



Summary: Changes in healthcare entrants 2016-17 to 2017 18

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Publication date 19 September 2019

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Executive summary

1. There was a change to the funding of pre-registration healthcare university courses in 2017. Students received loans through the main student finance system for tuition fees and living costs rather than receiving non-repayable bursaries. Universities had more flexibility to increase the size of each course. This analysis considers the short-term effect of these changes on the number and profile of students.
2. The disciplines in scope for this analysis are the pre-registration¹ nursing, midwifery and allied health² courses where the funding was reformed for the start of the 2017-18 year.
3. The key findings are as follows:
 - a. The number of undergraduate entrants to nursing courses decreased by 11 per cent between 2016-17 and 2017-18, while there were 3 per cent more midwifery entrants.
 - b. There was little overall change in the number of entrants to allied health courses, but this masks differing changes for each disciplines. Some decreased in numbers, while others had an increase.
 - c. There was an overall shift towards younger students taking healthcare courses. The number of young entrants increased by 4 per cent, whereas the number of mature students decreased by 15 per cent.
4. It is important to note that two years of data is not enough to evaluate the full impact of the reforms. In some cases the drop in mature students may be a return to normal following an increase in students starting in 2016-17 before the reforms.

Background

5. This data release contains student data for all undergraduate entrants studying on pre-registration healthcare courses at English higher education providers. The data source was the Higher Education Statistics Agency (HESA) student record for academic years 2016-17 and 2017-18.
6. Pre-registration courses are healthcare courses that are accredited by professional, statutory and regulatory bodies and lead to initial registration in a profession.
7. This data shows the changes in the number and profile of entrants to nursing, midwifery and allied health (NMAH) courses between 2016-17 and 2017-18. Note that dental hygiene and dental therapy courses are included in the totals, but not shown separately because the reforms did not apply across all those courses until later years. The number of students on these courses is not large enough to materially change the totals. The number of entrants to all undergraduate courses at English higher education providers is also provided for comparison.

¹ Pre-registration courses are those where completing means the student is eligible to register with a health regulatory body.

² Allied health courses are specialised healthcare disciplines, including subjects such as speech and language therapy and physiotherapy.

8. The interactive charts³ show the change in the number of entrants to each discipline and the proportional change relative to 2016-17. These changes can be viewed split by age, ethnicity, disability, sex and area-based measures of financial and educational disadvantage. Additionally the data can be restricted to full-time or part-time study.
9. The information is published to support initial analysis of the short term impact of the 2017 healthcare funding reforms on student numbers. It compares the final year of the old framework (2016-17) to the first year of the reforms (2017-18). While the Office for Students (OfS) hopes this data will be useful to the sector, care is needed with interpretation and longer trends will need to be considered to gain a full understanding.
10. In particular, UCAS data⁴ suggests that there was an increase in mature entrants to some disciplines in 2016-17 before the reforms. This means that some of the decreases observed between 2016-17 and 2017-18 are partly a return to normal student numbers.

Population and methodology

11. This release includes undergraduate students in English higher education providers who began their studies in the academic years 2016-17 and 2017-18. Postgraduate students have been excluded as the funding reforms for postgraduate courses were only implemented in 2018-19. Non-EU students have also been excluded, and the two disciplines with courses at only one or two providers are not shown for data protection reasons.
12. Details of the methodology and populations used in this data analysis can be found in the methodology document associated with this release⁵.

Overall themes

13. While the interactive charts enable detailed exploration of patterns, some themes apply across most disciplines and merit further highlighting. First the overall changes are considered, followed by changes for different age and ethnic groups, and then the detailed discipline-specific findings.

