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Health Education and  
Improvement Wales (HEIW)

# Evaluation Report – Healthcare Degree Apprenticeships

Consultation: September – October 2023



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## Forward

This report presents the feedback from the Degree Apprenticeship consultation event, hosted by HEIW between 4<sup>th</sup> September and 27<sup>th</sup> October 2023, to ascertain whether there is a role for degree apprenticeships for healthcare professions in the training of future healthcare professionals in Wales. This supports the action request as part of the Welsh Government National Workforce Implementation Plan (2023).

The focus and outcomes will reinforce Welsh Government's focus on key sectors that will support local workforce and particularly NHS Wales as Wales wide employers.

The consultation centralised on identifying the areas where current provision isn't available to support progression pathways, could improve current learning pathways or could widen participation of individuals in relation to the lack of gender balance, ethnic diversity, rural accessibility or those from underprivileged backgrounds.

The [Transitions to employment: report | GOV.WALES](#) publication highlighted that *'90% of non-degree higher level apprenticeships are in subject areas where there is no equivalent degree apprenticeship, predominantly health and social care and management. That means those apprentices have no work-based route to a degree. Greater qualification alignment between secondary, further and higher education is clearly necessary'*.

HEIW are pleased to be able to deliver the recommendations for further consideration and driving the expectations for extending alternative models to complement higher education learning pathway mechanisms and inspiring development of workforce and service delivery.

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Position: HEIW Director of Nurse and Health Professional Education

Signature (on behalf of HEIW):

Date:

## Key Findings

There remains a lack of understanding of the apprenticeship funding and delivery models in Wales and the breadth of education and training that HEIW commissions on behalf of NHS Wales. Currently, HEIW has no control over the Apprenticeship Levy or Welsh Government (WG) apprenticeship funding. With the creation of The Commission for Tertiary Education and Research (CTER) there may be opportunities for HEIW to influence the funding for healthcare apprenticeship frameworks and how that funding is utilised by employers.

Due to the numerous full-time and part-time education routes to become a Registered Nurse there was little support for degree apprenticeships from the nursing and midwifery responses. However, on further analysis of the responses from midwifery colleagues, including the RCM, exploration of a broader range of education routes for undergraduate midwifery students which replicates what is available for nursing would be welcomed.

Responses from dental colleagues also showed a desire to explore part-time work-based learning opportunities to increase the routes to registration but medical colleagues did not think that degree apprenticeships would add value to their current education pathway.

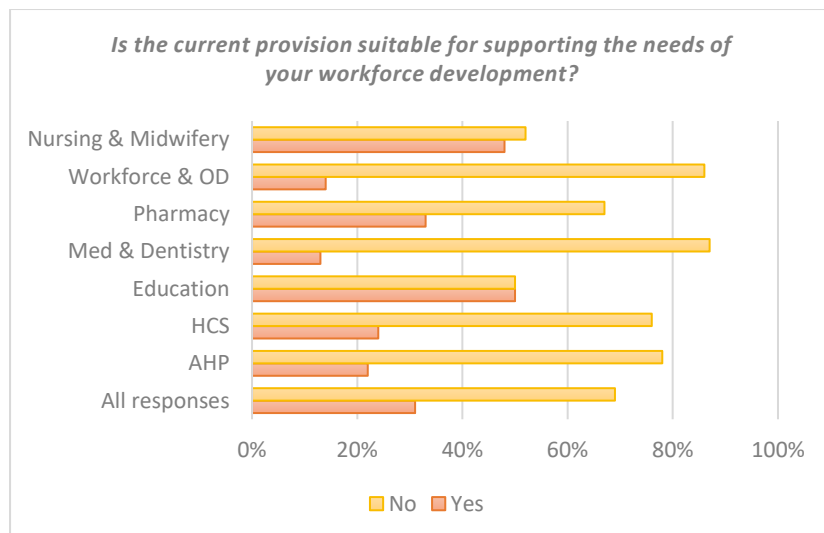
Responses from across several professions identified a need for the correct infrastructure for training and assessment of apprentices. Currently, there is limited uptake of the level 2–4 apprenticeship frameworks and standalone WBL qualifications particularly in the more specialised areas e.g. Speech and Language Therapy. This is due, in part, to the amount of time that is required by the registered workforce to deliver, assess and quality assure learners. Consideration, therefore, needs to be given to the additional capacity that is required from the subject experts and HEIW to support degree apprenticeships.

Colegau Cymru noted that the degree apprenticeships approved by WG to date in Wales have been focused on male-dominated areas and would welcome an opportunity for this to be addressed. The introduction of healthcare apprenticeships, which disproportionately attracts female applicants, could help to readdress this balance.

Responses also showed that several professions would welcome investment in short course and CPD opportunities. Courses such as micro credentials could provide short, focussed and credit bearing opportunities to develop skills and careers development.

The term ‘apprenticeships’ still appears to hold a stigma and was highlighted as possibly contributing to a lack of engagement with this route. Feedback suggested that any future marketing objectives need to enhance the visibility of apprenticeships while promoting the benefits to all groups of learners.

Multiple sector responses highlighted a lack of knowledge around the learning pathways that exist and the funding available to support this. However, other than the education sector the online survey highlighted that the current education provision was not suitable for supporting the needs of workforce development.



## Recommendations

1. HEIW will identify and prioritise, from the consultation findings, the healthcare professions which would welcome a more in-depth discussion on the potential for degree apprenticeships or equivalent higher-level work-based learning pathways.
2. HEIW will work with these identified professional sector areas to make recommendations as to the best education delivery model to support sustainable workforce developments.
3. HEIW will continue to engage with WG and CTER to develop approaches that support and add value to sustainable career pathways for healthcare professions.
4. HEIW will work with stakeholders in Wales to undertake a focussed marketing campaign to showcase the breadth of healthcare programmes that are commissioned on behalf of NHS Wales.

## Introduction

The purpose of the 2023 HEIW degree apprenticeship consultation was to gauge initial sector appetite for degree apprenticeships as equivalent supplementary and/or additional route to current learning pathways available in Wales. The consultation was not intended to offer any solutions to operational activity or implementation methodology, this would come in later stages of any developments. Its initial design intended to engage and seek feedback from Welsh NHS organisations and their employed staff. The consultation was focussed on degree apprenticeships and was not designed to capture feedback on alternative ways to develop wider sector specific learning pathways. Feedback for both clinical and non-clinical based apprenticeships was encouraged however, the majority of responses received focussed on clinical linked interpretations. A particular area of focus was included for nursing expectations to enable feedback to Welsh Government in direct response to a National Workforce Implementation Plan (NWIP) action.

The breadth of audience interest in the consultation was hugely successful with a much wider interaction than was anticipated. The consultation evoked over 131 online survey responses, 20 detailed written responses and 123 workshop and discussion attendees. HEIW are aware that there are a number of contributors who have not been able to support the consultation to date. Members of the WBL and App team attended established professional group meetings e.g. Professional Workforce and Education Group for Healthcare Science (PWEG). The feedback received from professional bodies has been highly valued for representing the views of the various healthcare professions. Where limited individual responses, representing a very small proportion of the staffing within NHS Wales, have been received these professional bodies have enabled a broader and more representative overview for members.

It was noted, very early in the live consultation phase, that the questionnaire was geared towards the intended audience of healthcare providers and employers of health professionals. It did not capture the voice of education providers and wider stakeholders. To accommodate feedback, HEIW extended the methodology for communications to include not only the online survey questions and virtual workshops, but actively encouraged email responses where comments via the other methods did not facilitate depth of interpretation. This enabled all audience participants the opportunity to offer interpretations relevant to the range of sectors interested.

The consultation invoked many operational based questions and solutions to potential methods for delivery of degree apprenticeships. These comments are hugely important but were outside of the scope of this initial consultation. Any comments that were made in relation to the possible operational implementation of degree apprenticeships have been retained but do not form part of this consultation or its recommendations. The information will be retained and utilised in further development stages, where appropriate, after the agreement of the recommendations included here.

HEIW took care to ensure clarity of intent and created upfront multiple evidence-based information summaries and links to pertinent information to support informed feedback responses. Information was presented in a format that did not create any framed interpretations as to the comparative status of a degree apprenticeships against any existing learning pathways. However, on numerous occasions clarity in relation to the purpose, aim and intent of the consultation was needed

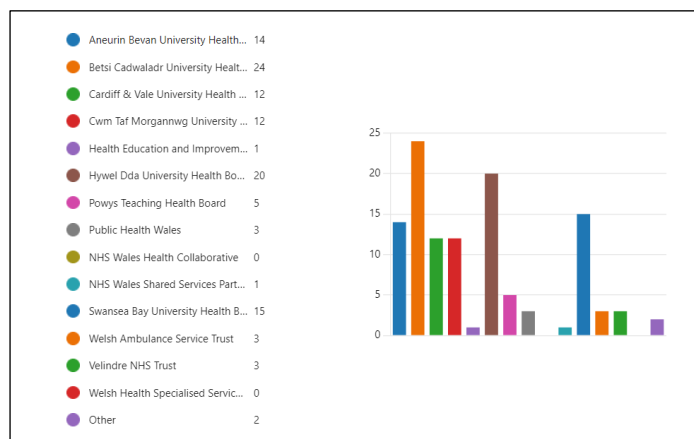
particularly within workshops. Any concerns raised have been noted and included within sector reporting. At all times professional and regulatory body expectations for learning were highlighted as fundamental for the degree apprenticeships routes as they would be for any other equivalent level of qualification.

