



House of Commons Education Select Committee: Nursing apprenticeships inquiry

Council of Deans of Health written submission – June 2018

The Council of Deans of Health is grateful for the opportunity to contribute to this inquiry further to the oral evidence session on 5 June 2018 and the [evidence](#) submitted as part of the quality of apprenticeships and skills training inquiry. The Council represents the 83 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Executive summary

1. Universities have a proud record of working with employers to develop work-based learning programmes for students to access nursing careers. The higher education sector supports nursing degree apprenticeships and 17 higher education institutions (HEIs) now have nursing degree apprenticeship programmes approved by the professional regulator.
2. Healthcare education is highly resource-intensive. Any fall in the funding band for the nursing degree apprenticeship or nursing associate apprenticeship will make these routes into nursing less financially viable for providers. It is also important that any increased flexibility in the rules for levy spending does not result in lower funding for teaching and learning.
3. Nursing education is regulated by both higher education and professional regulators. This regulation sets the requirements that an approved education institution must meet to be allowed to provide healthcare education, as well as the proficiencies a student nurse must meet to join the professional register.

Support for apprenticeships

The Council welcomes the development of broad and flexible routes, which widen participation into healthcare careers. This includes the provision of nursing degree and nursing associate apprenticeships. Universities have a proud record of working with employers to develop and run work-based learning programmes, including both the nursing degree and nursing associate apprenticeships. 17 HEIs now have nursing degree apprenticeships approved by the regulator, the Nursing and Midwifery Council (NMC), though not all of these programmes are currently operational.

Universities are working with employers to develop apprenticeship programmes across the health sector. Some HEIs are investing very heavily in apprenticeship delivery, including the legal costs of creating new

contracts with healthcare providers. Employer-provider collaboration is also taking place through the joint delivery of value based recruitment and interviews.

Providers are developing creative ways to ensure that apprenticeships meet regulatory requirements but are still feasible for employers, such as teaching in time blocks. A typical week for a nursing degree apprentice would see an individual being an apprentice for 3 days and a healthcare assistant for 2 days – a 60:40 split. Whilst undertaking theoretical education this individual may be being taught for the equivalent of two days per week, followed by either two to three days working in their home base. One of these days may include protected learning time. Whilst undertaking blocks of practice placements, this individual may work two days per week in a placement setting, plus three days in their home base. Being in their home base one day a week as an apprentice supports their knowledge development through the expansion of their competencies, while counting towards the required 2300 hours of practice learning. The number of hours in a week that counts towards the practice hours needed for professional registration may vary across the year. Most employers will be able to allow apprentices to experience a range of practice placements in the employing organisation, but particularly in small employers (e.g. GP practices) the apprentice may need to spend time away in other environments.

It remains to be seen how many healthcare professionals will qualify through the apprenticeship route. The success of apprenticeships hinges on the ability of universities and employers to collaboratively deliver practice-based learning across a range of settings. Apprenticeships in healthcare professions offer an alternative and complementary route into the registered professions. However, the full-time degree route will still offer the fastest way for individuals to qualify as nurses and the quickest way nationally to increase the registered healthcare workforce.

Cost of nursing education

Healthcare education is highly resource-intensive. In 2017, the Higher Education Funding Council for England (HEFCE), the forerunner to the Office for Students (OfS), commissioned KPMG to undertake a [costing study](#) of pre-registration nursing, midwifery and allied health education. This found that the mean unit cost of nursing education across all four fields of nursing (adult, child, mental health and learning disability nursing) is £9,259 per annum per student. This varies from £9,088 for adult nursing to £9,994 for child nursing.¹ This is made up of 6 components, including staff costs, estate costs, and sustainability adjustments.

Apprenticeships are funded primarily via funding bands, which specify the maximum contribution the Government will make to the training and assessment of the programme. However, the price for delivering the apprenticeship will be agreed between the employer and the apprenticeship provider. The funding band for a nursing degree apprenticeship is £27,000 and for the nursing associate apprenticeship it is £15,000.² This funding has to cover the costs of end point assessment (EPA) as well as the education associated with the degree. Any decrease in the funding band would threaten the viability of the apprenticeship route into nursing and have a negative effect on apprenticeship development. No figures

¹ KPMG, 2017, [Costing study of pre-registration nursing, midwifery and allied health disciplines](#), p5

² Education and Skills Funding Agency, 2018, [Apprenticeship standards: funding bands](#)

are available to directly compare the cost of a standard three-year nursing degree programme with a four-year nursing degree apprenticeship. Apprentices will be taught by education providers for longer and may need additional support on re-entry to education and with EPA preparation.

HEIs are experiencing procedural obstacles, including problems getting onto the necessary registers and frequent problems with tendering and contracting, including issues caused by dealing with multiple complex local contracts. Unrealistic expectations of the time required for contracting is causing delays for employers and HEIs in starting apprenticeships. These complexities are creating disincentives for universities and adding to the cost of delivery.

Regulatory requirements

Healthcare education is regulated by both higher education and professional regulators. Healthcare students not only acquire the skills to pass a degree but also to join a professional register and be part of a regulated profession adhering to national standards and codes of conduct. Education standards are outcome rather than process based and whilst standards of proficiency on graduation are defined, the exact curriculum in each institution may vary.

The Nursing and Midwifery Council (NMC) regulates nurses and midwives and the universities educating students in these professions. For nursing, NMC standards state that nursing degree programmes 'can be no less than three years and must consist of at least 4,600 hours.'³ This is true for both standard three-year degree programmes and degree apprenticeships. Such regulation places particular requirements on nursing programmes compared to other apprenticeship schemes. Students must also be supernumerary (not be included in employers' numbers whilst learning). This is to ensure public protection and allow students the opportunity to experience a range of practice settings.

Programmes must ensure that there is an equal weighting of theory and practice. Students must undertake a minimum of 2,300 hours in practice placements over the three years and 2,300 hours of theoretical study. This means that 50% of the course is within practice or simulated practice settings.

Degree level apprenticeship routes into the registered healthcare professions must result in equivalent outcomes to the university-based degree route. Healthcare students need to have time and space to study, to develop critical thinking and to understand the evidence base of the professions they aspire to join. If students are not allowed or cannot find enough protected study time, or if too much learning is delivered in the workplace, apprenticeships could undermine the academic experience and ultimately lead to worse patient outcomes.

Apprenticeship uptake

The NHS levy amounts to around £200 million per year. It remains to be seen how many healthcare professionals will qualify through an apprenticeship route. Employers have to find additional resources for

³ NMC, 2010, [Standards for pre-registration nursing education](#), p8

salary costs and backfill for apprentices, neither of which can be met through the levy. For this reason, for the foreseeable future at least, the main route into nursing will remain the full-time university-based route.

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The Council of Deans of Health would be happy to arrange a meeting for individual Select Committee members to meet with a Council member who either operates in or near their constituency to assist them to better understand issues related to healthcare education and apprenticeships in their local areas. For further information please contact Josh Niderost, Senior Policy and Public Affairs Officer via:

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