

Sgiliau  
Iechyd

Skills for  
Health

# Apprenticeships in the Welsh Health Sector

Issues and opportunities to increase uptake  
2014



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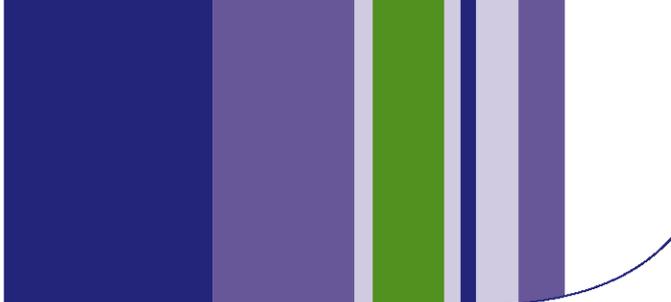
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## Foreword from Skills for Health

This independent report has been commissioned by Skills for Health under the European Funded Sector Priorities Fund Pilot programme. Its aim is to explore the factors impacting on the demand for Apprenticeships among health sector employers in Wales and to determine what, if any, barriers they face to increasing uptake. It responds directly to a concern that the uptake of current health-specific Apprenticeship frameworks in Wales is significantly lower than anticipated. The findings of this research are important as Apprenticeships are often cited as one of the most effective ways of addressing the development and up-skilling needs of the workforce.

Using a range of research methods, our partners Cambridge Policy Consultants have identified themes that Skills for Health wish to explore further with partners in the Welsh health sector in order to develop the Apprenticeship offer for this sector. These include:

- Clarifying the role of Apprenticeships in the health sector.
- Engaging with health employers to increase their understanding of the delivery options available to them and support them to implement an Apprenticeship programme.
- Raising awareness of Apprenticeship opportunities within the different parts of the health sector, for example the Practice Manager Forum as a possible means of dissemination to GPs.
- Strengthening the supplier base by providing health boards with greater clarity around the process for negotiating with providers and consider supporting health boards to put forward a consortium bid for Apprenticeship delivery from April 2015.
- Considering the use of an external brokerage role whereby an independent broker helps to match providers and employers and supports the employers with the contracting process.
- Clarifying the delivery arrangements.
- Work with employers to clarify exactly what funding is available, for which frameworks and age groups, and where provision can be sourced.
- Adding value through the provision of high quality Apprenticeships.
- Supporting employers to make the business case for participation; accessing models where Apprenticeships are working well; and information on the range of Apprenticeship frameworks available; and career progression opportunities.
- Supporting Higher Level Apprenticeships and exploring further the possibility for educational provision at level 4 and above.

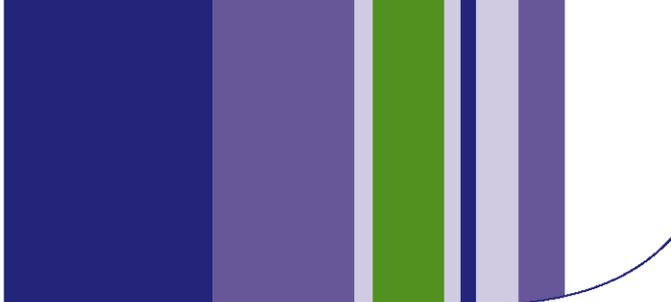
# Acknowledgements

Skills for Health would like to thank colleagues throughout the Welsh Health Sector who gave up time in their busy working lives to participate in this research. Without such generosity this research would not have been possible.

We would also like to thank the Sector Priorities Fund Pilot Programme who made this work possible. Thank you also to Andy Hirst and the team at Cambridge Policy Consultants Ltd who undertook the research and developed this report.

We would like to give special thanks to Stephen Griffiths, Director of Workforce Development, NHS Wales Workforce, Education and Development Services (WEDS) and Angie Oliver, Assistant Director of Workforce and OD, Hywel Dda University Health Board whose comments were valuable in the development of these reports.

The opinions expressed in this report are independent and are not intended to represent the position or views of NHS Wales, the Welsh Government, or any of its agencies.



# 1. Executive Summary

The aim of this research is to explore the factors underpinning the demand for Apprenticeships in Wales among health sector employers and determine what, if any, barriers they face to increasing uptake. The findings will inform the development of effective strategies to address this issue and the report provides recommendations to improve the uptake of Apprenticeships amongst health sector employers in Wales. This research was supported through the Sector Priorities Fund.

Our approach has consisted of a range of methodologies in order to fully understand the issues and canvas the views and opinions of a wide range of stakeholders. These have included: a literature review; benchmarking take-up of health Apprenticeships in Wales to those in England, Scotland and Northern Ireland; in-depth interviews with stakeholders and training providers; a telephone survey of 105 health sector employers and a workshop with stakeholders and providers.

Detailed data on the take-up of health frameworks is not readily available. So comparisons between countries are imprecise. In particular, it is not possible to separately identify starts on the health pathway or social care pathway of the health and social care Apprentice framework. An assessment using certification data shows that in 2011 Wales had a proportionally higher level of take-up of Apprenticeships on the health pathway of the Health & Social Care framework than England representing around 0.2% of the health workforce in Wales and 0.08% in England.

The use of the more specialist health frameworks is, however, more prevalent in England than in Wales. When these frameworks are taken into account total health sector framework starts in Wales increase to 0.32% of the workforce in Wales compared to 0.46% of the workforce in England.

The majority of Apprentices tend to be existing staff rather than new recruits and this is linked to the limited numbers of external vacancies. Well over half of the new starters were on non-health frameworks and Apprenticeships play an important role in supporting the health sector in both clinical and non-clinical roles.

Awareness and take-up of health Apprenticeships in other parts of the health sector (outside the health boards) is low. Where respondents were aware of Apprenticeships, they most often reported that they were for young people, often in traditional craft occupations or business administration (typically for reception staff) rather than clinical/ health related occupations.

There is, however, some evidence of that with increased promotion of apprenticeships within the sector, demand could increase. Approximately a third of currently non-participating employers indicated that they were potentially interested in participating given more information about the potential benefits and what is involved.

Given the findings outlined in this report there is a requirement/demand for Skills for Health to work with key stakeholders including NHS Wales, the Welsh Government, the Independent Healthcare Advisory Service and Care Council for Wales to:

- **Clarify the role of Apprenticeships in the Health Sector.** Engage health employers to develop understanding of the delivery options available to them and support health boards to implement an Apprenticeship programme.
- **Work with professional bodies and providers,** including the National Pharmacy Association in ensuring that funding can be drawn down in Wales to deliver Apprenticeships
- **Raise awareness of Apprenticeship opportunities within the different parts of the health sector,** for example using the Practice Manager Forum as possible means of dissemination to GPs.
- **Strengthen the supplier base** by providing health boards with greater clarity over the process for negotiating with providers and consider supporting health boards to put forward a consortium bid for Apprenticeship delivery from April 2015.
- **Consider the use of an external brokerage role** similar to that used in the National Skills Academy for Health whereby an independent broker helps to match providers and employers and supports employers with the contracting process.
- **Clarify the delivery arrangements.** To work with health boards and employers to clarify exactly what funding is available, for which frameworks and age groups and where that provision can be sourced.
- **Add value through the provision of high quality Apprenticeships.** To support health boards and employers to make the business case for participation; access models where Apprenticeships are working well; access information on the range of Apprenticeship frameworks available; access information on career progression opportunities
- **Support higher level Apprenticeships.** To explore further the possibility for educational provision at level 4 and above.

## 2. Introduction

### 2.1 Research aims & objectives

This research has been supported through the Sector Priorities Fund Programme which aims to pilot strategic project activity with Sector Skills Councils (SSCs) in order to inform recommendations, which will ensure that the delivery of post-16 Skills provision is more responsive and aligned to the needs of employers.

The overall aim of the research is to explore the level of take up of apprenticeships in Wales and explore prospects for the future development of apprenticeships in Wales. The key research questions were identified:

- What is the take up of health Apprenticeships across Wales?
- What are the opportunities to improve the promotion and uptake of health Apprenticeships in Wales?
- What models of delivery might improve uptake?
- What partners might collaborate in order to improve uptake?

Our approach comprised a range of methodologies in order to fully understand the issues and canvas the views and opinions of a wide range of stakeholders, these include:

- A desk based review of the literature to explore the current uptake of health Apprenticeships in Wales and to make comparisons with the rest of the UK.
- Benchmarking take-up of health Apprenticeships in Wales to those in England, Scotland and Northern Ireland.
- In-depth interviews with stakeholders including Skills for Health, the Welsh health boards and trusts and representatives from the former National Leadership and Innovation Agency for Healthcare.
- Eight in-depth telephone interviews with training providers to explore how the public contribution, content of the frameworks and the associated administration of the delivery of training affect the willingness of employers to participate.
- A telephone survey of participating and non-participating employers selected to be representative across each of the sub-sectors.
- Workshop with employers & stakeholders and providers to capture any issues arising and ensure that those involved in the research have the opportunity to comment on the recommendations and consider how these might best be implemented in future.

## 3. Current Apprenticeship Uptake

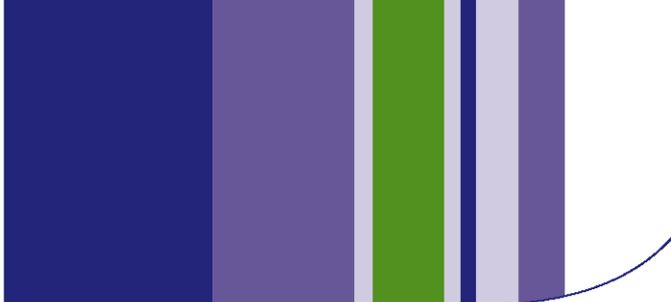
### Key points

- Seeking UK wide comparisons is useful but comparisons between countries can be imprecise.
- In 2011 Wales had 221 certifications of Apprenticeships on the health pathway of the Health & Social Care framework. This represented around 0.2% of the total health sector workforce. This compares to certifications which represented 0.08% of the health workforce in England. Certification data is not available for Northern Ireland and Scotland.
- The use of the more specialist health frameworks is more prevalent in England than in Wales. In Wales almost two thirds of starts (63%) were on the Health Pathway whereas in England just 17% of total health sector starts were on this framework.
- When the specialist frameworks are taken into account total health sector framework starts in Wales increase to 0.32% of the workforce in Wales and 0.46% of the workforce in England.
- As in England the current profile of health sector Apprentices in Wales is dominated by the over 25 age group.

### 3.1 Policy Context

The Policy context has a significant impact on the level of up take of apprenticeships. The Welsh Government has been following a performance improvement process that has now been in place for eight years. This has involved:

- Three rounds of tendering for three-year delivery contracts. Activity costs are set for the duration of these contracts. Completion rates have been the central performance criteria for these contracts (currently set at a minimum of 70% of starts). Current completion rates are 75%.
- A provider performance review prior to each contracting period focusing on quality – an annual review of performance and provider leadership and management, MIS and QA systems and a degree of challenge from Welsh Government staff.
- Allied to the above, a clear drive to rationalise providers – there are now 24 provider contracts (some of these are consortia) but this represents fewer than a quarter of the contracts inherited in 2004/05.



