruitment from pre-registration nursing degrees was seen as important, alongside expanding apprenticeship provision. There was evidence, however, that in recent years it had become more difficult to recruit new graduate nurses; one trust commenting, for example, that it had struggled to do so over the past two to three years.

Some interviewees drew direct links between placement provision, of the right scale and quality, and the ability to recruit new NMAH graduates from local degree programmes:

“When I hear news stories about not enough nurses and the recruitment numbers are down, well they’re completely constrained by placement numbers and, you know, we could recruit plenty of nurses if we had enough placements.”

⁵⁹ A rotation refers to an NHS post of group of posts that involve working in two or more departments, in a structured way, over a fixed period of time.

6.2.3 Mature students and entrants

Managers in trusts emphasised that their recruitment decisions took into account applicants' experience rather than their age, and that when considering diversity the focus tended to be upon ethnicity rather than attracting mature entrants. Some trends that they had noticed however were:

- A shift in the age distribution of placement students in Mental Health Nursing, from perhaps 60:40 mature versus non-mature to perhaps 40:60 and a shift toward 'non-mature' Allied Health Profession (AHP) placement students.
- A higher percentage of younger students at open days and selection events at a local university.

6.3 Adapting to recruitment issues and staff shortages

Strategies and tactics to address nursing shortages and to strengthen recruitment focused upon the following types of initiative:

Workforce development

- Trainee Nursing Associates
- Nursing degree apprenticeships
- Planning for AHP apprenticeships
- Creating career development pathways and offering developing discussions to staff

Service redesign

- Building in more Band 4 Associate Practitioner posts (i.e. below the level of a registered practitioner, but above that of a healthcare assistant)

Staff retention and returning to work

- Retire and Return
- Return to Practice (supporting former nurses back into the NHS)

Strengthening and incentivising recruitment

- Offering financial incentives to new graduate recruits

- Making job offers to 3rd year or 2nd year placement students
- Taking part in the Talent for Care programme⁶⁰
- Recruiting to nursing roles via a multi-trust partnership that could promote the local area more effectively

Partnerships with universities

- Development of a bespoke degree programme (at one trust)

Trusts reported an increasing emphasis upon staff retention, staff development (increasingly via apprenticeships) and Retire and Return initiatives. Since trusts' own staff were felt to demonstrate the values and behaviours that the NHS required, staff development was increasingly seen as central to filling vacancies in the future.

“I think the internal stuff is working because we've seen people become Assistant Practitioners, we've seen some people move in and do the part time Open University (OU) pre-reg. programme. We've seen staff progress into doing full pre-reg. nursing and other professional qualifications.... I think our biggest asset is our own staff.”

Retire and Return (encouraging nurses to work beyond age 55, rather than retire) had also been achieving some success at Trusts A and D, over the past three to five years. Often, staff would return at a lower grade and/or in a part-time role. Return to Practice, however, was said by one interviewee to be having limited impact, since the “low hanging fruit” had already been picked and numbers of returners had fallen to two or three per annum. One trust had joined the National Health Service Improvement (NHSI) Direct Support programme, which seeks to address retention of NHS staff in certain roles and settings. Alongside those initiatives, there was also an increased reliance upon temporary workers, though some of those were described as “more or less permanent”, but as preferring the flexibility of working via a staffing “bank”.

⁶⁰ A national initiative to “help people Get Ready, Get In, Get On and Go Further in their careers in the NHS”. See <https://www.hee.nhs.uk/our-work/talent-care-widening-participation>

Financial incentives, to new recruits or to retain existing staff, were said to vary significantly between trusts:

“...some of the trusts around us are offering quite significant incentives... to either recruit or retain their nurses – far greater financial incentives than we’re offering.”

