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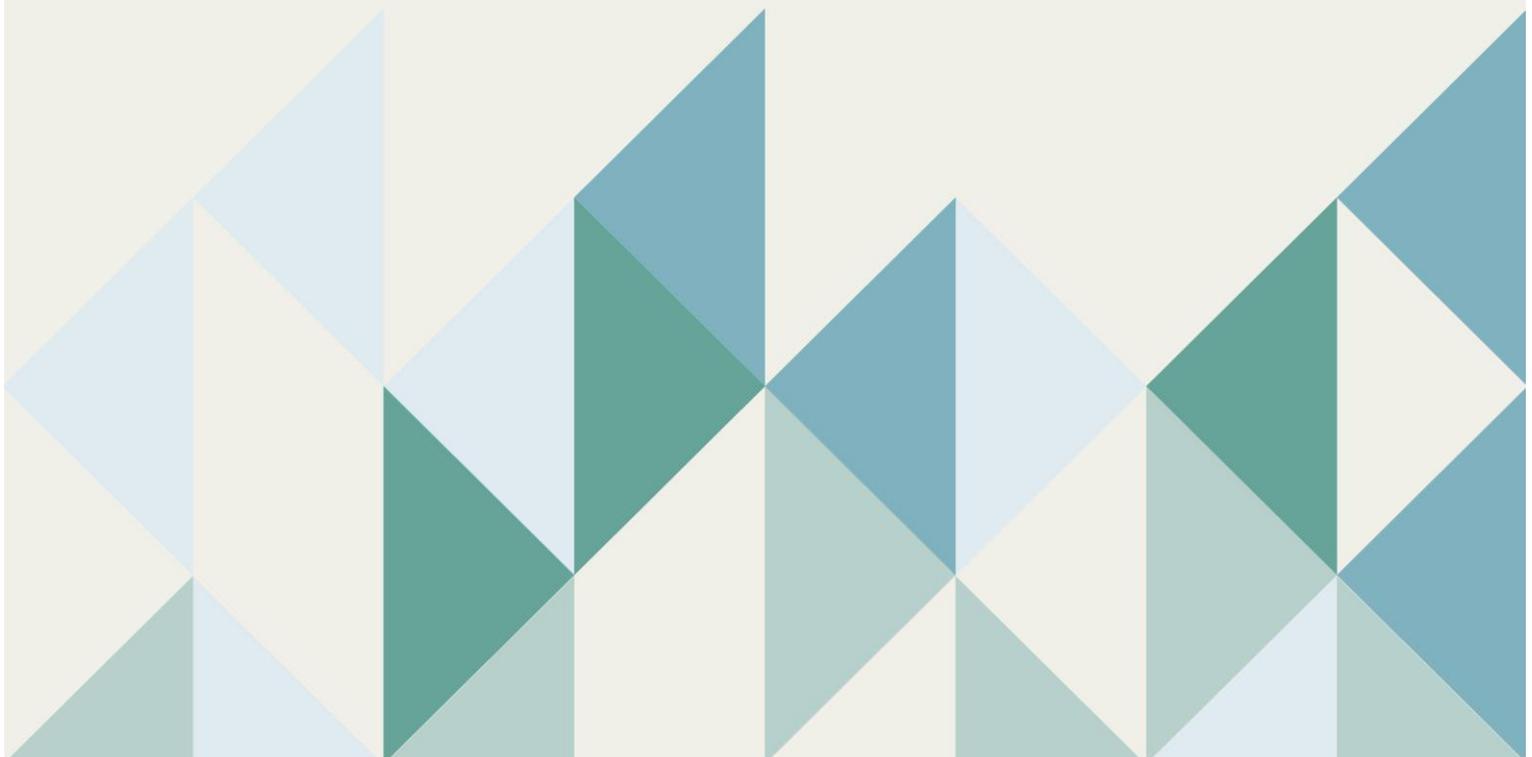
The voice of UK university
faculties for nursing, midwifery
and the allied health professions

Apprenticeships in nursing, midwifery and the allied health professions

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1. Introduction

This paper considers issues related to apprenticeships in nursing, midwifery and the allied health professions. Nationally the apprenticeship agenda is moving very rapidly. In this fluid and uncertain environment we would expect our knowledge and understanding to evolve over the coming months. The content of this paper is likely to require revision and should be regarded as a working document.

