OPEN LETTER TO THE NURSING AND MIDWIFERY COUNCIL

Securing the future of Registered Nursing in Learning Disabilities: a call for urgent action

Dear Nursing and Midwifery Council,

After more than a decade of workforce decline, we ask the Nursing and Midwifery Council (NMC) to undertake a transparent, evidence-led review of the Registered Nurse in Learning Disabilities field and title of registration. The review should determine whether the current model remains fit for contemporary education and practice, assess the case for change alongside the case for retention, and protect learning disability nursing as a distinct field of specialist nursing expertise in any outcome.

Since 2011, professional organisations, workforce planners, educators and nurses have warned of declining workforce numbers, falling student recruitment, the loss of university programmes and uncertainty about the future of learning disability nursing.

We therefore propose that the fundamental question is:

Does the field of registration "Registered Nurse in Learning Disabilities" still accurately represent the professional knowledge, skills and expertise for which these nurses are educated and registered?

The NMC has a unique responsibility to lead this review through meaningful consultation and a transparent assessment of the evidence. It must not presume that the current model should either be retained or replaced, and any outcome must preserve learning disability nursing as a distinct field of specialist nursing expertise.

A longstanding workforce and education crisis

The evidence of decline has accumulated over many years. In 2011, the Department of Health described the reduction in learning disability nurses in England as a "catastrophic drop", with numbers falling from approximately 12,500 in 1995 to around 6,600 in 2009.

In 2012, *Strengthening the Commitment* set out 17 recommendations for modernising learning disability nursing across the UK, including workforce, education, leadership, research and career development.

Subsequent RCN reports continued to document workforce decline and called for long-term workforce planning and increased student commissions. More recently, the RCN reported that acceptances onto learning disability nursing courses in England fell by

36% between 2015 and 2023, alongside a 43% reduction in NHS learning disability nurses in England between May 2010 and July 2024.

The latest RCN review again highlights a reduced UK NHS learning disability nursing workforce and insufficient numbers entering the profession. This is therefore not a short-term fluctuation. It is a longstanding and well-documented problem.

The NMC's own data reinforce the concern

NMC data show a distinctive pattern. In England, the number of nurses with learning disability registration fell from 14,439 in 2016 to 13,480 in 2020, while the other fields generally increased.

In 2023, learning disability nursing was the only one of the four fields to show a reduction in the UK, falling by 0.7%, while adult nursing increased by 3.6%, children's nursing by 3.5% and mental health nursing by 2.9%.

In 2024, learning disability nursing registrants in England fell by a further 1.2%, compared with increases of 2.7% in adult nursing, 2.8% in children's nursing and 3.8% in mental health nursing.

The pattern is not an uninterrupted annual decline in every part of the UK. There have been periods of stabilisation and modest increases. Nevertheless, the longer-term picture is one of a persistent and disproportionate workforce challenge, particularly in England.

The registration question

Workforce investment, education commissioning and service planning remain essential, but they have not reversed the long-term decline. That does not establish the registration field as a cause of the crisis. It does justify investigating whether the profession’s name and regulatory identity create recruitment barriers, employer misconceptions or uncertainty about career pathways. A registration review should therefore complement, not replace, the wider workforce response.

The workforce crisis raises a more fundamental question about regulatory identity. It is not a question of where RNLDs should work or which services they should support; RNLDs already work across a wide range of health and care settings. The issue is what their registration represents.

This review concerns regulatory identity. It is not a proposal for workforce relocation, role substitution, service redesign, the removal of specialist learning disability nursing expertise or a predetermined change of title.

The title “Registered Nurse in Learning Disabilities” understandably suggests a professional field centred on people with learning disabilities. Yet contemporary learning disability nursing education develops expertise in communication, cognitive

impairment, complex health needs, reasonable adjustments, advocacy, capacity, health inequalities, neurological and developmental conditions, and the interaction between physical, mental and social health. That expertise has relevance beyond a single diagnostic category.

The RCN has recognised RNLDs working across areas including autism, acquired brain injury, neurorehabilitation, epilepsy, dementia, mental health, acute care, prisons, children's services and social care. It has also reported concerns about RNLDs being denied employment opportunities because of misconceptions about their qualification.