The absence of any in-training targets has in the past meant that providers can focus on the quality of delivery and there may be less emphasis on numbers. Over the last four years Apprentice starts have fallen, however, there are now plans to:

- **Increase starts** from 2012/13 with 19,600 starts planned in the current year. The current budget is £84m per annum and there is to be a £10m increase in 2013-14 and 2014-2015. This will allow an additional 5,600 starts of which 2,650 are planned to be Higher Level Apprenticeships.
- **Expand the use of Higher Level Apprenticeships (HLAs).** 300 of the 19,600 starts planned in the current year are HLAs. The Welsh Government has set a target for an additional 5,600 starts in 2013-14 and 2014-15 of which 2,650 will be Higher Level Apprenticeships.
- **Increase the proportion of Apprentices who are aged 16-24.** This will include the strengthening of employer incentives especially SMEs to recruit or expand the number of young recruits.
- **Increase the focus on priority sectors.** There is no sector prioritisation for under 25 year old Apprentices but sector prioritisation continues for over 25 years. Health is a priority sector however Apprentices aged over 25 working within the health sector but in a non-priority area (e.g. business administration) will not be eligible for funding.

## 3.2 Current levels of uptake

### 3.2.1 Uptake of the health pathway

Data on certifications has been provided by the Care Council for Wales (table 1). This data provides a separate breakdown of certificates issued for the health pathway and social care pathway of the health & social care framework. In 2011, the latest year for which data is available, 221 certifications are recorded in Wales of which 128 are at level 2 and 93 are at level 3. In total these certifications represented around 0.2% of the Welsh health workforce.

The number of certifications is proportionally higher in Wales than in England where in 2011 there were 1,356 certifications on the health pathway representing 0.08% of the health workforce.

**Table 1: Apprentice certifications on the health pathway of the health and social care framework**

	Wales					England				
	Level 2	Level 3	Total	Workforce size 2010*	%	Level 2	Level 3	Total	Workforce size 2010*	%
2011	128	93	221	111,000	0.20%	995	361	1356	1,713,000	0.08%
2010	171	78	249	111,000	0.22%	737	266	1003	1,713,000	0.06%
2009	205	101	306	111,000	0.28%	862	194	1056	1,713,000	0.06%
2008	206	81	287	111,000	0.26%	427	243	670	1,713,000	0.04%
2007	160	80	240	111,000	0.22%	692	289	981	1,713,000	0.06%

Data on certifications provided by the Care Council for Wales. \*Data from the Labour Force Survey, 2010

Certifications on the social care pathway are also proportionally higher in Wales than in England at around 1.1% of the workforce in 2011 compared to 0.3% in England (table 2).

**Table 2: Apprentice certifications on the social care pathway of the health and social care framework**

	Wales					England				
	Level 2	Level 3	Total	Workforce size 2010*	%	Level 2	Level 3	Total	Workforce size 2010*	%
2011	1505	717	2222	208,000	1.07%	6911	3103	10014	3,122,000	0.32%
2010	1331	604	1935	208,000	0.93%	4615	3161	7776	3,122,000	0.25%
2009	1447	668	2115	208,000	1.02%	4250	2325	6575	3,122,000	0.21%
2008	1218	539	1757	208,000	0.84%	2649	1109	3758	3,122,000	0.12%
2007	1026	401	1427	208,000	0.69%	2800	889	3689	3,122,000	0.12%

Data on certifications provided by the Care Council for Wales. \*Data from the Labour Force Survey, 2010

### 3.2.2 Uptake over time

Between 2007 and 2011, the latest year for which data is available, certifications of Apprenticeships on the health pathway in Wales have remained relatively constant varying from between 221 and 306 a year. In England the number of certifications has increased over time from 981 in 2007 to 1,356. However in relative terms this still represents a lower proportion of the health workforce than in Wales (table 3).

**Table 3: Apprentice certifications over time**

	Wales	England
2011	221	1,356
2010	249	1,003
2009	306	1,056
2008	287	670
2007	240	981

Data on certifications provided by the Care Council for Wales

### 3.2.3 Uptake of the other health frameworks

Data on the other health frameworks has been sourced from the Lifelong Learning Wales Record (LLWR). The LLWR provides data on Apprentice starts across all of the main framework areas. In Wales, start data is only available for the health and social care framework as a whole and it is not possible to separately identify starts on the health pathway and starts on the social care pathway. Table 4 below therefore combines the use certification data for the health pathway with LLWR start data for the other health frameworks.

**Table 4: Apprentice starts on health sector frameworks in England, Scotland and Wales**

	2010/11				2011/12			
	England	Wales	Scotland	N Ireland	England	Wales	Scotland	N Ireland
Health and social care (health pathway - certification data)	1,003	249	*****	*****	1,356	221	*****	*****
<b>LLWR data</b>								
Dental Nursing	2,000	70	105	0**	2,280	110	177	0**
Clinical Healthcare Support	660	0	N/A*	N/A*	1,890	0	N/A*	N/A*
Healthcare Support Services	270	0	N/A*	N/A*	900	0	N/A*	N/A*
Allied Health Profession Support	20	0	N/A*	N/A*	60	0	N/A*	N/A*
Emergency Care	60	0	N/A*	N/A*	80	0	N/A*	N/A*
Maternity and Paediatric Support	40	0	N/A*	N/A*	130	0	N/A*	N/A*
Pathology Support	30	0	N/A*	N/A*	70	0	N/A*	N/A*
Perioperative Support	30	0	N/A*	N/A*	80	0	N/A*	N/A*
Pharmacy Services/ Pharmacy Technicians	840	25	0	***	900	20	0	31
Optical Retail (England only framework)	120	N/A*	N/A*	N/A*	140	N/A*	N/A*	N/A*
<b>Total health Apprentice starts</b>	<b>5,073</b>	<b>344</b>	<b>-</b>	<b>-</b>	<b>7,886</b>	<b>351</b>	<b>-</b>	<b>-</b>
<b>Total health Apprentice starts on specialist frameworks</b>	<b>4,070</b>	<b>95</b>	<b>105</b>	<b>-</b>	<b>6,530</b>	<b>130</b>	<b>177</b>	<b>31</b>
<b>Size of health workforce****</b>	<b>1,713,000</b>	<b>111,000</b>	<b>382,000</b>	<b>104,000</b>	<b>1,713,000</b>	<b>111,000</b>	<b>199,000</b>	<b>64,000</b>
<b>Specialist framework starts as % of workforce</b>	<b>0.24%</b>	<b>0.05%</b>	<b>0.03%</b>	<b>-</b>	<b>0.38%</b>	<b>0.12%</b>	<b>0.09%</b>	<b>0.05%</b>
<b>Total framework starts as % of workforce</b>	<b>0.30%</b>	<b>0.31%</b>	<b>-</b>	<b>-</b>	<b>0.46%</b>	<b>0.32%</b>	<b>-</b>	<b>-</b>

Data for England from the Individualised Learner Record (ILR) accessed through the Data Service. Data for Wales from the Lifelong Learning Wales record (LLWR). Data for Scotland from CTS. Data for Northern Ireland from the Department for Employment and Learning

\*These frameworks are not in place in Scotland and Northern Ireland

\*\*0 starts as this framework hasn't been funded to date. Will be funded from Aug 13

\*\*\*Small numbers have been masked (\*) to protect individuals.

\*\*\*\*Data from the Labour Force Survey, 2010

\*\*\*\*\*Separate data for the health pathway is not available for Scotland and Northern Ireland

The LLWR shows that three health sector frameworks have been used in Wales in 2010/11 and 2011/12; Health and Social Care, Dental Nursing and Pharmacy. In 2011/12 just under two thirds (63%) of total starts/certifications were on the health pathway of the health & social care framework.

Over the past 3 years certifications on the Dental Nursing framework in Wales have remained relatively consistent with around 50 certifications per year. There has been some fluctuation in certifications on the pharmacy framework with a drop in the number in 2012. Early data for 2013 suggests this drop will be reversed in the latest year (table 5).

**Table 5: Apprenticeship certifications on health sector frameworks in Wales**

	Level 3 Dental nursing	Level 2 Pharmacy	Level 3 Pharmacy
2013 (Jan-end July)	24	1	14
2012	50	0	6
2011	48	4	38
2010	51	3	24

Certification data sourced from Skills for Health

In England a wider range of frameworks are being used. The proportion of total starts on the health pathway of the health & social care framework is lower (20% in 2010/11, 17% in 2011/12).

Scotland currently has three frameworks, Health and Social Care, Dental Nursing and Pharmacy framework but Pharmacy has had no starts since 2010/11. Northern Ireland has only two frameworks available for use; the Health and Social Care and Pharmacy frameworks.

### 3.2.4 Apprenticeship profile

The Welsh Government's aim is to increase the proportion of young people aged 16-24 accessing Apprenticeships to 50 percent, although we are not yet aware of any target date for this to be achieved.

The current profile of Health, public services & care sector Apprentices in Wales is dominated by the over 25 age group (table 6). In 2010/11, 71% of Apprentice starts on these frameworks were over 25 and just 7% were under 25.

This is slightly older than the profile in England (65% of health, public services & care starts were over 25) and the profile of non-health Apprentices in Wales (55% of those in-training were aged over 25).

This is not surprising when we consider that the overall age profile of the health, public services & care workforce is 'older' than the whole economy average however what these figures do demonstrate is that there are opportunities for employers to successfully attract young people into the sector through the use of Apprenticeships.

**Table 6: Age profile of Health, Public Services and Care Apprentices and non-health Apprentices in England and Wales, 2010/11**

Wales	16-18*	19-24*	25+
Health sector frameworks (starts)	7%	23%	71%
All Frameworks (number in-training)	21%	24%	55%
England	16-19*	20-24*	25+
Health sector frameworks (starts)	9%	29%	62%
All Frameworks (number in-training)	29%	31%	40%

Data for England is sourced from the Individualised Learner Record (ILR) accessed through the Data Service. Data for Wales from the Lifelong Learning Wales record (LLWR). \*Wales data is for 16-18 and 19-24. England data is for 16-19 and 20-24.

## Conclusions

- Certifications data reveals that achievements on the health pathway represent a significantly higher proportion of the health sector workforce in Wales than they do in England.
- Nevertheless it is apparent that uptake of the more specialist health frameworks is lower in Wales than in England.
- The older age profile of Health, Public Services and Care Apprentice starts in Wales, with 71% aged over 25, highlights the opportunity to encourage employers to utilise Apprenticeships to attract young people into the sector.

## 4. Who is using Apprenticeships?

### Key points

- Health boards report very limited use of the more specialist health frameworks with the vast majority of starts on the health and social care framework.
- The majority of Apprentices tend to be existing staff rather than new recruits linked to limited numbers of external vacancies.
- Well over half of starts were on non-health frameworks and Apprenticeships play an important role in supporting the health sector in both clinical and non-clinical roles.
- Awareness and take-up of Apprenticeships in other parts of the health sector is low. There is, however, some evidence that demand could increase, with around a third of non-participating employers potentially interested in participating given more information.

### 4.1 Overview

This research involved the collation of primary data on levels of participation, awareness and potential interest in Apprenticeships amongst health sector organisations<sup>1</sup>

We undertook in-depth telephone interviews with workforce organisational managers within all NHS health boards and NHS trusts in Wales. Together these seven NHS health boards and three NHS trusts are estimated to employ around two thirds or 84,000 of the 107,240 employees<sup>2</sup> working in the health sector in Wales. The remaining 23,240 employees include those working in general & dental practices as well as those working in the private sector.

In addition to the health board interviews, we undertook a telephone survey of 105 health sector employers (table 7). These interviews were selected to provide broad coverage across the different parts of the sector as well as to ensure broad coverage by geography. Hospitals were under-represented because they preferred to engage at the health board level.