6.4 Workforce development and work-based learning

Several interviewees in trusts described workforce development initiatives that encompassed a range of entry and ‘stopping off’ points and that were intended to attract, retain and grow talent internally. In the main, these comprised apprenticeship programmes that developed healthcare support staff to Band 4 (nursing associate) and Band 5 (registered nurse) positions: the only non-apprenticeship programme being that offered by the OU. The work-based learning routes available and in development, for nursing, in each trust are summarised below (Table 20).

Table 20: Work-based learning routes within trusts (nursing)

Organisation	Nursing
NHS Trust A	Degree apprenticeships offered since June 2018 Trainee Nursing Associate route Associate Practitioner route <i>Strong focus upon apprenticeships in last 5 to 6 years</i>
NHS Trust B	Trainee Nursing Associate programme offered since June 2018 <i>No nursing degree apprenticeships offered, as seen as not cost-effective – but the trust has developed a bespoke degree programme with a local university</i>
NHS Trust C	Hope to begin Trainee Nursing Associate programme in December 2018 Small number of Associate Practitioners in training – some have completed and gone on to self-fund pre-registration training
NHS Trust D	Hope to begin Trainee Nursing Associate programme within 2018 Supporting a small number of staff through OU’s pre-registration programme

Two trusts also referred to the apprenticeships standards that are being developed in a number of Allied Health professions such as Podiatry, Dietetics and Physiotherapy. Trust D may offer Occupational Therapy apprenticeships from 2020, while Trust A was interested in the potential for trusts to work together to develop various Allied Health apprenticeships. In this way, it was suggested, universities would have viable-sized cohorts and trusts that were not utilising all of their apprenticeship levy would be able to draw upon more of that.

“...It’s how do you make best use of the levy but also how do the university providers run a viable programme if each of the rotation is only one, or two, or three apprentices? So it might be that they work across a much bigger patch than the nursing [apprenticeship] programme.”

Bands 3 and 4 staff in areas such as Occupational Therapy or Dietetics were said to be ideally placed to benefit from degree apprenticeships, since trusts often found sponsoring full-time or part-time study too expensive but would be able to afford apprenticeships. For part-time degrees, a further consideration was the difficulty in accommodating part-time placements.

“...So [via degree apprenticeships] you’re more likely to get that kind of move through of people who have been Band 4 and are excellent workers, and contribute to the team and know what their role is, but they just can’t take that step out of working.”

In the short term, however, the priority was to use apprenticeships to help fill vacancies in Nursing, since these presented the greatest challenges.

Several interviewees suggested that mature students were being, or ideally would be, drawn to the TNA or degree apprenticeship programmes that their trusts were offering. At one trust, where apprenticeship programmes were in place at several levels, these were said to be recruiting mainly from an older age band than the student body that came on placement.

In both trusts A and D, nursing apprenticeships were in place or being developed at every level from entry to pre-registration. At Trust A, there had been a very strong, organisation-wide focus upon apprenticeships and there were now more

than 500 apprentices, in clinical and non-clinical areas. Trust D was interested in developing “postgraduate apprenticeships” as part of a “talent management approach” for Nursing and for AHPs.

There were nevertheless concerns about the costs involved in apprentice training, especially nursing degree apprenticeships, which interviewees described as “very unattractive” financially.

“An apprenticeship model is an 80/20 model and currently our trainees for nursing associates and Register Nurses (RNs) will probably be out of the workforce 60% of their time.”

Some interviewees emphasised that the Trainee Nursing Associate route was more viable financially than were degree apprenticeships, due to the costs associated with backfill for the latter.

A trust that had been part of the first wave of TNA would have six staff complete the programme in January 2019 and anticipated running two cohorts (of eight to ten TNAs) per annum. All were expected to be existing staff, since more than 100 healthcare workers had expressed interest in TNA or nursing degree apprenticeships.

Trusts had differing approaches to recruiting to TNA and nursing degree apprenticeships, some restricting recruitment to their own staff but others having begun also to promote and recruit to vacancies externally.

