Richard Review Consultation – Our response

This response has been compiled by the NHS Employers organisation, following consultation with employer organisations in the NHS, of which there are approximately 450. We have also consulted with Health Education England and Local Education and Training Boards, who are responsible for regional education and training plans across the NHS, and we have discussed the questions posed in this consultation with Skills for Health and the TUC, both of whom we work in close partnership with in the delivery of the Apprenticeship Agenda across the NHS. As such, we believe that this response reflects the national priorities of the NHS in England, which employs apprentices on over 60 frameworks across a number of sector skills councils (SSCs) and, last year (2012/13), recorded 8,500 apprenticeship starts.

As highlighted in a number of the responses to the questions posed in this consultation, the NHS has serious concerns about implementing radical change to an existing system that it does not deem to be fundamentally flawed. If the full range of proposals set out in this consultation were implemented we believe this would significantly undermine the position of apprenticeships in the NHS. We would therefore urge Government to reconsider the proposed changes in line with our comments and act in a manner which is conducive to supporting apprenticeships in the health sector.

Introduction
The NHS Employers organisation (NHSE) is the voice of employers in the NHS. A key role we have is to help employers make sense of current and emerging healthcare issues, regularly collecting and analysing the views of employers and using our contacts and opportunities to ensure that the voice of employers is front and centre in the fast moving health reform agenda.

We keep employers up to date with the latest workforce thinking and expert opinion, provide practical advice and information, and generate opportunities to network and share knowledge and best practice.

With regard to social mobility, the NHS has always championed the equality, diversity and widening participation agendas and how these deliver business benefits for NHS organisations, the public health agenda, and the wider community.

In relation to the apprenticeship agenda, NHSE has a national coordination, leadership and influencing role to play with employers in the NHS. In this role NHSE works with Health Education England and 13 regional employer boards who determine education and training investment in their localities. NHSE also works strategically with a range of national organisations such as the Cabinet Office, Department of Health, Department for Work and Pensions, Jobcentre Plus, The National Apprenticeship Service, and Skills for Health.

The NHS in England employs 1.2 million staff across approximately 450 organisations; 30 per cent of staff receive a salary up to £21,000.
The number of apprenticeship posts in the NHS has grown significantly in recent years. Between 2008/09 and 2009/10 the number of new apprenticeships in England rose by 500 per cent from 1,300 a year to over 8,100. In 2012/13 there were approximately 8,500 new apprentices, around a third of these being for those under the age of 25.

The boost in apprenticeships comes following the creation of the National Apprenticeship Advisory Committee (NAAC, 2008, chaired by Sir Ron Kerr). Resulting from this, a set of recommendations to Ministers was produced highlighting improvements that would develop a sustainable vision for the role of apprenticeships in the health sector in the medium to long term. These recommendations are currently being taken forward by NHSE and include:

- employers should routinely consider the option to employ an apprentice when recruiting to jobs with salaries up to £25K (whilst NHSE is encouraging employers within the NHS to take forward this recommendation, it is important to stress that we believe that apprentices should be paid a full wage, equal to that of other employees at the same grade, and should not be viewed as a form of cheap labour)
- apprenticeships need to be integrated into workforce planning and education and training plans
- employers should collaborate and share good practice
- supplier contracts should include creating apprenticeship opportunities
- health sector apprenticeships should be promoted with NAS branding
- the business case for employing apprentices and return on investment models should be developed further to strengthen employer involvement at national top table along with other large employers
- Dean Royles, Director NHSE, to sit on National Apprenticeship Ambassador Network (AAN)
- Skills for Health and the other 25 sector skills councils to develop relevant frameworks for the emerging workforce
- consideration should be given to level 4 apprenticeships.

Linked to the youth employment agenda, NHSE is actively involved with:

- Education & Employers taskforce: Speakers for Schools & Inspiring the Future; Dean Royles, Director NHSE, is signed up to Speaker for Schools and NHS staff are being encouraged to volunteer to sign up to Inspiring the Future to give “career insight” talks in schools
- Opening doors Business Compact 2012; Cabinet Office
- CIPD Learning to Work advisory group.

NHSE actively encourages celebrating the achievements of apprentices and the positive impact they have on the NHS as a whole. As such, NHSE are a keen supporter of National Apprenticeship Week and encourage Trusts to get involved to showcase the successes of their apprentices and raise the profile of the apprenticeship agenda.