<sup>1</sup> A key challenge was trying to understand Apprenticeship take-up on a sectoral level because the Lifelong Learning Wales Record does not contain any information on the types of organisations that are employing Apprentices because the data is recorded at the level of the Apprentice rather than on an employer-by-employer basis.

<sup>2</sup> Total employment figure from NOMIS, Business Register and Employment Survey, 2011

**Table 7: Profile of employer interviews**

	Total employees		Total interviews	
	No.	%	No.	%
<b>Hospital &amp; specialist medical practice activities</b>	76,098	71%	34	32%
<b>NHS Acute Hospital</b>			22	22%
<b>NHS Community Hospital</b>			5	5%
<b>Private sector hospital</b>			7	7%
<b>Medical &amp; dental practice activities</b>	14,998	14%	40	38%
<b>General Practice</b>			35	33%
<b>Dental Practice</b>			5	5%
<b>Other human health activities</b>	16,114	15%	31	29%
<b>Pharmacy</b>			15	14%
<b>Allied health professions<sup>3</sup></b>			11	10%
<b>Other NHS body</b>			4	4%
<b>Total</b>	107,240	100%	105	100%

## 4.2 Use of Apprenticeships by health boards

Nine of the ten health boards and trusts provided data on starts. However, this data is likely to under-represent starts as some areas of the health board may have been using Apprenticeships that the workforce team were unaware of.

These nine health boards and trusts report 554 Apprentice starts amongst their employees in the last year (table 8). Of these starts 203 were on the health and social care framework and 12 were on the health care support services framework. None of the other more specialist health frameworks had been used to date although one health board reported that it would be placing some existing staff on the clinical health care framework later in the year.

<sup>3</sup> Allied health includes physiotherapy, occupational therapy and speech and language therapy.

**Table 8: Reported Apprentice starts by Welsh health boards, 2012/13**

health board	Total Apprentice starts	New or existing staff	Health & social care	Health care support services	Business admin	Customer services	IT	Team leading & Management	Cleaning	Estates
A	10	both								10
B	277	mainly existing staff	65 (all existing wf)		22	7	4	111	68	
C	59	25% existing 75% new	33 (existing & new)		10	16 in other non-health areas including engineering and IT.				
D	70 (plus x non-health)	Existing staff only	58	12	Not sure of numbers in management, customer service, business administration, IT and cleaning.					
E	75	All existing staff	17		46	12				
F	0*	n/a								
G	1	New								1
H	62	Existing staff only	30		15	10		7		
I	0	n/a								
<b>Total</b>	<b>554</b>		<b>203</b>	<b>12</b>	<b>93</b>	<b>29</b>	<b>4</b>	<b>118</b>	<b>68</b>	<b>11</b>

\* First recruitment for clinical health care framework this year, will be all existing staff

Health boards report that the majority of Apprentices tend to be existing staff rather than new recruits and all of the health boards spoke of very limited numbers of external vacancies. When a vacancy did arise these boards preferred to recruit from their staff bank rather than externally as these staff already had some experience. In part this was linked to the push, where possible, to redeploy existing staff rather than to make them redundant. As a result a large proportion of Apprentices tended to be aged over 25.

Health frameworks would appear to have a number of features that would make a significant contribution to current Welsh Government Apprenticeship priorities:

- The focus on key sectors and scientific occupations
- The opportunity to offer good employment and career prospects to women
- Providing a platform for Higher Level Apprenticeships to take technicians to graduate levels and support NHS workforce development.

#### 4.2.1 Clinical frameworks

Five of the ten health boards and NHS trusts reported the use of the Health and Social Care framework in a clinical setting. In four of these five cases this framework was used solely for existing members of the workforce. In the other cases the framework was used for a mixture of new recruits and the existing workforce.

The core rationale for use of the framework for existing staff was in order to access funding for training and accreditation. Although some health boards had a mandatory requirement for staff working in clinical areas to have a level 3 qualification in the majority of cases the VQ element was seen as meeting this need.

### Cardiff and Vale University Health Board Case Study

#### Background to participation

Cardiff and Vale University Health Board introduced Apprenticeships over 10 years ago. Sarah Morley, Assistant Director of Organisational Development is responsible for learning, education and development for all of the 14,500 staff in the health board. She explains that:

*'Apprenticeships were first introduced over 10 years ago, and to date have been on a demand basis from service departments and for existing staff only.'*

Tessa Callaghan, Learning, Education and Development Manager, Support Worker Development, is responsible for Health Care Support Worker development across the health board. She explains that there had been Apprentices in estates management over 20 years ago, but that programme had ceased to run. A range of health and non-health Apprenticeships are now offered, when funding is available. Tessa comments that without funding, financial constraints mean that this training could not be provided:

*'A key driver for the current use of Apprenticeship frameworks is the availability of funding. One obstacle is providing release time, especially from clinical areas. This is an on-going challenge, but we have worked with the providers, who work flexibly on a 1:1 basis with staff.'*

#### Current use of Apprenticeships

All Apprentices are existing employees. Health frameworks include Health & Social Care, Healthcare Support Services, and Clinical Healthcare Support. Clinical staff currently use the H&SC framework at levels 2 and 3. The vast majority are aged 25+ and they are experiencing issues getting sufficient places. In 2012/13 they had 26 level 2 starts and 32 level 3 starts. 15 started this month, with another 15 due to start next month.

Although the Healthcare Support Services framework has stalled slightly, the intention is to have 12 porters and caterers starting this L2 training annually.

The Essential Skills Wales component of Apprenticeships is viewed positively by the employer, and existing staff have signed up to Apprenticeships on a voluntary basis so have been willing to undertake this. Tessa comments:

*'I feel it is really important for all staff to have Essential Skills in maths and English up to level 2. For example, cleaning staff need to mix appropriate concentrations of chemicals, and all staff need to be able to follow written instructions such as nil by mouth'.*

Progression through to the more senior bands tends to be easier in non-clinical areas e.g. porters can eventually move on to higher level management qualifications either in house or distance learning through the Open University. However in clinical areas the staff need to leave the organisation to undertake their professional training.

Non-health frameworks that are currently in use include management, customer service, business administration, IT and cleaning. There are some examples of progression to L5, for business administration.

Sarah considers that Apprentice numbers are largely governed by their internal ability to support them. They are currently looking at creating a central support role to provide corporate liaison with the training providers and to ensure that support is in place for the Apprentices.

The Board also participates in a pre-Apprenticeship program. This began in April 2001, and they have had 85 starts mainly Health and Social Care, but includes some clerical. Around 85% stay on with the HB – most tend to go into the staff bank – this really suits the individuals, as they appreciate the flexibility of the hours. Tessa explains:

*'We have Work Programme recruits who undertake the diploma in health and social care. As they also do Essential Skills and employment rights and responsibilities it is the same as an Apprenticeship in all but name – because the HB does not employ them they cannot be called Apprentices'.*

### **Benefits from participation**

The board benefits because Apprenticeship training helps to fill skills gaps identified in staff appraisals. Most managers are balancing issues of staff release with staff motivation – managers report that staff doing the Apprenticeships feel more valued and self confident. Completion rates are high 90% - however they do have issues with some long stays.

The main business case for participation is funding however the Essential Skills are also important. In the past Tessa thinks that the knowledge component was weaker in the stand-alone VQ however it is now equivalent.

Tessa explains the benefit from the employees' viewpoint:

*'Our continuing involvement with Apprenticeships gives a clear benefit to our staff in terms of their personal development'.*

### **Delivery**

Choice of provider is affected by the funding that they themselves are allocated, and for which they hold the contract. ACT, the umbrella organisation, now holds nearly all of the funding for S Wales, which will have an impact on their subcontractors.

### **Future use of Apprenticeships**

They are currently looking at the possibility of offering Apprenticeships to new recruits mainly for issues of succession planning. A key issue is the availability of appropriate posts to recruit into. Possible frameworks are facilities, cleaning, housekeeping and clinical roles.

Sarah explains that new frameworks are being considered:

*'As part of succession planning, the Board is now looking at introducing new frameworks, such as carpentry and plumbing for new recruits'.*

Tessa explains that the team is working on offering Apprenticeships to new recruits. She has prepared a paper, outlining the costs and benefit of filling vacancies with unqualified recruits. She believes that there may be small cost savings, although there is no intention to pay the Apprentice pay rate. Tessa comments that increased levels of supervision for such Apprentices could be an issue.

*'We need to identify vacancies which could be filled with unqualified recruits, where the working environment will provide good practise and for which a training provider and funding would be available. I think it is possible to identify a range of potential posts'.*

Nonetheless two of the health boards did also recognise the value of the Essential Skills component in ensuring that the existing workforce had Maths and English of a satisfactory standard to ensure patient safety and quality of care:

*'For us the Essential Skills element is really important. We had concerns that some of the existing members of our workforce were not fully up to speed with following written instructions, recording information and communicating effectively. The Essential Skills helps us to highlight and address any gaps'*

(Health Board)

The only health board that used Apprenticeships for new recruits into clinical roles had been offering Apprenticeships as an entry route for over ten years. In the past they recruited Welsh speaking people with good GCSEs and gave them a guaranteed interview at the end of the Apprenticeship. When entry requirements were lowered they found that many people were struggling with their training. They now offer two routes; entry for candidates with GCSEs leading to the level 3 Apprenticeship; and entry for candidates with A-levels leading to the level 3 Apprenticeship followed by a nursing degree at an HEI. In the last year they had 8 existing staff and 25 external staff start an Apprenticeship.

The health board's rationale for offering Apprenticeships as an entry route is to 'grow their own' and to help to address the issue of the ageing workforce. As of July 2011 over 25% of the nursing and midwifery staff were aged 51 and over, an increase of 2.15% on the previous year. In addition particular specialisms have higher age profiles, for example Radiology has 42%, Therapies & Clinical Support has 38% and Pathology has 30% of their nursing and midwifery staff in the over 51 age bracket.

## **Betsi Cadwaladr Health Board Case Study**

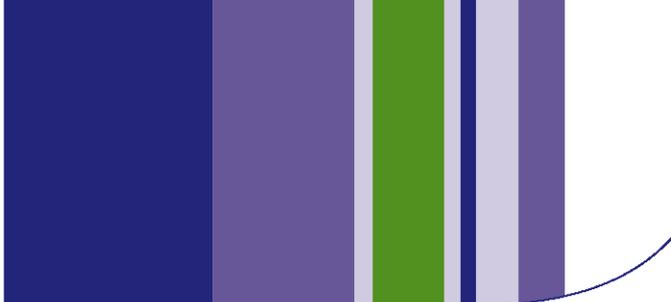
### **Background to participation**

The Betsi Cadwaladr Health Board has been offering health and social care Apprenticeships for 10 years, delivered in partnership with a local education provider. The Apprenticeship scheme is offered to internal staff who want to complete a framework along with external Apprentices. They also offer a number of non-health Apprenticeships in engineering, estates, IT and business administration.

There is a small team of dedicated staff to mentor the healthcare Apprentices, who train and assess the Apprentices in the classroom and in the clinical areas. The Board has a cohort of clinical areas that are familiar with the Apprenticeship scheme and offer valuable and supportive placements to the students. The Board covers the Apprentice wage costs of £2.65 per hour.

### **Working with partners**

The Health Board is an active member of the local service board who have been working with other public sector partners to standardise the Apprenticeship process as part of the ESF project to improve collaboratively work experience programmes for young people, adult returners and people with disabilities to increase the number and attainment of Apprenticeships.