Some of the questions in the online survey were intentionally binary to enable gathering of generic basic data statistics. Further comments sections were included to encourage fuller answers of such a complex and rich topic area.

Multiple responses were received highlighting the interest of individuals and sector groups to be engaged in further scoping for any potential implementation approaches. No decisions will be made as to the future of any degree apprenticeships based on this consultation alone.

A visual summary of the online survey responses that support the interpretations, included within the sections of this report, are available in appendix 1.

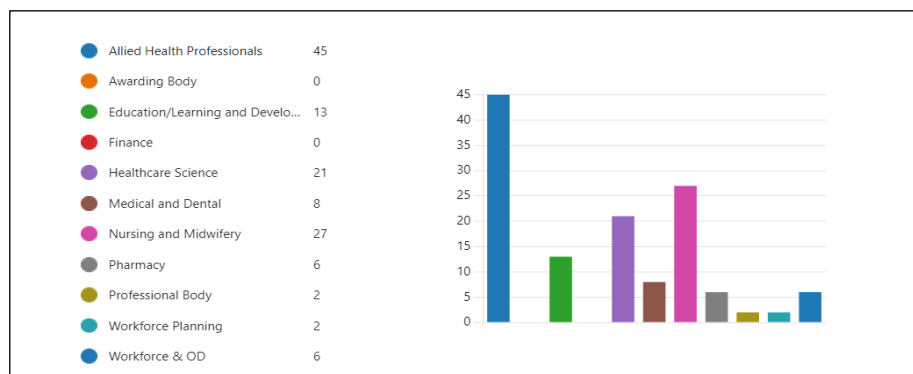
91% of responses in the online survey were received from individuals who work in NHS Wales.



12% ABUHB      4% PTHB  
 10% BCUHB      2% PHW  
 10% CVUHB      13% SBUHN  
 10% CTMUHB    2% WAST  
 17% HDUHB    1% other

The remaining 9% represented education providers, professional bodies, Welsh Government and other independent organisations.

The range of responses received from the range of work areas are summarised as:



34% AHP  
 20% Nursing/Midwifery  
 16% Healthcare Science  
 10% Education/learning  
 6% Medical & Dental  
 4% Pharmacy  
 4% Workforce & OD  
 1% Professional Body  
 1% Workforce Planning

## Methodology and Approaches

A mixed methodology was undertaken between September 2023 and October 2023 to identify the potential appetite for degree apprenticeships across the various health sectors in Wales and the potential impacts, costs, benefits or concerns for health organisations that could arise from the introduction of degree apprenticeships within health education pathways.

This section sets out the approach adopted in this analysis and the methods used.

### Literature review

At the time of writing, degree apprenticeships in Wales had only been introduced in two pilot areas (Engineering & Advanced Manufacturing and Digital). The Welsh Government reviewed these pilot schemes in February 2023. This review document formed an integral part of the collated background information presented within the consultation period. Evidence was gathered from England where degree apprenticeships were introduced in 2017.

Background documentation was released to support and improve participant understanding of the consultation. This included a review of literature published through a variety of sources: the UK Government, Welsh Government, Universities UK, and specific clinical area reviews, where available. The literature review was used to add details onto the consultation information 'map', which was made available via the [Health Education and Improvement Wales \(HEIW\) website](#), as an integral part of the consultation.

### Data gathering

Responses were collated from:

- Interviews
- The consultation online survey.
- Written responses from key professional bodies, education partners and individuals.
- Online consultation workshops – open attendance
- Face to face and online consultation discussions with professional bodies and wider healthcare stakeholders

The purpose of the electronic and direct communications was to gain insight focused on five key areas related to whether degree apprenticeships in Wales were supported in theory:

- Understanding the range of current education provision
- Understanding finance/funding implications
- Understanding employment expectations
- Understanding benefits and risks
- Understanding the overall impact

Whilst the focus of the consultation was healthcare employers and staff in Wales many associated stakeholders recognised the importance of the consultation and engaged through the various mechanisms.



## Limitations

Although the consultation was widely publicised and available through multiple means over a seven-week period, it is acknowledged that some sectors had limited representation and/or response to the survey, and as such any recommendations in this report would require cautionary interpretation.

89% of the online survey respondents worked within NHS Wales. Attendees at the online events organised for open attendance were from a broader range of organisations including educational providers (9%), professional bodies (2%) and government and local authority representatives (2%). The remaining attendance at these online open attendance consultations were NHS staff (76%) and other groups (11%).

## Consultation Outcomes by Sector

Although responses have been collated under sector specific categories, some general overarching comments were submitted.

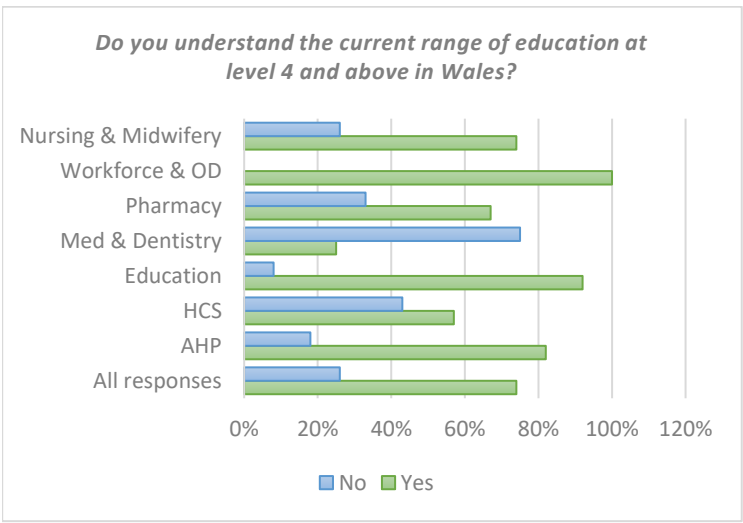
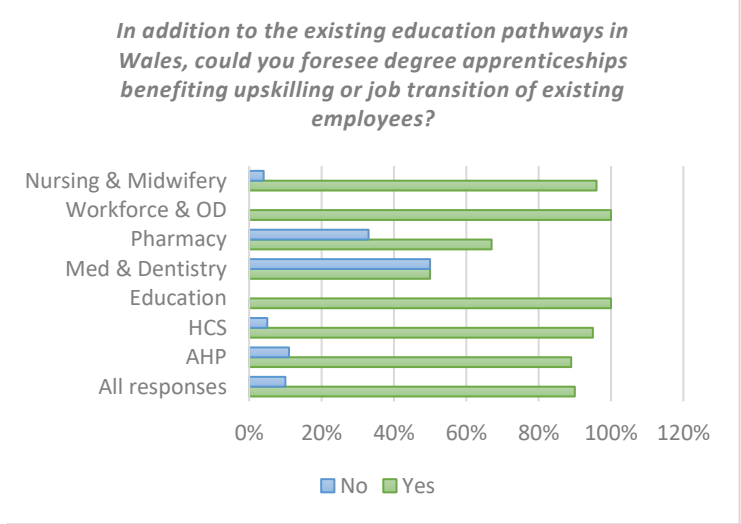
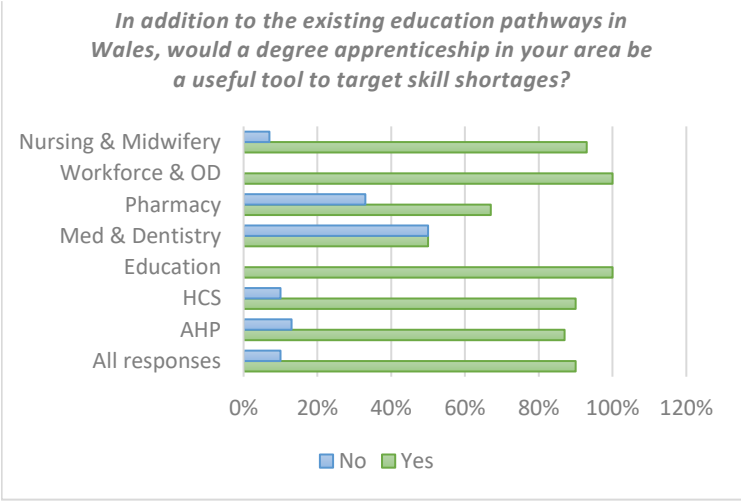
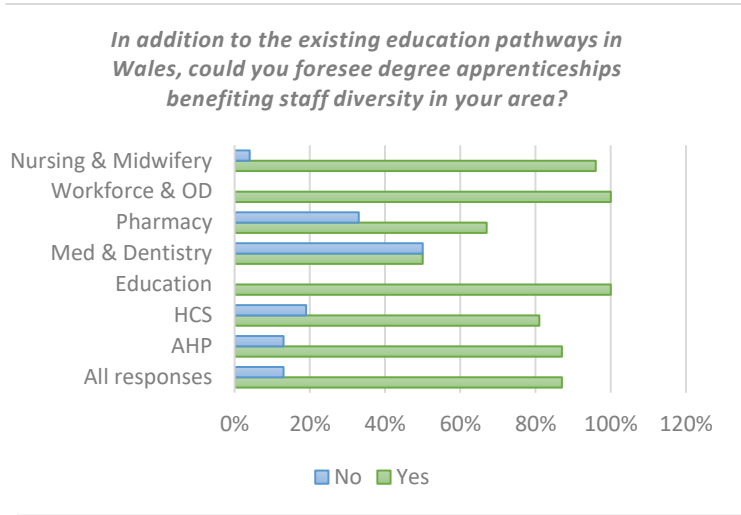
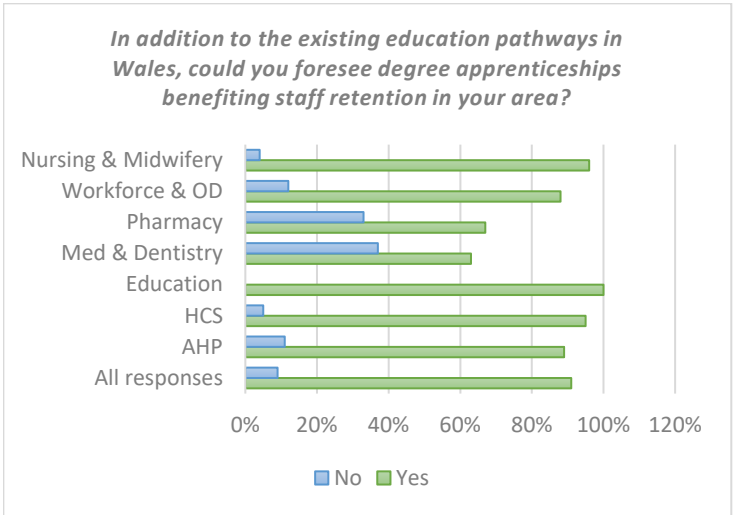
It was recognised on numerous occasions that apprenticeships should not be used to cover existing vacancies for full-time registrant staff. A degree apprenticeship should be viewed as a three-to-four-year, longer-term investment and the true benefit of those individuals exiting the learning pathway will not be realised until later years. These investments should not be perceived as plugging gaps but a planned approach to ensuring the future workforce meets the needs of NHS Wales service requirements. There is not a 'one size fits all' approach to the use of degree apprenticeships. This learning pathway option should be embedded where the sector(s) are able to appropriately support and deliver education expectations to both the learner and the employing organisation. Degree apprenticeships should be utilised in line with funding, regulatory and educational support, embedded where other options are not available, and where this approach could provide identifiable, additional benefit to existing provision.