This paper outlines the policy context for the development of apprenticeships in healthcare, sets out practical matters around payment and participation and then discusses issues and challenges relating to degree level apprenticeships, particularly in nursing.

2. Background

With the introduction of the employers' apprenticeship levy, the imminent introduction of the nursing associate role and plans for degree level nursing and allied health profession apprenticeships, apprenticeships in healthcare subjects have recently become an important topic for the Council to monitor, communicate and influence.

Apprenticeships are very tightly defined in law. They combine practical training in a job with study. Apprentices are employed for a minimum of 30 hours a week (under exceptional personal circumstances a 16 hour minimum week may be permissible) while studying towards an apprenticeship standard. Maximum hours of work are governed by the European Working Time Directive.

Apprenticeship standards are short documents developed by employers and approved by Government which set out the skills, knowledge and behaviours needed to achieve full competence in a particular occupation. Examples of apprenticeship standards are available [here](#).¹

¹ <https://www.gov.uk/government/collections/apprenticeship-standards>

Until now apprenticeships in the wider economy have mostly been at sub-degree level, though there have been a small number of apprenticeships up to masters level. Policy emphasis is now shifting to developing degree level apprenticeships. In our fields, there is a distinction between apprenticeships that may be designed to lead on to pre-registration programmes (such as the nursing associate apprenticeships currently being designed) and those that have a pre-registration qualification as an intrinsic part of the programme (these could be at Level 6, first degree equivalent, or Level 7, masters degree equivalent). There is also a possibility that apprenticeships could be used in the future for some post-registration education, PhDs and CPD. Critically any CPD and post-registration qualifications would need to be structured as an apprenticeship to qualify for levy funding. This means, for example, that on completion any qualification or period of training must lead to a new role and that the programme must last at least a year. An apprenticeship could potentially be created for a health visiting qualification but not, for example, for a short CPD course.

There is ongoing work nationally, led by HEE, the Department for Education, Skills for Health and employers, focusing on the introduction of apprenticeships leading to a registered nurse qualification. There has been less discussion to date of apprenticeships at degree level in other healthcare subjects, but this is now taking place.

At the Council's Summit meeting in May an informal poll of members found the vast majority were open to considering or engaging with the apprenticeship agenda. Nevertheless, there are a number of important challenges and unresolved questions in establishing apprenticeship routes into registered health professions. This paper applies primarily to England and is mostly not relevant to the other home nations.

3. The Policy Context

3.1. Policy drivers

The Government's ambitions around apprenticeships are a significant driver for the development of apprenticeships in nursing, midwifery and the allied health professions. The Government aims to support 3 million new apprenticeships by the end of the current parliament, though there are no specific targets for degree level apprenticeships.

There are specific policy drivers for apprenticeships in nursing and supporting roles. The Cavendish Review carried out following the Francis Inquiry recommended that HEE and LETBs should develop bridging programmes into pre-registration nursing and other health degrees from the support staff workforce. This theme was repeated in the Shape of Caring, a central tenet of which is about providing development opportunities for care assistants creating a step-on, step-off route into registered nursing. HEE's nursing associate proposals are very closely linked to the wider apprenticeship agenda but they are also intended to help provide one part of an alternative pathway into registered nursing for healthcare support workers.

The reforms to healthcare education funding in higher education are likely to have some impact on the appetite for apprenticeship routes into the health professions. Policy makers have already linked apprenticeships with the widening participation agenda. Those employed in the health and social care sector and potential students may consider pursuing longer salaried routes into the professions over shorter self-funded degree courses.