The Board has also participated in a pre-Apprenticeship scheme, which allowed Apprentices to undertake a 1-year course at college supported by placements across the Health Board in a variety of clinical areas. A number of learning points were identified from this, including the level of support needed in the clinical areas and the initial selection of the group to ensure the optimum chance of success. The Board has developed an agreement with a local college for a revised scheme incorporating the lessons learned.

### **Benefits and barriers**

The Health Board workforce development staff believe that one of the principle benefits of Apprenticeships derives from using the local workforce to assist with the demographics of an ageing workforce.

*'It is really important to be able to link with the local community, and access the local workforce. Using a local workforce can increase staff retention, and provide the Board with a stable workforce who are invested in delivering an effective healthcare service.'*

Resource limitations were identified as the main barrier for expanding Apprenticeships:

*'There are two main barriers to expanding Apprenticeships; cost – funding for the Apprentices salary, and support – clinical areas are very busy and lack supervision time.'*

A shortage of vacancies affects number of Apprentices that the Board can recruit.

*'The shortage of vacancies affects numbers, and we now have to get approval for places and prove that the funding covers the costs. We also need to get departmental buy-in to essential skills. We have started to deliver this upfront, which has worked better.'*

### **Future use of Apprenticeships**

The Health Board is currently looking at ways to refine the identification of placements for Apprentices, which is not easy with a large workforce.

*'In the next few months, we want to roll out information about Apprenticeships across the whole organisation. I would like all line managers to consider could their vacancy be an appropriate route for an Apprentice'*

In the near future, the Board is able to offer two routes to Apprentices depending on their academic qualifications; Apprentices with A-levels will achieve a Level 3 Apprenticeship before applying for nurse education. Those with GCSEs will have the opportunity to achieve a Level 2 and 3 Apprenticeship. They will then move into employment or use a Foundation Degree as a route to nurse education.

## 4.2.2 Non-clinical frameworks

Six of the ten health boards were offering Apprenticeships in non-clinical areas. Well over half (58%) of starts were on non-health frameworks including business administration (17% of total starts), management and team leading (21%), cleaning and environmental services (12%), customer service (5%), estates (2%) and information technology (4%). This is also likely to exclude a significant element of under-reporting as workforce organisational managers were not always fully aware of what training was taking place in these non-clinical areas.

This pattern of use is not restricted to Wales. In England, the 2009 review of Apprenticeships in the NHS in Yorkshire and the Humber<sup>4</sup> found that 63% of Apprentices in the NHS were on Apprenticeship frameworks that support non-clinical roles including Business Administration, Horticulture, Mechanical Engineering, Crafts, Customer Service, Support Services in Health, IT, Accountancy, Information, Advice and Guidance.

Apprenticeships therefore play an important role in supporting the health sector in both clinical and non-clinical roles.

## North Road Medical Practice, Cardiff - Case Study

### Background to participation

The GP practice based in Cardiff recruited its' first Apprentice when it was recognised that the practice needed another member of support staff to cover for holidays and sickness, and to prepare for the future demand as most of the practice staff were aged over 50. Although the priority was to fund an additional person at a reasonable cost, the Practice Manager also wanted to begin succession planning.

The Practice Manager was generally aware of Apprenticeships (with previous experience of working in a job centre) and had seen a presentation stand from a training provider at a Practice Manager's meeting. Apprentices were also discussed during a Practice Development visit from the local health board. It was felt that an Apprentice would help with the workload and with staff cover, where currently a relatively 'expensive' and skilled member of staff was spending time on basic clerical duties. The practice partners were initially worried about recruiting someone without a guarantee of permanent work. This worry was overcome, to some extent, by the business driver of the need to start succession planning.

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<sup>4</sup> Ackew, A (2009) Scoping 18 plus Apprenticeships in NHS Y&H April 2009 – Dec 2009

## Current use of Apprenticeships

There are 10 non-clinical staff in the practice. The newly recruited Apprentice is aged under 18 and on Level 2 business administration framework, which has been customised to add some elements of customer service. The partners opted for the Apprentice to be paid above the minimum wage, at about the middle of the scale, at £3.75/hr. All the training is on the job, and the hours are 25 per week.

The Practice had no difficulty in finding a provider and worked together to recruit an Apprentice:

*'We decided to use the provider who had put the information stand at a practice managers meeting. The provider did not have anyone suitable at that point, so they advertised on Career Wales website, and had a good response. The provider managed the recruitment process, and I was involved in interview and selection'.*

## 4.3 Use of Apprenticeships by other parts of the health service

### 4.3.1 Take-up of Apprenticeships

Less than one in ten (8%) of the employers interviewed recalled using Apprenticeships currently or in the past (table 9). It is difficult to benchmark this figure against others parts of the UK. For instance, research undertaken in 2008 in England for the Learning and Skills Council<sup>5</sup> identified that around 35% of health sector organisations were currently using Apprenticeships. However this research involved interviews with a sample of 462 health sector organisations the vast majority of which were NHS trusts with large numbers of employees. No interviews were undertaken at the individual practice level, which is likely to experience significantly lower levels of take-up.

<sup>5</sup> CPC, IPSOS MORI (2008) Research into Increasing Apprenticeships in the Public Sector

**Table 9: Take-up of Apprenticeships**

	Participating	Non-participating (aware)	Non-participating (unaware)	Total
<b>Hospital &amp; specialist medical practice activities</b>	9%	18%	74%	100%
<b>NHS Acute Hospital</b>	0%	23%	77%	22
<b>NHS Community Hospital</b>	0%	0%	100%	5
<b>Private sector hospital</b>	43%	14%	43%	7
<b>Medical &amp; dental practice activities</b>	8%	58%	35%	100%
<b>General Practice</b>	3%	60%	37%	35
<b>Dental Practice</b>	40%	40%	20%	5
<b>Other human health activities</b>	6%	39%	55%	100%
<b>Pharmacy</b>	7%	33%	60%	15
<b>Allied health professions</b>	0%	33%	67%	12
<b>Other NHS body</b>	25%	75%	0%	4
<b>Total</b>	8%	19%	53%	105

Source: CPC interviews with 105 health sector employers

The 2010 Employer Perspectives Survey<sup>6</sup> found that 7% of Health and Social Care establishments in the UK have staff currently undertaking Apprenticeships at their site and a further 5% offer Apprenticeships but do not currently employ any Apprentices.

At sub-sector level the employer survey highlighted take-up as varying widely. The private sector and dental practices had the highest levels of take-up at 43% and 40% respectively. In the former the core driver for participation appears to be in part financial, in part 'license to practice'. To work as a dental nurse, individuals must be registered with the General Dental Council (GDC) and in order to register, they need to have successfully completed a course approved by the GDC. Although there is an alternative route to qualification available through the NEBDN National Diploma in Dental Nursing awarded by the National Examining Board for Dental Nurses (NEBDN), there is no public funding for this route and take-up is low.

None of the twenty seven NHS hospitals interviewed reported having used Apprenticeships. This finding is not surprising given the relatively low number of clinical Apprenticeships identified at the health board level<sup>7</sup>.

<sup>6</sup> Shury, J., Vivian, D., Davies, B. and Gore, K. (2011) Employer Perspective Survey 2010. Evidence Report 42. UK Commission for Employment and Skills, Wath-upon-Deerne.

<sup>7</sup> Within hospitals we spoke to ward managers. This finding therefore reflects take-up of clinical frameworks only.

### 4.3.2 Awareness

Just over half (53%) of interviewees were not aware of Apprenticeships (Table 10). This is similar to the finding in the 2010 Employer Perspectives Survey<sup>8</sup> which reported that 52% of Scottish and Welsh establishments were aware of Modern Apprenticeships. Levels of awareness were lower amongst NHS hospitals than in the other sub-sectors with just under a three-quarters not having heard of Apprenticeships. Similarly awareness was low in the pharmacy and allied health professions.

**Table 10: Awareness of Apprenticeships**

	Participating	Know a great deal	Know a fair amount	Not much	Heard of but know nothing	Never heard of it
<b>Hospital &amp; specialist medical practice activities</b>	9%	3%	-	9%	6%	74%
<b>NHS Acute Hospital</b>	-	5%	-	14%	5%	77%
<b>NHS Community Hospital</b>	-	-	-	-	-	100%
<b>Private sector hospital</b>	43%	-	-	-	14%	43%
<b>Medical &amp; dental practice activities</b>	7%	5%	10%	41%	-	34%
<b>General Practice</b>	3%	6%	11%	43%	-	37%
<b>Dental Practice</b>	40%	-	-	40%	-	20%
<b>Other human health activities</b>	6%	-	6%	26%	6%	55%
<b>Pharmacy</b>	7%	-	7%	27%	-	60%
<b>Allied health professions</b>	-	-	-	25%	8%	67%
<b>Other NHS body</b>	25%	-	25%	25%	25%	-
<b>Total</b>	8%	3%	6%	27%	4%	53%

Source: CPC interviews with 105 health sector employers

<sup>8</sup> Shury, J., Vivian, D., Davies, B. and Gore, K. (2011) Employer Perspective Survey 2010. Evidence Report 42. UK Commission for Employment and Skills, Wath-upon-Deane.

## 4.4 Potential interest in Apprenticeships

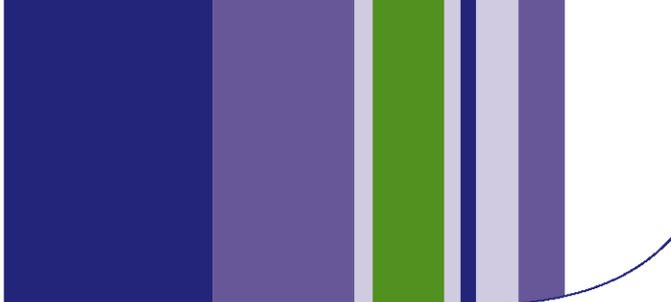
Non-participating employers were asked to indicate their potential interest in using Apprenticeships in the future. Twenty nine percent of non-participants expressed a strong interest in their use and a further seventeen percent considered they would be potentially interested if they had more information (table 11).

**Table 11: Potential interest in Apprenticeships amongst non-participants**

	Yes definitely	Possible interest	Not interested	Total known	Don't know
<b>Hospital &amp; specialist medical practice activities</b>	19%	24%	52%	100%	-
<b>NHS Acute Hospital</b>	13%	20%	67%	15	7
<b>NHS Community Hospital</b>	0%	100%	0%	2	3
<b>Private sector hospital</b>	67%	0%	33%	3	1
<b>Medical &amp; dental practice activities</b>	29%	11%	60%	100%	-
<b>General Practice</b>	28%	9%	62%	32	2
<b>Dental Practice</b>	33%	33%	33%	3	0
<b>Other human health activities</b>	40%	20%	40%	100%	-
<b>Pharmacy</b>	58%	17%	25%	12	2
<b>Allied health professions</b>	14%	29%	57%	7	5
<b>Other NHS body</b>	0%	0%	100%	1	2
<b>Total</b>	29%	17%	52%	77	20

Source: CPC interviews with 105 health sector employers

Levels of interest varies by sub-sector with pharmacies appearing to be the most interested with nine of the twelve respondents expressing either a definite or possible interest in using Apprenticeships in the future. In the pharmaceutical sector there may be a degree of constrained demand with just one provider in Wales, which has limits the number of places available to around 30 per annum. The priority for places has been given to NHS organisations and the provider reports that the Apprenticeship has not been actively marketed due to concerns that they will not be able to meet demand.