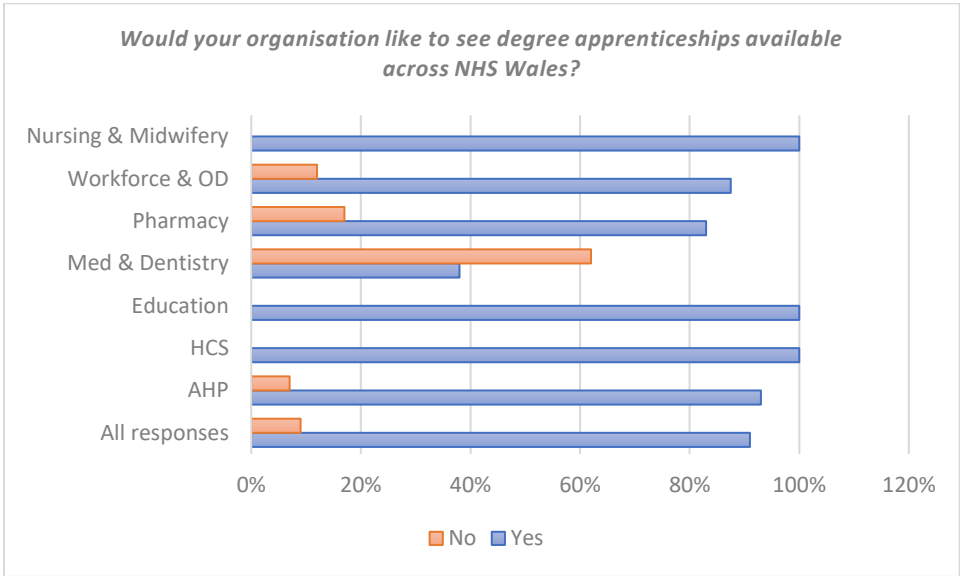
A need to think differently about growing our workforce was highlighted throughout the consultation. Apprenticeships or equivalent WBL opportunities for existing support workers to become registrants is needed. Although student commissioning numbers are increasing, organisations are not seeing the output needed due to newly qualified registrants wanting to work flexibly/part-time.

All sector areas agreed that in addition to the existing education pathways in Wales degree apprenticeships would benefit staff retention, staff diversity, upskilling or job transition of existing employees and would be a useful tool to target skill shortages. Medical and dentistry sector area were less convinced, more reserved in their interpretation of this. However, there was a very mixed response in terms of the understanding of the current range of education at level 4 and above across Wales.

Many benefits of degree apprenticeships were listed throughout the consultation. These include widening opportunities for learners who haven't achieved via traditional education or can't afford to train through traditional routes. Apprenticeships are perceived to offer greater opportunities for inter-professional learning, or gaining experience working in clinical settings, developing essential clinical and patient care skills, enhancing educational experience through structured mentorship in the workplace, enabling continual assessment against required competencies and enabling low to no cost for the apprentice.

Within the following sector sub-chapters of the report, the qualitative and quantitative data is specific to the areas and has been extracted from the responses to allow for feedback representation by sector aligned to the overall context.





## Nursing and Midwifery

27 nursing/midwifery responses were received through the online survey with 100% of these working in NHS Wales organisation or services. 8 additional detailed feedback communications were received, with nursing/midwifery representatives attending via the 8 online workshops.

- 74% of the respondents understood the current range of education available at level 4 and above in Wales.
- 63% understanding various current models of delivery for full-time nurse/midwifery education.
- 59% understanding the various current models available for delivery of part-time nurse/midwifery provision.
- Only 11% of respondents understood the difference between apprenticeships in England and Wales.

In addition to the existing education pathways in Wales, 96% of respondents could see degree apprenticeships benefiting staff retention, staff diversity and as a useful tool to facilitating the upskilling or job transition of existing employees in nursing/midwifery. Comments were made indicating that degree apprenticeships would enable the provision of a consistent pipeline of employees and part-time/apprenticeship routes could be beneficial to widening access for learners in rural locations. 93% believe degree apprenticeships would be a useful tool to target skill shortages. It was stated that training staff members to participate in part-time, degree level education could provide another pipeline for developing the workforce and could aid recruitment and retention.

96% of respondents would value degree apprenticeships as equivalent to an existing degree and would like to see degree apprenticeships available across NHS Wales. 93% agreed that collaborative delivery of degree apprenticeship programmes should be expected with strengthening of partnership working between employers and universities welcomed. Responses suggest that more structured pathways from level 3 upwards are required as the provisions exist but are fragmented and need aligning. Emphasis on funding availability for skills delivery and assessment in the WBL (Work Based Learning) environment was noted as an area for detailed consideration.

Many respondents highlighted the need for change in the current education provision, not necessarily in favour of degree apprenticeships but WBL developments which involve the use of the employing organisations for skills development. There is also a need for a mechanism which recognises prior learning to enable the transition from the English system. The expectation would be for an inclusive system that acknowledges experience alongside academia. 96% of online respondents anticipate a benefit from using a nursing degree apprenticeship in NHS Wales, with comments emphasising vocational pathways to registration currently facilitated through the flexible and part-time routes. The online feedback gathered a very small percentage of the nursing profession interpretation and thus the professional body, RCN Wales, response has been used to represent the broader range of members within the key findings. While there are benefits for degree apprenticeships some respondents wondered whether these are outweighed by the additional burden on substantive staff, requirement for new posts or additional cost. Also raised, were the opportunities already on offer in Wales and the existence of the bursary for nursing which is not available in England. Apprenticeship frameworks are not currently being used as they are unavailable

in Wales. The part-time routes were listed as the only available WBL equivalent pathways, and these are being utilised successfully when available.

The existing education provision was deemed not to meet the needs of the current workforce categorised under several generic areas namely funding and affordability; the flexibility of the learning provision through part-time routes; the amount of 'bedside' learning content and student capacity within the work environment. 52% of respondents indicated that the current provision was not suitable for supporting the needs of workforce development with 56% stating the organisation would be able to meet the flexibility required for release time to meet study patterns of a degree apprenticeship, but this would be dependent on work or service area. Within nursing this is available via the flexible pathway through to registration.

Responses highlighted that WBL approaches already exist with the level 4 and flexible routes into nursing but there needs to be more structure. The Royal College of Nursing (RCN) highlighted that flexible pathways into nursing are already in place and further diversity is likely to add complexity and confusion for supervisors, assessors, future students, recruiters as well as the general public, with no real additional benefit in routes to registration. The RCN highlighted that flexible routes must be utilised and focused upon to ensure that these are funded and utilised appropriately. The additional complexity of introducing the degree apprenticeship approach may also add further strain to the workforce. This is in complete contrast to the Royal College of Midwifery (RCM) comments which highlight the current lack of routes to learning other than full-time provision.