6.5 Relationships with universities and colleges

One trust had initiated discussions with a local university, which had resulted in a trust-specific, three-year, full-time Nursing (Adult) degree that targeted mature learners and had a widening participation agenda locally.

The degree includes⁶¹:

⁶¹ The same university has also developed a similar but not identical degree programme with a nearby trust and promotes this as particularly relevant to local, mature applicants.

- A pre-study period, working as a healthcare assistant at the trust.
- All placements being spent at the trust.
- Upon graduation, guaranteed employment (Band 5) at the trust.

Whilst studying, those enrolled would also be offered a flexible (zero-hours) contract as a healthcare assistant. The trust hoped to recruit 100 graduates each year from that programme, in addition to developing 50 trainee nursing associates, some 20 of whom were expected to progress to registered status.

Trusts each described working with several local universities, but having closer relationships with one or two, from which they tended to recruit more students or that they used for apprentice education. There were also references to strong collaboration with other trusts and with universities, through initiatives such as sustainability and transformation partnerships. One trust was also part of a local health and social care learning partnership that brought together several trusts and universities, and a local authority, to plan, co-ordinate and deliver learning and development, including advanced and higher apprenticeships.

Whilst the trusts tended to view their relationships with universities as quite close and collaborative, some had very little involvement with FE colleges. One trust worked with colleges as part of the Talent for Care initiative – promoting opportunities to adults in the local area. Another, however, had no direct involvement, since it would involve a resource commitment that was felt to be the role of universities.

“Universities go into those but we don’t.... I see that more as the universities’ responsibility, rather than the trusts.”

It was rare for interviewees in trusts to discuss any tracking of promotional activity. One trust, however, described tracking of outcomes from events, including from one event that attracted 100 mature learners.

Appendix 4: List of Steering Group Participants

Name	Role
Ed Hughes	Steering Group Chair Head of Health and Medicine, Health Team, at the Office for Students
Hannah Abbott	President of the College of Operating Department Practitioners
James Coughtrey	Development Officer at the College of Podiatry
Alex Davis	SIHED Programme Manager at the College of Podiatry
Helene Fouquet	Higher Education Policy Adviser, Health Team, at the Office for Students
Spencer Goodman	Professional Officer at the Society of Radiographers
Joshua Niderost	Senior Policy and Public Affairs Officer at the Council of Deans of Health
Gill Rawlinson	National Allied Health Professional Fellow at Health Education England

Appendix 5: List of Abbreviations

ALB	Arm's Length Bodies
AH	Allied Health
AHP	Allied Health Professions
BME	Black and Minority Ethnic
BSc	Bachelor of Science
ESFA	Education and Skills Funding Agency
ESOL	English for Speakers of Other Languages
FE	Further Education
HCA	Healthcare Assistant
HE	Higher Education
HEE	Health Education England
HEI	Higher Education Institution
HEIFES	Higher Education in Further Education Students
HESA	The Higher Education Statistics Agency
HESES	Higher Education Student Early Statistics
IFA	Institute for Apprenticeships
JACS	Joint Academic Coding System
LD	Learning Disability
MSc	Master of Science
NCOP	National Collaborative Outreach Programmes
NHS	National Health Service
NHSI	National Health Service Improvement
NMAH	Nursing, Midwifery, and Allied Health
NMC	Nursing and Midwifery Council
ODP	Operating Department Practice
OfS	Office for Students
OT	Occupational Therapy
OU	The Open University
PG	Postgraduate

PGDip	Postgraduate Diploma
PGT	Postgraduate Taught
PSRB	Professional, Statutory and Regulatory Bodies
RN	Registered Nurse
SIHED	Strategic Interventions in Health Education Disciplines
SLT	Speech and Language Therapy
STEM	Science, Technology, Engineering and Mathematics
STP	Sustainability and Transformation Partnership
TNA	Trainee Nursing Associate
TR	Therapeutic Radiography
UCAS	The Universities and Colleges Admissions Service
UG	Undergraduate
WP	Widening Participation

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