Those working in NHS hospitals appeared to be the least interested linked, in part, to very low levels of awareness of what Apprenticeships are, how they would be used and how they would fit with/or replace existing training.

## Conclusions

- Health frameworks have a number of features that would make a significant contribution to current Welsh Government Apprenticeship priorities: the focus on key sectors and scientific occupations; the opportunity to offer good employment and career prospects to women; and the ability to providing a platform for Higher Level Apprenticeships to take technicians to graduate levels and support NHS workforce development.
- Health boards report that the vast majority of their starts are on the health and social care framework and tend to be focussed on the existing workforce.
- Health boards also make good use of non-health frameworks with well over half of starts on these frameworks.
- Just over half (53%) of employers were not aware of Apprenticeships and there is a high level of potential interest with a third of non-participants expressing a definitely or possible interest in using Apprenticeships in the future.

## 5. Potential for Expansion

### Key points

- The most common barrier to expansion identified by 30% of non-participants was a lack of information about how to set up and run an Apprenticeship.
- Setting up an apprenticeship and understanding the learning requirements are in themselves complex and can be off putting for many.
- Low staff turnover and a general lack of recruitment in the health sector also appears to be a significant barrier for organisations wanting to use Apprenticeships for new recruits. A quarter of non-participants identified this as a barrier.
- Around 12% of organisations preferred to recruit degree level or fully qualified staff and 6% preferred to recruit older staff.
- Amongst some organisations including some health boards there appeared to be a presumption that Apprenticeships are solely for young people and this may be acting as a barrier to expansion.
- One in ten employers preferred to use alternative forms of training. Health boards often offered just the Health and Social Care VQ funded through the flexible learning fund in order to avoid the Essential Skills component of the framework.
- Concerns over the ability of the organisation to support an Apprentice and/or to release them for training was highlighted as a potential barrier by 10% of organisations.
- 10% of respondents highlighted concerns over funding as a barrier to increasing the number of Apprenticeships on offer. In a number of cases this was linked to misconceptions over what could be funded.
- On the supply side health boards expressed concerns regarding the sub-contracting arrangements and difficulties in negotiating contracts with lead providers.
- There was some evidence of constrained demand with regard to the availability of places particularly on the more specialist frameworks.

## 5.1 Demand side factors

Non-participants were asked what they considered to be the main barriers to the introduction of Apprenticeships (table 12) Ninety-six percent of non-participants considered there to be one or more barriers which needed to be overcome.

**Table 12: Identified barriers to expansion, non-participants**

	All sub-sectors		Hospital & specialist medical practice activities		Medical & dental practice activities		Other human health activities	
Lack of information/awareness	29	30%	7	23%	15	41%	7	24%
Limited vacancies/not recruiting	24	25%	5	16%	16	43%	3	10%
Prefer to recruit degree level or fully qualified staff	12	12%	5	16%	1	3%	6	21%
Prefer to use alternative training	10	10%	3	10%	4	11%	3	10%
Support infrastructure/time to train	10	10%	2	6%	5	14%	3	10%
Lack of interest from existing staff	10	10%	1	3%	5	14%	4	14%
Funding/cost	10	10%	3	10%	3	8%	4	14%
Prefer to recruit older staff	6	6%	2	6%	2	5%	2	7%
Previous bad experience	2	2%	0	0%	2	5%	0	0%
No barriers	4	4%	2	6%	1	3%	1	3%
Don't know/not sure	13	13%	7	23%	0	0%	6	21%
<b>Total respondents</b>	<b>97</b>	<b>100%</b>	<b>31</b>	<b>100%</b>	<b>37</b>	<b>100%</b>	<b>29</b>	<b>100%</b>

### 5.1.1 Information & Awareness

The most common barrier identified by thirty percent of non-participants was a lack of information about how to set up and run an Apprenticeship programme coupled with a low level of awareness about what the benefits of this would be.

This is by no means an unusual response. Surveys of businesses who do not use Apprenticeships often find that respondents have a general awareness of what an Apprenticeship is – often a trade Apprenticeship involving a young person learning technician skills straight from leaving school<sup>9</sup>. However, this broad awareness belies the wide range of occupations now covered by Apprenticeships, the different age groups eligible for support and the variation in delivery methods available. These flexibilities are designed to allow Apprenticeships to meet individual employer demands within the general programme rules but can be daunting to those not closely involved with the programme.

Within some parts of the health sector there was a view that leadership as well as support for providing Apprenticeships should be channelled through the health boards:

'It would be good to learn more about health related frameworks and funding available. Information should be channelled through the health boards. I feel they currently have very little interest in trainees beyond doctors and nurses...they should promote and coordinate information'

(General Practice)

One GP suggested the use of the Practice Manager Forum as a way of better disseminating information.

Our interviews with health boards however highlighted that there was a lot of confusion in relation to the funding arrangements, how to negotiate a contract with a provider and how to set up an Apprenticeship programme. The size and complexity of the health boards and recent reorganisation meant they often lacked centralised leadership on Apprenticeships. Many health boards were not fully aware of the range of frameworks available whilst others lacked sufficient information to make a strong business case for participation.

It is therefore clear that if health boards were to lead on promoting and supporting Apprenticeships across Wales they themselves would benefit from some support aimed at enhancing their knowledge of the Apprenticeship landscape.

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<sup>9</sup> LSC (2008) Research into Expanding Apprenticeships, Ipsos MORI and CPC, August 2008.

## 5.1.2 Recruitment and selection issues

A general lack of recruitment in the health sector appears to be a significant barrier for organisations wanting to use Apprenticeships for new recruits.

'We are currently looking at the possibility of offering Apprenticeships to new recruits mainly for issues of succession planning. The main issue is the availability of appropriate posts to recruit into. Possible frameworks are facilities, cleaning, housekeeping and clinical roles. However clinical areas most recruits are 25+ and younger people often don't tend to last'  
(Health Board)

This was identified as an issue for a quarter of non-participants rising to over two fifths of medical and dental practices. Amongst the 105 organisations we interviewed staff turnover was around 8.9%, lower than the public sector average for the UK of 12.6%<sup>10</sup>.

Around twelve percent of organisations preferred to recruit degree level or fully qualified staff and a further six percent preferred to recruit older staff. This appears to present the greatest issue within busy hospital wards as well as in more specialist areas:

'Our professional body requires degree level entry. We have had some Apprentices in the past however they have been immature, and medical photography can be a sensitive area'.  
(Acute Hospital, Medical Illustration)

'We need qualified physiotherapists who can hit the ground running. We are already committed to supporting work experience for university students which is a lot of work and we just don't have the capacity to support anyone else'  
(Paediatric Physiotherapy Department)

'We would look at using Apprenticeships new recruits now that we are aware of their existence, but they would have to be over 18 as our client group requires staff with maturity and experience for close involvement with patients with multiple needs'  
(Community Hospital)

Amongst some organisations, including some health boards, there appeared to be a presumption that Apprenticeships are solely for young people and this may be acting as a barrier to expansion.

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<sup>10</sup> 2011 XpertHR staff turnover rates and costs survey

In relation to the use of Apprenticeships for the existing workforce ten percent of respondents highlighted a lack of interest from existing staff. This was mainly linked to existing staff already having the necessary skills for the job rather than their personal concerns over the training component:

'We are only a small practice with just 8 staff and everyone is already fully trained'

(General Practice)

However at health board level interest was greater in relation to existing staff than for new recruits who were largely selected on a voluntary basis:

'Participation at present is 'voluntary'. Skills gaps may be identified in staff appraisals and managers put people forward. Most managers are balancing issues of staff release with staff motivation – managers report that staff doing the Apprenticeships feel more valued and self confident'

(Health Board)

Despite the low levels of recruitment there was however recognition of the issue of the rapidly ageing workforce by the Welsh health boards. In England there is some evidence to show that Apprenticeships have been used to help to address this issue.

### 5.1.3 Alternative training options

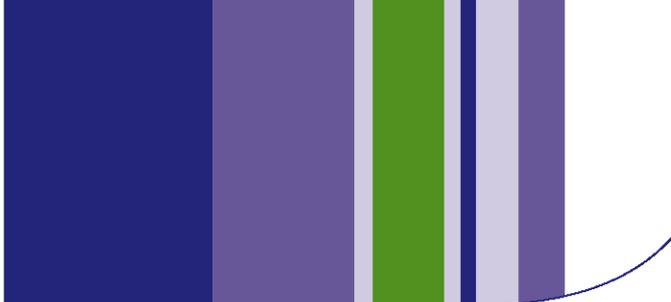
In some health boards a large proportion of existing staff are undertaking the VQ element but not the full Apprenticeship. Funding for this route is available at a lower rate through the Flexible Learning Fund so where an employer is keen on the VQ element but unsure of the full framework, providers have the option to use this source of funding as a potential introduction to Apprenticeships.

Although this option can have cost implications for the health board, in most cases, where it was used, it was felt to be necessary due to reluctance by experienced staff to undertake the Essential Skills element of the full Apprenticeship and reluctance by their managers to release them for training. One health board had started to deliver the Essential Skills component at the start as they had found this to impact on completion rates.

In some cases the health board acting as an Agored Cymru Centre<sup>11</sup> had received Support Worker Funding through the Sector Priority Fund at level 2-4 for both clinical and non-clinical staff. This route has been used as an alternative to Apprenticeships with the benefits highlighted as its flexibility – the training can be accessed in small 'bite-size' bits; relevance – the health boards in some cases designed the units for the Credit and Qualifications Framework for Wales (CQFW); and low cost – as the training and workbooks are provided in house.

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<sup>11</sup> Agored Cymru is the Welsh awarding organisation specialising in meeting the needs of all learners in Wales.



In other cases organisations are sourcing and fully funding alternatives to Apprenticeship training on a private basis. This includes accessing training provided by professional bodies. Ten percent of respondents considered that the Apprenticeship route would not offer any benefit over their existing training infrastructure:

'I just don't see the need when the National Pharmacy Association supplied training is good and does a good job already to meet our needs'  
(Community Pharmacy)

In a number of other cases the respondent was simply not aware that Apprenticeships were an option:

'What we tend to do is employ someone on the shop floor who is competent and then pay for that person to train via distance learning using National Pharmacy Association courses. I have never considered Apprenticeships and did not think there were Apprenticeships in pharmacy. I would definitely consider taking on Apprentices if the course they do would be comparable to what we currently use'  
(Community Pharmacy)

In the above examples the National Pharmacy Association (NPA) training for Pharmacy Dispensing Assistants and Pharmacy Technicians is essentially an NVQ level 3 in Pharmacy Services which is the same as the qualification used in the Apprenticeship. In England the NPA works with a local provider Training Synergy to access funding for the Apprenticeship however in Wales this funding is not available.

#### 5.1.4 Support structures

At the health board level the most common delivery arrangement was the use of external provider for the administration and Essential Skills who then paid the health board a proportion of the funding they receive to deliver the assessment. Some health boards preferred to outsource the assessment, particularly in some non-clinical areas where they did not have internal assessors and were less concerned about up-to-date clinical knowledge.

Concerns over the ability of the organisation to support an Apprentice and/or to release them for training were highlighted as a potential barrier by ten percent of organisations. There was some correlation with size of establishment with small employers and GPs in particular more likely to highlight this as an issue than larger employers.

'Apprentice numbers are largely governed by our internal ability to support them. We are currently looking at creating a central support role to provide corporate liaison with the training providers and to ensure that support is in place for the Apprentices'  
(Health Board)

It was reported that in clinical areas staff can be over-stretched with minimal time available for Apprentice supervision. Assessment in clinical areas can also be difficult. In some clinical areas there was also thought to be issues with patient confidentiality and the need to gain patient permission before assessors visit. In order to overcome this issue one Welsh training provider is considering a model with the health board where they pay the health board or an individual seconded to the health board to be supernumerary and undertake the assessment.

