



Council of  
Deans of Health

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

# Apprenticeships in nursing and the allied health professions

**Briefing paper version 4**

January 2017



# Contents

1. Introduction .....	3
2. Background.....	4
3. The policy context.....	6
3.1. Policy drivers.....	6
3.2. Existing models.....	7
3.3. Leadership.....	8
3.4. Timescales and aspirations.....	10
4. Practicalities.....	12
4.1. The apprenticeship levy .....	12
4.2. Programme funding.....	12
4.3. HEI participation requirements.....	14
4.4. HEI and employer relationships .....	14
5. Degree level apprenticeships - issues and challenges .....	16
5.1. Standards, status and outcomes.....	16
5.2. Employment and supernumerary status .....	17
5.3. Educational level and transfer from lower qualifications .....	17
5.4. End point assessment (EPA).....	18
6. Advice for members.....	20

# 1. Introduction

With the introduction of the employers' apprenticeship levy, the 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.

This paper considers issues related to apprenticeships in nursing 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. The content of this paper will require ongoing 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.

Apprenticeships are a devolved policy matter. Employers in all four UK nations will contribute to the new apprenticeship levy from 2017. The UK Government will return a proportion of the apprenticeship funding to the nations but how this money is spent will be a devolved decision. Scotland has consulted on its plans for the levy but is likely to move in a different direction from England. The Welsh Government does not fund public sector apprenticeships. This paper therefore applies primarily to England and is mostly not relevant to the other home nations.

## 2. Background

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.

Until recently 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 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 are also plans to use apprenticeships for some post-registration education and advanced practice. Critically all qualifications 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 therefore potentially be created for a health visiting qualification but not, for example, for a short CPD course.

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. The Standard for the registered nursing apprenticeship, aligned with the NMC Standards for Competence for Registered Nurses (2015) across the

four fields of nursing, was published on 30 November 2016 and can be found [here](#).<sup>1</sup>

Registered nursing apprenticeships have received considerable attention over the last couple of years. With a Standard published in November 2016 and plans for End Point Assessment (EPA) almost complete, this programme is likely to recruit its first apprentices in Autumn 2017. Some of the allied health professions are also developing apprenticeships. Podiatry has a Standard under development. Physiotherapy, occupational therapy, radiotherapy, radiography and medical ultrasound have all registered interest for Standard development.

Despite a Department of Health press release on 30 November 2016 suggesting that there could be 'up to 1,000' apprentices a year in registered nursing<sup>2</sup>, it is very hard to predict how significant this route into the registered healthcare professions will become. Employers will choose how to spend their apprenticeship levy, prospective professionals will have to decide which training route best suits their needs and individual HEIs will come to their own conclusions about their participation in apprenticeship delivery.

At the Council's Summit meeting in May 2016 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. Like many of its members, the Council has chosen to engage in the development of apprenticeships. It is however important to acknowledge that this route is likely to remain a relatively small contributor to the overall workforce and this agenda must not be allowed to detract attention from the maintenance and development of the more traditional university-based degree route. Apprenticeships are unlikely to solve the workforce shortages. The Council has been clear that it believes the quickest way to boost workforce supply is to recruit more people through conventional programmes and retain them in the workforce over the long-term.

---

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

<sup>2</sup> <https://www.gov.uk/government/news/new-nursing-degree-apprenticeship>

## 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 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. The nursing associate developments are partially intended to provide 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. It is quite likely that the choice of apprenticeships commissioned by employers will be determined by local workforce challenges and priorities. Those that struggle to recruit certain types of healthcare

professionals may for example be more likely to commission degree level apprenticeships than those that already attract and retain graduates.

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. This money is not ring-fenced and must be spent within a set number of months so there will be considerable pressure for employers to recover their contributions. Apprenticeships will be across a variety of clinical and non-clinical roles and at all levels of employment and education. Though significant it is not therefore likely to offer a panacea for the current workforce challenges in health and social care.