Employers are generally supportive of the apprenticeship model which presents the possibility of recruiting and retaining local staff in the context of ongoing staff shortages, although to our knowledge no serious market testing has as yet been carried out in relation to the health professions. With the introduction of the apprenticeship levy this interest will certainly grow.

The drive for apprenticeships has been given a very considerable boost by the introduction of the new apprenticeship levy. The NHS already has around 19,820 apprenticeships across 60 different routes, mainly at levels 2, 3 and 4. The Government wants an additional 28,000 apprenticeships in the NHS once the levy is in place. The NHS levy will amount to around £200m per year so there is considerable pressure for employers to recover their contributions. Apprenticeships will be across a variety of clinical and non-clinical roles but the Government is very keen that nursing and care roles are included. The levy needs to cover apprenticeships at all levels of employment and education. Though significant it will not therefore offer a panacea for the current workforce challenges in health and social care.

3.2. Existing models

Apprenticeships are already used as routes into qualification for pharmacy assistants and technicians and dental nurses.

Many HEIs are already involved in the delivery of programmes for practising healthcare support workers. Others have a history of working with employers to deliver employer-sponsored degrees. The Open University for example has delivered registered nursing degrees via part-time, employer-sponsored work-based learning since 2002.

More widely, universities are working with employers to develop apprenticeship programmes. Universities have to go through a process of applying to be eligible to deliver degree apprenticeships, so this involves institutional level engagement. Approximately 40 universities have submitted bids to deliver or are already delivering higher and degree level apprenticeships. These new routes are often attractive to non-traditional students providing an opportunity for universities to widen participation. Universities UK is supporting universities around this agenda.²

3.3. Leadership

Nationally the apprenticeship agenda is now led by the Department for Education which is establishing a new Institute for Apprenticeships to support the quality of apprenticeships. HEFCE is active on this agenda and is managing a new Degree Apprenticeship Development Fund to help universities and colleges work with employers to develop new degree apprenticeships ready for delivery from 2017/18. Bids for this fund are already being assessed. We understand that £3 million has been committed to fund around 11 proposals.

The University Vocational Awards Council (UVAC)³ leads policy in this area for its member universities. UVAC has recently received funding from HEFCE to support the whole of the higher education sector to develop and engage with apprenticeships.

A Trailblazer group of NHS trusts and other healthcare-related organisations was established in 2014 to help develop an adult nursing apprenticeship standard. This group, which had previously put its work on hold, is now active again.

A separate oversight group was established in 2016 by HEE to provide oversight of apprenticeships for nursing and the nursing associate role. This group was chaired by Lord Willis of Knaresborough with representatives from the NMC, the DH, BIS, NHS Employers, NHS England, NHS Improvement, the Shelford Group, Care England, HEIs. Three meetings took place earlier this year with the Council of Deans of Health formally represented at the final meeting on

² <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/future-growth-degree-apprenticeships.aspx>

³ <http://www.uvac.ac.uk/>

14 June. The trailblazer group will now continue work to develop the apprenticeship standards for nursing.

A separate group has been established by HEE to take forward the nursing associate apprenticeship agenda. The Council is included in this group.

The Council of Deans of Health is becoming actively involved in the apprenticeship agenda under the leadership of the executive team's workforce lead Ruth Taylor (Anglia Ruskin). A working group has been established to discuss the support and information needed by members. The Council is planning apprenticeship focused events later this year.

3.4. Timescales

It is intended that 1,000 trainees will begin nursing associate training at pilot sites in December 2016. From 2017, once standards are approved, the nursing associate programme will become an apprenticeship programme. Some of these trainees are likely to want to continue to study beyond the nursing associate qualification to become registered nurses through degree-level apprenticeship programmes.

