The announcement that more than 1,000 extra adult nurses will be trained across England in 2014/15 follows in the wake of numerous predictions, including from the RCN, of a nursing shortfall by 2016.

Health Education England (HEE), which is responsible for funding healthcare workers’ training, will commission 13,276 adult nurse places in 2014/15, up from 12,134 in 2013/14 (see breakdown below). HEE published its first national workforce plan last month.

Figures for Wales, Northern Ireland and Scotland are not yet available.

RCN head of policy Howard Catton says the college had been calling for a 10 per cent increase in training places and is very happy with what equates to a 9 per cent rise.

He adds that while it may be tempting to call for a larger increase in nursing commissions, consideration needs to be given to how many more students the education system can actually support.

‘You could increase the numbers by 30 or 40 per cent, but if there is not the capacity within the system to provide all those nursing students with mentorship, clinical placements and so on, then there is no point. We have to be realistic,’ he says.

‘FOR THIS YEAR’S EXTRA TRAINING PLACES TO BE TRULY GREAT NEWS THEY SHOULD NOT BE A ONE OFF’

Nevertheless, Mr Catton also cautions that the decline in the number of new nurses that has taken place over the past few years cannot be reversed in 12 months. He says that HEE needs to ensure that this year’s boost in numbers is repeated at similar levels beyond 2014/15 to reverse the falling number of training places.

Despite the extra places this year, there will be 1,223 fewer than there were five years ago.

In 2009/10, there were 14,451 adult nurse places across England, compared with 13,228 this year.

For all nursing branches, in 2014/15 there will be 19,206 places compared with 23,121 in 2009/10 – a drop of 3,915 places.

‘For this year’s extra places to be truly great news they should not be a one off. However, there is a real risk that in 2015/16, when funding pressures are going to increase, the situation reverses,’ warns Mr Catton.

‘As we move further away from the Francis report, there is a significant risk that the one-year boom will be followed by a bust.’

The Francis report into care failings at Mid Staffordshire NHS Foundation Trust, which strongly linked appalling care with chronic understaffing, is behind the increase in nurse numbers for 2014/15, HEE’s report reveals.

**Workforce plan**

Employers, who estimate how many new nurses they will need, increased the number of nurse training places by 500 in the wake of the Francis report, published in February, according to the HEE workforce plan.

Training new nurses is not, however, the sole focus of the HEE national workforce plan. Training funds are also available to encourage those who have left nursing to return to the profession in a bid to head off the predicted nursing shortage.

‘As well as commissioning new nurses, we need to actively manage the investment we have already made in individuals and think creatively about how we might encourage qualified and registered nurses to return to work,’
says the report. ‘If we can use our resources to support registered nurses to return to, and stay in, employment then that is good for employers, tax payers, nurses and – most of all – patients.’

The report states that there are 23,000 nurses who have lapsed Nursing and Midwifery Council (NMC) registration, and it argues that some of those could be encouraged to return to nursing.

Targeting returners makes economic sense, because the cost of a return-to-practice course is significantly less than the £45,000 it costs to train a new nurse.

In addition, it means that the nursing workforce could, in theory, be bolstered by thousands of nurses relatively swiftly.

But figures held by the NMC show that the number of nurses undertaking return-to-practice courses is falling.

Between 2010 and 2013, the number of nurses rejoining the register after completing a return-to-practice course fell from 1,127 to 895 across the UK. Interestingly, some individuals who completed the course did not go on to re-register with the NMC. In 2010, for example, 1,240 people completed a return-to-practice course, but just 1,127 went on to rejoin the register.

Workforce expert James Buchan says the fall in successful return to practice is likely to reflect reduced financial support for such courses and a reduction in NHS jobs.

Employment
‘Financial support for return-to-practice will have to be combined with the realistic prospect of NHS employment with flexible hours if there to be a reverse in this decline,’ he says.

Funding for return-to-practice courses is one of the issues HEE will consider as part of a campaign to encourage nurses back into the profession. Currently, people undertaking the courses usually pay for them themselves.

An HEE spokesperson said: ‘We will consider funding return-to-practice courses as one of the options to help nurses back into work.’

The RCN is part of a working group that has been set up to look at how nurses can be attracted back into the profession.

Choosing to leave nursing is unlikely to be a snap decision, but one based on a great deal of soul-searching. Therefore, encouraging people back will mean making them a credible offer, says Mr Catton.

‘There is no doubt that it is a challenge – but we need to make sure the offer is attractive’