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Given the uproar over bursary cuts, we must not forget the income that universities receive from nurse education. This revenue, which has flowed into universities since they assimilated the old NHS training schools, enables vast teaching and research capacity as well as new campus real estate. Some of the newest campus buildings even have plaques on them celebrating their NHS links.

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While the switch to university fees is spectacularly unpopular with students, it is very popular with the CoDH which says nursing students will be wealthier paying university fees. From September 2017 to become a registered nurse in a British university will cost, conservatively, £40,000 (more if maintenance costs are factored in). This has arisen partly due to CoDH lobbying and

If life is a blur
Jane Bates reflects on others’ consideration

I’d already told the midwife something was wrong, and she’d gone for help. But that was an hour ago. Now I was going downhill fast.

I was burning up, having rigors and shivering uncontrollably. My extremities were so cold I thought they would drop off. Then the postnatal ward (babies crying, mothers chatting, bells ringing) began to fade away to nothing...

The patient opposite, who, I later realised, had been watching me like a hawk, called for assistance. After
partly because this government treats nurse education as a utility, like gas or railways, to be outsourced at cost within the market. The government and CoDH quote spurious evidence; for example, that two out of three applicants for every degree course are rejected (Department of Health 2016), and that high drop-out rates plague nursing degrees (Christie & Co, 2015). These arguments are seductive and hard to counter using arguments about quality, vocation or the right applicant, because in so doing one may be dismissed as archaic.

Nurse numbers
What should be debated is how bursary cuts will remove the student nurse number cap. It is a debate over educating nurses by creating an open market and enabling larger numbers of students, via loans, to enter universities as fee-payers. In this way nurse degree funding, previously the remit of the Department of Health, becomes the responsibility of the universities.

After cuts, the pernicious argument that investing in your career by paying university fees will become even more difficult to counter, when no alternative exists to having to pay ever higher fees to become a nurse.

This will be a money earner for British universities, even though there is nowhere to seat more students on campuses. Then there are issues universities have recruiting and retaining nurse lecturers who are academically prepared nurses holding recordable education qualifications. More difficulties will arise in the NHS as little extra placement capacity exists for students to learn safe practice.

Universities seem to be paying little heed to these issues, while our government only cares about headlines such as ‘Conservatives train thousands more nurses’ and the opportunities for universities to generate income. There may be greater market entry by for-profit universities with fierce competition among the rest. After bursary cuts there could also be a race to the bottom as we scramble to recruit students from a dwindling supply of home-grown talent.

Kevin Corbett is a senior lecturer in adult nursing at Middlesex University London. The views expressed in this article are those of the author

Next week: a former director of nursing on why bursary cuts could be good for the profession

When I fear I am becoming clumsy in old age, I take out my smartphone, cradle it in the palm of my hand and admire its pristine glass surfaces.

No one else in our house can do this. Janet came nearest, keeping her phone nice for nearly a year before dropping it face down on the concrete last week. But from day one, our boys have been a disgrace.

Each managed to sit, stand or stamp on his device within weeks. And because cases and screen protectors are about as cool as stabiliser wheels, each walks around now with a slab of shattered glass in his trouser pocket.

I wince each time I see one of them stroking the splintered surface with his bare fingers while texting, or worse, holding it to his ear. But when I offer to pay for new screens, my generosity is greeted with snorts, like when I suggested they might want to wear coats in January.

Glass splinters are a pain, I say. And gritting your teeth while a nurse pecks at your flesh with those special pointed tweezers (that somehow I can never find in the chemist’s) is worse than listening to your dad’s playlist. But my cautions are dismissed as mere fussing.

How much emergency department time is used removing fragments of glass from parts of our children? According to the internet, only wimps seek medical help.

‘I’m not a doctor,’ says Ratboy, in case we wondered. ‘But I recommend duct tape.’ Alternatively, our kids could take a tip from Raji the Green Witch, who recommends molten candle wax. ‘Let it harden, then peel it off,’ she cackles, before flying off to advise at her local dermatology clinic.

Maybe the answer lies in those ludicrous computer watches. They have to be good for something. Here’s the pitch: child taps on watch, watch communicates with phone, phone stays in pocket. Child remains glass-free.

Marketing guys, are you listening?

David Newnham is a freelance journalist