The RCN further highlighted that the introduction of nursing degree apprenticeships in NHS Wales would provide no further benefit over and above the current full and part-time routes into nursing, while highlighting that it is important that the current routes are reviewed to support learners. The workforce should already be diverse, with measures in place to ensure that this is the case, enabling the nursing workforce with equal opportunities. The RCN believe degree apprenticeships would not make it any easier to facilitate the upskilling and job transition of existing employees or address skill shortages.

Degree apprenticeships could be a mechanism to supporting retention of the existing unregistered workforce as registrants, expanding career pathways for existing staff, widening access, and increasing the diversity of the workforce through more inclusive approaches to progression to Registered Nurse or Registered Midwife. Online responses indicated support for apprenticeship entry at support worker level enabling development pathways into qualified practitioners.

Overall, the RCM welcomes the proposal for degree apprenticeship schemes to retain the skill and experience that exists in the current workforce and build the next generation of midwives. Nursing is fortunate with access to part-time undergraduate programmes. These enable HCSW (Healthcare Support Workers) to progress to registrant through a development pathway starting with level 2 and 3 Clinical Healthcare Support apprenticeships onto the Cert HE (Higher Education) programmes and then part-time pre-registration programmes. Widening access needs are met in this way and HCSW apprentices can also progress through a part-time WBL route. This works well and is highly valued by the nursing HCSW workforce and nursing leads. This opportunity is not available to support the development of Maternity Care Assistants and maternity HCSWs. Respondents highlighted the

demand through internal requests for the availability of WBL education pathways to registration, particularly to enable progression and retention. In England, no difference has been found between the academic proficiency of apprentices and fee-paying students.

The annual intake of midwifery students does not enable organisations to meet their workforce needs. Any future developments would need to balance trainees, supervisors and registered midwives needs to ensure compliance with Nursing and Midwifery Council (NMC) standards for training future midwives.

There are many excellent potential candidates unable to make the financial commitment to become a higher education student through current full-time maternity training provision. The skill mix with apprenticeships in midwifery services in Wales will enable the maternity services to grow the workforce particularly as they regard prior clinical experience as vital. The RCM has called for a renewed focus on the workforce. An apprenticeship route into midwifery could potentially boost staffing and provide resources to meet the ever-increasing complexities of the service. A recent [review of midwifery degree apprenticeships](#) in NHS England highlighted that despite the rise in student numbers, there is not a big rise in staffing overall, because many new midwives are simply replacing those that are leaving. In England, the midwifery apprenticeship offers progression to the maternity support workforce. The apprenticeship route has helped to ensure that the number of midwives employed in NHS England has increased due to incredibly low, often zero, attrition rates and a seamless transition into work after qualification and a commitment of apprentices to remain working for their host organisation. This has also resulted in a workforce which is more representative of the local community. There is a direct tap into the rich seam of talent within the maternity support workforce, offering development opportunities for those for whom undertaking a degree may not otherwise be an option. It should be noted here that the funding mechanisms for full-time maternity degrees in Wales is significantly different to England, with learner fees covered through HEIW training budgets.

If further deliberation is available, the RCM recognises the financial implications of the scheme and would request assurance that there is a consideration of direct and indirect costs associated with delivery of the degree apprenticeship, such as course fees with no financial disadvantages to existing staff members and backfill costs for when apprentices are on the programme.

Multiple responses highlighted the lack of knowledge in relation to the scope of learning currently available within health-based apprenticeship frameworks in Wales for support workers. The uncertainty of how to align budgets to support apprenticeships in nursing alongside the wider workforce was highlighted as a contributing factor to underutilisation of level 2 – 4 apprenticeship frameworks. Only 19% of nursing and midwifery respondents were able to confirm the current use of level 3 apprenticeships as a progression pathway training mechanism for staff, with the maternity and paediatrics, health and social care and nursing progression routes into level 4 learning listed as being utilised. Comments reflected the greater use of non-clinical apprenticeship frameworks as a successful development mechanism at levels 2 and 3 that could serve as a model for replication. Recognition is needed that organisations have extensive experience in nursing in relation to supporting HCSWs through the development pathways. Learning can be shared across nursing and midwifery, for the introduction of apprenticeship programmes in nursing and midwifery one

University Health Board (UHB) stated it would need continued investment in the staffing of the UHB HCSW Education Team utilising HEIW HSCW education funding and increased Practice Education Facilitator funding.

Placement release and study leave may cause issues for the employer as it is very difficult to get backfill. The current situation within the workforce suggests potential learners will be needed on the wards. This, in its turn, means that learners may miss out on the education part of the programme, which is equally important as practice. 44% of respondents confirmed their organisation would have mechanisms to support backfill of the substantive staff involved in the education and assessment of degree apprenticeships but 41% of respondents either did not know or already support this. The risk of this must be acknowledged and addressed to ensure that learning is not compromised, and that safe and effective care is delivered for patients. The nursing workforce is already struggling and releasing staff to undertake the programmes may add to the strain. To support any introduction of nursing apprenticeships, new roles must be created. The additional roles should include leadership roles as well as assessor roles. It is noted from the responses that backfill currently would only be achieved where staff are available via the staff bank with the necessary skills and competencies.

81% of respondents suggested their organisation would be willing and able to train substantive staff to undertake additional education and assessment roles but for nursing and midwifery it was highlighted that there is no need for this. The NMC Standards for Student Supervision and Assessment are clear. Nursing and midwifery students must be supported by a Practice Assessor and Practice Supervisor model, and this would be the same for an apprentice. Only 63% were able to confirm organisational ability to incorporate protected time for substantive staff to undertake the additional educational and assessment expectations involved with the support of a degree apprentice. 52% were unaware of the amount of additional time that substantive staff would need to enable the full support of a degree apprentice and 74% being able to meet the ongoing wellbeing requirements for all staff. To create an apprenticeship pathway to nursing, there must be a support structure put in place. Notably, staff are already under pressure with supporting current nursing students in placements. It was recognised that the additional time required for study would mean that some attention would need to be given to keeping the employee motivated, on-track and engaged.

The impact of nursing degree apprenticeships on staff satisfaction may have the opposite impact on staff retention. As an example, with placements, staff may feel additional training pressure adding further strain onto an already exhausted workforce. This has the potential to increase the risk of burnout and consequently, increase staff turnover. The RCN welcomes further information as to where apprenticeship learners would be placed. Concerns were expressed over placement provision. To address this impact in the short-term, proper finance provision and resourcing is vital to mitigate risk. The RCN acknowledges the benefits when potential risks are mitigated. As an example, it may increase staff retention in the long-term, ensuring more access to clinical supervision and practice, although a question was raised as to how the benefit of this on staff retention would be measured?

Where existing learning provision was understood and utilised, a more structured approach to learning and progression was highlighted as required. A 16-hour week would be inadequate, it is



suggested that the apprentice would need to work at least 23 hours per week, in line with existing flexible programmes.

81% of respondents were aware that degree and non-degree apprentices need to be employed with full benefits for a minimum of 16 hours per week. 100% of respondents would expect a nursing degree apprenticeship to take at least the same length of time to complete compared to existing degrees. This was rationalised in line with NMC guidelines where all pre-registration nursing programmes must meet the equivalent of minimum length of three academic years for full-time programmes, which consist of a minimum of 4,600 hours (2023). This must be adhered to within any nursing degree apprenticeship. The expectation that it would take longer than a part-time pre-registration programme would be too great.

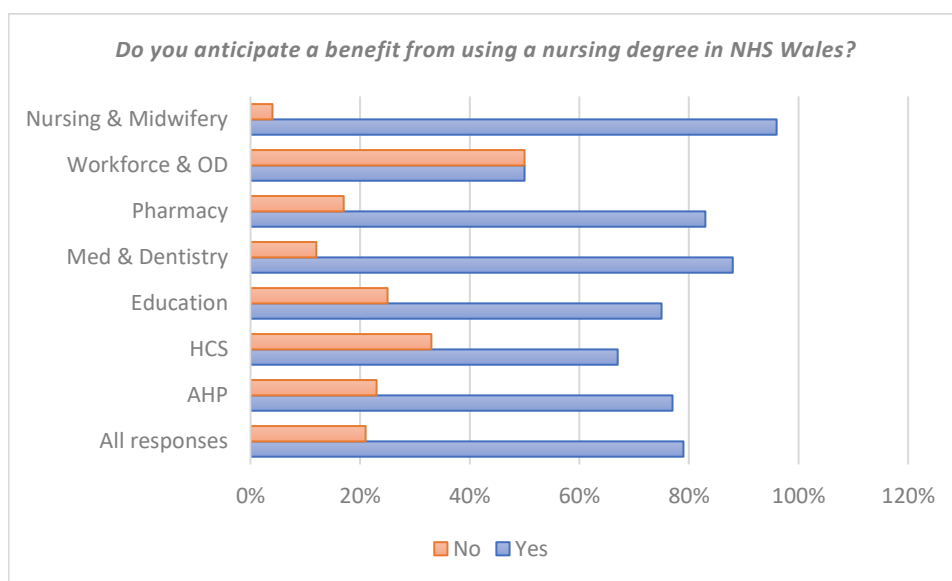
56% of respondents could confirm that their organisations would be able to offer pre-registration employment within job roles that enables achievement of degree apprenticeships, with many statements of support for this as an alternative option for workforce supply. A flexible model approach would be beneficial if employing HCSW apprentices who could then progress to degree apprenticeships whilst working part-time. This would mean that for part of the week they could undertake meaningful employment and not require additional supervision for this element of their position (following training and achievement of competence). A further area for consideration was raised in relation to rolling apprenticeship approaches and the potential for dispersing the large groups of students that qualify at once. Creating an influx of newly qualified staff who need support, alongside an increasing quantity of students, causes conflicts for experienced staff with running the services and supporting development.