A draft apprenticeship standard for registered nursing, aligned with the NMC Standards for Competence for Registered Nurses, has been developed by the trailblazer group and has been put out by the Department for Education for consultation. The Government is keen to start degree level apprenticeships in nursing in 2017.

The focus of discussion for degree level apprenticeships in the health sector has been predominately on nursing rather than midwifery or AHPs but a trailblazer group is starting work on the development of an apprenticeship standard for AHP degree level apprenticeships.

4. Practicalities

4.1. The apprenticeship levy

From April 2017 all employers in any sector with a pay bill of more than £3 million a year will have to pay an apprenticeship levy of 0.5% of their annual pay bill to HM Revenue and Customs. This will be subject to a 10% top-up by the Government. Employers who pay the levy will be able to access funding for apprenticeships through a digital account. A new digital apprenticeship service will help employers to find training providers to develop and deliver apprenticeship programmes. The levy can be drawn down for 100% of the costs of training.

The apprenticeship levy applies to all employers operating in the UK. However, this is a devolved policy area so each of the UK nations will manage their own apprenticeship programme, including determining how the money is spent and how employers are supported in accessing apprenticeship programmes.

Small and medium sized organisations which do not pay the levy will still be able to benefit from support for apprenticeships. It is proposed that this will cover 90% of the cost of apprenticeship training.

4.2. Programme funding

Public finance for apprenticeships is provided through the SFA but HEFCE will still provide funding to institutions in relation to courses that meet the criteria for elements of the teaching grant. The Higher Education Funding Council for England (HEFCE) funding is therefore treated as complementary to finance provided by the SFA and employers. Supplementary funding from HEFCE could prove important for degree apprenticeships as the amount of apprenticeship funding available for each programme is capped.

From May 2017 there will be 15 funding bands for apprenticeships. Each funding band has an upper limit ranging from £1,500 to £27,000, which specifies the maximum contribution Government will make to the training and assessment of the programme. The price for delivering the apprenticeship will however be agreed between the employer and the apprenticeship provider. This can be below the maximum amount set by the funding band. There will be no lower limit for funding. An employer can pay more for delivery using their own money. As an example,

apprenticeships for dental technicians will be placed in banding 12 and have an upper funding limit of 18,000 from May 2017. A full list of funding bands from May 2017 can be found [here](#).⁴

Apprentices are not allowed to contribute to any costs of their programme and cannot take out student loans. Tuition fees are paid by the employer or Government funding and apprentices are paid a salary for their employment.

Employers will be able to use apprenticeship training funds to train any eligible individual, including those who have already received apprenticeship training at a lower, equivalent or higher level. An individual can be funded to undertake an apprenticeship at the same or lower level than a qualification they already hold if the apprenticeship will allow them to acquire substantive new skills.

When an employer agrees to buy apprenticeship training from a provider and the apprenticeship has started, monthly payments will be taken automatically from their digital account and sent to the provider. The SFA is proposing that 20% of the total cost is held back and taken from the account at the end of the apprenticeship to reflect the need for end point assessment.

Under the apprenticeship funding system from May 2017 the Government intends to pay apprenticeship training providers £471 to support apprentices gain Level 2 qualifications in English and maths. This will come direct from the government and will not be deducted from an employer's digital account.

4.3. HEI participation requirements

Currently providers of apprenticeships must be registered with the SFA via its Register of Training Organisations (ROTO). Once registered, they can enter a procurement round to offer a course that conforms to an approved Apprenticeship Standard or Framework.

From May 2017, the Register of Apprenticeship Training Providers (RoATP) will be a provider's route to into the market after which employers will have the ability to choose providers and purchase apprenticeship training directly from providers. The procurement stage will no longer apply. Training providers must apply to join the RoATP if they want to deliver apprenticeships to any employer from May 2017. RoATP is likely to be open for applications from October 2016. Once in steady state, RoATP is likely to be open every three months for a month at a time. Each provider will need to re-apply every 12 months to maintain their registration.

