

**Response to the Department for Education Draft Strategic Guidance to the Institute  
for Apprenticeships  
January 2017**

**Background**

This document is our response to the Department for Education's consultation on its Draft Strategic Guidance to the Institute for Apprenticeships. 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 strongly support the government's aspiration to promote greater social mobility. The provision of high quality apprenticeships in health can open up a greater diversity of routes to the workforce and provide a more varied provision of training. For the nursing support workforce, apprenticeships can provide greater access to education and training and support quality of care delivery and career progression.
- We do however have concerns about the risk of multiple apprenticeships in healthcare leading to confusion for healthcare staff, prospective apprentices and the general public. Greater understanding of how local employer needs will be managed against the wider requirements for a national workforce (as in nursing) is required. Further detail is required around how the Institute will work alongside Health Education England (HEE) to secure the right apprenticeships needed for workforce planning. HEE have been supporting the development of apprenticeships for health over a number of years and could offer valuable support to the Institute.
- There is a need for central quality assurance and standards, and we welcome the opportunity to have further information on the important role the Institute for Apprenticeships will play in assuring quality and consistency in provision.
- Although there will be a number of healthcare apprenticeships on offer, there is ambiguity around the relationship between the different levels. It is important that opportunity is provided for apprentices to progress in a meaningful way across the various routes on offer, for example, the degree apprenticeship and the foundation degree apprenticeship nursing associate route should be aligned. Progression should be incremental and staged allowing different points for entry and exit. This will provide greater clarity around progression opportunities for both apprentices and employers.
- We would also like to understand how apprenticeships are supporting the integration of the health and social care agenda to support transition of the workforce across settings.
- There must be consistency in banding and grading of apprentices appropriate to the level of responsibility, so that roles are aligned with national rates of pay and clear career continuity in whichever sector they are present in the NHS, public sector, independent sector or voluntary sector. We ask for further information from government on the appeals process that will be in place around future decisions around the banding of

apprenticeships within NHS Agenda for Change, and whether this falls within the remit of the Institute.

- We note the very broad remit of the Institute for Apprenticeships and ask that the Department for Education provide further information about the proposed resourcing of the Institute to deliver not only in quality assurance of all apprenticeships, but also the proposal to include all technical education from April 2018.
- The guidance states that the Institute will learn from its first year's experience in building a single, integrated system of technical education. Given the extensive proposed remit of the Institute, it's crucial that detailed information is provided about the proposed monitoring and evaluation in place to support implementation of this learning.
- Training should be outcome-based, quality-assured and assessed against nationally recognised standards and complement existing regulatory structures, such as OfQual. For nursing, this means that apprenticeship standards and end point assessment must be aligned with Nursing and Midwifery Council regulation. Further information is needed about how the Institute will complement, and not duplicate, existing regulatory structures. The Strategic Guidance should also include further clarification around what is a registered "accreditation".
- We call on the DfE to provide opportunities for professional bodies and education providers to support standards development and quality assurance, alongside employers. In healthcare, it is vital that staff, patients and service users should also be included in development of quality assurance and success criteria. Further information around how board members are selected should be provided.
- We would also welcome a discussion with the Department around how the RCN can support the development of external quality assurance.

**Policy, International and Parliamentary Department  
January 2017**

### **About the RCN**

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.