NHSE is also responsible for NHS Careers, which is the information service for careers within the NHS in England. It consists of a telephone and email helpline, website, literature, and other supporting materials. NHS Careers is available to anyone in England and supports NHS trusts, schools, colleges and careers advisers.

Step into the NHS (www.stepintothennhs.nhs.uk) is a campaign to target secondary school age students to support widening participation and social mobility. Step into the NHS currently averages around 900 new registrations each month and over 35,000 young people have registered since 2007, with the majority showing an interest in a career in medicine or nursing.

Q.1 How can we ensure that every apprenticeship delivers substantial new skills?

Some concerns have been raised in the NHS around the ambiguity
of apprentices studied as part of Doug Richard’s review, as apprenticeships have historically, and will until July 2013, include existing staff undertaking an apprenticeship framework. If an apprentice is new to the post, the apprenticeship, in its broadest sense, including on-the-job training and the formal apprenticeship programme, should deliver substantial new skills. There is recognition that apprenticeships have not always been used for the purpose for which they were designed. In some cases, apprenticeships have been used to ‘qualify’ the person in a role in which they are already competent. This mustn’t detract from the value of the apprenticeship and in many instances apprentices have reported that even though they may have been doing the job for some time they recognise that through the apprenticeship they have developed a much greater knowledge and understanding and extended the scope of the skills they previously had. However, we believe that clear and separate pathways should exist for apprenticeships and those seeking accreditation for existing skills and we agree with the new focus that apprenticeships should be targeted at those not fully competent in a particular job role. To ensure that this is achievable, we believe it is essential that there is a robust mechanism for the assessment of an individual’s existing skills during the recruitment process to ensure that undertaking an apprenticeship will lead to the acquisition of new skills and that thorough consideration is given to the needs of individual learners. Furthermore, we believe that all apprentices should have sufficient opportunity to put classroom-based learning into practice to acquire work-based skills.

Q.2 How should we invite and enable employers to come together to design new standards for apprenticeships?

This question is posed from the assumption that new standards for apprenticeships are needed and that employers don’t already come together to form a collective view. Neither assumption is true for the NHS. There is a well established and well respected mechanism by which employers engage in the development of occupational standards, which are then used to design qualifications and apprenticeships. In the new structural arrangements within the NHS in England, employer bodies in the form of local education and training boards (LETBs) and through Health Education England have been clear that they wish to continue to utilise the skills and experience of the SSC to do this. Whilst the NHS is keen to continue to utilise the skills and experience of Skills for Health to assist with designing occupational standards, it is important to note that some concerns do exist around any potential future charges levied for the development of new frameworks and pathways linked with NOS. The question has been posed that if Skills for Health are unable to offer their input free of charge to develop new qualifications, does any other organisation exist that will be able to offer this level of expertise?

The growth in apprenticeship starts over the past three years in NHS shows the value and credibility of the frameworks in the sector and feedback from employers via Ofsted and during the consultation on the development of the Code of Conduct, National Minimum Training Standards and core competences for healthcare support workers is that the component qualifications are highly regarded.

Whilst the NHS feels that a robust mechanism for the design of apprenticeship standards does already exist within the health sector, that is not to say there is no acknowledgement for ways in which the system could be improved. Involvement in employer events (that include both line managers and apprentices), working groups, and national network meetings would certainly improve the capture of evidence and employer viewpoints. Furthermore, there is recognition that in the case of non-healthcare apprenticeships (i.e. IT, HR, business admin etc.), it may be beneficial for the NHS to collaborate with other sectors in the design of occupational standards to ensure
that the new qualifications that are due to replace apprenticeship frameworks are relevant to the NHS.

**Q.3 What are your views for proposed criteria for apprenticeship standards as set out above?**

The NHS believes that the proposed criteria are sensible and, with the exception of ‘including skills which are relevant and valuable beyond just the current job, supporting progression within the sector’, believes that these are criteria which on the whole apprenticeships within the NHS already adhere to. There is some concern that including skills that go beyond the current requirements of the job could be challenging in a healthcare setting, as it may have implications for patient safety, employer liability and the pay banding of the individual learner’s role, which may ultimately deter employers from using apprenticeships. In addition, it is recognised that requiring apprentices to focus on the acquisition of skills in areas that they are not subsequently permitted to practice in may lead to frustration and loss of competence over time.