### 5.1.5 Funding

Ten percent of respondents highlighted concerns over funding as a barrier to increasing the number of Apprenticeships on offer. In a number of cases this was linked to misconceptions over what could be funded and there was a general lack of awareness over what were the funding rules for older Apprentices.

Funding was also a key barrier identified at health board level. All spoke of difficulties in finding the money to pay the Apprentice wage. One health board spoke of issues over Annex U pay rates for Apprentices however none of the other boards felt this to be an issue and were paying the Apprentice rate.

'Funding is a key barrier for us. I would like every vacancy to be an Apprentice however this effectively means losing a staff member and we need to manage managers' expectations. There is a huge issue with an ageing workforce especially in estates and among ancillary staff. However we struggle with staffing levels and need productive workers on the ground'.  
(Health Board)

Another health board highlighted issues over a shortage of places for the over 25 year old age group.

'I would estimate that we have demand for around 20 health and social care starts per month yet only fill 50ish places per year. The availability of places tends to be lower between January and August anyway but this year they have been significantly less than in the past'  
(Health Board)

## 5.2 Supply side factors

### 5.2.1 Sub-contracting of provision

Amongst both providers and employers there was a general view of a lack of clarity over sub-contracting arrangements in relation to:

- **Contract negotiation** – Some health boards criticised the lack of clarity over the funding arrangements. Health boards commented that sub-contractor fees are determined by lead providers and appeared somewhat arbitrary. For example, outside of this research one non health provider reported being offered fees ranging from 40% to 15%<sup>12</sup> from the lead provider despite only limited differences in delivery.

One health board said that while they were able to negotiate with one provider to draw down funding for their element of the delivery they were not able to draw down any funding from two other providers despite their undertaking all the assessment internally. This reflected a legacy issue with difficulties altering existing contracts negotiated under less favourable circumstances. The health board felt that if they had more knowledge of the funding the providers receive their negotiating position would be stronger. In a number of cases concerns over the contracting arrangements and 'getting a poor deal' were highlighted as a reason for non-participation.

- **The availability of places** – one health board mentioned difficulties in getting places for over 25s on the Health and Social Care framework. Some sub-contractors had also experienced difficulties in getting additional places on popular frameworks.

Some health boards expressed an interest in applying to be a lead provider. The commissioning process for the next round of Apprenticeship contracts will commence in September 2013 for delivery from April 2015. With the introduction of Higher Level Apprenticeships and links to scientific degree level as a priority, health sector employers might be able to provide a coherent bid.

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<sup>12</sup> Enterprise and Business Committee, Enquiry into Apprenticeships. Evidence from First4Skills  
<http://www.senedd.assemblywales.org/documents/s7047/Consultation%20Response%20APP02.%20First%204%20Skills.html?CT=2>

## 5.2.2 Training supply

Our 2008 research on expanding Apprenticeships in the public sector in England<sup>13</sup> highlighted a high level of constrained demand with over two thirds of participants stating that they would have liked to have offered more places over the last twelve months than they were able to. Nearly one in ten of these employers had asked a training provider or the Learning and Skills Council for additional Apprentices and had been told that this was not possible; over a quarter of participants cited barriers which related to the provision of training - a lack of good local training providers, a lack of appropriate training, a lack of knowledge about suitable training, difficulty finding training providers and a lack of provision.

The level of constrained demand is more problematic to assess in this research as both participation and awareness is significantly lower and the majority of respondents have not tried to source provision. Nonetheless there is some evidence of constraint as follows:

- There is evidence to suggest that providers have lacked any incentive to develop more specialist frameworks outside Health and Social Care and Dental Nursing. One provider now offers the Health Care Support Services framework but providers in general consider they lack the technical knowledge to look at developing any of the other health frameworks.
- A number of health boards are interested in providing some of these frameworks in house but have concerns over the process for the draw-down of funding, setting up adequate support structures and providing time for staff training in busy clinical areas.
- There is only one pharmacy provider based in Cardiff who delivers around 20-30 places per year. They do not currently market these places as they are easily filled through word of mouth and they have been unable to get funding for additional places.
- One health board stated that they currently access the Clinical Healthcare Diploma through a private provider however this is not funded by the Welsh Government as part of an Apprenticeship framework.
- There appears to be a relatively strong delivery network for the Dental Nursing Apprenticeship however a shortage of appropriately qualified assessors may be acting as a constraint.
- Between 2010/11 and 2011/12 the number of Health and Social Care Apprentice starts decreased by 51%. We were not able to identify a clear reason for this decrease although there is some anecdotal evidence that health boards have experienced increasing difficulty in getting places for the over 25 year old age group.

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<sup>13</sup> CPC, IPSOS MORI (2008) Research into Increasing Apprenticeships in the Public Sector

## 5.3 Framework specific issues

### 5.3.1 Health and social care – level 2 & 3

As in England and Scotland this was by far the most commonly used framework with 1,550 starts (92% of total health and social care starts) in 2011/12 in Wales. This figure includes starts on the social care pathway as well as on the health pathway.

On the whole health boards which used this framework did not report any issues with its content with the exception of one who highlighted that the Wales qualification contained a compulsory unit on sensory loss which was not always relevant. This unit is in fact not compulsory as part of the health pathway and is only relevant to the social care pathway. This comment may reflect the fact that the provider lacks understanding of the difference, or that they are putting health Apprentices through the social care pathway.

The main barriers to the expansion of the use of this framework appeared to centre around getting employer and employee buy-in to the Essential Skills component and making a business case for its use over and above the VQ element.

Two of the health boards were able to provide a strong rationale for offering the full framework which went beyond the financial argument and saw clear value in the Essential Skills component.

'It is really important for all of our staff to have Maths and English at level two. For example cleaning staff needs to mix appropriate concentrations of chemicals, all staff needs to be able to follow written instructions such as nil by mouth etc. Because the Essential Skills is delivered by the provider flexibly on a one-to-one basis it minimises the number of staff released at any one time and fits with workloads'

(Health Board)

### 5.3.2 Dental nursing – level 3

This is the second most commonly used health framework in Wales, England and Scotland. In Wales in 2010/11 the LLWR records 110 starts (6.5% of total health and social care starts).

Interviews with training providers and individual dental practices revealed high levels of demand. This is because since 2008 dental nurse registrants must meet the General Dental Council learning outcomes either through the NEBDN National Diploma in Dental Nursing or through a level 3 qualification. There is continuing replacement demand for places as dental nurses tend to be young and female and often leave to have children.

Although overall satisfaction with the framework appears to be high, some community health services still prefer the existing National Examining board for Dental Nurses (NEBDN) qualification to the QCF L3 Diploma in Dental Nursing which forms part of the Apprenticeship. The provider in question did not consider that there were any significant differences in the qualifications and the preference was due largely to the legacy of use and the desire to utilise the existing, more familiar qualification.

One provider felt that a barrier to expansion was getting hold of appropriately qualified assessors. There is only one provider in Wales able to train dental nursing assessors and for strategic reasons only train their internal staff for this role.

### **5.3.3 Pharmacy Services – level 2 & 3**

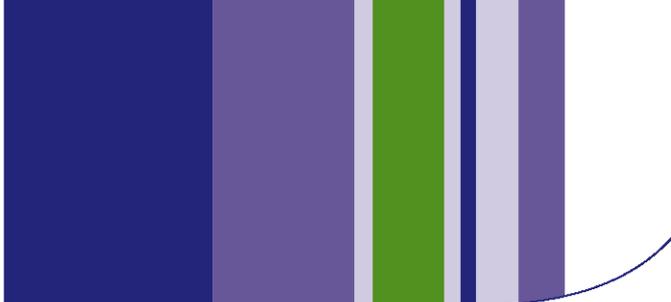
This is the third most commonly used health framework in Wales and England. In Wales in 2010/11 the LLWR records 20 starts (1.2% of total health and social care starts).

The main reason for employer participation is licence to practice, two qualifications are required for General Pharmaceutical Council and are both in the Apprenticeship. There is only one provider for this framework in Wales who offers the framework at both level two and three. A few years ago there used to be more providers, however, they stopped provision because of issues over economic viability linked to its technical content (they required a lot of assessors with a high degree of technical competency) and issues delivering small numbers geographically spread across Wales.

This provider still has issues regarding the economic viability of delivery and the delivery model is now a combination of distance learning and face-to-face sessions to help reduce costs. The provider also comments that they have to cross-subsidise the level two Apprenticeships through another funding stream.

The provider reports an element of constrained demand. The current situation is that priority for places goes to the health boards – currently 90% of the thirty places available. However the provider estimates that they could fill around sixty places per annum through demand from the small independent pharmacies/independent primary care contractors. They have requested additional places from the main contract holder but have been told that these are not available. The provider reports that it has not actively marketed this framework as it does not have many available places and therefore employer awareness is low. This probably means that many employers are using the NPA accredited courses for which no funding is available in Wales.

The framework is felt to be fit for purpose. There is currently work underway on '*modernising pharmacy careers*' which may result in further changes to the framework.



### 5.3.4 Clinical health care support – level 2 & 3

Start data from the LLWR does not identify any starts on this framework. In England this is the third most commonly used health framework with 1,980 starts in 2011/12 (2.6% of total health and social care starts).

In Wales, one health board was in the process of setting up a programme using this framework and hoped to recruit their first Apprentices onto this programme in September 2013.

Another health board stated that they currently access the Clinical Healthcare Diploma through a private provider however this is not funded by the Welsh Government as part of an Apprenticeship framework. They felt that this Diploma was very useful as the Health and Social Care Apprenticeship was not specific enough and more tailored to community and non-acute posts. The health board was frustrated that this Diploma does not attract Apprenticeship funding. This frustration appeared to be mainly linked to the inability to draw down the funding rather than a preference for the full framework over the Diploma.

Amongst health boards there was lower awareness of this framework than the Health and Social Care framework, however, when it was described many boards felt this would be of greater relevance and of interest in a clinical setting. Awareness appears to be a key barrier here as well as concern by ward managers of the supervision requirements of Apprentices in busy clinical areas and perhaps the need for more coordinated centralised support post to support Apprentices.

### **5.3.5 Health care support services – level 2 & 3**

Healthcare support service workers cover a range of areas including domestic, administration, corporate and estates. In England this is the fourth most commonly used health framework with 900 starts in 2011/12 although as a percentage of total health and social care starts this accounts for just 1.2%.

In Wales we are only aware of one health board where this framework has been used and they report low completion rates. They considered this was because it is not a mandatory qualification and it has been used for existing staff who sometimes struggle with the content and release time required for the Essential Skills component.

Awareness of this framework by the other health boards was very low however there was a lot of interest. One health board had considered the use of this framework but did not feel this was that relevant as they believed it lacked any units on handling information. In reality the qualification does contain a number of units in this area including the storing and retrieval of information and units on health records.

### **5.3.5 Emergency Care Assistance – level 2**

Emergency Care Assistants respond to emergency calls as part of an A&E crew and assist the Paramedic. This is a specialised framework and in England take-up has been relatively low with 80 starts in 2011/12<sup>14</sup>.

In Wales awareness of this framework was low. However, two of the health boards spoke of a general interest in this framework. One health board was currently redesigning the role of the generic emergency worker and felt this could fit with their new role however managers in A&E were too busy to comment.

