Council of Deans of Health

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

Institute for Apprenticeships & Technical Education: Consultation on a simplified EQA system

Consultation response – May 2020

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents the 85 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Key messages

1. The quality of apprenticeships, end point assessments (EPAs), and the external quality assurance (EQA) process is important for apprentices, providers, employers and, in the case of healthcare professional apprenticeships, patients and service users as well.

2. Regulation should be risk-based and outcome-focused. Healthcare higher education is already regulated by both professional healthcare and higher education regulators.

3. Additional regulation provided by the Institute for Apprenticeships and Technical Education (the Institute) and its EQA processes is often duplicative and burdensome. This disincentives market entry by healthcare educators into both the provision of apprenticeships and EPA.

4. The Council does not believe that the EPA is a necessary assessment of occupational competence for healthcare professional apprenticeships in light of the continuous and rigorous assessment that takes place on programme and the existing oversight provided by healthcare professional regulators.

5. Removing the EPA would dispense with unnecessary regulatory burden without diminishing the quality of apprenticeships for apprentices and employers. However, healthcare professional apprenticeships are high cost and the full costs of delivery should be maintained through a viable funding band.

6. In light of the continued existence of EPAs for healthcare professional apprenticeships, the Council believes EPAs should be integrated and sit within the wider programme.

7. If EPAs are not integrated, then end point assessment organisations (EPAOs) for the relevant healthcare professional programmes should only be organisations that are registered with the Nursing and Midwifery Council (NMC) or the Health and Care Professions Council (HCPC).

8. For EPAOs which are already regulated by the Office for Students (OfS), the EQA process should be undertaken by the OfS and not Ofqual, even if the EPA is not integrated.

9. The Council believes that the NMC and HCPC should be the only professional bodies that join the planned register of professional or employer-led bodies to add insight to the Institute's EQA process for relevant apprenticeships. Whilst they do not represent employers, they regulate entry and exit for the relevant professions and uphold professionalism and patient safety.

10. The Council welcomes the move to direct EQA funding and believes it is appropriate that EPAOs will no longer be charged directly for EQA. However, we are concerned at the effect this may have on the future of funding bands, which already do not necessarily meet the costs of delivery for healthcare professional apprenticeships.

11. The Institute should 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.

Responses

Section 1 – Simplifying the EQA System

1a. Does the proposed system impact your organisation?

Yes, indirectly. The Council's members include higher education institutions which deliver healthcare higher education, including apprenticeships across England and some which are also EPAOs. This includes nursing, midwifery and allied health apprenticeships at level 6 (degree level) and nursing associate apprenticeships at level 5.

1b. If yes, please exemplify any benefits or challenges you foresee in the proposal for your organisation.

Regulation should be risk-based and outcome-focused. Healthcare higher education is already regulated by both professional healthcare regulators and higher education regulators. Additional regulation provided by the Institute and its EQA processes is often duplicative and burdensome. This disincentives market entry by healthcare educators into both the provision of apprenticeships and the EPA.

The Council does not believe that the EPA is a necessary assessment of occupational competence for healthcare professional apprenticeships in light of the continuous and rigorous assessment that takes place on programme and the existing oversight provided by healthcare professional regulators, such as the NMC and HCPC.

Due to the current Covid-19 pandemic, the Institute has provided welcome and necessary flexibility to the EPA requirement for the nursing associate and degree nursing apprenticeships. For the duration of the crisis apprentices on these programmes only need to pass through the apprenticeship gateway to complete. This highlights that the EPA is not essential to gaining occupational competency for these apprenticeships and healthcare professional apprenticeships more widely. This is due to the regulation and oversight provided by healthcare professional regulators which control entry and exit to the professional register.

It is stated the EPA is necessary to meet employers' needs, but for healthcare professional apprenticeships the wider professionally regulated programme rather than the EPA is what assures employer and public confidence. Removing the EPA would reduce unnecessary regulatory burden and the 'maze of bureaucracy'[1] without diminishing the quality of the apprenticeship for apprentices and employers. However, healthcare professional apprenticeships are high cost and the full costs of delivery should be maintained through a viable funding band.