Overall

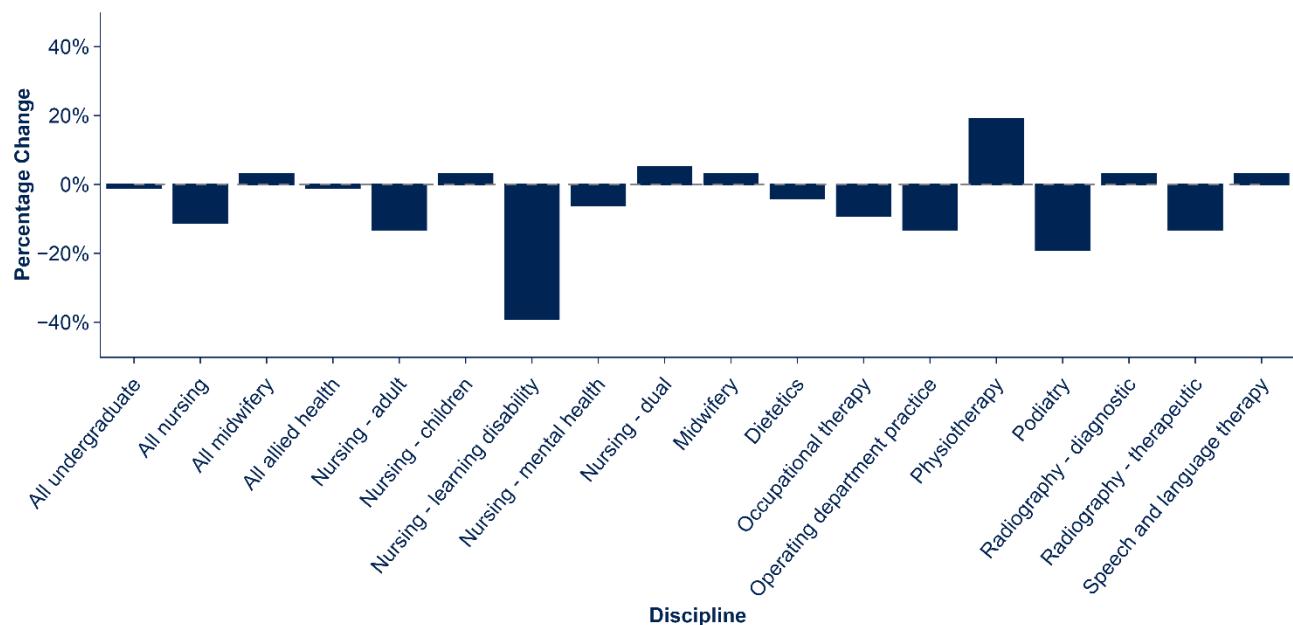
14. Figure 1 shows the overall change in entrants for each healthcare discipline. It shows that while some disciplines grew, most decreased in size.

³ See www.officeforstudents.org.uk/data-and-analysis/changes-in-healthcare-student-numbers

⁴ See www.ucas.com/file/198291/download?token=K5GegIEE

⁵ See www.officeforstudents.org.uk/data-and-analysis/changes-in-healthcare-student-numbers/data-and-methodology/

Figure 1: Percentage change in entrants between 2016-17 and 2017-18



15. Figure 1 shows that overall there was a drop of 11 per cent in nursing students, while there was little overall change in midwifery or allied health courses.

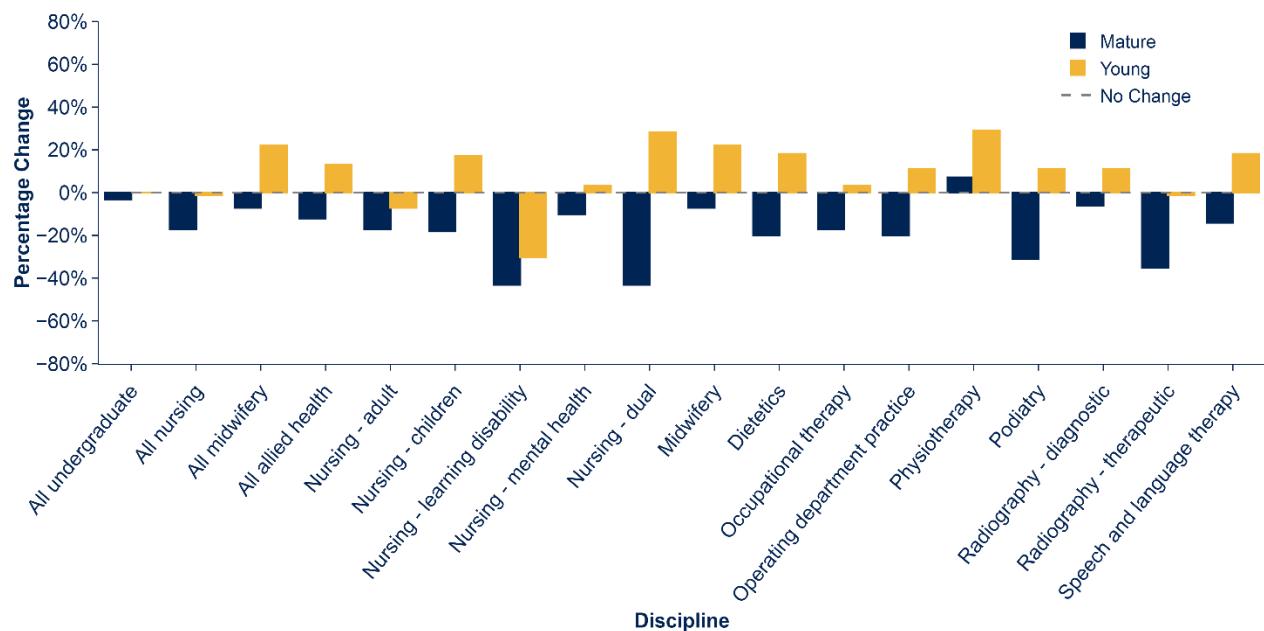
16. However, this varied by specific discipline. The largest decrease was for learning disability nursing. There were 39 per cent fewer students on courses in 2017-18 than there were in 2016-17: a drop from 620 to 375 students. The largest increase was in physiotherapy: an increase of by 19 per cent, with an extra 250 students beginning courses in 2017-18.