Changes to mental health legislation are intended to limit the circumstances in which people with learning disabilities and autistic people can be detained solely on that basis. In this changing context, and given that one in six people in the UK live with a neurological condition, the overlap between RNLD expertise and wider neurodisability practice warrants careful examination. The review should assess whether closer alignment with neurology or neurodisability would accurately reflect RNLD education and practice and broaden career options, while also considering differences from neuroscience nursing and the potential positive or negative effects on professional identity, accessibility and the quality of nursing support for people with learning disabilities.

The issue, therefore, is not whether RNLDs *can* work beyond traditional learning disability services. They already do. It is whether the field of registration itself accurately reflects the professional knowledge and expertise of the nurses being registered.

A PBS4 survey (Hepplewhite, 2026) explored the views of RNLDs and student RNLDs on changing the field or title of registration. Respondents expressed substantial interest in change. The main concern raised was the possibility that such a change might be interpreted as changing nurses' roles, although that is not the intended purpose of the survey or this requested review. The findings indicate questions that merit wider independent investigation.

The erosion of pre-registration education

The availability of pre-registration RNLD education continues to diminish as higher education institutions withdraw from providing these programmes.

Across parts of England, access to RNLD training is becoming increasingly limited. In the South East, the Open University is the only identified option; in the East, provision is limited to the University of Hertfordshire and the Open University; and in the South West, provision is limited to the University of Gloucestershire and the Open University, with geographical limitations to campus-based provision.

The loss of local education opportunities creates significant barriers for prospective students. It also threatens the supply of future nurses, particularly where people cannot

reasonably access a programme alongside existing employment, caring responsibilities or other commitments.

The profession is at risk of entering a cycle in which fewer training opportunities lead to fewer applicants and graduates, further weakening the viability of the remaining programmes and accelerating their closure. Without intervention, we risk reaching a point at which the infrastructure required to replenish the RNLD workforce can no longer be sustained.

Public understanding and the visibility of learning disability

One factor that warrants urgent attention is the public understanding of learning disability and the visibility of the profession.

Research published by Mencap in 2021 found that two-thirds of people surveyed could not correctly identify what a learning disability is. This illustrates a significant gap in public understanding of a group comprising approximately 1.5 million people in the UK. Mencap's 2026 publication on public perceptions of learning disability reports that this gap persists.

We are concerned that limited public understanding of learning disability may also reduce awareness of learning disability nursing as a career. Prospective students who do not understand the population, purpose or breadth of the profession may be less likely to consider RNLD training. Lower interest can, in turn, weaken recruitment and threaten the viability of university programmes. This relationship should be tested rather than assumed.

While public awareness is not the only factor influencing recruitment and course viability, it deserves investigation as part of a wider strategy to secure the future workforce. The University of Wolverhampton has introduced module titles using "Neurodisability and Learning Disability Nursing" and reports an increase in cohort size and positive student support, with a wider course-title change under consideration. Northumbria University has also indicated that it intends to rename its BSc pre-registration course "Neurodisability and Learning Disability Nursing". These are emerging examples rather than evidence of national effect. Their value lies in identifying a testable question: whether terminology influences prospective students' understanding, interest and application decisions.

Positioning the field differently

Sector-led work, including the Enablement Hub's 2026 discussion paper on a Neurodisability Framework, has begun exploring the conceptual alignment between learning disability nursing and wider neurodisability practice. This work highlights shared expertise in communication, cognition, complex health needs, rights-based care and advocacy. It does not propose replacing learning disability nursing; rather, it

raises legitimate questions about whether the current registration title accurately reflects contemporary practice.

We believe the NMC should examine whether alternative titles or registration models would better describe the breadth of contemporary RNLD education, expertise and career pathways. This examination should assess the strengths and risks of each option, alongside the case for retaining the current field and title.

Recent conversations have explored alternatives such as:

- Registered Nurse in Neurodisabilities
- Registered Nurse in Intellectual Disabilities
- Registered Nurse in Neurodevelopment
- Registered Nurse in Neurodivergence

These discussions concern the point of professional registration, not the jobs nurses are employed into. Any future model must protect specialist learning disability nursing in practice and preserve core expertise in communication, reasonable adjustments, advocacy, capacity, health inequalities and partnership with people with learning disabilities, families and carers. These capabilities must remain visible, assessable and central to professional preparation and practice.

We need better evidence about how registration relates to practice

The NMC's existing data provide an important starting point, but they do not tell us what registered nurses are currently doing. The NMC acknowledges that registration data do not necessarily indicate a nurse's current role, and nurses may hold more than one field of practice.