On the flip side, when considered in its broadest sense, ‘including skills which are relevant and valuable beyond just the current job, supporting progression within the sector’, could actually be highly beneficial within the NHS. Adherence to this criteria could represent a means to ensure that all apprentices have the opportunity to develop key values and behaviours (i.e. valuing diversity, treating patients with dignity and respect), which will lead to the development of a competent workforce and equip the individual learner with the necessary attributes to support career progression within the NHS.

Whilst, as noted above, the NHS has some concerns that a focus on skills ‘beyond the job’ may not be achievable in practice, it has been suggested that a preferred focus might be on progression. For example, at present the Advanced Health Apprenticeship is not UCAS recognised and therefore limits any progression for those with aspirations to embark upon a degree in nursing. Including optional components within apprenticeship frameworks to prepare for study at higher levels, particularly HE, is a proposal that is supported by The Council of Deans for Health and would be particularly welcomed within the NHS.

**Q.4 Should there be only one standard per apprentice occupation/job role?**

With such a vast array of job roles within the NHS, and the content of those job roles varying between individual trusts, it was deemed that this may be very difficult to achieve in practice. However, it is crucial to note that the Francis report made a very clear recommendation for the need for agreed core standards to ensure the delivery of quality patient care. In this respect, we agree with the ‘core and options’ approach proposed by the Government, which would allow a free choice of units that reflect local arrangements, whilst at the same time ensuring that core standards are upheld.

For roles that are statutorily regulated (i.e. dental nursing, pharmacy technicians), it is important to note that the standards are set by the regulators and the qualifications in the frameworks must meet the outcomes specified for entry to the registers.

A point made by some trusts across England was that in line with recent Government recommendations on the need to integrate the health and social care systems, it may be beneficial to design a new framework that covers both sectors, or for additional units to be offered as part of existing frameworks to allow apprentices to obtain dual qualifications that were recognised by both sectors.

The current standard for each occupation/job role within the NHS has been defined using NOS. The NOS have been developed with a high level of employer engagement and as noted in Q.2 there is a continued commitment to the use of NOS. There is a feeling within
the NHS that the development of any new standard would be unnecessary and costly and would in all likelihood look very similar to NOS.

Q.5 Should there be only one qualification per standard?
The NHS believes that clarity and consistency of the core qualification would strengthen the brand and thereby increase its value. With the present system there are important career progression and workforce development issues connected to functional skills not being accepted by HE institutes and allowing apprentices to move onto graduate-level study. Within the NHS there is large-scale support for apprenticeships as a robust and valued route into a HE qualifications, e.g. nursing. Jeremy Hunt’s view that nurses should have experienced hands-on care before entering formal nurse education actually makes apprenticeships rather than A-levels the preferred entry route. However, it is recognised that the ‘education’ element of apprenticeships is currently undervalued by many HE institutions and more work is needed to ensure that vocational qualifications represent a valued progression route into healthcare occupation undergraduate programmes. It has been noted that the introduction of the QCF has given HE institutions far more confidence in these qualifications than previously existed with the old style NVQs and concerns have been raised that a further significant change and the introduction of a new type of qualification could undo much of the successes that have been seen over the past three years.

The NHS would support the implementation of one qualification per standard at intermediate and advanced level and health sector apprenticeships already have this model, where there is only one combined or competence and knowledge qualification in each framework. However, we do not believe this is feasible for higher level apprenticeships, especially where foundation degrees are used.

We do not believe that specific apprenticeship qualifications are necessary. The existing QCF qualifications are well regarded by employers as being appropriate for apprentices. Any changes to the requirements for apprenticeships can be implemented through the existing qualifications e.g. extending the number of ‘mandatory’ units for apprentices. This would not require any changes to existing QCF regulated qualifications.

This is a flexibility that is allowed within the current SASE apprenticeships but this could be made more explicit within the guidance. If a discrete apprenticeship qualification were created there would be a significant risk of destabilising the market for the current QCF qualifications. The take up of QCF qualifications in health is relatively low and a significant percentage of the registrations are apprentices. If a discrete apprenticeship qualification was created the likely impact on the existing QCF qualifications would be that they would cease to be financially viable for awarding organisations to offer. This would mean that QCF qualifications wouldn’t exist for learners who were not suitable for apprenticeships but still needed to achieve a relevant occupational competence qualification.

This was recommended by the Willis Commission Report (Jan 2013) and it is likely to be a recommendation of the Cavendish review.

Within the NHS we would not wish to see qualifications included within apprenticeships that are not in the QCF or awarded by HE institutes. The regulation, external quality assurance, and validation currently required by these qualifications gives the health sector confidence in the standard of the qualifications.