Health Education England (HEE) has defined the opportunities for nursing apprenticeship pathways as:

1. To develop a progression pathway from care assistant to registered nursing using an apprenticeship model
2. To provide a route into nursing for those who cannot financially support themselves
3. For employers to be able to 'grow their own' workforce that stems from their local community
4. To work with key partners to develop a credible programme that is valued and trusted.

### **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. 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.<sup>3</sup>

### **3.3. Leadership**

Leadership for the development of apprenticeships is diffuse and complex. 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. Much of the apprenticeship agenda is managed by the Skills Funding Agency (SFA) which receives its funding from the Department for Education.

The Higher Education Funding Council for England (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. In the first round of a two year programme, HEFCE has already awarded a total of £4.8 million to 18 projects.

The University Vocational Awards Council (UVAC)<sup>4</sup> leads policy in this area for universities. UVAC has recently received funding from HEFCE to support the whole of the higher education sector to develop and engage with apprenticeships.

Individual trailblazer groups made up of employers and education providers are responsible for developing individual apprenticeships. The trailblazer group for registered nursing for example was responsible for developing the recent Standard and a newly established trailblazer group will help convert the nursing associate programme into an apprenticeship this year. There are opportunities for universities and professional

---

<sup>3</sup> <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/future-growth-degree-apprenticeships.aspx>

<sup>4</sup> <http://www.uvac.ac.uk/>

organisations to become involved in these trailblazer groups. Health Education England (HEE) has committed to helping to develop certain apprenticeships in healthcare over the coming years. Note that HEE support is not required for apprenticeship development but may help to focus stakeholders' attention. Skills for Health, working alongside HEE, is playing an important role in the development of healthcare apprenticeships.

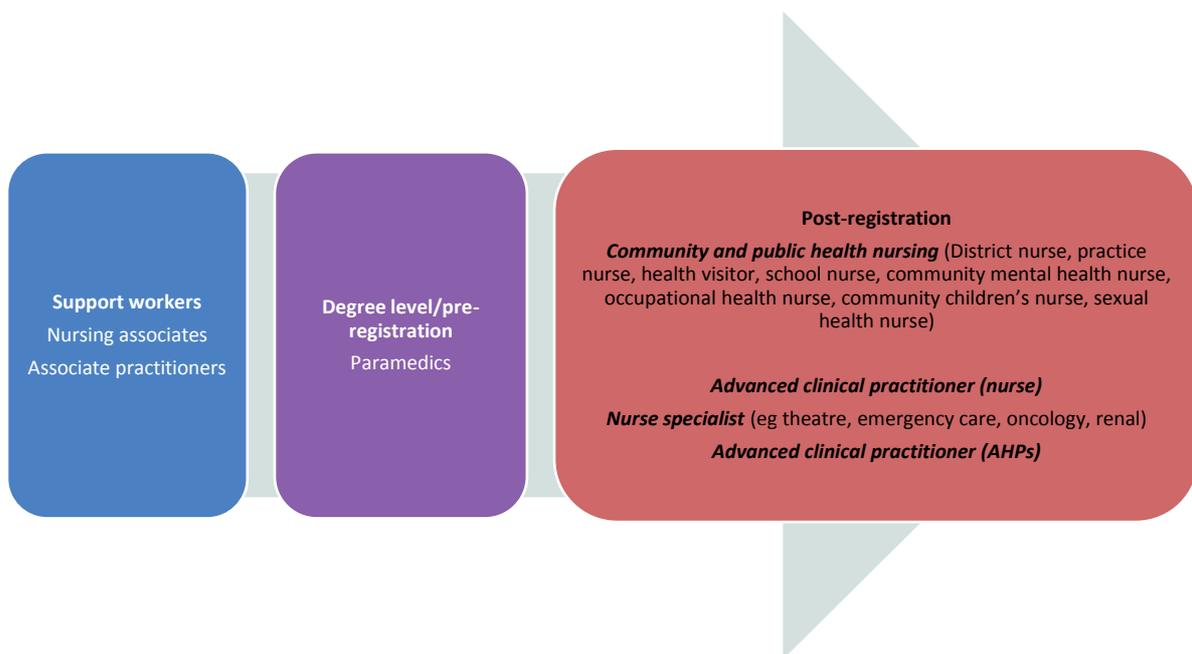
The Council of Deans of Health is involved in the apprenticeship agenda under the leadership of the executive team's workforce lead Ruth Taylor (Anglia Ruskin). A working group has been established to discuss the support and information needed by members. The Council has already held a seminar on apprenticeships, speaks at external events on apprenticeship development in our subjects and is part of the trailblazer groups for registered nursing and nursing associates.

