

Nursing apprenticeships

House of Commons Education Committee

5 June 2018

Witnesses:

- Janet Davies, chief executive & general secretary, Royal College of Nursing
- Dr Katerina Kolyva, executive director, Council of Deans of Health
- Theresa Britt, head of stakeholder engagement and product development project manager for apprenticeships, The Open University
- Danny Mortimer, chief executive, NHS Employers

Overview

The committee questioned witnesses on issues related to the introduction of nursing degree apprenticeships (NDAs). They identified problems with cost viability and an inflexible attitude to providing adequate funding as impediments to the development of the new training model.

Degree apprenticeships

Trudy Harrison (Con, Copeland) asked if the system of NDAs was working well, particularly in the context that there had only been 30 starts last year.

In response, Janet Davies, chief executive & general secretary, Royal College of Nursing, said there were some specific challenges, particularly regarding costs of supervision and providing a quality learning environment with all necessary learning available, she added. At present, Davies said she felt the new system was being implemented too fast.

Dr Katerina Kolyva, executive director, Council of Deans of Health, said universities were committed to the apprenticeship agenda, however there were issues relate to the regulatory environment linking universities and the healthcare system.

All degree apprenticeships had to be approved by the Nursing and Midwifery Council, she added, which brought challenges with regard to analysing whether requisite experience had been acquired.

Theresa Britt, head of stakeholder engagement and product development project manager for apprenticeships, The Open University, said she was positive about NDAs and planned to have a significantly larger intake with regard to new starts (about 100) in 2018-19.

Danny Mortimer, chief executive, NHS Employers, said he agreed 30 starts in a year was not good enough. There was an inflexibility in the apprenticeship levy which meant NDAs were currently a very expensive way of training nurses.

The Department for Education was not allowing greater flexibility with regard to specific issues related to NDAs, which entailed greater supervision and costs than other apprenticeships which came under the apprenticeship levy, he added.

NDA generated an additional £35-40,000 cost per student per year for four years, and people were struggling to meet these costs, Mortimer said.

Davies said she feared that the speed of the rollout meant that problems related to the old model of nurse training were being replicated.

Supervision

Asked by chair Robert Halfon (Con, Harlow) whether problems with supervision existed with current Nursing Associate Apprenticeships (NAAs), Davies said there was already an issue with this type of course.

The NDA model needed to guarantee the ability to work in different settings, which was guaranteed with NAAs but not currently with NDAs due to reliance of the employer to provide experience, she added.

Costs

Asked by Halfon if the introduction of NDAs alongside NAAs brought long-term cost savings, Davies said it was true in the long-term, but that this did not detract from the problems involved.

Apprenticeships by themselves would not fix the problems with the provision of nurses, she added.

Kolyva said the main route to a nursing role was still the three-year degree route (and this should remain the case), and that the complexity of NDAs with regard to the interface between education and nursing brought additional costs.

Mortimer gave a more detailed breakdown of costs of NDAs later, in response to questioning by Harrison.

Differences

Lucy Powell (Lab, Manchester Central) asked for further comments on why NDAs were unique as compared to other apprenticeships.

In response, Mortimer said the apprenticeship levy assumed that all apprentices needed one day a week away from the workplace doing education.

However the Nursing and Midwifery Council said at least half the week needed to be away from the workplace, he added. However, the levy only funded one day a week training, he said, adding that additional costs were at present having to be borne by the employer.

This issue appeared to be unique to the health sector (he also mentioned midwifery, physiotherapy and speech and language therapy) and needed to be dealt with by the Department for Education and the Education and Skills Funding Agency (ESFA), Mortimer said.

Asked by Ian Mearns (Lab, Gateshead) how negotiations were going on alleviating this problem, Kolyva said universities were setting up local arrangements with employers to cover additional costs.

Mortimer said there were meetings Department of Health officials were setting up in government on the issue. However he said from his meetings he felt that the issue was not being treated by government in a separate way to demands from other industries.

Britt said there needed to be further cross-departmental work done to resolve the issue.

Attitude towards NDAs

When Halfon suggested there had been an assumption that the 'small c conservative establishment' had been against NDAs, Kolyva said this was not true as long as the complexities of the context were acknowledged.

Mortimer said the NHS had welcomed the move to a degree-entry profession to the NHS, and that changes to the bursary in England presented challenges to diversity in the nursing profession which could possibly be remedied by NDAs.

He said he did not think either the NHS or universities were against NDAs, but that structural and systemic impediments needed to be removed. With more flexibility in the levy NDAs could potentially work well, he said.

Alongside difficulties with the levy, there was a huge demand for placements within the health service, Mortimer added.

Time at work

Asked by Mearns whether time spent at work should count as practice time for an NDA nurse alongside training time, Mortimer said there was a need for any work experience to be developmental for this to work.

Kolyva said the multitude of different types of settings which were needed to develop a nurse needed to be reflected within this work time.

Assessment of NDAs

Asked by Halfon if any assessment of the 30 people who had done the NDAs compared to other nursing degrees, Kolyva said not as yet as it was too early.

Apprenticeship levy

Lucy Allan (Con, Telford) asked for comment on how the apprenticeship levy could be reformed to help NDAs.

In response, Mortimer said that as regarded apprenticeships in general, there was innovative work being done to pool resources within the NHS, social care and local authority settings. However nursing degrees presented specific financial barriers, he added.

Halfon noted a report by the Health committee which suggested the use of a Sustainability and Transformation Partnership to reduce burdens stemming from the apprenticeship levy through cost pooling.

In response, Mortimer said the total cost within the NHS would remain the same, but that there might be certain benefits.

More universities

Asked by Thelma Walker (Lab, Colne Valley) how more universities could be persuaded to offer NDAs, Kolyva said they would have to be financially viable, with costs of education being covered which were substantially higher than standard tuition fee costs.

In addition, processes needed to be simplified with relation to contract tendering for apprentices, she added.

Britt said the issue of designing and funding appropriate End-point Assessments (EPAs) was a particular issue with regard to higher education institutions offering NDAs. Failure to do this could lead to universities incurring substantial penalties, such as being struck off the provider register, she added.

Supervision

Asked by Walker whether NDAs could be appropriately supervised given capacity constraints, Mortimer said in the majority of circumstances supervision was taken very seriously by the healthcare sector, universities and regulators.

Davies said there was a danger of lack of supervision. She stressed the need for a choice to exist between NDAs and nursing undergraduate and postgraduate degrees.

Diversity of entry

Asked by Powell to comment on the impact of the removal of the nursing bursary and changes to postgraduate education on diversity in the nursing sector, Davies said she was unsure about precise diversity impacts, other than that there had been a significant reduction in the amount of mature students, which impacted particularly on the mental health sector.

One reason NDAs were not seen as positively as they could be was because they were being seen as taking money away from traditional routes, Davies added. She said there was an erroneous perception among nurses that NDAs were 'dumbing down' the profession.

Britt said NDAs should encourage greater diversity within the nursing sector.

Mortimer said the trend downwards in nursing education predated the removal of the bursary, which suggested that there were issues with how the NHS was marketing the sector.

Transferring into NDAs

Mearns said meeting with Royal College of Nurses members had suggested they wanted to transfer onto NDAs, but had been told they would have to start again and any prior learning would not be counted.

In response, Mortimer said this issue would need to be followed up. He said the biggest impediment to him was the lack of places to do NDAs, he added.

NDA scaleup

When William Wragg (Con, Hazel Grove) how provision of NDAs could be quickly scaled up, all witnesses agree with a point by Mortimer that this could not be done if there was not further flexibility introduced into the apprenticeship levy.

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