A move away from QCF qualifications could also have a significant impact on transferability of the apprenticeship across nation borders. For England, Wales and Northern Ireland many apprenticeship frameworks are based on the same QCF qualifications. The SVQs included in Scottish Modern
apprenticeship are based on the same National Occupational Standards as the QCF qualifications. Furthermore, all standards for regulated health professional occupations are UK wide and the NHS feels this should remain the position for apprentices in health occupations.

Q.6 How should we manage the transition from the current system of apprenticeships frameworks to a new system of employer designed apprenticeship standards and qualifications?

Whilst as alluded to in the response to previous questions, concerns exist within the NHS about the need for large-scale change to the system. Feedback we have received suggests that employers within the NHS would like the current system to be maintained, or at the very least look similar to the existing one. Concerns have been raised about how changing the current system could have the potential to devalue the incumbent one, which could impact negatively on the ability of the NHS to deliver apprenticeships. To emphasise the point made in the response to Q5, it is also clear that employers within the NHS wish to ensure that the system continues to be based on QCF qualifications with unit achievement and credit.

If a decision is taken to move from the current system of apprenticeship frameworks to a new system of employer-designed apprenticeship standards then there might be a case for encouraging and assisting the larger or more economically significant sectors, such as engineering and IT, to make an early start with the changes, perhaps in a pathfinder capacity. In addition, there might also be a case for starting with frameworks which have not been reviewed and updated for some time and which would need to be revisited soon anyway. If frameworks do become replaced by new apprenticeship qualifications, to avoid confusion amongst employers and line managers, then careful consideration would also need to be given to management of the stage at which some apprentices will be on old system and others on the new one. Finally, prior to the implementation of change it is considered essential that there is clear communication with employers, potential apprentices, and provider organisations.

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Q.7 How can we make sure that the new standards stay relevant to employers, and are not compromised over time?

To ensure the standards stay relevant to employers and are not compromised over time the NHS feels that they would need to reviewed at regular intervals or at the instigation of participating employers when there is a particular need – i.e. the Francis report/Cavendish review might act as a prompt to review the standards of healthcare apprentices.

As previously emphasised, the NHS does not feel that it is necessary to implement radical changes to the system and wishes to continue to use NOS to define the standards for the frameworks. At present, Skills for Health are responsible for the development and maintenance of NOS and represent the whole health sector working across the NHS, Independent and Voluntary sectors. The NHS believes that Skills for Health should continue to be responsible for ensuring that the standards are kept up to date and believes that qualification and framework development should also be done in conjunction with employers to ensure that the standards and apprenticeships remain valid.

Q.8 How can we ensure that employers are better engaged with the development and oversight of the assessment in apprenticeships?

Engaging with employers through national forums which allow employers to contribute and looking at the standards used to benchmark apprentices in skills competitions have been put forward as suggestions to improve employer engagement.
in the development and oversight of the assessment process. The NHS in England believes that on the whole the current assessment arrangements are fit for purpose and it is noted that employers are already widely engaged in the assessment, whether this be by providing work-based assessors or through providing supplementary evidence to be used to make a judgement of competence.

Q.9 How could employers best be involved in the practical delivery of assessment?

Given the large numbers of potential learners (i.e. apprentices, student nurses, medical students etc) within a Trust at any one given time, and the considerable demands this is likely to place on existing staff who are acting as assessors, feedback we have received emphasises that the demands on employers to be involved in the oversight of assessment should not be too onerous.

The NHS feels that placing undue burden on employers to be involved in the practical delivery of assessment could be counterproductive and discourage them from taking on apprentices and feel strongly that employers should still be given the option to buy-in assessment where need dictates. However, it is also recognised that involving existing staff in the practical delivery of assessment could be seen as a good development opportunity for employees and create a culture that values learning and the acquisition of new skills, which is something that the NHS holds in high esteem. In addition, it is also felt that involving managers in the development of assessment methodology and ensuring that robust end point assessment is in place, which explores Return on Investment, represent ways to strengthen the business case to ensure there is continued investment in apprenticeships within the health sector.

Q.10 How can independence and consistency of assessment in apprenticeships be further improved?

This aim can only be realised fully if there is a sufficient supply of well trained/qualified assessors, who ideally will have worked in the sector. It has been suggested that consideration could be given to in-house trainers or existing staff acting as assessors to other companies in the sector, provided that neutrality and independence is not compromised by any reciprocal arrangements.

