



# Institute for Apprenticeships and Technical Education: A public consultation on degree apprenticeships

## Consultation response – September 2021

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Our members include higher education institutions which deliver apprenticeships across England and are registered end point assessment organisations (EPAOs). This includes nursing, midwifery, and allied health apprenticeships at level 6 (degree level) and nursing associate apprenticeships at level 5.

## Key messages

1. Universities have a proud record of working with employers to develop work-based learning programmes for students to access healthcare careers. They are working in close collaboration with local employers to develop and deliver healthcare apprenticeships and widen access to healthcare careers.
2. Regulation should be risk-based, outcome-focused, and data driven. Healthcare higher education is already regulated by both professional healthcare and higher education regulators and there is a risk of unnecessary burden and duplication.
3. The degree component of level 6 and 7 healthcare apprenticeships is fundamental. It is required for entry onto professional registers and to enter the relevant profession. Healthcare apprenticeships must continue to have the degree component as mandatory.
4. The Council welcomes the flexibilities for healthcare apprenticeships permitted during the pandemic and the integration of end-point assessments (EPAs) into healthcare apprenticeships going forward.
5. The Institute should continue to work collaboratively with healthcare education providers and EPAOs, employers, apprentices, other regulators, and key stakeholders to enable increased

transparency and right-touch regulation. This would better enable flexibility and innovation in education and training, learner choice, the enhancement of career pathways, and patient safety.

## Generic/Intro questions

1. Which of the below best describes your viewpoint in this consultation?

Education Representative Body.

2. Have you engaged with apprenticeships previously?

Our members include higher education institutions which deliver apprenticeships across England and are registered end point assessment organisations (EPAOs). This includes nursing, midwifery, and allied health apprenticeships at level 6 (degree level) and nursing associate apprenticeships at level 5.

3. (if yes to Q2) What, engagement with apprenticeships have you had so far?

N/A.

4. We welcome your honest thoughts and feedback and as such this is an anonymous consultation, but if you would like to be kept up to date with progress as we work through and implement any changes, please note your email below:

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## Change 1

1. Do you agree or disagree with the proposal set out in 'Change 1'?

Agree. Degree level healthcare apprenticeships benefit from the current policy where a degree is required for entry on to the relevant professional register and entry into the profession. We welcome this increased flexibility for other apprenticeships delivered at this level and the increased choice provided to employers and trailblazer groups.

2. Do you agree or disagree with the proposed evidence base (as outlined in point 1 above) on which the Institute will evaluate whether an occupation is a graduate occupation suitable for a degree apprenticeship?

N/A.

3. Is there any other evidence the Institute should consider in its evaluation of whether an occupation is a graduate occupation suitable for a degree apprenticeship?

Learner choice is key. Therefore, it would be useful to collect views from apprentices who have already completed their programme to understand if the inclusion of a degree would have helped them in the labour market after completion.

4. Are there any reasons why you think this proposal will not achieve its intended objective?

N/A.

## Change 2

5. Do you agree or disagree with the proposal set out in 'Change 2'?

Agree. The integration of 'on-the-job' and 'off-the-job' training already takes place in healthcare apprenticeships and is fundamental to healthcare education. These are holistic programmes which necessarily are constituted of theory and practice education. Universities work in close collaboration with local employers across health and social care to ensure that apprentices gain experience and professional competency in a wide range of practice settings in order to meet regulatory outcomes.

6. Are there any reasons why you think this proposal will not achieve its intended objective?

N/A.

7. Are there any additional ways in which you think the objective to integrate on- and off the-job training can be achieved?

N/A.

## Change 3

8. Do you agree or disagree with the proposal set out in 'Change 3'?

Agree. The alignment of the knowledge, skills and behaviours required in the occupational standard and degree outcomes already occurs for degree level healthcare apprenticeships. This includes alignment with professional body requirements, such as standards of proficiency required to join the relevant professional register.

9. Are there any reasons why you think this proposal will not achieve its intended objective?

N/A.

10. Are there any additional ways in which you think the objective to align the learning outcomes of the apprenticeship and degree can be secured?

N/A.

## Change 4

11. Do you agree or disagree with the proposal set out in 'Change 4'?

Agree. We welcome the recent integration of end point assessment (EPA) in some degree level healthcare apprenticeships and the roll out of EPA integration to other degree level healthcare apprenticeships in the coming months. This removes the undesirable situation where an apprentice could complete the degree and move onto the professional register without completing the apprenticeship or where an apprentice could complete the apprenticeship but not the degree and not be able to move onto the professional register. This is something that the Council has been highlighting since the introduction of degree apprenticeships in healthcare.

The move to widespread integration of the EPA must not lead to a wholesale and significant reduction in funding bands for healthcare apprenticeships. Healthcare professional education is resource intensive and costly. University-based programmes rely on public subsidy to supplement student tuition fees. Any reduction in apprenticeship funding bands will have a detrimental impact on the ability of educators and employers to deliver healthcare apprenticeships. Ultimately this could result in programme withdrawal, particularly for vulnerable allied health professions.

**12. Are there any reasons why you think this proposal will not achieve its intended objective?**

N/A.

**13. Are there any additional ways in which you think the objective to integrate the assessment of degree apprenticeships can be secured?**

N/A.

## Change 5

**14. Do you agree or disagree with the proposal set out in 'Change 5'?**

Agree. We support the requirement of integrated EPAs to include assessment by trained individuals with appropriate occupational and industry expertise and for this to include at least one independent individual with appropriate industry and occupational expertise. This should be achieved via the examination board, which should include an external examiner, being responsible for the final decision on the award of the qualification that confirms the apprentice has met the education outcomes required for qualification and professional registration.<sup>1</sup>

**15. Are there any reasons why you think this proposal will not achieve its intended objective?**

N/A.

**16. Are there any requirements that the Institute should lay out for the appointment of independent assessors with occupational expertise?**

No.

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<sup>1</sup> For example, as set out in the recently updated [Integrated EPA Plan](#) for the 2018 NMC Registered Nurse Apprenticeship.

## Implementation timeline

17. Do you have any concerns or foresee any problems with the timeline as set out?

N/A.

18. Do you believe the proposed arrangements (any or all) would have a positive impact on particular groups of apprentices?

N/A.

19. If you have answered 'yes' to question 1 above, please explain your reasoning.

N/A.

## For more information contact:

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