Background information on apprenticeships in England

Apprenticeships in nursing were introduced in September 2017. They have so far been implemented across the profession and at different levels of qualifications, from health care support workers, and the new nursing associate support role, to registered nurse apprenticeships and post registration specialist training.

For the trainee nursing associate (TNA), apprenticeships are at foundation degree level and will take a minimum of two years. For registered nurses, they are at degree level and will take around four years, although there is some flexibility in the way programmes are designed. Apprenticeships at pre-registration postgraduate level will usually be two years. Nursing associates will be able to complete a further two years of apprenticeship to become a registered nurse.

The Government in England has implemented apprenticeships across a range of industries to deliver new work-based routes into qualifications. All large employers must pay a mandatory levy into a central pot, from which they can apply to access a return of funds to finance education and assessment for the apprentices they employ. The NHS is one of the biggest levy payers and is creating new apprenticeships across hundreds of roles, including nursing, and at all levels of qualification up to postgraduate degrees. If employers do not use this levy money then they cannot reclaim it.

The final statistics for nursing apprenticeships for the 2017/18 academic year are:

- 300 nursing degree apprenticeships
- 1420 nursing associate apprenticeships.

RCN Position

There is a place for an apprenticeship route into degree level nursing if delivered appropriately and with high quality. The College welcomes alternate routes into nursing to address the immediate and future supply problems that undermine safe and effective staffing levels for patient care.

However, it must be recognised that the new degree apprenticeship is not sufficient to solve workforce gap issues. Only the traditional three-year university route can begin to address the workforce vacancy crisis at the necessary scale and speed.

The design and implementation of the current nursing degree apprenticeship model in England was rushed, came amidst a raft of changes to nursing education funding and routes and needs to demonstrate how it supports the strategic overall workforce development in nursing.

As the nursing apprenticeship model currently stands, there are a number of specific issues that are holding back successful implementation in England:

Learning environment: There is a shortage of placement capacity for nursing students in general. Clinical teams will need time and assistance to develop capacity to support the wide variety of learners on placement including the new NMC standards for student supervision and assessment.

Introducing employer-led apprenticeships into the pre-registration education system increases the pressure on staff and the system to deliver high quality placements. This comes at a time when the existing nursing workforce is understaffed and overworked and must deliver care whilst also providing training and supervision to these learners. The capacity of the system to provide more clinical placements requires more than just funding. The
complex infrastructure of clinical placements includes having sufficient numbers of staff, having those staff properly trained to provide the necessary mentorship and leadership at all levels. More clarity is needed from the Government as to how apprenticeships infrastructure will be supported to accommodate apprenticeships and other nursing students.

**Lack of funding:** The nursing degree apprenticeship is pushing the cost of nursing education from Government to a health and care system under pressure. Providers across England are struggling financially and the funding from the apprenticeship levy does not meet the cost of providing an apprenticeship. Providers have to cover salaries of apprentices and backfill while they are on training which they are expected to fund out of their existing financial envelope.

We believe that the lack of additional funding in the health and care sector to deliver nursing apprenticeships will act as a barrier to uptake by employers. The apprenticeship levy does not cover backfill costs for nursing apprentices’ days spent on academic training. The Government needs to urgently address the issue of funding – both for additional salaries and for backfill for training days – if the degree nursing apprenticeship route is to be as successful as it can be. NHS Employers have stated that even when all of the levy is able to be accessed it is insufficient to cover all the costs of providing an apprenticeship.

**Employment pay and conditions:** We are aware of discrepancies in banding for trainee nursing associates, which should be a band 3, and nursing degree apprenticeships. At present in the NHS there is guidance under annex 21, produced in 2017, which suggests an approach to nursing apprenticeship pay.

However most employers are claiming this suggestion is too expensive, because of having to also pay for backfill costs, due to the supernumerary status of nurse apprentices and the inflexibility of the levy. Other graduate apprenticeships are not supernumerary but the levy is still challenging. We want a consistent approach to apprenticeship graduate pay in the NHS and it must sit within the Agenda for Change structures. Negotiations regarding apprenticeship pay in the NHS have been very difficult with a variety of approaches being taken locally and there has been a reluctance to adapt an NHS wide approach by some employers.

**Lack of workforce strategy:** The implementation of apprentices has not been made in the context of a broader population based workforce strategy. Each route into nursing must be considered as to how it contributes to this greater strategy. It is essential that there are workforce plans in each of the four countries in the UK with a clear description and plan for how each route into nursing contributes to the larger whole.

It is crucial for the Government to promote all routes into nursing, including the three-year degree entry route, so that prospective nursing students have a choice about the best route into nursing that works for them.

Similarly, the apprenticeships programme is affected by overlapping bureaucracy that is holding back the system from reaching its full potential. For example, there is a large amount of time from the initial scoping of an apprenticeship programme to approval by the Institute of Apprenticeships and Technical Standards.

Any apprenticeship must ensure the skills, knowledge and behaviours needed for the professional role, and the infrastructure in health care settings must support this. Any new apprenticeship model must incorporate modern best practice learning and avoid nursing students being used as a source of cheap labour in a financially stretched system.

The development of a reformed apprenticeship model must reflect the established body of evidence on nursing education. Failure to do so would be short-sighted and risks compromising patient safety as well as undermining the significant advancements made in nursing education.
The apprenticeship route cannot be seen as the solution to the drop in applications to nursing students caused by the removal of the bursary in England, in particular debt averse mature students. The apprenticeship model alone will not be able to fix the issues caused by this funding reform. A system wide workforce approach is necessary.

Our vision for apprenticeships in England

In order to make the most effective use of the apprenticeship route for both the degree route, nursing associates and already registered nurses, we believe an apprenticeship model must:

i. Ensure an appropriate learning environment with:

- Access to a variety of clinical placements across community, general practice, social care and acute settings to ensure nursing students have the necessary exposure and experience of working in different environments.

- Access to safe, effective and appropriate learning environments where nursing apprentices are supernumerary during learning and access to mentors and assessors. Currently, providers will struggle to meet this requirement due to the unprecedented pressure they are facing.

- A protection of the supernumerary status of all nursing students, regardless of route in. Any compromise to supernumerary status of nursing students would compromise patient safety as well undermine nursing students’ learning and ability to practise safely on registration.

- Suitable opportunities for the apprenticeships levy to be used for a range of nurses across practice settings and experience levels.

ii. Ensure a robust quality assurance process is in place to make sure that patient and learner safety is guaranteed and that there is consistency in the skill, knowledge and abilities of any graduates through any route.

iii. Be part of a larger workforce strategy that:

- Takes into account current and future population need and the necessary workforce required to provide safe and effective care for that population.

- Acknowledges the need for funding increases for the health sector. The apprenticeships route must be designed with the strategic needs of the health workforce in mind and with sufficient continual professional budget funding made available to train the existing workforce.

- Considers the overall financial constraints of the entire system, including the specific pressures of clinical placements.

iv. Address pay rates for nursing apprentices. There must be a consistent approach across the NHS in terms of apprenticeship graduate pay and it must sit within Agenda for Change Structures.\(^1\)

v. Recognise that the nursing degree route remains the most effective and fastest way to train new nurses across England at scale. Apprenticeships are a useful addition if done right, but they must complement and not substitute for investment in higher education and a wider workforce strategy.

\(^1\) We believe that ‘affordability’ is one of the main reasons that the Nursing and Midwifery Council has not mandated supernumerary status for the new trainee nursing associate role. Supernumerary status means that students cannot be included in the workforce numbers when they are in clinical placement training.


\(^3\) Negotiations are ongoing between NHS employers and trade unions regarding apprenticeship pay.