### **5.3.6 Maternity and Paediatric Support – level 3**

This framework is available at level 3 and has been used in small numbers (130 starts in 2011/12) in England to train Maternity Support Workers. To date this framework has not been used in Wales. Demand for the framework in Wales was low. Existing training (through Agored and also BTEC Level 3 Certificate in Maternity Support Work) was felt to meet needs.

One health board runs in-house diploma courses in Paediatric maternity support, Radiology, Perioperative support and Pathology support utilising the vocational qualification element of the Apprenticeship framework and drawing down Support Worker Funding through the Sector Priority Fund. They had been told they cannot access Apprenticeship funding for these courses. They also had concerns over the delivery of the Essential Skills component and the need to work with an external provider to deliver this.

### **5.3.7 Pathology Support – level 3**

There is no historical use of this framework in Wales. In England it has been used in small numbers (70 starts in 2011/12) to train Pathology Support Workers, Healthcare Science Assistants and Medical Laboratory Assistants who work in healthcare laboratories as part of the laboratory team, under the supervision of a professional healthcare scientist.

One health board had introduced a local pre-Apprenticeship scheme in conjunction with their local college in the previous year. They experienced a lot of teething issues and only two out of the ten individuals completed and entered employment with the health board. The original intention was for the Apprentices to spend time in a number of different areas including pathology and theatre however there were difficulties engaging managers and the Apprentices ended up only working in a nursing role.

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<sup>14</sup> This framework has been used by Bristol Ambulance service <http://www.sgscol.ac.uk/news-article.aspx?article=bristolambulanceApprentices>

### 5.3.8 Perioperative Support – level 3

Perioperative and Theatre Support workers work in operating theatres and are responsible for monitoring patients before and after their operations and looking after theatre equipment. Again this is another small, specialised framework with just 70 starts in 2011/12 in England and no historical use in Wales.

The majority of health boards in Wales appear to follow the VQ element of the framework. The main barriers to the use of an Apprenticeship in this area were highlighted as getting buy-in to the essential skill component and releasing staff in a busy clinical area for training. Some health boards also raised the issue of employing young people in this area and providing them with adequate levels of support.

### 5.3.9 Allied health profession support – level 3

This framework is targeted at Therapy Assistants and Therapy Helpers working in a variety of setting and providing support to registered practitioners including Physiotherapists, Occupational Therapists, Dieticians and Speech and Language Therapists. In 2011/12 there were 60 starts on this framework in England. The framework has not been used in Wales.

A number of Welsh health boards and Departmental managers were interested in this framework for their technician level staff. The main barrier appears to be overcoming the existing culture of just doing the VQ element of the framework or following the Agored curriculum. Some managers were interested in the Apprenticeship framework as an alternative route to professional qualification.

'Our technicians do not tend to progress and there is no established route to degree level. Part of the problem is that only one University in Wales offers Speech and Language Therapy and there is very high competition for places which require A-levels. I would really like to see would like to see a work based route through to higher level qualification'  
(Speech and Language Therapy Department)

'In theory our technicians can train (A-levels)by distance learning in their own time and then study part time at Cardiff university to qualify as a physiotherapist. In reality though only one has gone down this route. I would be interested in finding out more about the business case for the Apprenticeship as a route to professional qualification'  
(Physiotherapy Department)

New qualifications and frameworks for Occupational Therapy are in development and will be available in 2014

### 5.3.10 Health Informatics – level 2 & 3

This framework is targeted at Health Information Assistants involved in the routine handling and input of data, plus validation of data and information. The framework has not been used in England and in Wales the Wales Informatics Service is currently sourcing FE provision for the level two framework. The level three framework is still under development.

There are plans later this year for the Wales Informatics Service to offer the level two Apprenticeship to new and existing staff. The Wales Informatics Service has also placed seven ICT Apprentices for the first time this year in health boards across Wales. Due to the specialised nature of this framework numbers are likely to remain low.

## 5.4 Progression routes and Higher Level Apprenticeships

### 5.4.1 Healthcare Assistants

To become a qualified practitioner (e.g. nurse, allied health practitioner, healthcare scientist) traditionally Apprentices would progress from their Apprenticeship to undertake specific qualifications (often a university degree) but individuals would have to meet the specific entry requirement as outlined by their chosen HE providers.

In England a level five Apprenticeship for Assistant Practitioners has recently been issued and the first Apprentices are expected to start in September 2013. The framework includes City and Guilds QCF Level 5 Diploma or a Foundation Science Degree awarded by the University of the West of England, Bristol, University of Plymouth, Oxford Brookes University, Southampton Solent University, Derby University or Open University. In order to become a qualified Practitioner Higher Apprentices who have achieved their qualifications may be given credits towards a 3-year degree programme but are advised to check with the HEI on progression routes.

A Higher Apprenticeship health framework has not yet been developed for Wales. Stakeholders considered that the key constraint on the use of Higher Level Apprenticeships in Wales was the reluctance of the local Universities to accept them as an entry route.

Amongst health boards there also appeared to be a level of antipathy for the level four Assistant Practitioner role. This is a question of defining the role: in part the terminology used and in part a question of what the role should be and how it differs from a level five role. There was concern that Assistant Practitioners qualified to level four would be expected to do the same job as registered practitioners at level five but with considerably less training<sup>15</sup>.

One health board felt that, within nursing, there was a place for a level four programme. They considered however that it would need to be carefully written and very specific to the job role.

All of the health boards do currently offer training at level four including University Access Courses, in-house units through Agored and distance learning through the Open University. The latter offers a Foundation Degree in Healthcare Practice (which is in the L5 Higher Apprenticeship in England) open to healthcare support workers without any formal qualifications. It is designed to be studied whilst they are working in their healthcare support worker role... It has a flexible 'step on, step off' framework, which opens the door not only to healthcare assistant but ultimately to nursing qualifications.

#### **5.4.2 Pharmacy Technicians**

Apprentices progress to the Level 3 Apprenticeship in Health (Pharmacy Services) on completion of the Level 2 Foundation Apprenticeship in Health (Pharmacy Services) and are qualified to practice as a pharmacy technician. However according to the NHS there is currently no progression route from pharmacy technician to pharmacist and a 4-year full-time MPharm degree is required.<sup>16</sup>

A Higher Apprenticeship at level 4 and 5 is available in Life Sciences and Chemical Science issued by Cogent and offers a pathway for a Healthcare Science Technician.

#### **5.4.3 Health Informatics**

NHS Wales Informatics Service (NWIS) is working to develop qualifications at Level 3 and above for Health Informatics for emergent roles within the Health Informatics Career Framework.

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<sup>15</sup> There is more detailed research on the Assistant Practitioner role currently being undertaken by IES for Skills for Health which is due for publication in Summer 2013. There are clear demarcations between Career Framework Level 4 and Level 5 roles.

<sup>16</sup> <http://www.nhs Careers.nhs.uk/explore-by-career/pharmacy/faqs-pharmacy-careers/>

#### **5.4.4 Emergency Care**

Apprentices having completed this framework will have the skills and knowledge to become a competent Emergency Care Assistant. With further experience, they may then take further training and apply for positions as Student Paramedics.

If successful, the training offered can enable them to progress to paramedic training on an approved paramedic science degree, leading to registration as a Paramedic. Paramedics can undertake extended training to become Emergency Care Practitioners. No Higher Level Apprenticeships are currently in existence however a foundation degree in Paramedic Sciences is available through the Open University and many other Universities.

#### **5.4.5 Dental Nursing**

There are a range of post registration courses available to Dental Nurses looking to progress in their career. These may include further CQFW qualifications, a range of higher education qualifications or other work-related education and training to support Continuing Professional Development.

NEBDN (National Examining board for Dental Nurses) post-registration qualifications include: Certificate in Dental Sedation Nursing; Certificate in Oral Health Education Certificate in Special Care Dental Nursing; Certificate in Orthodontic Nursing; Certificate in Dental Radiography. Dental Nurses may move into other dentistry associated roles such as Head Dental Nurse or Dental Nurse Team Leader, Dental Nurse Tutors, Dental Hygienists or Therapists who clean scale and polish teeth.

## Conclusions

- Awareness and knowledge about the potential benefits of participation and how to set up and run an apprenticeship programme is a significant barrier to expansion. There is an opportunity for the health sector to demonstrate how it can offer high quality apprenticeships to people over 18 in priority science-based occupations to help meet Welsh Government targets.
- Health boards should provide a key channel for information and support about apprenticeships. However, they themselves would benefit from some support aimed at enhancing their knowledge of the apprenticeship landscape. Putting together successful apprenticeships that meet needs and are delivered appropriately will require some upfront investment to fully understand the complexities of apprenticeships but this will allow the health sector to best use their flexibility to their advantage.
- There is a need to overcome the presumption that apprenticeships are solely for young people that may be acting as a barrier to expansion.
- Confusion with regard to sub-contracting arrangements is acting as a barrier to expansion. This includes concerns by health boards regarding contract negotiation as well as some reported difficulties in securing Apprentice places.
- At the framework level uptake of the clinical health care support framework appeared to be hampered by low levels of awareness and in one case difficulties drawing down funding.
- There is also a high level of potential interest in the support services framework and a need to raise awareness of the business case for use.
- There is some evidence that concerns about existing staff undertaking the essential skills component of the framework is acting as a barrier to uptake. However employers that had used apprenticeship did consider that the essential skills added value. Some employers considered that the VQ element of the framework was sufficient to meet needs and the availability of funding for the VQ along is acting as a barrier to take-up of the full framework. It will be important to consider how this important element of the framework is presented, particularly to older workers.
- The Welsh Government has set a target for an additional 5,600 apprenticeship starts in 2013-14 and 2014-15 of which 2,650 will be Higher Level Apprenticeships. There is a need to explore further the options for Higher Apprenticeships in the health sector.
- The Welsh Government has identified scientific occupations (among others) as a key priority for apprentices of any age. This means that there is still significant capacity for over 25s to undertake an apprenticeship in a number of health sector occupations.

## 6. Recommendations

### 6.1 Clarifying the role of Apprenticeships in the Health Sector

The employer interviews and stakeholder discussions highlighted a clear problem with employers' general awareness of Apprenticeships and health related frameworks in particular. At a very basic level Apprenticeships are perceived by health employers as intended for new recruits and typically young people. As a result, there was widespread perception that they could not be used for existing staff and/or older workers. Given the current limitations on recruitment within the health sector and the age profile of the existing workforce, this is acting as a significant restraint on Apprenticeship uptake.

Employers were far more likely to report that Apprenticeships were for administrative staff or craft and maintenance workers. A large majority were unaware of the health related frameworks.

This is not to say that health sector employers had no interest in using Apprenticeship health frameworks in future. It is difficult to predict the extent of this interest at present. Until employers better understand the Apprenticeship offer, they cannot make a judgement on how introducing an Apprenticeship may add value in different employment settings. There was widespread interest in the funding attached to Apprenticeships. Employers were keen to more fully understand the knowledge component and how this would compare to their existing training programmes, particularly if they could access funding for the Apprenticeship.

One GP practice manager did report that their local Practice Manager Forum was planning to discuss the role of Apprenticeships in GP practices but we have no evidence that this was part of a wider programme of awareness raising. A small number of employers had explored the possibility of initiating an Apprenticeship programme but had often been deterred because they preferred to deliver in-house and providers had told them that there were either no Apprenticeship places available (at all or for the age group of prospective Apprentices) or offer low or no financial support for the employer to deliver in-house.