Providing an assessor database to ensure consistency in quality is also deemed to be something that could be beneficial. The NHS within the London area is currently developing such a system and it is their intention to evaluate and provide feedback in order to demonstrate the benefits of this approach.

There is also a belief within the NHS that consulting with educational experts and those that represent the voice of the learner, such as trade unions, is essential if consistency in assessment is to be achieved. Use of the Social Partnership Forum model, involving both employers and trade unions will ensure that apprenticeship qualifications continue to deliver maximum value to society.

Within the NHS the regulatory arrangements for the quality assurance of assessment are currently covered by the QCF regulations and where there are concerns Ofqual has the statutory powers to address these. We do not believe it would be in the best interests of either employers or apprentices to move away from this system and if there are weaknesses then it is felt that these should be addressed through the current regulations and enforcement powers of Ofqual.

Q.11 How should we implement end-point assessment for apprentices?

There is widespread concern amongst employers within the NHS that implementation of a single end-point assessment would be a daunting proposition for both learners and employers, and could undermine quality and robustness. This method of assessment could be particularly disadvantageous to recent school leavers who will be more familiar with the continuous assessment methods employed for GCSEs and A-levels, which now follow a modular format. Furthermore, continuous assessment of
practice and judgements on the person’s competence are critical to the safe delivery of healthcare and should not be dismissed lightly. The practice of end-point assessment is not used in any health professional occupation education programme and we do not see any value in introducing this for apprentices. As such, the NHS believes that a staggered or modular competence assessment throughout the apprenticeship (which could be included as part of an individual’s induction/regular review in the initial months of their employment), resulting in a final assessment that brings together an overall competence, may be more beneficial.

The range of competences undertaken as part of the apprenticeship will also vary depending on local employer need and it is deemed that devising a standardised end-point assessment would be impossible beyond the core skills and knowledge required of the role. The challenge of having a standardised end-point assessment can be evidenced by the effort that goes into determining what should be assessed at skills competitions. The range of technical skills common to roles is very limited and so what is done is often the lowest common denominator e.g. moving and positioning an individual. This cannot be a proxy for determining someone’s occupational competence.

Within the NHS there are also significant concerns about the impact that implementation of end-point assessment may have on higher level apprenticeships, many of which make use of HE qualifications. Since HE institutions set their own assessment strategies, imposing stringent use of end-point assessment would likely mean that many HE institutions would withdraw their qualifications from apprenticeship frameworks. In some instances this would result in the withdrawal of highly valued and credible qualifications and may even result in frameworks needing to be withdrawn as there is no alternative to the HE qualifications.

A move to end-point assessment would also, in all likelihood, mean that the qualification could not be a QCF qualification. The NHS has welcomed the introduction of QCF qualifications based on principles of credit, level and shared units that clearly show the common learning and assessment across qualifications. The loss of any recognition of achievement and competence attained through credit would potentially disadvantage learners who need to ‘step off’ the apprenticeship because of changes in circumstances. This would return us to the inequalities that were evident with the National Qualifications Framework (NQF), where learners who did not complete the whole qualification, or needed to take a break, left with no recognition of the learning achieved and all too often had to start again. We would have grave concerns if the principles of credit, level and shared units with clear transferability were not maintained as part of apprenticeships.

To test the rigour of end-point assessment, it has been suggested that this approach be trialled with apprentices already in training who could be assessed on a pilot basis at the end of their apprenticeship. These apprentices would still qualify under the current regime but the end-point tests could provide valuable lessons on effectiveness and implementation and allow a more thorough consideration of the pros and cons of this approach.

Q.12 How should we implement grading for apprenticeship qualifications?
Some employers across the NHS have informed us that they favour rewards for milestones being achieved to a high standard rather than grading for apprenticeship qualifications themselves. Whilst employers within the NHS firmly believe that we should recognise and celebrate high achievement in apprenticeships, as evidenced by our continued support for National Apprenticeship Week, they also feel that implementing grading has the potential to be too subjective and could also lead to too great an emphasis being placed on the
underpinning knowledge as this is where grading could most readily be applied.

The NHS would also urge the Government to ensure that the current barriers faced by certain groups in accessing quality apprenticeships are not replicated in creating a system where those same groups are only able to access provision that limits their potential to achieve higher grades.

Q.13 What are the specific obstacles to all apprentices achieving level 2 English and maths as part of their apprenticeship, and how could these be overcome?