Multiple responses noted employing an apprentice is costly. There is already limited money within NHS Wales to cover the costs associated with this. Multiple respondents would welcome further information regarding the way in which these new roles will be funded. 41% of respondents were aware of the costs that could be associated with introducing degree apprenticeships with 48% aware of the costs of backfill and 44% aware of the costs of investment for training staff to support delivery and assessment along with the costs of enabling staff time for mentoring, assessing & teaching. 96% are supportive of a degree apprenticeship model that required additional part funding investment from employing organisations. However, this was caveated as only possible where the individuals sit outside the agreed establishment and vacancies. Only 56% were supportive of a degree apprenticeship model that required additional part funding investment from the learner. 67% of respondents were not aware of the costs of employing an apprentice with 52% not aware of the costs of placement release and study leave. There was a question posed as to why this would appeal to learners when there are current routes into nursing where financial support is already offered and provided to support them.

Other degree apprenticeships within the nursing sector which could be considered were listed as a 'Masters' in nursing and higher level development opportunities for midwifery ward managers, senior nurses/midwives and heads of nursing/midwifery. A structured aspiring clinical leadership and clinical management education and skills program to support career progression for all disciplines was highlighted as being required. Specific WBL Continual Professional Development (CPD) bespoke

training for different clinical areas would also be welcomed. Many appear to train yet limited spaces appear available to community teams.

Overall, respondents highlighted that they would like to see availability of education for supporting current workforce to develop skills and roles with WBL/apprenticeship type on the job training embedding practical courses where the theory enhances practice. Awareness raising needs to be implemented and development opportunities encouraged. Specific comments were received in relation to the requirement for more paediatric places and direct entry for health visiting such as midwifery. Not all staff are aware of what training and learning pathways are available. The nursing sector suggested degree apprenticeships may be more suitable for smaller workforces like ODP, midwifery, or radiography.



The online feedback gathered a very small percentage of the nursing profession interpretation and thus the professional body, RCN Wales, response has been used to represent the broader range of members within the key findings.

Individual responses from the nursing workforce highlighted the need for raising awareness in relation to the use of the range of current learning provision, at level 4 and above, equivalent to funded apprenticeship part-time routes. The RCN, as a representative professional body, were keen to ensure the embedding and establishment of the current range of funded provision before embarking on a further additional route for registration.

## Allied Health Professionals

45 AHP responses were received through the electronic survey with 89% of these working in NHS Wales service or organisation and 11% within other sectors. Written responses were received from Royal College of Occupational Therapists (RCOT), Royal College of Podiatry (RCPOD), Royal College of Speech and Language Therapists (RCSLT), British Dietetic Association (BDA), in addition to verbal contributions made during the 8 online workshops. The range of sector areas covered within the responses were diverse including occupational therapy, stroke therapy, dietetics, physiotherapy, arts therapy, speech and language therapy, radiology, and paramedicine.

- 82% of the respondents understood the current range of education available at level 4 and above in Wales
- 67% understanding various current models of delivery for full-time AHP education
- 56% understanding the various current models available for delivery of part-time provision.
- 20% of respondents understood the difference between apprenticeships in England and Wales.

In addition to the existing education pathways in Wales, 89% could see degree apprenticeships benefiting staff retention, and as a useful tool to facilitating the upskilling or job transition of existing employees with 87% benefiting staff diversity in AHP. 87% believe degree apprenticeships would be a useful tool to target skill shortages. Rural health boards and those in more economically deprived areas have indicated that an option to registration which did not require either commuting to a single education location in Wales or losing an income would enable progression and access for a 'grow-your-own' approach. Responses from RCPOD, RCOT, RCSLT and BDA indicated support for the introduction of degree apprenticeships believing they would offer an opportunity to retain and develop existing employees, leading to increased retention, diversity, and equity in the workplace. Multiple respondents across the AHP workforce felt that degree apprenticeships would offer a solution to much needed growth in recruitment to ensure future service demands can be met. RCPOD recognises that over 55% of the podiatry workforce is over 50 years of age and supports degree apprenticeships as a viable pipeline for future staffing to ensure sustainability of the profession. Engagement to inform their Workforce Reform project also indicated that there was interest from members in Wales in apprenticeships as a route to qualification, and frustration that this route was not yet available as it is in England.

RCOT recognised that when OT degree apprenticeships were originally introduced in England, they were predominantly used to upskill existing support staff. However, there has been a change in this trend and now they are seeing increasing numbers of OT apprentices who are new to the workforce. RCSLT recognise that 60% of their undergraduates start their degree course over the age of 21 and that SLT is a profession where people start later in life. Degree apprenticeship routes would potentially enable more flexible routes to learning, widen participation and increase diversity. Many online respondents believe that access to a degree apprenticeship/part-time WBL route to qualification would widen access and help to increase recruitment. Respondents in the online survey felt that degree apprenticeships would provide opportunities for employees to remain in their local areas, significantly benefitting smaller, rural locations. NHS England research suggests as many as 77% of degree apprenticeships in NHS England stay with their existing employer. However, respondents did feel that whilst providing a career pathway for existing workforce and widening

access, consideration needed to be given to additional pressures which could be placed on registrants if degree apprenticeships were introduced into Wales.

100% of respondents would value degree apprenticeships as equivalent to an existing degree. Development of degree apprenticeships in England within AHP have been done with the involvement of professional bodies. Many of these bodies have indicated that they would expect to be similarly involved with the development of any degree apprenticeships in Wales, to provide assurance to future learners and creating new course equivalent to non-apprenticeship routes meeting professional standards. 100% of respondents would like to see degree apprenticeships available across NHS Wales. 87% agreed that collaborative delivery of degree apprenticeship programmes should be expected. Respondents demonstrated an understanding for the need for academic rigour in any degree apprenticeship programme but did advocate that HEIs should consider alternative routes to entry and selection. Responses from professional body representatives in the online workshops have indicated that experience from England has demonstrated that the expertise of HEIs has helped to access suitable placements and ensured that the courses meet curriculum requirements and registration standards.

67% of respondents anticipate a benefit from using AHP degree apprenticeships in NHS Wales. Some sectors of AHP have cited the lack of available courses as a reason why degree apprenticeships would provide alternative routes to qualification. RCPOD recognise that there is only one undergraduate degree programme in South Wales for podiatry and believe alternative routes to the degree may help to widen access. RCSLT actively supported any development of pre-registration speech and language therapy degree apprenticeships in Wales as a valuable additional training route, recognising that any pre-registration route would need to provide comparable learning which adhered to published curriculum guidance. Respondents did recognise that the need for degree apprenticeships may not be as pressing in areas such as Occupational Therapy, where part-time routes already exist.

78% of respondents indicated that the current provision was not suitable for supporting the needs of workforce development. Reasons provided included a lack of finance available for the support of individuals applying for courses, and only full-time degree courses being available which is restricting for those with families or other personal commitments. Some sectors within AHP workforce have limited access to qualifications with only one or two universities in Wales offering a full-time degree in their specialism. This limits the commissioning numbers to below workforce requirements. In addition, some respondents felt that reducing the full-time degree from four to three years has limited placement opportunities and resulted in graduates gaining qualifications with less skills and patient contact. Respondents from SLT and Dietetics indicated the need for part-time provision to allow for widening access. Many respondents indicated that lack of access to progression pathways have resulted in increasing attrition rates from the profession. Respondents from Psychology raised concerns about a fragmented pathway for Therapy Support Workers from level 3 and 4 into level 6, the only current option is to leave and follow the full-time option to attain a degree. A written response from a member of the British Psychological Society saw this as a 'falling between the gaps' for many employees who wish to enter professions such as counselling, mental health and therapeutic practice. Many respondents gave case study examples where staff had been lost to England where more flexible routes are available. 49% of respondents stated that the organisation would be able to meet the flexibility required for release time to meet study patterns of a degree apprenticeship. One health board indicated that they were not able to facilitate the backfill for

learners on part-time programmes and suggested that approaching them as part-time workers in any workforce plan could be a method used to reduce the burden of backfill.