Whatever the particular circumstances of these, it is clear that health employers do not fully understand how Apprenticeships are delivered in Wales and how they can best use this system to meet their training needs. Just raising awareness of the health frameworks themselves will not be sufficient, **Skills for Health, NHS Wales and Welsh Government also need to engage health employers on understanding the delivery options available to them in an Apprenticeship.** Only then will health employers be able to establish a sound business case which makes sense to the health employer and demonstrates how the Apprenticeship genuinely adds value.

There does appear to be an issue with the lack of capacity within health boards to implement an Apprenticeship programme. **Apprenticeships to date have been used on an ad hoc basis and health boards would benefit from co-ordinated centralised support for Apprentices.**

Apprenticeship providers (including lead contractors) need to be involved in these discussions to draw out why there are apparent variations in the level of support available for Apprenticeships and explore delivery arrangements that are financially viable and efficient to all interested parties.

As the next Apprenticeship procurement process will commence in September 2013, it would also be timely for health boards to consider whether they may wish to work together to put forward a consortium bid for Apprenticeship delivery from April 2015.

There is also some evidence that Welsh employers may be incurring additional costs due to lack of awareness or availability of local provision. There is a need to ensure that funding for Apprenticeships, such as those offered by the National Pharmacy Association in England is also available in Wales.

## 6.2 Raising awareness of Apprenticeship opportunities

Health is a very diverse sector and there is a need for market segmentation. Engagement will require a different strategy for different employer groups. Based on our employer interviews and stakeholder discussions, we suggest the following approach at the sub-sector level:

- **Health boards** are the central gatekeepers to much of the sector and have a key role to play in supporting hospitals and other parts of the health sector to use Apprenticeships. The need to work in partnership can be crucial for the success of Apprenticeships - for example, the health board should support joint working with providers to reduce costs associated with Apprenticeships. We would recommend that health boards are the key target for information and support. Knowledge and awareness of Apprenticeships within health boards is not sufficiently strong to do this without support and there needs to be some investment in improving the knowledge of Apprenticeships at health board level.
- Take-up in the **dental sector** has been relatively strong linked in part to the requirement for a level three qualification for the dental nursing profession. There appears to be a strong provider network in this sector that has done an effective job in marketing their provision. During the next tendering round there is an expectation that some of the larger national chains will tender to provide their own training. One or more providers are also seeking to expand their provision to North Wales which has been under-served in the past.

We therefore do not feel that this sub-sector would benefit from any form of awareness raising exercise as the market appears to be delivering. The focus should be on ensuring that quality of provision is maintained.

- **General Practices** also appeared constrained by low levels of recruitment however they expressed an interest in the use of Apprenticeships both for existing and new recruits. Levels of awareness of the different frameworks and how they could be used in a General Practice was very low and a large proportion of those interviewed would welcome further information. The Practice Manager Forum was identified as a possible means of dissemination.
- Community **pharmacies** had very low levels of awareness of Apprenticeships. The Pharmacy Services framework has not been actively marketed by the provider as they are limited to around 20-30 places per year and easily fill these through word of mouth. We would suggest that the priority for this sub-sector is to identify and seek to address the cause of this limitation on places.

### 6.3 Strengthening the supplier base

The current framework Agreements for Work Based Learning (WBL) delivery are due to elapse at the end of July 2014. With the announcement of an additional £5m of funding for Apprenticeships in the Programme Commission year from August 2012 to July 2013, and an additional £20m of funding for Apprenticeships in each of the two financial years 2013-14 and 2014-15, the WBL network is being asked to expand its reach and engage with new employers to offer more Apprenticeships opportunities<sup>17</sup>.

There are opportunities for individual health boards to directly tender to provide Apprenticeships and where appropriate they should be supported in doing so. The Welsh Government does currently offer some support through the [askWBL@wales.gsi.gov.uk](mailto:askWBL@wales.gsi.gov.uk)<sup>18</sup> enquiry point.

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<http://wales.gov.uk/publications/accessinfo/drnewhomepage/dr2013/janmar/addysg/jc4145/?lang=en>

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<http://wales.gov.uk/topics/educationandskills/learningproviders/workbasedlearning/:jsessionid=1D7C2242A5554D611F416A2912690605?lang=en>

Some health boards may instead prefer to draw down funding for provision through an external training provider. This research has highlighted the current difficulties experienced by health boards which have chosen this route. Skills for Health should try to work closely with the Welsh Government to provide health boards with greater clarity over the negotiation process, for example guidance over the proportion of total funding which can be drawn down for assessment and so on. Skills for Health may also want to consider the use of an external brokerage role similar to that used in England by the National Skills Academy for Health whereby an independent broker helps to match providers and employers and supports employers with the contracting process.

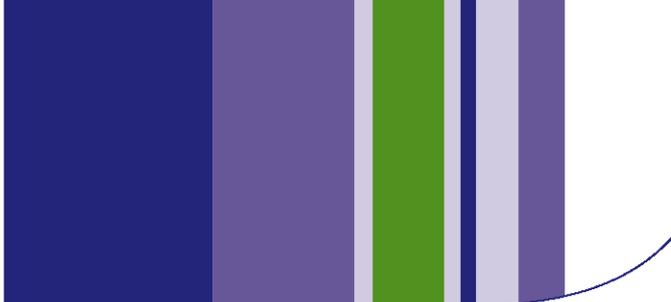
## **6.4 Clarifying the delivery arrangements**

There are currently a number of misconceptions with regard to which of the Apprenticeship frameworks receive funding and the availability of places for the over 25 year old age group. Skills for Health and Welsh Government should work with the health boards to clarify exactly what funding is available, for which frameworks and age groups and where provision can be sourced.

A number of employers who had considered health Apprenticeships in their organisations did suggest that the capacity for current staff to supervise the Apprentice was limited. It will be important that employers are fully aware of the resource commitment to undertaking an Apprenticeship. As noted above, it is vital that the Apprenticeship is rooted in a clear business case and adds value for the employer.

One dentist was clear that using local college provision required much less paperwork and supervision time and so was more cost-effective for their organisation and was equally good at preparing a skilled dental nurse. This discussion needs to address the wider resource commitment necessary from employers but also explore the additional returns from the Apprenticeship framework over and above just the competence and knowledge elements.

A number of employers have reported that their staff have concerns about undertaking the Essential Skills elements of the Apprenticeship frameworks. A large pharmacy employer suggested that staff's unease in having their maths skills tested was a key reason why many refused the Apprenticeship. Similar concerns from staff were reported by other employers. However, health boards were clear that the presence of Essential Skills was for them a clear added value component in ensuring a minimum competence in basic skills. While this research has focused on employer awareness and uptake, it will be important to consider how this important element of the framework is presented, particularly to older workers.



Health boards were frustrated that their own Rights and Responsibilities training and assessment were not being taken on board and adopted by Apprenticeship providers who were insisting on undertaking the Employment Rights and Responsibilities element of the framework. As NHS Wales assesses an individual's understanding of their Rights and Responsibilities, they were not clear why this cannot be used directly in the apprenticeship framework to save time and money. Consideration needs to be given to how this can be RPL's to meet the framework requirements.

The future role of pathways to Higher Education is another topic that will be particularly important with the recent introduction of the Higher Level Apprenticeship for Assistant Practitioners in England. Higher level Apprenticeships are a priority for Welsh Government and would appear to offer a key work-based link to support technician level (CQFW Level 3) move to a graduate level qualification whilst working. Some health employers have expressed a desire to establish a work-based route to graduate level as a response to the ageing workforce and a way in which experienced staff can be retained in employment but still progress to higher-level qualifications. This would not be a simple fix as other stages in the pathway to degree level qualifications need to be established, but it would appear that establishing routes through HE will offer greater potential for health frameworks in the medium-term.

The costs of delivery also needs to be addressed. A number of health frameworks require specialist assessors and this can raise costs, particularly in rural areas (where access to training increases costs anyway). This need not be about increasing the funding available to support delivery in rural areas but to drive further innovation in delivery models. Some providers have already introduced distance learning modules and further innovations will be necessary to ensure that those in rural areas or undertaking frameworks where there are small numbers of Apprentices remain viable.

## **6.5 Adding value through the provision of high quality Apprenticeships**

In England, the rapid increase in the number of health sector Apprenticeship starts in recent years has been driven by the increase in recruitment of the over 25-year old age group and the expansion in the use of Apprenticeships to train and accredit existing workers. 88% of health sector Apprentices (70% of Apprentices overall) were working for their employer before starting their Apprenticeship<sup>19</sup>.

In Wales and Scotland too there has been a focus on the use of health sector Apprenticeships to train and accredit existing workers. The 2011 Apprentice Pay Survey showed that 94% of Scottish and 91% of Welsh Health and Social Care Apprentices worked for their employer prior to starting an Apprenticeship.

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<sup>19</sup> Ipsos MORI (2012) Apprentice Pay Survey 2011, BIS Research Paper 64

The Welsh Government by seeking to increase young people's access to an Apprenticeship is reinforcing the role of Apprenticeships in supporting young people to acquire the knowledge, experience and competency for doing a skilled job well.

Within the health sector there are considerable hurdles to overcome in expanding the number of Apprentices. Despite recognising the issue of a rapidly ageing workforce health boards are struggling with funding cuts and low levels of vacancies created by the need to redeploy existing staff affected by organisational change.

Apprenticeships have been used as an entry route into clinical areas in one of the Welsh health boards and are valued as a means of 'growing their own'. However this health board still struggles with the shortage of vacancies and the need to get higher level approval for places. A strong business case is vital to this process: firstly to demonstrate that the funding covers the costs; but also to demonstrate the longer term value that can be derived from using Apprenticeships as an entry route. Health boards and employers need support in:

- making the business case - quantifying the costs and benefits of participation and the Return on Investment through increased clarity in relation to the funding options;
- accessing models of Apprenticeship delivery that are working well and being able to understand how issues of implementation were addressed;
- accessing information on the range of Apprenticeship frameworks available and how the content of these frameworks differs from existing training routes;
- accessing information on career progression opportunities & progression pathways for Apprentices within different parts of the health sector;
- understanding and articulating their training needs and how to negotiate a contract with a training provider.

As health is a priority sector there will still be funding in Wales for Apprenticeships for those aged over 25 including for existing employees. However it will be important to ensure that in these cases the Apprenticeship adds value for example by increasing the skills of the individual to enable them to step up into a new role.

## 6.6 Supporting Higher Level Apprenticeships

The Welsh Government has set a target for an additional 5,600 Apprenticeship starts in 2013-14 and 2014-15 of which 2,650 will be Higher Level Apprenticeships. Within the health sector there are a range of opportunities which should be explored further:

- The Apprenticeship for Assistant Practitioners will recruit its first cohort of learners in England in September 2013. There was some interest in this framework at health board level although concerns remain over the value this framework will add to existing Foundation Degree provision. One delivery option which could be explored is the embedding of the Open University Foundation Degree in Healthcare Practice/ Paramedic Sciences into an Apprenticeship. It is understood that this model has been used successfully in the IT sector and offers the advantage of flexible provision by distance learning<sup>20</sup>.
- A higher Apprenticeship at level 4 and 5 is currently available in Life Sciences and Chemical Science issued by Cogent and offers a pathway for a Healthcare Science Technician which could offer a potential progression route.
- There is demand for the expansion of the higher level Apprenticeships in management and three of the health boards were currently using this framework at level five.

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<sup>20</sup> <http://www3.open.ac.uk/media/fullstory.aspx?id=23328>

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