



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

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1. Introduction

Apprenticeships in healthcare subjects have recently become an important topic for the Council to monitor, communicate and influence. This is the result of the introduction of the employers' apprenticeship levy and the associated rapid development of apprenticeship standards for healthcare support worker roles (including nursing associates), pre-registration programmes for nursing and some allied health professions and post-registration education, including advanced practice.

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 and sets out practical matters around payment and participation. The Council has published a separate [policy position paper](#) on 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 currently fund public sector apprenticeships, though priorities for apprenticeships in Wales are under review. This paper therefore applies primarily to England and is mostly not currently 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 apprenticeship) 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 across the four fields of nursing, was published on 30 November 2016 and can be found [here](#).¹

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

Registered nursing apprenticeships have received considerable attention over the last couple of years. With the standard and End Point Assessment (EPA) plans complete, this programme is likely to recruit its first apprentices in Autumn 2017. Some of the allied health professions are also developing apprenticeships. Podiatry, physiotherapy, occupational therapy, paramedics, prosthetics and orthotics and operating department practice all have standards under development. Diagnostic and therapeutic radiography and medical ultrasound have registered interest for standard development. Dietetics has submitted an Expression of Interest to create an apprenticeship standard. Midwifery and the arts therapies have not got this far but apprenticeship routes are being considered. Level 5 apprenticeships have been developed for assistant practitioners in health and nursing associates.

Standards for a Level 7 apprenticeship in advanced practice were out for consultation at the time of publication. There have also been early discussions about the potential for apprenticeship development for specialist practice roles such as community nursing. 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 and scope of these standards. The Council has established an advanced practice working group and is talking to the advanced practice trailblazer leads. It is important to remember that all apprenticeships must lead to a new role which means that an apprenticeship will not be suitable for many types of post-registration education.

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 nursing², 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

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

individual HEIs will come to their own conclusions about their participation in apprenticeship delivery.

Like many of its members, the Council has chosen to engage in the development of apprenticeships. However, a number of important challenges and unresolved questions remain. These are covered in the Council's [policy position paper](#) which sets out the Council's principles and concerns.

The policy context

2.1. 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 last Government aimed to support 3 million new apprenticeships by the end of the (then) parliamentary term, though there were 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 attract and retain graduates more easily.

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.

2.2. Existing models

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

Many HEIs have long been 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.³

2.3. Leadership and responsibility for apprenticeships

Leadership and responsibility for the development of apprenticeships is diffuse and complex. Nationally the apprenticeship agenda is led by the Department for Education. This has overall accountability for the apprenticeship programme and all aspects of apprenticeships policy, including overall programme governance.

A new [Institute for Apprenticeships](#) has recently been established to support the quality of apprenticeships. It is accountable for designing and operating approvals and review processes for standards and assessment plans and for advising employers on the policy and process for developing standards. It is also responsible for advising the government on funding bands and ensuring all end point assessments are quality assured.

Much of the apprenticeship agenda is managed by the Education and Skills Funding Agency (ESFA) which receives its funding from the Department for Education. The ESFA acts as an executive agency of Government in its operational management of the apprenticeship funding system. It operates the Register of Apprenticeship Training Providers (RoATP) and the Register of Apprenticeship Assessment Organisations (RoAAO).

The Higher Education Funding Council for England (HEFCE) manages a [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 awarded a total of £4.8 million to [18 projects](#). HEFCE is also responsible for regulating the quality of degree apprenticeships at Level 6 and 7 (Ofsted will inspect the quality of apprenticeship training provision from level 2 to 5).

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

The Department for Education has published an [Apprenticeship Accountability Statement](#) outlining the responsibilities and accountabilities of each body in relation to apprenticeships development, quality and assessment.

The University Vocational Awards Council (UVAC)⁴ leads policy in this area for universities. UVAC has 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 standard. There are opportunities for universities and professional 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. It has established a [dedicated website](#) for healthcare apprenticeships information (haso.skillsforhealth.org.uk).