Only 9% of AHP respondents were able to confirm the current use of level 3 apprenticeships as a progression pathway training mechanism for staff, with Health and Social Care (FR05110), Associate Ambulance Practitioner (FR04408), levels 3, 4 and 5 ILM, level 4 Therapy Assistant Practitioner Diploma and Occupational Therapy Support (FR04384) listed as being utilised. Reasons for not using apprenticeship frameworks were diverse but did include common themes in relation to no availability for specific AHP registrants in Wales, lack of available funding, the need for a degree to enter professions, concerns around small numbers in the profession and inability to support an apprentice. Respondents also indicated a desire for increased access routes to degree level qualifications such as WBL routes or access course, which did not require A levels. Several respondents did refer to degree apprenticeships in their speciality operating in England and a desire for a similar opportunity to be available in Wales. There were also several respondents who signalled current use of part-time courses available in England for their speciality, but that this did mean that Welsh learners were being 'lost' to England. In addition, one health board provided case study examples where band 4 Physiotherapy Technicians had been lost to nursing and OT due to access on these part-time courses. If a comparable route had been available in Physiotherapy, then these staff may have been retained.

33% of respondents confirmed their organisation would have mechanisms to support backfill of the substantive staff involved in the education and assessment of degree apprenticeships. Many respondents signalling a need for additional support, training and staffing before appropriate delivery mechanisms could be introduced. Small teams and community environments were highlighted as potentially finding this issue a particular concern. It was suggested this may be easier to achieve if defined roles were created to fulfil the educational expectations. 76% of respondents suggested their organisation would be willing and able to train substantive staff to undertake additional education and assessment roles. 60% were able to confirm organisational ability to incorporate protected time for substantive staff to undertake the additional educational and assessment expectations involved with the support of a degree apprentice. 62% were unaware of the amount of additional time that substantive staff would need to enable the full support of a degree apprentice. Respondents did recognise that it would take additional time to plan the training to ensure that all elements of practice required were covered for the apprentice. However, it was felt that this may not be substantially more onerous than the current planning for preceptorships. Respondents did raise a concern about the time that small specialist departments, such as Learning Disabilities (ALDI) would spend training degree apprentices only to later lose the employee to more mainstream departments. 69% of respondents indicated they would be able to meet the ongoing wellbeing requirements for all staff utilising existing corporate wellbeing services. Respondents did raise concerns about the additional pressures learner supervision would put on clinicians, suggesting this could contribute to slowing the rate of progression for the apprentice and potentially reduced apprentice engagement. No comment was submitted in relation to how part-time WBL routes might be impacted by this issue.

Reasons presented in the survey for organisations being either unable or unwilling to undertake additional education and assessment roles were diverse. Some common themes emerged, these included: lack of capacity to release staff due to current underlying vacancy rates challenging

service provision, lack of funding for backfill and lack of organisational structure. A respondent from OT recognised one of the benefits of the part-time route over degree apprenticeship is that the organisation of placements and supervision is undertaken by the HEIs and any time allocated to this via apprenticeship routes would take away from clinical duties. Health boards are unlikely to support any additional costs when there are other options available.

67% of respondents were aware that degree and non-degree apprentices need to be employed with full benefits for a minimum of 16 hours per week. Respondents did raise concerns regarding the employment of degree apprentices, including whether the apprentice would continue to be employed if they were unable to complete their studies. 51% of respondents would expect an AHP degree apprenticeship to take the same length of time, or less, to complete compared to existing degrees. The remaining 49% felt it would take longer, but that the increased number of clinical hours would be beneficial.

76% were aware of how healthcare degrees are currently funded in Wales but only 31% were currently aware of how apprenticeship funding is accessed in Wales. 60% of respondents could confirm that their organisations would be able to offer pre-registration employment within job roles that enables achievement of degree apprenticeships. The BDA stated that training on the job had been shown to help embed and strengthen professional identity. 33% of respondents were aware of the costs that could be associated with introducing degree apprenticeships with 49% aware of the costs of backfill and 47% aware of the costs of investment for training staff to support delivery and assessment. 53% were aware of the costs of enabling staff time for mentoring, assessing & teaching.

82% of respondents were supportive of a degree apprenticeship model that required additional part funding investment from employing organisation. 67% were supportive of a degree apprenticeship model that required additional part funding investment from the learner. Respondents did recognise that the opportunity for the learner to have no learning costs or student finance and accrue no debt whilst receiving employee benefits was a key benefit of degree apprenticeships. Some respondents did indicate that they would not be in a financial position to contribute whilst working at their current band with others recognising that any salary is greater than they would receive if studying full-time. Respondents also voiced concern that if the learner had to pay fees, which was different from the model in England, this could lead to learners going to England to access the 'free' courses.

67% of respondents were not aware of the costs of employing an apprentice with 53% not aware of the costs of placement release and study leave. Small AHP teams raised concerns about the ability to backfill learners on study leave and the impact that this, alongside employment benefits, would have on service provision. Respondents recognised that there must be a balance between learners signing up for degree apprenticeships and the learner recognising the organisation supporting them repaid with loyalty to employment status.

The written responses from RCOT, RCPOD, RCSLT and BDA indicated their support for the introduction of degree apprenticeships in Wales and expressed their belief that alternative routes into the professions are needed to ensure the sustainability of their services. Many of these professional bodies indicated that where degree apprenticeship routes had been used in England, they had seen positive results in terms of recruitment and retention in their profession. The professional bodies which engaged in the online workshops recognised the benefits that degree apprenticeships could offer to AHP workforce in Wales, but registered caution that they were not a

quick fix. Reasons offered included the time it would take to develop the courses to ensure they met with the professional body standards, ensuring that the HEIs were on board with the development of the courses, ensuring that there was recognition for the level of support the apprentice would require in the organisations and the need to identify any potential funding model. Many of these professional bodies indicated they would welcome further involvement should there be any further development of degree apprenticeships in Wales.

Online respondents did suggest that there may be an issue around the term apprenticeship and a negative feeling towards individuals who follow this route. Referring to these routes as WBL part-time routes gave a different starting point and engaged a wider audience in terms of attracting potential learners. It was also suggested that this could be an important point when trying to promote any future courses to school leavers.

## Healthcare Sciences (HCS)

21 HCS responses were received through the electronic survey with 95% of these working in NHS Wales service or organisations and 5% received from within independent practitioner services in addition to verbal contributions made during the 8 online workshops. The range of sector areas within the responses were diverse covering bioinformatics, radiography, radiology, clinical science, therapies and health science, cardiac physiology, biomedical science, service management, blood services, operational management, automations, cardiopulmonary diagnostics, point of care testing, senior healthcare assistant, clinical physiology, clinical Informatics, pathology education and development and the hearing aid dispensary independent sector.

- 57% of the respondents understood the current range of education available at level 4 and above in Wales.
- 57% understanding various current models of delivery for full-time HCS education.
- 38% understanding the various current models available for delivery of part-time HCS provision.
- 33% of respondents understood the difference between apprenticeships in England and Wales.

In addition to the existing education pathways in Wales, 95% could see degree apprenticeships benefiting staff retention, and as a useful tool to facilitating the upskilling or job transition of existing employees with 81% suggesting degree apprenticeships could benefit staff diversity in HCS. 90% believe degree apprenticeships would be a useful tool to target skill shortages.

Overall, respondents highlighted that they would like to see availability of education for supporting current workforce to develop skills and roles with WBL/apprenticeship type on the job training embedding practical courses where the theory enhances practice. The educational mechanism to progress members of staff with appropriate ability and aptitude but without an appropriate degree is not readily accessible to the workforce. There are currently multiple gaps in part-time WBL learning routes to qualification/registration. Examples were received from vascular science, radiology, biomedical science, APT, cardiac physiology, respiratory physiology, full-time BSc/Practitioner Training Programme (PTP) and diagnostic radiography. The consultation highlighted specific examples of limited options for development of band 4/level 4 support staff to become cardiac physiologists/respiratory physiologists. However, in pathology considerable investment for a 'grow our own' model approach with use of equivalent funding and the introduction of a vocational qualification is only just starting to be implemented after years of development and the current provision needs protection before adding new alternatives.

100% of respondents would value degree apprenticeships as equivalent to an existing degree and would like to see degree apprenticeships available across NHS Wales. 90% agreed that collaborative delivery of degree apprenticeship programmes should be expected. The consultation evidenced the overwhelming support for work-based learning opportunities to widen access via part-time WBL routes to develop staff from whatever grade they enter NHS Wales. In line with this, respondents firmly advocated the embedding of professional examinations into degree provision with extending the placement times for more work-based exposure to patient and clinical activity. Thus, any degree course (full-time or part-time) should encompass portfolio completion, where applicable, to enable



learner registration upon graduation. Responses suggest that more structured pathways from level 3 upwards are required as some provisions exist but are fragmented and need aligning. Emphasis on funding availability for skills delivery and assessment in the WBL environment was noted as an area for consideration, particularly within the Healthcare Science Assistant structured development approaches. Only 24% of HCS respondents were able to confirm the current use of level 3 apprenticeships as a progression pathway training mechanism for staff, ILM apprenticeships, Healthcare Science Associate (FR04422) and the BSc Computing routes into higher level learning listed as being utilised. The current education provision does not meet requirements for training and pathway progression, as often there is either no provision for employed staff to learn without leaving positions for full-time education (as specifically highlighted in bioinformatics in pathogen genomics). The current (Practitioner Training Programme (PTP) course only allows for trainees to be competent in minimum test areas following 3 years of training. Respondents highlighted the lack of competence of these students when exiting from the 3-year degree programme resulting in extensive further training required to ensure a fully competent Physiologist. For the introduction of any WBL routes, it was highlighted that supernumerary trainees and more importantly funded training officers would be required for successful implementation.