Age group

17. The overall changes by discipline mask some of the differing changes for certain student groups. This section shows how the change was different depending on students' age groups. Mature students (aged 21 or over) are an important part of the population for healthcare courses. In 2016-17, 60 per cent of nursing, midwifery and allied health students were mature, compared to 35 per cent of undergraduate students overall. This means changes to the number of mature entrants have a large impact on the overall number of entrants.

18. Figure 2 shows the percentage change in young and mature students for each discipline, compared to the change for all undergraduate students.

Figure 2: Percentage change in the number of young and mature entrants between 2016-17 and 2017-18

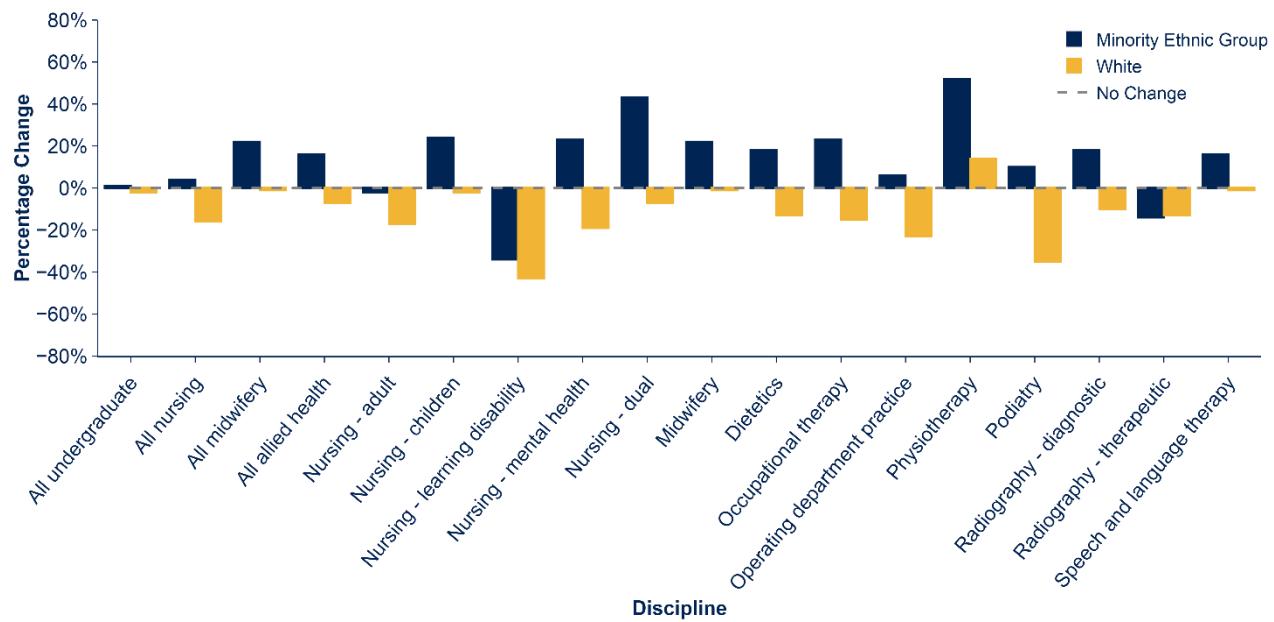


19. Figure 2 shows that the number of mature undergraduate students decreased for every discipline except for physiotherapy. In most cases the percentage decrease in mature students was greater than the percentage decrease across all undergraduate courses. The greatest percentage decrease was in learning disability nursing and dual nursing, both with a 43 per cent decrease between 2016-17 and 2017-18.
20. However, the number of young students increased for almost every discipline. In some cases, such as midwifery and children's nursing, this increase (195 and 230 young students, respectively) was enough to more than offset the drop in mature students (110 and 155 mature students).