There is widespread feeling that apprenticeships should not be designed to compensate for the current failings in the education system. There needs to be a greater focus on how schools and colleges deliver these subjects to ensure greater attainment of these levels prior to commencement of apprenticeship programmes – making apprenticeships about remedying this situation has the potential to have a detrimental impact on their perception within society. That said, the aspiration for all employees to work towards these standards is certainly commendable and would garner support from within the NHS, which is fully committed to the lifelong learning agenda and the benefits this can bring about at an organisational level.

It is considered that the introduction of the traineeships programmes, which are planned for later this year, will be a good mechanism for helping young people prepare for apprenticeship programmes and will create a space for addressing previous issues with functional skills.

It is also important to consider the great challenge that this particular requirement could represent within the health sector. For some individuals, the time taken to achieve level 2 qualifications in English and Maths could exceed the length of the apprenticeship and assessment process, which could demotivate learners and lead to a drop in completion rates. If attainment at level 2 is not deemed necessary for an individual to perform well in a particular job role, as may be the case for certain apprenticeships within the NHS (i.e. portering, support workers at pay band 2), then unless the learner has aspirations to progress academically it is felt that insisting on such standards may exclude those who have the potential to be excellent employees and make a valuable contribution to the sector.

Q.14 How would a requirement to have all apprentices achieve level 2 in English and Maths impact on employers, providers and potential learners? What are the risks and potential solutions?

In terms of provision, the NHS is aware that training providers may well have capacity problems with combining high-quality vocational learning with English and Maths skills. It is essential to ensure the spread of good practice amongst providers and thought should be given to how the new industrial partnerships, employer ownership of skills pilots and local enterprise partnerships can raise standards and share good practice.

Within the NHS it is felt that the potential impact of this requirement on employers may be to discourage them from taking on those with previously low levels of attainment and could lead to serious inequalities within the system. The NHS is a firm believer in the corporate social responsibility agenda and feels that their employee profile should reflect the demographic of the local communities it serves, which includes both those from deprived backgrounds and those with learning disabilities. For many, apprenticeships are a mechanism for re-engaging with learning. If the bar is set too high for entry it will present both a perceived and actual barrier to entry to the sector and will put people off applying for apprenticeships.

Placing too great an emphasis on attainment of level 2 in English and Maths may also result in apprentices who particularly struggle in these areas spending a disproportion amount of time trying to achieve these qualifications at the expense of
other training more relevant to their role. However, it is worth emphasising that particular successes have been noted in reaching and supporting learners in the workplace who may have previously struggled with attainment in English and Maths skills when union learning representatives (ULRs) are engaged to help individuals to overcome potential barriers to learning and access learning opportunities that suit individual learning styles.

Q.15 What further steps, by government or others, could encourage greater diversity and innovation in training delivery to help apprentices reach the standards that employers have set?

The NHS recognises the need to encourage greater diversity and innovation in training delivery around apprenticeships. Certain employers within the NHS have informed us that they felt the large employer reduction and the 50 per cent reduction for apprentices over the age of 19 should be abolished to allow training providers to deliver more cost-effective provision and invest in innovative delivery. Furthermore, some employers have also expressed concerns that the arrangements for funding are not equitable, with providers either retaining too great a percentage of the income or all of the income, even in instances where the employer is significantly engaged in the delivery.

A particular challenge faced by the NHS is the large number of providers that are unable to deliver the apprenticeships themselves due to insufficient access to trainers who have the occupational competence to deliver the technical skills required of certain job roles. This has resulted in a situation where many NHS employers have been forced to enter into agreements with providers to act as delivery agents, whilst the FE college or training provider manages the SFA contract – this is felt to be a rather archaic system that is counter-intuitive to the encouragement of innovation in training delivery.

Q.16 What approach would work best to ensure apprentices benefit from time to train and reflect away from their day-to-day workplace?

The NHS believes that all apprentices should have a training plan which is regularly reviewed and monitored and includes protected time for learning. This plan should set out what training is to be done and when, and should also provide for different learning styles and time to absorb information, according to the needs of the individual. Ideally, apprentices should also be mentored by someone outside of their line management who could review progress and check that the plan was being adhered to, and to whom apprentices could turn if they felt they were not getting the training they were promised. Apprentices would also benefit from interacting with others in different organisations in the same sector, with whom they can exchange ideas and accounts of their experiences – online discussion forums and regular regional events may represent ways in which this could be achieved.