Applicants to RoAPT will need to pass a due diligence test, a test of financial health and quality, capacity and capability tests. The SFA intends to seek assurance from HEFCE about the financial health of HEIs with degree-awarding powers and HEIs are expected to be able to include

⁴ <https://www.gov.uk/government/publications/apprenticeships-proposals-for-funding-from-may-2017>

evidence from their Quality Assurance Agency (QAA) reviews to demonstrate quality, capacity and capability.

The Skills Funding Agency published proposals for the register of apprenticeship training providers in August 2016. This can be found [here](#). Each employer will select one main provider per apprentice.

4.4. HEI and employer relationships

Degree level apprenticeships can be expected to create a new type of relationship between HEIs and employers. Employers will have the ability to choose apprenticeship providers. While funding reforms for university health education from 2017/18 will move HEI degree provision towards a more market based model of provision with considerably greater freedom from commissioners, apprenticeships will bind participating HEIs more closely to local employers, presumably with new contracts and responsibilities. Over time, this relationship could result in apprenticeships being used as a commissioning route to help ameliorate workforce shortages where the free market falls short – perhaps for example through the provision of degree level apprenticeships in some of the smaller and more vulnerable allied health professions.

The most obvious providers of degree apprenticeships in the immediate term are established HEIs, particularly if nursing apprenticeships will be pegged to existing NMC standards. However, it is possible that private providers and large Trusts may wish to enter the market over time. The SFA explicitly welcomes employers delivering training directly to their staff. In the long-term this could cause challenges to HEI provision, particularly around placements.

The current policy emphasis on apprenticeships at all levels and the new apprenticeship levy are likely to have significant implications for traditional employer-sponsored degrees. The Higher Education Policy Institute (HEPI) is not alone in highlighting the tested benefits of employer-sponsored degrees and in calling for funding parity between apprenticeships and employer sponsored degrees. It has been suggested by HEPI and others that apprenticeship levy funds should support traditional employer sponsored degrees as well as apprenticeships or that there should be equivalent incentives for employer-sponsored degrees.⁵ It should be noted however that the levy is only allowed to fund apprenticeships as defined in law.

⁵ The Higher Education Policy Institute (HEPI) (2016) *Making a Success of Employer Sponsored Education* <http://www.hepi.ac.uk/wp-content/uploads/2016/04/Making-a-success-of-Employer-Sponsored-Education-Report-83.pdf>

5. Degree level apprenticeships - issues and challenges

This section discusses some of the major issues and challenges in relation to the development of degree level apprenticeships in nursing.

5.1. Standards, status and outcomes

The question of whether a pre-registration nursing programme can be pegged within an apprenticeship framework has been discussed for a number of years. All new developments should be designed around patient safety and public confidence. The NMC's requirements for pre-registration programmes are mandatory, UK-wide and detailed in the Standards for Pre-registration Nursing Education 2010. These standards in turn sit within an EU framework⁶ for nursing education set out in the Directive on the recognition of professional qualifications (although the future role of the Directive in the context of Brexit is still to be determined). The minimum education threshold for all UK pre-registration programmes is degree level. The programmes are required to take no fewer than 4600 hours over at least three years. They must be split 50:50 between theory and practice (with an element of clinical simulation allowed). Pre-registration programmes can only be delivered by Approved Education Institutions (AEIs), which must comply with a set of strict standards and criteria, monitoring processes and periodic programme approval.

Any apprenticeship seeking to deliver a qualification leading to nursing registration would have to comply with all NMC standards. As NMC standards are prescriptive it seems unlikely than an apprenticeship at this level would look very different from the work-based employer-sponsored education routes already in place.

We would want to ensure that apprenticeship routes into nursing result in equivalent outcomes to the traditional degree route. Whilst in the education component of their apprenticeship, apprentices should be regarded as students. Those on apprenticeships and those undertaking traditional degree routes should enjoy equality of access to placements and a diverse range of experiences, in line with the NMC Standards.