### 3.4. Timescales and aspirations

The table below shows where our professions are with apprenticeship development as at January 2017.

Standard approved	Standard under development	Interest registered for standard development in Autumn 2016
Registered nursing	Podiatrist	Radiotherapy Assistant Practitioner
Healthcare assistant practitioner	Nursing associate (Sept 2017 delivery)	Radiotherapy Practitioner Radiographer (Degree) (Sept 2017 delivery)
		Diagnostic Radiography and Therapeutic Radiography (Sept 2017 delivery)
		Medical ultrasound (Sept 2018 delivery)
		Physiotherapist (Sept 2018 delivery)
		Occupational Therapy (Sept 2018 delivery)

Of the subjects prioritised for future apprenticeship development by HEE, those most relevant to our members are outlined below.



The possibility of harnessing the apprenticeship levy to support post-registration education and workforce development is exciting and important in the context of recent cuts to CPD funding. There is however much work still to be done to define the content of advanced clinical practice apprenticeships for nurses and AHPs and to consider how separate apprenticeships in specialist practice might work. It is not yet clear how much overlap there will be between the nurse and AHP advanced practice plans or, indeed, whether they will be separate or developed jointly. It is important to remember that all apprenticeships must lead to a new role. Health Education England has now appointed leads for these projects. Trailblazer groups for post-registration education are likely to be launched in the near future. The Council will remain part of these conversations.

## 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.

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. 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. A full list of funding bands from May 2017 can be found [here](#).<sup>5</sup>

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. 20 per cent 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. This is controversial as it exposes HEIs to financial uncertainty should apprentices fail or fail to undertake EPA (see below).

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.

The Department of Education has stated that apprenticeship will not be linked to HEE placement funding. This raises questions about how employers will manage to ensure that apprentices have exposure to a variety of working environments.

---

<sup>5</sup> <https://www.gov.uk/government/publications/apprenticeships-proposals-for-funding-from-may-2017>

### **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 open for applications four times a year. Each provider will need to re-apply every 12 months to maintain their registration. HEFCE has published [advice for HEIs](#) intending to register as apprenticeship providers. UVAC is also a valuable source of support for universities going through this process.

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 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. 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 should be noted however that the levy is only allowed to fund apprenticeships as defined in law. From April, employers obliged to pay into the levy are perhaps less likely to want to invest in other educational routes.

Depending on the scale of apprenticeship development, purchasing and take-up in nursing and the AHPs, particularly in the smaller professions, it may not be economically viable for every HEI to become apprenticeship providers for these programmes. This will raise practical questions around delivery and timetabling and could lead to new relationships being forged between employers and universities. Where provision is concentrated in a few centres, distance learning models could prove important.

# 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

All new developments in healthcare apprenticeships should be designed around patient safety and public confidence.

As NMC standards are prescriptive and already require a 50:50 split between theory and practice in pre-registration education, it seems likely that the apprenticeship in registered nursing will look very similar to existing work-based employer-sponsored education routes. Apprentice nurses will be required to reach exactly the same standard as nurses qualifying through traditional degree routes. The Apprentice Standard has been modelled on the NMC Standards for Competence for Registered Nurses to reflect this.

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

The Council will want to ensure that apprenticeship routes into the healthcare professions really do 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.

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. Indeed apprenticeship programmes will be longer than traditional full-time degree routes.

## **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.'*

Employment in the health and social care sector raises questions around supernumerary status. 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. The OU has however managed to comply with the supernumerary requirements for employees in the past with employers paying back-fill to cover the hours students spend working on course requirements.