Q.17 Should off-site learning be made mandatory?

Whilst feedback from employers within the NHS has indicated that they see a value in off-the-job training, they do not feel that off-site training should be made mandatory. Since most organisations within the NHS, particularly trusts, are large organisations, there is ample opportunity for apprentices to engage in learning opportunities away from their usual place of work and it is felt that this should be encouraged in framework documentation. In line with recent Government recommendations on the need to integrate the health and social care systems, it was felt by some employers within the NHS that greater innovation in programme delivery should be encouraged and there should be more exploration given to opportunities for apprentices on relevant frameworks to visit employers in the social care sector.
Q.18 How can the process for approving training providers be improved, to help employers find high-quality, relevant training?

Having the ability to engage with a range of training providers and colleges has allowed the NHS to purchase training at a competitive price and invest any under-spend in supporting employers to develop apprenticeships for their staff. The flip side of this is that some organisations find they have not got value for money due to the complexities in being able to understand and navigate the system. Furthermore, it has been commented that some providers are more adept at fulfilling criteria than they are at the delivery of quality training! We feel that sharing experiences with other employers through forums or other suitable means may assist employers with purchasing high-quality, relevant training for their apprenticeship programmes. In addition, it is also felt within the NHS that the system needs to be less biased towards the private training provider community and should encourage FE colleges and voluntary or third sector providers to take forward innovative approaches.

Skills for Health is already undertaking an EIF-funded project looking at the development of a Quality Mark scheme. This could be a mechanism used to help employers choose the right provider by having a Quality Mark that ensures that apprenticeship delivery is bespoke/responsive to meet individual employer need, and not just a ‘one size fits all’ approach.

Q.19 Do you believe that a kitemarking scheme for your sector or profession would add value and be supported?

Employers within the NHS believe that this could have some value but that the system should not be too onerous for employers to administer. Furthermore, the true benefits of such a scheme would be dependent on the kitemarking quality and performance criteria, which we believe employers should be involved in formulating. It was felt that this proposal should be linked to the Quality Mark already being developed by Skills for Health, as it was considered that further proliferation of quality marks/kitemarking would only lead to confusion among employers and would do little to improve the market.

Questions were also posed by some employers within the NHS, which included ‘Will providers sign up or will it be a mandatory that they are kitemarked?’ and ‘How often would the kitemark be reviewed?’

Q.20 What more can government do to facilitate effective third party/external use of its data to better inform individuals and employers about apprenticeships?

A robust data set would be invaluable to the NHS in workforce planning, allowing us to map trends and look at the performance management of individual trusts. Whilst the data collected to date by SHAs has certainly been useful, it has not been entirely robust and a more comprehensive breakdown of starts/attrition rates by age/level/framework/provider etc would be beneficial. We are currently in discussions with NAS about how we can obtain a more accurate data set for 2013/14. Some progress has been made on a potential way forward but we would welcome further improvements to the accessibility of Government data.

It has also been commented that the system needs to better evidence that apprenticeships offer value for money. In this respect, it would be useful for the NHS to have access to information on employment for the long-term unemployed, career progression following apprenticeships and numbers of apprentices going onto further education, to help Trusts evidence business cases for selecting this route above others in their workforce plans.
Q.21 What approaches are effective to inform young people and their parents about the opportunities provided by an apprenticeship?

The NHS believes that effective and impartial IAG in schools about apprenticeships is essential but there are doubts about the extent to which the statutory duties which came into force last September are being met. It is felt that schools should conduct more face-to-face guidance and money for IAG should be ring-fenced by the Government for this purpose. Face-to-face guidance is seen as particularly important given the complexity of the choices that young people and their parents face, relating to the different routes and pathways into apprenticeships, higher education and employment.

Careers fairs and events such as National Apprenticeship Week and skills competitions are all seen as valuable ways of strengthening the apprenticeship brand and promoting apprenticeship opportunities to young people, as is publicity about apprenticeship achievement and graduation ceremonies etc. Employers within the NHS would also particularly welcome improvements to web-based information, such as NAS and National Careers Service websites, which are seen as an excellent way of engaging with young people.

Finally, the NHS believes that young people and their parents/carers want to be able to make choices based on their likely employment prospects and earning potential. It is felt that the evaluation material which is starting to come through about employability, long-term earnings and status with employers compared to graduates/other qualifications is what will attract/appeal to parents/young people.