The review should commission or gather evidence on how the current field and possible alternatives are understood by prospective students, current students, registrants, employers and the public. This should include student decision-making, employer understanding of RNLD qualifications, recruitment or course-enquiry data where terminology has changed, and relevant international comparisons. Findings should be reported with their methods and limitations.

The RCN highlighted this gap in *Connecting for Change* in 2021. More than 17,000 nurses held learning disability registration, while only around 4,800 were identifiable within the NHS learning disability nursing workforce across the UK. The RCN highlighted the absence of clear information about where the remaining approximately 12,300 registered learning disability nurses were working.

We therefore need to understand the relationship between registration and professional practice. This should include how many RNLD registrants:

- work primarily with people with learning disabilities;
- work across learning disability and other populations;
- use their specialist expertise predominantly within wider neurodisability or neurological practice;
- work in other areas of nursing; or
- are no longer working in nursing.

The purpose is not to prescribe where nurses work. It is to establish what the current registration represents and whether it remains fit for purpose.

What we are asking the NMC to do

We call on the NMC to:

1. Undertake a formal review of the field of registration "Registered Nurse in Learning Disabilities".

The review should assess whether the title and registration framework accurately reflect contemporary education, knowledge, skills and professional expertise.

2. Establish better evidence about the relationship between registration and practice.

The NMC should develop a clearer picture of how nurses holding learning disability registration are using the expertise associated with that registration.

3. Examine alternative titles of registration for the field.

Alternative terminology should be assessed to determine whether it communicates the breadth of relevant expertise and practice more accurately. The current title and each alternative must be tested openly through evidence and meaningful consultation, rather than any option being treated as a predetermined conclusion.

4. Protect specialist learning disability nursing.

Any future model must preserve the specialist knowledge, skills, identity and advocacy role required to meet the health needs of people with learning disabilities.

5. Assess the impact of terminology.

The review should consider how the current registration title is understood by nurses, people with learning disabilities, families and carers, employers, educators, other professionals and the wider public.

6. Involve those directly affected.

RNLDs, students, educators, employers, professional organisations, workforce planners, people with learning disabilities, families and carers, and people living with other forms of neurodisability should all have a meaningful role in determining the future. The NMC should use accessible and inclusive methods to explore how these

groups understand the current title, what specialist expertise they expect the profession to retain and how each option might affect confidence, access and identity.

7. Publish a clear conclusion and time-bound action plan.

After more than a decade of concern, another acknowledgement without measurable action would not be sufficient. A further decade of uncertainty risks continued workforce decline, additional programme closures and worsening health inequalities for people with learning disabilities.

8. Publish the evaluation criteria for the review.

The NMC should state in advance the criteria against which the current field and any alternatives will be assessed. These should include public protection, clarity of professional identity, education and proficiency standards, workforce implications, equality impacts, public and employer understanding, implementation risks and the protection of specialist learning disability nursing.

Conclusion

We recognise the NMC's ongoing work to modernise standards and support the profession, and this review would build on that foundation. The case for action is now compelling.

The learning disability nursing workforce has experienced a long-term decline. Education provision remains fragile. Student recruitment remains insufficient. The profession itself has questioned whether its current title reflects contemporary practice. Yet we still lack a sufficiently clear picture of how many nurses holding RNLD registration are using the expertise associated with it.

The answer cannot be limited to recruiting more nurses into the existing model without examining whether that model remains fit for purpose. Workforce investment, education provision and service planning remain necessary. However, the persistence of the decline means that the registration framework must now be included in an open, evidence-led review.

This letter is therefore not a call to diminish learning disability nursing or to determine where RNLDs should work. It is a call to ensure that the professional registration framework accurately reflects the knowledge, expertise and contribution of the nurses it registers — while protecting the specialist expertise that people with learning disabilities need.

The central question is: *Does "Registered Nurse in Learning Disabilities" remain the most appropriate field of professional registration for contemporary practice?*

And, if it does not: *What should the future field of registration look like?*

We believe the NMC should answer those questions urgently, transparently and collaboratively. Another decade of uncertainty risks further workforce decline, additional programme closures and worsening health inequalities for people with learning disabilities. The future of specialist learning disability nursing, and the people who depend upon its expertise, requires a clear, evidence-led decision and a time-bound plan for action.

Yours sincerely,

The undersigned nurses, professionals, people with lived experience, organisations and supporters of Registered Nurses in Learning Disabilities.

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