Apprenticeships have costs to employers over and above the levy funded education. Employers must still pay a salary to apprentices and will need to back-fill their jobs while they are engaged in theoretical components or off-site learning. In practice employers may choose to collaborate to create placements for apprentices across a variety of environments.

## **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. 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. End point assessment (EPA)**

The Government requires apprentices to undergo EPA to test the skills, knowledge and behaviours of the apprentice as set out in the Standard.

The EPA requirement is somewhat controversial in the case of degree level apprenticeships which already entail a degree awarded by a university (which is subject to QA) and, in the case of the registered healthcare professions, is tied to rigorous regulatory standards. It is widely acknowledged that there are challenges in reconciling end point assessment with HEI assessment.

It is possible to integrate EPA in full degree programmes. It is the Council's understanding that this is likely to be the case from the start for degree apprenticeships in the allied health professions. This was also considered for the registered nurse apprenticeship however the NMC felt

that it would be unreasonable to require associated programme modification so soon before major revision of the NMC standards. In September 2016 it was agreed that an interim separate EPA would be developed for use with any registered nursing apprentices who may complete the apprenticeship before the new NMC Standards are introduced. It is important to note that these arrangements are likely to be temporary and may in fact be used by very few apprentices.

Some of the Council's members (Derby University, The Open University, Oxford Brookes University and the University of the West of England) have been involved in the development of the EPA proposals for registered nursing. The Council itself has already been given an opportunity to comment on the proposals which are expected to be subject to public consultation in February 2017. The challenge has been to create EPA arrangements that satisfy the general apprenticeship requirements whilst being manageable for apprentices and HEIs.

The Council is strongly in favour of integrated EPA. Separate EPA seems not only unnecessary for our already heavily regulated professions but also introduces the possibility of awkward scenarios including:

- an apprentice completing a degree, registering with the regulator and perhaps even working as a registered professional but failing EPA
- an apprentice completing a degree but failing to undertake EPA (note that it is unclear at this stage what incentive employers will have to enforce EPA completion) exposing HEIs to a loss of 20% of the apprenticeship funding.

HEIs educating apprentices are likely to want to provide support for apprentices preparing for EPA. This would have some resource implications for faculties which should be considered by members deciding whether or not to provide apprenticeships.

The cost of End Point Assessment will be met from the apprenticeship levy allocation for each programme. This means that it is likely to be deducted from the £27,000 allocation for each apprenticeship in our subjects.

EPA must be undertaken by independent assessment organisations on the SFA's Register of Apprenticeship Assessment Organisations. These will engage occupationally competent assessors not involved in any on-

programme training, development or assessment. It is likely that HEI staff will become involved in this process for apprentices at other institutions.

Apprentices receive an overall grade for their apprenticeship (pass, merit or distinction) based on their performance during the end point assessment.

## 6. Advice for members

The Council is advising members to follow apprenticeship developments. [UVAC](#) can provide practical advice to universities wishing to provide degree level apprenticeships. Online guidance is also available from the Department for Education, HEFCE and the Skills Funding Agency.

Members wishing to become more closely involved in apprenticeship development could consider joining a trailblazer group to work with employers on Standard development. For AHPs, the relevant professional organisation will be a rich source of information on apprenticeship progress.

Most importantly, universities will wish to talk to local employers about workforce challenges, aspirations and intentions for the levy from 2017. Universities providing post-registration education linked to specific specialist roles (excluding those community and primary care nursing roles already on HEE's radar) may want to talk to employers about the scope for creating level 7 apprenticeships.

The Council welcomes questions and comments from members on apprenticeships. These should be sent to Fleur Nielsen, Head of Policy, [fleur.nielsen@cod-health.ac.uk](mailto:fleur.nielsen@cod-health.ac.uk)

**For further information**

Council of Deans of Health

[www.councilofdeans.org.uk](http://www.councilofdeans.org.uk)

@councilofdeans

© 2017 Council of Deans of Health

