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A hidden crisis: the growing loss of nursing education provision in the UK

The University of Nottingham's proposal to suspend recruitment to its Children's Nursing and Mental Health Nursing courses from 2026 has caused significant anxiety within the profession. As a major Russell Group provider with large cohorts and a strong national reach, the implications extend well beyond a single institutional decision. The review forms part of a wider restructuring exercise that places up to 18 courses under scrutiny (Rowse, 2025; University of Nottingham, 2025). Coming so soon after Cardiff University's near closure of nursing routes in 2024, the move contributes to an emerging pattern: nursing education is becoming increasingly vulnerable across the UK (Royal College of Nursing (RCN), 2025a).

The university cites rising delivery costs, restricted income streams, pressures on research funding and the long-term impact of frozen tuition fees as factors driving the review. These concerns reflect a wider financial landscape in which almost 40% of English universities are operating at a deficit or face significant financial risk (Adams, 2024). The issue is not unique to nursing, but pre-registration children's and mental health nursing sit at the intersection of several pressures. These routes rely on high-cost simulation, extensive placement provision and academic expertise in fields already facing national workforce shortages. They are not aligned to research-intensive funding streams in the same way as some other disciplines, leaving them more exposed when universities must make difficult decisions.

Local demand does not appear to be the root cause. Nottingham has historically recruited well to children's nursing. Recruitment to mental health nursing has been more variable, reflecting national patterns, but Universities and Colleges Admissions Service (UCAS) data for 2025 show an increase in applications for both fields of nursing. Both remain areas of recognised workforce need nationally, and

locally mental health services continue to report increased demand, higher acuity and ongoing staffing pressures.

Effects on students

The implications for current and prospective students are already evident. Foundation year students who accepted places expecting to progress into children's or mental health nursing now face considerable uncertainty, with some redirected to fields that do not align with their career plans. There is also uncertainty for first-year students who may face interruptions or delays in progressing to year two. Although existing cohorts have been advised that the intention is to support them through teach-out arrangements, many describe concerns about how placement continuity, field-specific teaching and support will be maintained as the plans develop. At this stage, the university has outlined its broad approach, but finer details are still to be confirmed, creating understandable anxiety among learners.

Professional organisations have responded with concern. The RCN, the Association of British Paediatric Nurses, the Association of Chief Children's Nurses and mental health nursing leaders have highlighted risks to local and regional staffing pipelines (RCN, 2025b). Nottinghamshire's children's services, including the extensive portfolio delivered by Nottingham University Hospitals NHS Trust (NUH), depend heavily on Nottingham graduates, with further demand from community, hospice and national services. Mental health services rely even more strongly on local recruitment, with most graduates remaining in the region to work in adult, older adult, crisis and community teams. Losing even one cohort will create clear and immediate gaps. Removing two fields from a provider of this scale has wider national implications as Nottingham contributes a notable proportion of newly registered children's and mental health nurses each year.

This trend is not confined to Nottingham. Cardiff narrowly avoided the removal of its nursing programmes during its 2025 financial review (Anderson, 2025; RCN, 2025a). Several Scottish universities have already reduced or removed children's or mental health routes, and Northern Ireland remains restricted by tightly commissioned numbers despite population need. Wales has maintained a more stable model, yet the pressures are increasingly visible. Taken together, these patterns suggest contraction in areas that depend on placements, academic expertise and established educational infrastructure.

Wider implications

The consequences for the wider NHS workforce are significant. Children's and mental health nursing have long faced shortages, and national reviews repeatedly highlight gaps across paediatric inpatient care, neonatal services, Child and Adolescent Mental Health Services (CAMHS), crisis teams and community mental health pathways. The immediate impact will also be felt in practice learning environments, where student nurses contribute meaningfully to clinical activity even as supernumerary learners. From 2026, NUH alone could see around 50 fewer children's nursing students in placement areas, adding pressure to teams already under strain.

The academic workforce is also vulnerable. Professional bodies report shortages of experienced nurse educators and the effects this has on the stability of the wider health and care workforce. Once routes close, academic capacity, supervisory expertise and placement partnerships can diminish quickly and are extremely difficult to rebuild. These risks are amplified in institutions where expectations around academic contribution are shifting. At Nottingham, the review indicates an increasing emphasis on programmes that can demonstrate strong student numbers and significant contributions to both teaching and research. This raises wider questions about the place of nursing within research-intensive universities and the long-term stability of partnerships between the NHS and higher education.

There are important academic and professional implications. Pre-registration children's and mental health nursing programmes provide the core foundation for safe practice, preparing students to meet the Nursing and Midwifery Council's (2024) Annex A and Annex B proficiency requirements. These routes develop the skills, knowledge and professional behaviours needed for registration, including assessment, communication, safeguarding, therapeutic interventions and community-based practice. The teaching and clinical components of these programmes sustain the workforce pipeline and the academic and practice expertise required to care for children and young people and people experiencing mental ill health. Without field-specific pre-registration pathways, health and care services risk losing essential capability. The overlap between children's and mental health care remains increasingly important as national policy emphasises prevention, family support and community provision. Recruitment challenges across parts of the UK, including mental health nursing at Cardiff before its reversal, highlight the need for the profession, higher education, government and employers to work together to support nursing as a well-supported and sustainable career.

Misalignment

The misalignment between national workforce ambitions and university funding structures is now clear. The NHS Long Term Workforce Plan (NHS England, 2023) aims to expand roles across both fields. Yet universities must deliver these routes within a funding model that does not reflect their true cost, offers limited protection for smaller fields and depends on placement capacity in an already stretched NHS. Commissioning additional places will not improve retention unless matched with sustainable academic infrastructure, placement capacity and working conditions that keep graduates in the profession.

Children and young people make up a quarter of the UK population and rely on children's and mental health nurses across all healthcare settings. Mental health needs in young people have risen sharply, and research led by Nottingham has highlighted ongoing challenges in identification and support. Suspending the programmes that prepare the future workforce contradicts national strategy and risks defaulting to a generic model that overlooks specific requirements.

National action needed

Nottingham's proposals represent more than a local restructuring exercise. When a major Russell Group institution indicates it may be unable to sustain key nursing fields, it signals growing strain across higher education and the health service. Without co-ordinated national action, these routes may continue to contract, widening inequalities and weakening the workforce pipeline.

Protecting children's and mental health nursing education requires funding that reflects the real cost of delivery, long-term commissioning, sufficient placement capacity and recognition of the essential contribution these fields make to population health. Decisions taken over the next year will shape the workforce for the next decade. The UK cannot afford to lose its ability to educate the nurses who support its most vulnerable citizens.

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