In light of the continued existence of EPAs for healthcare professional apprenticeships, the Council believes EPAs should be integrated and sit within the wider programme. Integrating the EPA would end the current unsatisfactory situation whereby an apprentice can gain the right to register with the professional regulator but not complete their apprenticeship. This is a significant risk to apprenticeship completion rates.

If EPAs are not integrated, then EPAOs for healthcare programmes should only be organisations that are registered with the NMC or the HCPC. Only these organisations have the relevant experience and expertise to deliver assessment for these professions. This is because they are already regulated by the bodies that control entry to the professional register. For EPAOs which are already regulated by the OfS, the EQA process should be undertaken by the OfS and not Ofqual, even if the EPA is not integrated.

The Draft simplified EQA framework states that existing EPAOs which wish to expand the number of non-integrated apprenticeship standards that they assess will need to apply to Ofqual to expand their 'Scope of recognition' to any new standard. We recommend that an EPAO should only need to register with Ofqual on entry to the Register of End-Point Assessment Organisations.

The Council welcomes the move to triennial review of each EPAO against each standard rather than on an annual basis. However, more information is needed on how the Institute intends to update its standards and assessment plans to ensure they have occupational currency across time, particularly in light of the intention of the NMC to develop a more agile approach to updating its standards for nursing and midwifery.[2]

[1] House of Commons Education Committee, 2018, Nursing degree apprenticeships: in poor health?: Eighth Report of Session 2017–19, p5.
[2] Nursing and Midwifery Council, 2020, NMC Strategy 2020-25, p34.

In light of the already complex regulatory landscape, ongoing monitoring should be risk-based and outcome-focused. Data-driven approaches to understanding risk and information sharing with other relevant regulators must be deployed to reduce burden and save costs for the Institute and others.

The quality of apprenticeships is important for apprentices, providers, employers, and for healthcare programmes, patients and service users. More information is needed on how the Institute will use its proposed monitoring rating system to progress continuous improvement. Regulatory action should be taken to remove an EPAO from the register if it is consistently awarded an inadequate rating. More information is also needed about whether this rating system will be informed by data from other quality bodies. With regards to readiness to deliver EPAs, it is questionable if an EPAO is truly ready if its delivery plan is generic, even if conditions are then attached.

The Council welcomes the move to direct EQA funding and believes it is appropriate that EPAOs will no longer be charged directly for EQA. However, we are concerned at the effect this may have on the future of apprenticeship funding. The consultation document states that funding bands may be reviewed in the future. Healthcare programmes have high delivery costs and this should be taken into consideration to ensure apprenticeships are financially viable for providers, employers and EPAOs.

The Education and Skills Funding Agency (ESFA), via its Register of Approved Training Providers (RoATP), will hold information on education providers which may also be EPAOs. Ofsted and the OfS already jointly share regulatory responsibility for the provision of level 4-5 apprenticeships at OfS registered providers. The deployment of previously collected data via these processes may be useful in informing decisions in the EQA process and reducing regulatory burden where a provider is also an EPAO. More generally, there is a lack of clarity on how the wider quality assurance of apprenticeships will inform EQA.

1c. How do you propose the Institute should manage the impact of the proposal on your organisation?

The Institute should 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. This will enable a smoother transition to a new EQA model.

There is a need for greater transparency regarding the internal processes and decision making of the Institute, including decisions of the Route Panel, the Approvals and Funding Committee and the Quality Assurance Committee. The transparency of the Joint Monitoring Committee and the Institute's review process of the EQA provided by the OfS and Ofqual will also be key.

Separately, public consultations on assessment plans for EPAs often have incredibly short response deadlines which limits the ability of relevant parties to respond. The Council recommends that these consultations are held over a sufficient time period to maximise responses and allow stakeholders to shape the process.

