

## **Response to the Department for Education's proposals for apprenticeship funding in England from May 2017**

### **Background**

This document is our response to the Department for Education's consultation on its proposals for funding apprenticeships. As the online survey format did not facilitate the full scope of our response, our general reflections and comments on the proposals are summarised below. These comments are provided on behalf of our members working in the health and social care system in England.

### **Position**

We are supportive of the Government's commitment to increasing recruitment to nursing, as is envisaged with apprenticeships, and share the belief in the need to create routes into nursing and ancillary roles that are clear and complementary. However we are concerned that the proposals as currently laid out will impact unduly on the existing workforce, for example, by causing employers to further reduce monies currently available for training and development, as we have seen with the removal of the bursary and cuts to funding for Continuing Professional Development (CPD). If the Government is committed to ensuring a coherent and sustainable system for health and care then it must review these proposals and ensure they are improved so that they take a system-wide perspective that fully addresses all of the problems that need to be resolved.

Furthermore we are extremely concerned that the funding for all pre-registration nurse training has been removed with the recent loss of the bursary; it is critical that this does not mean the loss of a high quality pre-registration graduate level education for all registered nurses.

Any funding mechanism, such as an apprenticeship levy, must not place an additional unrealistic financial burden on struggling employers, or negatively impact on CPD and training opportunities for other staff working in the health and care sector. High quality, safe and effective patient care requires the right numbers of staff with the right mix of skills, which in large part depends on appropriate training and continued professional development for the existing and future workforce. We welcome the move to support workforce development for nursing roles, and particularly, to support the existing Health Care Support Worker (HCSW) workforce, a vital part of the nursing team. However, we are clear that any expansion of support roles must not be used as a substitute for the clinical decision making skills which ought to always be provided by registered nursing staff.

### **Timescales and wider impact of the plans on employers**

We urge the Government to reconsider the timing for the rollout of these plans, specifically, the intention to introduce a new apprenticeship levy from May 2017.

Apprenticeships have been cited as providing the potential to facilitate a progression to registration from the incoming nursing associate role<sup>1</sup>; however, we are aware of unresolved challenges with the proposed implementation of the nursing associate role, including the lack of agreed structure and definition of this role. We believe the Government must mitigate potential risks by ensuring that key issues are resolved before the implementation of both the levy, the drafting of apprenticeship standards and the nursing associate role.

The introduction of such significant policy as the apprenticeship levy has consequences wider than the health and social care sector. Concerns we are raising are also shared by a number of influential business organisations including most notably the Chartered Institute of Personnel and Development, the Local Government Association, the CBI, and the British Chambers of Commerce. In order to enhance stakeholder buy-in and ensure that the funding mechanism is fit for purpose, the Government ought to model the impact of the levy across different sectors, work with stakeholders to make adjustments to the levy and consult again before implementation.

There seems to be an assumption in the structure of the levy system that the larger an organisation's payroll, the more apprentices they will employ. However, this may not always be the case. Where an organisation has a larger payroll but does not employ many apprentices, their levy might be dramatically disproportionate to their organisational need. These employers might be unable to draw down on the levy for training, and the consultation documents are unclear about what would happen to any monies left unspent. This could be exacerbated where employers mainly took on apprentices at the lower end of the funding bands. The option to transfer 10% of funding to another employer would not necessarily help this situation.

### **Implementing the levy in health and social care**

As in all policy developments, our members welcome alignment by Government departments on the potential impact of individual policy decisions. We welcome DfE's recognition of the need to invest in education and training, however this comes at a time when this funding is being cut significantly elsewhere, for example the cuts made earlier this year to funding for CPD<sup>2</sup> and the removal of funding for pre-registration education by DH. We feel that as the DfE looks to respond to the various concerns of stakeholders, it would be a good opportunity to collaborate with DH and HEE to ensure that these policy developments are complimentary.

With many public sector bodies likely to fall into the category of employers mandated to pay the levy (as their pay bill surpasses £3million), we are concerned that the proposed apprenticeship levy is simply an additional tax on employers in

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<sup>1</sup> Council of Deans, Educating the Future Nurse, August 2016

<sup>2</sup> Earlier this year Health Education England agreed to reduce funding for "workforce development" by around 50% for each of its 13 local education and training boards across the country (<https://www.nursingtimes.net/news/education/exclusive-nurse-training-at-risk-from-cpd-budget-cuts/7005710.article>)

the public sector<sup>3</sup> at a time when most of these employers are dealing with significant financial challenges, including large deficits and austerity measures. Employers in these sectors are very likely to struggle to find the additional resources required to pay the levy, which raises the risk that the money will have to come from existing budgets, including those used for training and CPD. With these budgets already affected by significant cuts, further pressure could be disastrous. At worst, this development could negatively impact on patient care due to a lack of appropriate knowledge and skills amongst health and care professionals.

We think that apprenticeships are potentially a valuable additional pathway for developing the workforce; however, we are concerned that the financial consequences of imposing this levy could result in the incentivising of apprenticeships over other more appropriate types of training, such as existing CPD training routes. This could in turn impact on the quality of care as nurses and other health and care workers are unable to keep their skills and learning up to date, and responsive to changing future population health needs, due to insufficient funding for, or limited availability of, appropriate training opportunities.

We are also concerned that, in future, training funds may only be accessible through the apprenticeship levy which would be unacceptable for our membership. It is essential that all nursing staff have the opportunity to update their skills and knowledge throughout their careers, as health and social care are constantly evolving and therefore continually making new demands on staff. Registered nurses are increasingly expected to work in a flexible way, adapting to the complex needs of patients and working across professional boundaries. The provision of training needs to reflect this, remaining accessible and responsive to the existing and future requirements for the professional workforce.

The ability and willingness for employers to draw down on the levy to commission other placements from other providers for their apprentices, should be explored further. It is vital that student nurses and apprentices have access to varied experience across a range of settings, to accommodate the significant shift in the way that nurses work as holistic practitioners with the flexibility to adapt across settings in a changing health and care landscape.

We need additional information about where nursing apprenticeships fit into the bands identified in the consultation document. We also want to see the Government provide assurances about the quality of training provision, including identifying who might be responsible for overseeing reliability and validity of end point assessments. We also need further clarity on how the development of apprenticeships will seek to promote future career pathways and upskill staff to deliver new models of care. Progression across health and social care apprenticeships has not yet been addressed in a cohesive or systematic way and this an opportunity to do so. We are also unclear how employers will ensure that the practice experience required for a role will be accessed across settings where

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<sup>3</sup> Throughout this submission we refer to those employers operating in health and social care (which includes health bodies and organisations funded by local government).

required. We would welcome the opportunity to work with DfE and HEE to develop the curriculum content and assessment strategy for these roles.

We propose that the money recouped through the online digital account should not be reserved solely for apprenticeships but also be used to support the existing HCSW workforce at Agenda for Change bands 2-4 (or equivalent). Flexibility to allow employers to draw down levy funding for a wider range of training activities as well as for apprenticeships would better meet the skills development requirements of health and care organisations.

### **Next steps**

There has been limited engagement with the RCN and our members to date on this issue, and we are keen to have a greater involvement in this work as it progresses. We would welcome the opportunity to work with the Government to develop and support the thinking around how financial instruments can be designed to support nursing apprenticeships as well as nurse education and training more broadly. We would want to see any new funding mechanism used to support a whole system approach to workforce development, with the aim of ensuring patient safety and quality of care.

**Policy, International and Parliamentary Department  
September 2016**

With a membership of around 435,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.