Multiple comments from respondents highlighted that degree apprenticeships could be a mechanism to support retention of existing unregistered workforce as registrants, expanding career pathways for existing staff, widening access, and increasing the diversity of the workforce through more inclusive approaches to progression. Comments suggest that any learning provision should enable learners to enter a range of service delivery environments. Wider marketing of available information regarding provision, and the accessibility of this, for training and supporting the development of staff is required. Dedicated training officers with the correct qualifications will be needed to support learning and assessment. There is a lack of structure, funding, and capacity in the existing workforce to support apprenticeships currently. 43% of respondents were aware of the costs of backfill, 48% were aware of the costs of investment for training staff to support delivery and assessment. 52% were aware of the costs of enabling staff time for mentoring, assessing & teaching. 67% of respondents anticipate a benefit from using a HCS degree apprenticeship in NHS Wales, with Healthcare Science specifically highlighted as the example sector throughout consultation responses overall.

76% of respondents indicated that the current provision was not suitable for supporting the needs of workforce development with 67% stating their organisation would be able to meet the flexibility required for release time to meet study patterns of a degree apprenticeship. Where provision was available in England respondents reported attempts to link for access, but these had failed due to funding barriers between both nations.

More generally, respondents highlighted the scenario where staff need to leave employment and undertake full-time education or apply for equivalence effectively creating a ceiling to staff development. Cardiac physiology was highlighted as a current model that does not deliver workforce improvements. Some learners undertake studies in England and do not return to Wales, post qualification. Some health boards consistently find they are unable to fill newly qualified positions (band 5). Additionally, students often require further training, delaying independent working. The lack of access to degree apprenticeship models and the focus on face-to-face attendance at

universities limits equitable access for all-Wales learners. Any future developments would require local and/or remote access models to be incorporated. More generally, comments related to streamlining mechanism not working for rural areas and the rurality with community focus further enhancing recruitment difficulty. Often learners are not offered placements within rural locations due to travel issues, further reducing the likelihood of applications for any positions. Recent national stakeholder work completed outside of this consultation suggests that Diagnostic Radiography apprenticeship degrees are required in Wales to support rural areas with recruitment. Part-time routes to WBL would enable departments, within organisations, to hire the required workforce and develop them into positions that enable efficient, effective, and safe service delivery.

Where the universities offer student placements with local NHS laboratory services (essential as employability skills within biomedical sciences, for example) these are unpaid and therefore do not attract many applicants. However, there are large numbers of trainees for no additional posts in each service, wasting resources and time for departments who house the placements and loose graduates to work outside of Wales. Candidates that choose apprenticeships are more likely to remain in the area after qualifying which in time will reduce the recruitment 'churn', adding security via locally based placements.

Multiple discipline responses noted the requirement for access to part-time degrees with funded backfill enabled through additional funded workplace trainers and assessors supporting candidates. 33% of respondents confirmed their organisation would have mechanisms to support backfill of the substantive staff involved in the education and assessment of degree apprenticeships. 81% of respondents suggested their organisation would be willing and able to train substantive staff to undertake additional education and assessment roles. Many respondents highlighted the need for additionality to backfill staff whilst undertaking training and assessment. An all-Wales approach should be implemented to enable dispersed WBL delivery. Only 67% were able to confirm organisational ability to incorporate protected time for substantive staff to undertake the additional educational and assessment expectations involved with the support of a degree apprentice. Respondents highlighted the requirement for trainer posts to be supported for different specialities with potential cross organisation or all-Wales approaches where input from small individual departments is not enough to support all the programme requirements. 48% were unaware of the amount of additional time that substantive staff would need to enable the full support of a degree apprentice with 71% being able to meet the ongoing wellbeing requirements for all staff.

57% of respondents were aware that degree and non-degree apprentices need to be employed with full benefits for a minimum of 16 hours per week. 81% of respondents would expect a HCS degree apprenticeship to take at least be the same length of time to complete compared to existing degrees. 57% were aware of how healthcare degrees are currently funded in Wales but only 29% were currently aware of how apprenticeship funding is accessed in Wales. 52% of respondents could confirm that their organisations would be able to offer pre-registration employment within job roles that enables achievement of degree apprenticeships.

24% of respondents were aware of the costs that could be associated with introducing degree apprenticeships. 86% are supportive of a degree apprenticeship model that required additional part funding investment from employing organisations. 71% were supportive of a degree apprenticeship

model that required additional part funding investment from the learner. 67% of respondents were not aware of the costs of employing an apprentice with 71% not aware of the costs of placement release and study leave.

## Pharmacy

Written responses were received from Boots, Community Pharmacy Wales (CPW) and Royal Pharmaceutical Society Wales (RPS) with 6 Pharmacy responses received through the electronic survey, 83% of these working in NHS Wales service or organisation and 17% within independent practitioner services. In addition, feedback comments were received from pharmacy representatives via the 9 online workshops, including one specifically with representation from pharmacy staff from within the health boards.

- 67% of the respondents understood the current range of education available at level 4 and above in Wales.
- 83% understanding various current models of delivery for full-time Pharmacy education.
- 50% understanding the various current models available for delivery of part-time pharmacy provision.
- 50% of respondents understood the difference between apprenticeships in England and Wales.

In addition to the existing education pathways in Wales, 67% could see degree apprenticeships benefiting staff retention, although it was noted that respondents stated in terms of efficiency, it would be more useful to understand why pharmacists are exiting roles and look at what can we do to make the jobs more satisfactory. Fix the hole rather than pour in more water. CPW see this (*the apprentice moving to another role following qualification*) as a potential barrier to community pharmacy contractor support for apprenticeships and to overcome this there needs to be a robust NHS apprentice contract in place that reduces the likelihood of this happening within a short period following qualification and reimburses the contractor if this does happen.

67% of respondents could see degree apprenticeships as a useful tool to facilitating the upskilling or job transition of existing employees, however written and survey responses did note that with the current university schools of pharmacy being situated in south Wales consideration will need to be given to how students in north and mid- Wales undertake apprenticeship training.

67% believe degree apprenticeships would benefit staff diversity in pharmacy, although further research is needed to be able to relate this specifically to pharmacy. 67% believe degree apprenticeships would be a useful tool to target skill shortages. Respondents within health boards suggest that these benefits would be superficial with no direct relation between this form of pre-qualification pharmacy education and the retention with regards pharmacists. Written responses indicated that a Pharmacy degree apprenticeship could encourage access to higher education pathways for people who might not otherwise have been able to attend university, providing opportunity for apprentices to earn a salary while training. In addition, the RPS state that apprenticeships boost social mobility reaching people from diverse backgrounds opening opportunities for all and diversifying the world of work. Apprenticeships offer a clear opportunity to upskill, recruit and train future talent and help to contribute, as part of a wider approach, to addressing workforce shortages for many roles. The RPS also states that 'the *Pharmacy with a Preparatory (foundation) year* undergraduate degree on offer through the School of Pharmacy at Swansea University is an approach which provides an additional access route to the MPharm undergraduate degree for those students who do not have the required entry qualifications in the

first instance. They are extremely supportive of such an approach and a means of ensuring high calibre students are attracted whilst ensuring a degree of flexibility and widening access to the undergraduate course'. A response from a health board posed the question how equity in the process would be ensured particularly in line with payment of fees.

83% of respondents would value degree apprenticeships as equivalent to an existing degree and would like to see degree apprenticeships available across NHS Wales. The RPS states 'potential pharmacy apprentices would need to be subject to the same rigorous requirements as undergraduates pursuing the traditional route, to ensure achievement of the MPharm degree. Subsequently, any apprentice route would have to meet all the current requirements for entry onto the pharmacy register, to include foundation training with subsequent assessment, meeting the General Pharmaceutical Council (GPhC) standards for Initial Education and Training'. Other respondents see the potential for degree apprenticeships to deliver a more vocationally focused qualification, whilst still meeting the professional standards. However, concern was expressed that this approach may dilute down the knowledge base to get people to practically apply these skills.

83% agreed that collaborative delivery of degree apprenticeship programmes should be expected. In addition, potential applications to the degree programme of any proposed pharmacy apprenticeship would need to provide comparable academic qualifications to those who apply for a traditional degree route. CPW see this not as an academic barrier but more as a reassurance that any apprentice would be able to cope with the rigorous academic requirements of a pharmacy degree. A respondent from a health board did state 'having a joint discussion with schools of pharmacy would also be useful to see how much could apply to a degree apprenticeship. In terms of all the science, the chemistry, the pharmaceutical analysis, the pharmaceuticals, all those things you'll never be able to do that in a workplace scenario'.

67% of respondents indicated that the current provision was not suitable for supporting the needs of workforce development with 67% stating their organisation would be able to meet the flexibility required for release time to meet study patterns of a degree apprenticeship.

Only 33% of pharmacy respondents were able to confirm the current use of level 2 or 3 apprenticeships as a progression pathway training mechanism for staff, with the level 2 and 3 Health Pharmacy Services (FR05003) listed as being utilised.