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 was initially established to discuss the support and information needed by members. The Council held a seminar on apprenticeships in November 2016, has spoken at external events on apprenticeship development in our subjects and is part of the trailblazer groups for registered nursing and nursing associates. It is also involved in ongoing discussions with professional groups on the development of apprenticeships in the allied health professions.

⁴ <http://www.uvac.ac.uk/>

3. Practicalities

3.1. The apprenticeship levy

From April 2017 all employers in any sector with a pay bill of more than £3 million a year have had to pay an apprenticeship levy of 0.5% of their annual pay bill to HM Revenue and Customs. This is 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 helps 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 which will cover 90% of the cost of apprenticeship training.

3.2. Programme funding

Public finance for apprenticeships is provided through the ESFA 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 ESFA 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 are 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](#).⁵

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 EPA. This is controversial as it exposes HEIs to a degree of financial uncertainty should apprentices fail or fail to undertake EPA (see below).

Under the apprenticeship funding system from May 2017 the Government will 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 apprenticeships 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.

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

3.3. HEI participation requirements

Universities must be included on the Register of Apprenticeship Training Providers (RoATP) to deliver apprenticeship training. Once included on the register, employers will have the ability to choose and purchase apprenticeship training directly from these providers. 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 need to pass a due diligence test, a test of financial health and quality, capacity and capability tests. The ESFA 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 NMC and HCPC requirements for the delivery of pre-registration degree level apprenticeships are under development. The NMC has asked universities intending to deliver registered nurse degree apprenticeship education to go through the normal NMC [programme modification process](#). On receipt of a modification enquiry form the NMC will decide whether the programme change can be managed as a minor or major modification. The NMC anticipates that for many the introduction of a nursing degree apprenticeship route will be categorised as a major modification. The HCPC's requirements and role in quality assurance of apprenticeships are at this point are much less clear. The AHP professional bodies are also considering how best to accredit apprenticeship programmes.

Universities have been given an opportunity to join the [NHS Shared Business Services register](#) for the provision of apprenticeship training. Doing so enables the university to provide apprenticeships training to Trusts using the NHS shared business services framework.

3.4. 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 could 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 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 ESFA 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. Employers now obliged to pay into the levy are perhaps less likely than before 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 an apprenticeship provider 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. HEIs may be able to accommodate small numbers of apprentices if they can be taught alongside other students, for example on part-time courses or using blocks of full-time study.

NHS Employers has published useful [guidance](#) on apprenticeships policy for its members.

4. 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.

4.1. Standards, status and outcomes

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

NMC standards are prescriptive and already require a 50:50 split between theory and practice in pre-registration education. 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. Individual registered nurse apprenticeship programmes also require NMC approval.

The pre-registration nursing apprenticeship standard is based on the current 2010 NMC education requirements. The standard will need to be revised to reflect the 2018 NMC requirements. Timing of this revision will be determined by the trailblazer group but it will not be possible to have two separate standards in use. This may create some practical difficulties for HEIs' course delivery depending on when they move their degree programmes onto the 2018 standards and on the timing of their provision of apprenticeship programmes.

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

4.2. Employment

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.

4.3. 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 that those qualifying as nursing associates will sometimes go on to train as 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 professionals. It is important that it is recognised that decisions around recognition of prior learning remain at the discretion of individual HEIs.

4.4. 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 EPA with HEI assessment.

It is possible to integrate EPA in full degree programmes (not in programmes at Level 5 and below). 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 by 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) were involved in the development of the EPA proposals for registered nursing. The challenge was 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 EPA will be met from the apprenticeship levy allocation for each programme. This means that it is likely to be deducted from the £27,000 (maximum) allocation for each apprenticeship in our subjects.

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

EPA must be undertaken by independent assessment organisations on the ESFA'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. Universities will need to be on the [register for apprenticeship assessment organisations](#) if they want to operate as an end point assessment organisation.

5. 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, ESFA and Institute for Apprenticeships.

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.

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

For further information

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