Q.22 How can we support employers to engage with learners of all ages to provide information about apprenticeship opportunities?

The NHS is already involved with Inspiring the Future but better information on how we could link up with the NAS Ambassador Scheme would be welcomed by our employers. It is also felt that supporting a partnership approach to working alongside organisations such as Jobcentre Plus could help employers engage with a more diverse range of learners to promote apprenticeship opportunities.

It is of crucial importance to employers within the NHS that apprenticeships for older learners continue to be supported, as they represent one of the main sources of education for our workforce, many of whom are over the 19-24 year threshold. Any further work that could be done on accessing funding for the over-25s would also be welcomed, as the NHS employs a significant number of apprentices in this age group.

Q.23 Do you consider that the proposals set out in this document would have a positive or negative impact on any group, including those with protected characteristics? Please provide any comments or evidence you have for the answer and set out which aspects of the reforms will impact and how these impacts might be managed.

As has been emphasised in the response to many of the previous questions, employers within the NHS believe that many of the proposed changes would be detrimental to the delivery of apprenticeships within the health sector and could actually compromise patient safety. We would therefore urge Government to reconsider in line with our comments on the proposed changes and act in a manner which is conducive to supporting apprenticeships in this sector.

With regards to specific recommendations that would negatively impact on particular groups, the requirement to have all apprentices achieve level 2 in Maths and English could make apprenticeships unachievable for those with certain protected characteristics, such as individuals with learning disabilities and those with low levels of previous academic attainment.

It is also believed that the introduction of end-point assessment could also affect certain groups, where the stress of being assessed at a single point at the end of the
apprenticeship would discourage them from applying for an apprenticeship.

Q.24 Do you have any further comments on the issues in this consultation?

In 2011, new health occupation qualifications and frameworks were issued with the intention of making these more visible and reflective of the nature of the roles in health. Take up of these frameworks has grown significantly over the past two years with a high level of satisfaction expressed by NHS employers and learners on the current frameworks. We recognise that more needs to be done to strengthen the quality of delivery and the support that apprentices receive in the workplace but we do not believe the current system is fundamentally flawed, nor do we believe that it needs the significant overhaul proposed. If the full range of proposals set out in this consultation were implemented we believe this would significantly undermine the position of apprenticeships in the health sector.

The NHS is currently going through a very significant period of change and this would be an additional burden on employers who need to be focused on other parts of their business. We do not believe that a significant overhaul of apprenticeship provision in health is required or indeed warranted at this time. Where changes are needed these can be addressed through small flexibilities being allowed in the frameworks or through work that is already taking place e.g. recruitment for values, attitudes and beliefs.

It is also worth noting that much of the criticism levelled at apprenticeships is actually related to the quality of the delivery. The solution to this is not a radical overhaul of the frameworks but to ensure that awarding organisations robustly quality assure the providers and that Ofqual use their regulatory powers where awarding organisations fail to do this. Some employers across the NHS have also commented that they find the current funding system too bureaucratic and feel that it would be better to move towards a system that was more focused on quality, evidence of progression, and timely success.

Another concern that has been raised by employers within the NHS centres around the introduction, from 1 August 2013, of 24+ Learning Loans. Over the previous two years, around 62 per cent of apprenticeship starts in the NHS were for those over the age of 25. Although not all NHS organisations are against employees paying for their qualification, it is felt that there is still an equality issue with requesting the lower paid part of our workforce to part fund qualifications and competencies the health sector are required to deliver on when the highest earners have their qualifications paid for in their entirety. It is also feared that the introduction of these loans will adversely affect the decision of many individuals to apply for apprenticeships and as a result lead to a decrease in the number of apprenticeship starts across the NHS. Furthermore, if employees are funding apprenticeships then there is also a risk that it will make it harder for employers to measure training and development outcomes as the learner may want to use the loan for other learning outside of their job.

The NHS would however support a review of the apprenticeship framework documents themselves. The original purpose of these documents was to give young people and parents/carers an insight into the apprenticeship, the role, and career opportunities/progression. It is often the case that these documents have now become unwieldy, are often misunderstood and contain far too much detail that would be of no interest to a potential apprentice or their parent/carer. This level of detail has been added at the request of NAS as a condition of making recommendations for public funding to the SFA and whilst the benefits of this are acknowledged, it is felt that these documents are no longer fit for the original purpose for which they were intended.
NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

• pay and negotiations
• recruitment and planning the workforce
• healthy and productive workplaces
• employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

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