Council of Deans of Health

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

Institute for Apprenticeships and Technical Education - Consultation on changes to funding recommendation

Council of Deans of Health written submission – October 2020

The Council of Deans of Health is grateful for the opportunity to contribute to this consultation. The Council represents the 87 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Key messages

1. Universities are working in close collaboration with local employers to develop and deliver healthcare apprenticeships and widen access to healthcare careers.

2. Healthcare professional education is costly and resource intensive. Any fall in funding bands will have a detrimental impact on the ability of educators and employers to deliver healthcare apprenticeships.

3. The Council supports an individualised approach to establishing funding bands per standard, which would be developed by the trailblazer group with employer and provider input. This should enable funding bands to truly reflect the costs of healthcare professional education. It would also ensure that employer and provider voices are not diminished.

4. If the Institute's proposed model is adopted, the trailblazer should be given more flexibility in the items it can include in the variable element. It should be able to consider costs such as capital equipment and facilities, which make provision more expensive for healthcare programmes.

5. Healthcare apprenticeship funding bands must not be decreased irrespective of end point assessment arrangements.

6. The Institute should provide more information about plans for funding band revisions for existing apprenticeships, including if the proposed fixed percentage increase/decrease rule will be introduced when an apprenticeship is updated and what that fixed percentage would be.

Responses

1. In what capacity are you responding to this consultation?

Representative body. The Council represents the 87 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 some which are also 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.

2. To what extent do you agree/disagree that the proposed model, set out in the consultation document, would reflect the range of costs across different apprenticeships?

Disagree.

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 healthcare education is £9,669 per annum per student. 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. For allied health programmes, the mean unit cost can be significantly higher. For example, the mean unit cost for therapeutic radiography is £11,341 and for diagnostic radiography it is £11,309.[1]

The mean unit cost of delivery per annum is therefore more than the maximum £9,000 per annum permitted in the current apprenticeship funding band. Inflation since 2017 will have also increased the delivery costs outlined in the costing study. This highlights how delivery of healthcare apprenticeships can already be financially unviable within the current funding model.

Teaching costs

The model proposes that teaching costs will be differentiated across five rates. Healthcare professional programmes must be funded at the highest rate for teaching of £220 pcm. Providers need to employ occupationally competent and qualified staff to deliver healthcare programmes and often find themselves in competition with the NHS for staff. This is in a context where staff may be in short supply and where pay may be higher in the NHS. Teaching salaries constitute 34% of healthcare programme costs.[2] Classifying the cost of teaching at £130 per calendar month, as the basic model proposes, will make the delivery of healthcare apprenticeships unaffordable for providers and employers.

Consumables

The model proposes that consumables in the health and science route are costed at the 'low' rate. However, consumable costs range across healthcare programmes, particularly in the context of Covid-19.

[1] HEFCE, 2017, Costing study of pre-registration nursing, midwifery and allied health disciplines, p5
[2] Ibid. p7

Consumable costs are especially high for speech and language therapy, operating department practice, and podiatry.[3] A more individualised approach to costing consumables should be enabled via trailblazer input and the variable rate.

Formative assessment

The rate of £35 pcm for formative assessment where a mandatory qualification is required in the standard seems unduly low compared to a rate of £20 pcm where a mandatory qualification is not required.

End point assessment

Healthcare professional education is costly and resource intensive. Irrespective of end point assessment arrangements, any fall in funding bands will have a detrimental impact on the ability of educators and employers to deliver healthcare apprenticeships.

Administration

The rate of £30 pcm for administration seems low where there is no other means through this model to take into account the costs of compliance with regulatory requirements, including monitoring and reporting. This includes the requirements of the Education and Skills Funding Agency (ESFA), Ofsted, the OfS, the Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC), and other healthcare professional bodies.

3. To what extent do you agree/disagree that the proposed model, set out in the consultation document, provides a transparent model for recommending funding bands?

Disagree. The model could be more transparent.

We note that the funding rate allocated where there is 'at least one degree mandatory qualification' (G in the schematic) is still to be determined. The Institute must provide more information on this.

It is unclear what items are classed as consumables, particularly in the context of Covid-19.

4. To what extent do you agree/disagree that the proposed model, set out in the consultation document, is clear?

Disagree.

5. How best can we support trailblazers to provide inputs such as mode of training and consumable costs?

The Council supports an individualised approach to establishing funding bands per standard, which would be developed by the trailblazer group with employer and provider input. This should enable funding

[3] Ibid. p39

bands to truly reflect the costs of healthcare professional education. It would also ensure that employer and provider voices are not diminished.

We are concerned that the list of bespoke costs used to develop the 'variable rate' is not extensive enough. The costing study research classified costs across 6 components, including staff costs, non-pay costs, indirect departmental costs, centrally allocated indirect costs, estate costs, and sustainability adjustments.[4] The range of cost items used by the Institute should be widened and include reference to the costs of space and facilities, such as capital equipment and clinical skills and simulation suites. These make provision more expensive for healthcare programmes.[5]

6. How best can we obtain salary data for teaching staff?

Individual trailblazer groups should obtain this via engagement with education providers, including universities where relevant. Trailblazer groups should be able to consider this when developing a funding band.

7. When do you think that smaller group teaching sizes are necessary for teaching delivery?

This will vary depending on the teaching needs of students. For example, students may need smaller classes sizes and closer supervision when undertaking simulation and mandatory skills training before starting practice placements in clinical settings with patients and service users.

External regulatory conditions will also impact group teaching size. For example, when studying in alignment with the NMC's Standards of Student Supervision and Assessment (SSSA). This uses a tripartite model of practice supervisor, practice assessor, and academic assessor. The costs of this model need to be factored into funding bands for nursing and midwifery apprenticeships.

Social distancing in light of Covid-19 also means that in the immediate future group teaching sizes will be smaller than usual.

8. Do you have other suggestions for how we can review information provided by trailblazers in the 'variable' element of the proposed model?

The Higher Education Statistics Agency (HESA) also publishes data on staff costs in the higher education sector and could be used in addition to ONS data.

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[4] Ibid, p34
[5] Ibid., p34.