Ethnic group

21. As well as age group, it is also revealing to focus on differences between white students and those from minority ethnic groups. Figure 3 shows the change between 2016-17 and 2017-18 for UK students from different ethnic groups.

Figure 3: Percentage change in the number of white and minority ethnic entrants between 2016-17 and 2017-18



Note: All charts and figures relating to ethnicity are based on UK-domiciled students only. Students whose ethnicity is unknown or not reported are excluded.

22. Figure 3 shows that there was an increase in the number of entrants from minority ethnic groups in nearly all disciplines, with an increase of 52 per cent in physiotherapy and 24 per cent in children's nursing.
23. In contrast, the number of white entrants decreased in every discipline except physiotherapy. The greatest percentage decreases were in learning disability nursing (43 per cent, 170 students) and podiatry (35 per cent, 55 students).
24. This means that in almost every discipline the proportion of students who were minority ethnic increased between 2016-17 and 2017-18. Some of the disciplines with the greatest increases in minority ethnic students were those that started off with the smallest proportion from that group. For instance, in 2016-17 just one in six midwifery students were from a minority ethnic group, compared to one in four across all undergraduate courses. The increase of 23 per cent in the number of minority ethnic students meant that in 2017-18 midwifery courses had an ethnic profile which was more similar to that of other undergraduate courses.

Discipline-specific findings

Nursing

Overall

25. The number entering nursing courses decreased by 2,160 students (11 per cent)⁶ from 2016-17 to 2017-18. This is largely caused by a reduction in mature white entrants of 24 per cent (1,860 students), whereas the overall number of young entrants only dropped by 1 per cent.
26. In fact, the number of young entrants from minority ethnic groups has increased by 18 per cent (330 students). Black students of all ages are the only ethnic group to have seen an increase in entrants with a proportional change of 12 per cent (375 students). This shows that the increase in the young minority ethnic groups has been driven by an increase in black entrants.
27. Both sexes have seen decreases in the number of entrants with males having a larger proportional decrease of 18 per cent (375 students) compared to a decrease of 10 per cent (1,785 students) in the number of females.

Adult nursing

28. Adult nursing is the largest of the nursing disciplines. The number of entrants to adult nursing courses decreased by 1,825 students (13 per cent) from 2016-17 to 2017-18.
29. Mature white students experienced a proportional decrease of 22 per cent (1,220 students) relative to 2016-17. In contrast, young students from minority ethnic groups are the only ethnic-age group to have seen an increase in entrants (9 per cent, 110 students).
30. Male entrants have seen a larger proportional decrease than female entrants, 21 per cent (250 students) and 13 per cent (1,575 students), respectively.

Children's nursing

31. There was a small increase in the number of entrants to children's nursing courses of 75 students (3 per cent) from 2016-17 to 2017-18.
32. This overall increase is mainly due to young students from minority ethnic groups, who experienced a large proportional increase of 51 per cent (155 students). This and the increase in young white entrants (80 students, 8 per cent) outweighed the drop of 155 students (18 per cent) in mature entrants.

Learning disability nursing

33. The number of entrants to learning disability nursing courses decreased by 39 per cent (245 students) relative to 2016-17. The number of entrants decreased for all characteristics.

⁶ For data protection, all student numbers in this analysis are rounded to the nearest five.

Mental health nursing

34. The number of entrants to mental health nursing courses decreased slightly by 175 students (6 per cent) between 2016-17 and 2017-18, largely the result of a decrease in the number of mature white students (29 per cent, 355 students).
35. There was a drop of more than 20 per cent in entrants aged between 21 and 30, while there were slight increases in those aged under 21 or over 30.
36. The number of white students decreased by 19 per cent (380 students), while students from black ethnic groups increased by 35 per cent (250 students). All other ethnic groups decreased in size.
37. White male students experienced a large proportional decrease of 41 per cent (140 students), compared to white female students who decreased by 15 per cent (240 students).

Dual nursing

38. Students enrolled on courses that lead to registration in two types of nursing (e.g. adult and children's or mental health and learning disability) have been counted as dual nurses.
39. The small number of students (just 175 in 2016-17) means any changes should be viewed with caution. However, there was an increase of 10 students between years, which is a proportional increase of 5 per cent.