⁶ This may be subject over the next few years to changes caused by the UK's exit from the European Union.

There may be some tension between employer expectations of funded apprenticeships and more generic, and transferable, HEI-provided qualifications. Employers will need to accept that professional standards are set at a UK and EU level rather than by employers. Even the language used in describing apprenticeships must be legally compliant with the Professional Qualifications Directive. Apprenticeships cannot offer a quick and cheap route into nursing and the intention is for apprenticeships to result in an equivalent outcome.

Professional bodies and the HCPC would have to help determine the standards for degree level apprenticeships in the allied health professions.

5.2. Employment and supernumerary status

The NMC Standards mandate that programme providers must ensure that learning time is protected through supernumerary status. R4.6.1 states:

‘Programme providers must ensure that students are supernumerary during all practice learning. Supernumerary means that the student will not, as part of their programme of preparation, be contracted by any person or body to provide nursing care.’

If an apprenticeship for pre-registration nursing is to be developed, a way will need to be found to make this supernumerary requirement work with the apprenticeship requirement of a minimum of 30 hours a week of employment.

Nursing apprentices are expected to be employed but with protected supernumerary hours. The matter of banding is being considered by NHS Employers, the Staff Council, RCN and unions. Employment in the health and social care sector raises questions around supernumerary status. The OU has however managed to comply with the supernumerary requirements with employers paying back-fill to cover the hours students spend working on course requirements.

5.3. Educational level and transfer from lower qualifications

It is envisaged that in the case of degree apprenticeships, value based recruitment and interviews will be undertaken in partnership by the employer and HEI. Nursing apprentices will be required to have achieved English and maths at GCSE level by the end of their programme in order to be given an apprenticeship completion certificate.

There is a clear expectation from HEE that those qualifying as nursing associates will be able to go on to become a registered nurse, either by continuing through an apprenticeship model to complete their degree or by transferring in to a more traditional pre-registration programme. We know however that there can be problems in the pathway from advanced apprenticeship level into pre-registration degree programmes. Advanced apprenticeships do not usually meet the academic requirements for pre-registration programmes. Not all who successfully complete a nursing associate or equivalent programme will be suitable to go on to become registered nurses. There can be issues around numeracy and literacy standards and universities sometimes

find that learners coming through work-based learning routes cannot demonstrate the critical thinking skills needed to qualify as a registered healthcare professional and succeed in increasingly demanding professional roles.

It is important that it is recognised that decisions around APEL remain at the discretion of individual HEIs. Although there is some variation, most feedback we have had from members so far maps Foundation Degrees/equivalents to year one of a pre-registration nursing degree rather than 50% (a view that might be at odds with employers). The difficulty here is that the nursing associate scope of practice, competencies and curriculum are still under development.

5.4. Course approval and new NMC standards

Given the political desire to proceed very quickly with the nursing apprenticeship agenda, the degree apprenticeship will almost certainly need to be designed around current NMC standards rather than after the review of standards. This causes problems for HEIs and the NMC as new standards are being developed. It could mean HEIs will need to develop, validate and then re-validate courses after new standards have been agreed. [We understand that this situation would not be particularly unusual across other disciplines].

5.5. End point assessment

The Government requires most apprentices to undergo independent end point assessment (EPA). This is potentially problematic for degree level apprenticeships which will result in a degree awarded by a university (which is subject to QA) and, in the case of nursing, tied to rigorous NMC standards. End point assessment by employers could be at odds with HEI assessment. This is something that the NMC will be working to resolve.

It has previously been suggested that the Test of Competence that overseas registrants currently undertake (provided by the University of Northampton on behalf of the NMC) could be used as a possible EPA for nursing. We also understand that there could be a proposal to build end point assessment into the new NMC standard requirements.

The issue of EPA for registered nursing apprenticeships is expected to be resolved before the end of 2016.

For further information

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