1d. If no, please tell us more about your interest in EQA, exemplify any benefits or challenges you foresee in the proposal and your proposals to manage these impacts.

N/A.

1e. Do you have any comments about the potential impact the proposals outlined in this consultation may have on individuals with a protected characteristic under the Equality Act 2010? Please explain your reasoning.

N/A.

Section 2 – Role of professional and employer-led bodies

2a. Do you agree with the list of organisation types that could be included in the Institute's EQA register?

The Council believes that for the disciplines that it represents only the NMC and HCPC can act as the relevant organisations for this function. This is because they are the statutory regulators for these professions and hold the professional register that the relevant apprentices are studying to join. Whilst these organisations do not represent employers, these regulators are the best source of external advice, as they regulate educational institutions, including their apprenticeships programmes, uphold professional practice, and protect the public.

However, we are not sure if the formal registration of statutory regulators by the Institute is a necessary activity. Professional regulators and their regulation must take precedence over the Institute for healthcare programmes, as they control access to the respective registers. The healthcare regulators themselves are already regulated by the Professional Standards Authority for Health and Social Care.

2b. Do you agree with the Institute's proposed criteria for accessing the EQA register of professional/employer-led organisations?

See above. In the context of healthcare professional apprenticeships, we believe that the interests of apprentices and the public are best served if this advice comes from healthcare professional regulators, even though they don't represent employer interests.

Apart from not representing employers, for valid reasons, the Council believes that both these regulators will be able to show that they meet the necessary criteria and evidence, by which the Institute intends to evaluate the suitability of these organisations.

2c. Does this approach effectively and sufficiently utilise the expertise of professional bodies to assure professional competence?

The Council believes these expert bodies should be used strategically. We question the need for them to have direct 'scrutiny of the assessment and support materials produced by the end-point assessment

organisation, including as part of readiness checks' and for these organisations to be involved in 'operational input, to confirm that quality assessment continues to deliver occupational competence.'[3]

There needs to be greater transparency about the level of funding available to professional bodies acting to support the Institute via this process.

2d. Do you have any suggestions for how this approach could be improved?

The Institute should develop a fully risk-based and outcome-focused approach to quality assurance, especially where providers are already regulated by other regulators both in the healthcare professional sphere (NMC/HCPC) and higher education sphere (including the OfS and Quality Assurance Agency). Many allied health apprenticeships are also approved by the relevant royal college or professional body. Regarding the Institute's plans, it does not seem proportionate for EQA to be overseen by the Institute, either Ofqual or the OfS and a further body.

The Institute's regulatory regime provides no additional assurance to the healthcare higher education sector or the public when compared to that of the healthcare regulators. In fact, it can act as an impediment to the growth of apprenticeships, thereby restricting access to these valuable professions, which are so important to the health and success of the nation. The barriers to becoming an EPAO for healthcare apprenticeships are highlighted by the small number in the current marketplace.

Section 3 – Proposed transition arrangements

3a. Are there aspects of the transition arrangements that could be improved?

The Council welcomes the phased approach to the implementation of any changes in light of the maturing nature of the EPAO marketplace. We advise clear communication of timeframes for the transition to a future EQA system to assist higher education providers with their future apprenticeship planning, especially in the context of Covid-19.

3b. If yes, please provide more detail.

N/A.

3c. [For EPAOs] Do you envisage applying for Ofqual recognition?

N/A

3d. [For EPAOs] What support do you envisage needing in the transition period, and beyond?

N/A.

[3] Institute for Apprenticeships and Technical Education, 2020, Draft simplified EQA framework, Annex 1: The role of professional and employer-led bodies

3e. Do you think there are any further opportunities to simplify or optimise the system that have not been covered in previous questions? If so, what?

N/A.

For more information contact:

Josh Niderost, Senior Policy and Public Affairs Officer, josh.niderost@cod-health.ac.uk