Midwifery

40. The number of entrants to midwifery courses increased slightly by 85 students (3 per cent) between 2016-17 and 2017-18. This change is the result of an increase in young students from minority ethnic groups (46 per cent, 70 students).
41. Young entrants increased by 22 per cent (195 students) while mature entrants decreased slightly (7 per cent, 110 students).
42. Entrants from minority ethnic groups experienced a proportional increase of 22 per cent (80 students) relative to 2016-17. Black students accounted for most of this change with a proportional increase of 39 per cent (65 students) relative to 2016-17.
43. In each year, there were just five male entrants to midwifery courses.
44. Young students from areas least represented in higher education (POLAR⁷ quintile 1 areas) experienced a larger proportional increase (94 per cent, 85 students) than young students from other areas.

⁷ POLAR is the Participation of Local Areas. See <https://www.officeforstudents.org.uk/data-and-analysis/polar-participation-of-local-areas>

Allied health

Overall

45. There was little overall change in the number starting allied health disciplines between 2016-17 and 2017-18. Mature entrants decreased (415 students, 12 per cent) while young entrants increased (380 students, 13 per cent).
46. Minority ethnic groups experienced a proportional increase of 16 per cent (265 students) driven primarily by an increase in Asian entrants of 160 students (20 per cent). The number of white entrants decreased by 305 students (7 per cent).
47. Mature white entrants decreased by 440 (17 per cent) relative to 2016-17 while the number of young students from minority ethnic groups increased by 240 (27 per cent).

Dietetics

48. There were small numbers of entrants to dietetics courses in both years so percentage changes must be treated with caution. Young entrants increased by 18 per cent (20 students) while mature entrants had a proportional decrease of 20 per cent (30 students), driven by a 29 per cent decrease in white mature entrants (30 students).

Occupational therapy

49. The number of entrants to occupational therapy decreased slightly by 125 students (9 per cent) from 2016-17 to 2017-18. This decrease appears to be driven by a decrease in mature white students (135 students, 21 per cent). On the other hand, young entrants from minority ethnic groups increased by 45 per cent (45 students).
50. Young students from areas least represented in higher education (POLAR4 quintile 1) increased by 39 per cent (20 students) relative to 2016-17, the largest increase of any of the POLAR4 quintiles. Conversely, the most represented areas (quintiles 4 and 5) have seen a decrease in the number of entrants (five and 20 students respectively).

Operating department practice

51. The number of entrants to operating department practice courses decreased by 125 students (13 per cent).
52. Mature white entrants had a large proportional decrease of 27 per cent (140 students) while young students from minority ethnic groups increased by 30 per cent (30 entrants).
53. Young female entrants increased by 17 per cent (30 students) while all other groups have had a decrease in entrants. Mature males had the largest proportional decrease of 26 per cent (60 students).

Physiotherapy

54. The number of entrants to physiotherapy courses has increased by 19 per cent (250 students) relative to 2016-17. All groups of students have seen an increase in entrants to physiotherapy courses, in particular young males, which increased by 45 per cent (95 students).
55. Unlike other disciplines both young and mature entrants have increased, with young students having the larger proportional increase of 29 per cent (210 students).

Podiatry

56. Podiatry had a small number of entrants in both 2016-17 and 2017-18 so percentage changes must be treated with caution. Overall, there was a decrease of 45 students (19 per cent). Like many other disciplines this seems to have been driven by a decrease in mature white students with a proportional decrease of 39 per cent (45 students).

Diagnostic radiography

57. The number of entrants to diagnostic radiography courses was similar in 2016-17 and 2017-18, with an increase of 40 students (3 per cent) between these years. This change appears to have been caused by an increase in entrants from minority ethnic groups of 95 students (18 per cent) compared to a decrease of 55 white entrants (10 per cent).

Therapeutic radiography

58. The number of entrants to therapeutic radiography courses in both years is relatively small so percentage changes must again be treated with caution. Overall there was a decrease of 45 students (13 per cent), the result of a 35 per cent proportional decrease in mature entrants (40 students).
59. Unlike most disciplines, more than half therapeutic radiography students were from minority ethnic groups. So even though the number of minority ethnic students studying therapeutic radiography dropped, there was still a higher proportion than in most other disciplines.
60. Mature male students had the largest proportional decrease of 53 per cent (20 students).

Speech and language therapy

61. The number of entrants to speech and language therapy courses has remained relatively unchanged with a very slight increase of 10 students (3 per cent).



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