33% of respondents confirmed their organisation would have mechanisms to support backfill of the substantive staff involved in the education and assessment of degree apprenticeships. 50% of respondents suggested their organisation would be willing and able to train substantive staff to undertake additional education and assessment roles. Reasons provided for the inability to train substantive staff principally revolve around associated costs and infrastructure/size of the organisation restricting appropriate support where skilled pharmacist educators would be required.

67% were able to confirm organisational ability to incorporate protected time for substantive staff to undertake the additional educational and assessment expectations involved with the support of a degree apprentice. 50% were unaware of the amount of additional time that substantive staff would need to enable the full support of a degree apprentice and 67% being able to meet the ongoing wellbeing requirements for all staff.

100% of respondents were aware that degree and non-degree apprentices need to be employed with full benefits for a minimum of 16 hours per week. 50% of respondents would expect a pharmacy degree apprenticeship to take longer than the existing degree to complete with 33% expecting completion time to be the same length of time.

67% were aware of how healthcare degrees are currently funded in Wales but only 29% were currently aware of how apprenticeship funding is accessed in Wales. 83% of respondents could confirm that their organisations would be able to offer pre-registration employment within job roles that enables achievement of degree apprenticeships. Smaller health boards did indicate that this is likely to cause difficulties. 50% of respondents were aware of the costs that could be associated with introducing degree apprenticeships with 50% aware of the costs of backfill and 33% aware of the costs of investment for training staff to support delivery and assessment. CPW highlighted that the apprenticeship training route will only be successful if pharmacy contractors are prepared to deliver the significant levels of support and training required over what could be a significant period. It is therefore essential that all training costs are fully covered, including the contractor's time, this should be free at the point of access and should be included in the apprenticeship funding calculations. It is therefore essential that the availability of funding is clarified before any unnecessary work is undertaken on scoping apprenticeship training. In addition, CPW state that the cost to the contractor of running an apprenticeship programme needs to be fully and transparently accessed in partnership with the statutory bodies that provide the training.

67% of respondents are aware of the costs of enabling staff time for mentoring, assessing, and teaching. 50% are supportive of a degree apprenticeship model that required additional part funding investment from employing organisation. 67% were supportive of a degree apprenticeship model that required additional part funding investment from the learner. Some responses acknowledged that completing the degree apprenticeship without debts to pay back would be an incentive. A response from one of the health boards suggested that if the financial burden of attending university is a barrier, then bursaries (or grants) could be offered. The provision of a bursary would bring equity to pharmacist undergraduates. 67% of respondents were not aware of the costs of employing an apprentice with 50% not aware of the costs of placement release and study leave. CPW 'feel it would be more attractive to both employers and apprentices if study leave could be on a regular basis rather than odd hours when academic training is not taking place'. CPW understands backfill was an identified issue in the trial and feel this can be reduced significantly if there is a regular commitment.

One health board has drawn attention to the plans in NHS England to develop a five-year pharmacy apprenticeship and advocates a lesson learnt approach from NHS England helping to ensure that any NHS Wales's future resources and methodologies are appropriately utilised.

The survey responses provided a range of views to the appetite for degree apprenticeships. Where reservations were linked to previous experiences at pre-registration level any future application would require a small cohort pilot phase to ensure appropriate outcomes for wider scale implementation. Other survey responses indicated that to be able to continue to develop the current pharmacist workforce on the transition to Independent Prescribing (IP), availability of Designated Prescribing Practitioners (DPPs) and Designated Medical Practitioners (DMPs) to support trainee IPs to complete their qualification is required. In addition, to support the wider community pharmacy workforce, there should be greater access and awareness to early careers in pharmacy in school leaver populations.

Both RPS and CPW have indicated support for consideration of apprenticeships in pharmacy. Both see several notable considerations and concerns that would need clarification for the profession before consideration could be given to further wider discussions around a degree apprenticeship route for pharmacy.

These include:

- The equivalence of an apprenticeship qualification with the currently available MPharm degrees and post- foundation training programme, to include prescribing.
- The academic content of a degree funded via an apprenticeship route.
- The design and ratio of workplace learning versus service delivery in a 5-year programme.
- The protection for learners on an apprenticeship programme from any potential exploitation by their employers
- Funding levels to allow for an increase in clinical placements.
- Perception by the public of apprenticeships.'

Other views included new roles to pharmacy, such as Science Manufacturing Degrees, which may benefit from development of degree apprenticeships. There is also a requirement for improved higher education for pharmacy technicians, pharmacy scientists and pharmacy technical services. Generally, it was considered for pharmacists that the current undergraduate provision is fit for purpose. However, post-graduate provision for pharmacists has been diluted recently and is an area that requires further development.

## Medical and Dentistry

8 medical/dentistry responses were received through the electronic survey with 100% of these working in NHS Wales service or organisation. Additional comments were received via verbal contributions made during the 8 online consultation events.

- 25% of the respondents understood the current range of education available at level 4 and above in Wales
- 75% understanding various current models of delivery for full-time education
- 38% understanding the various current models available for delivery of part-time education.
- 12% of respondents understood the difference between apprenticeships in England and Wales.

In addition to the existing education pathways in Wales, 63% could see degree apprenticeships benefiting staff retention, 50% benefiting staff diversity and 50% as a useful tool to facilitating the upskilling or job transition of existing employees in this sector. 50% believe degree apprenticeships would be a useful tool to target skill shortages.

100% of respondents would value degree apprenticeships as equivalent to an existing degree but only 38% would like to see degree apprenticeships available across NHS Wales. 38% agreed that collaborative delivery models of delivery of degree apprenticeship programmes should be expected, without clarification on who the collaborative partners would be.

87% of respondents indicated that the current provision was suitable for supporting the needs of workforce development. The current education provision, however, was deemed by a few not to meet the needs of the current workforce with reasons including insufficient time and space to train trainees, problems meeting training needs due to part-time contracts and the subsequent impact on staff rotas. Respondents indicated that they would like to see greater funding available which could be used to increase the number of medical staff and reduce time wasted traveling across the health board and increased control over own timetables, as current templates leave little to no time to educate and supervise.

100% of respondents confirmed that apprenticeship frameworks are not currently used by this sector to develop staff. However, comments voiced during the online consultation did suggest that for Dental Nurse training there was some use of current apprenticeship frameworks below degree level. A single respondent indicated that this was not seen as a suitable model. Learning pathways need to be clearly identified to enable progression onto dental hygiene or dental therapy of which levels, including level 5, could be developed into an apprenticeship framework. Work based learning approaches enable learners to get the experience they need from the workforce and direct treatment of the public.

Respondents indicated that training below degree level was not appropriate for the medical sector of healthcare. Comments suggested that reasons for this include 'that an apprenticeship scheme is not appropriate as only a medical degree provides the training to work in the role of a doctor'. One respondent felt that the current method of training was well established, and the apprenticeship model is already reflected in the use of regular clinical placements. 63% felt that if a degree apprenticeship was introduced it would take longer to complete.



A comment received in the online discussions from a dentistry representative suggested that degree apprenticeships would be useful. Challenges exist, including with funding mechanisms, with changing traditional education approaches despite the clear value of apprenticeships and their ability to build skills. These challenges are evident within current approaches in England. 75% of respondents felt that their organisations would be unable to support release of a degree apprentice or provide backfill in their absence. 63% would be either unable or unwilling to train substantive staff to undertake additional education and assessment roles. Reasons provided for not training the substantive staff include a lack of resources, knowledge of who would carry out this role and a stated lack of support for medical apprenticeships. Within the current model there is already expectations for supervisory time, training, and mentorship with pressure on the health boards to support students. Additional routes to learning would add complexity and require further investment and time for staff training on these new schemes. 75% of respondents confirmed their organisation would not have mechanisms to support backfill of the substantive staff involved in the education and assessment of degree apprenticeships. With 25% stating the organisation would be able to meet the flexibility required for release time to meet study patterns of a degree apprenticeship.

Only 25% were able to confirm organisational ability to incorporate protected time for substantive staff to undertake the additional educational and assessment expectations involved with the support of a degree apprentice. 50% were unaware of the amount of additional time that substantive staff would need to enable the full support of a degree apprentice and 25% being able to meet the ongoing wellbeing requirements for all staff. 63% of respondents were aware that degree and non-degree apprentices need to be employed with full benefits for a minimum of 16 hours per week.

75% of respondents could not confirm that their organisations would be able to offer pre-registration employment within job roles that enables achievement of degree apprenticeships.

A few respondents would welcome further information regarding the way in which these new roles will be funded. There is already limited money within NHS Wales to cover the costs associated with employing an apprentice. 63% of respondents were aware of the costs that could be associated with introducing degree apprenticeships with 63% aware of the costs of backfill and 50% aware of the costs of investment for training staff to support delivery and assessment along with the costs for enabling staff time for mentoring, assessing & teaching. 50% are supportive of a degree apprenticeship model that required additional part funding investment from employing organisation. Only 38% were supportive of a degree apprenticeship model that required additional part funding investment from the learner. In addition, comments made suggest that there is a feeling that the introduction of a medical degree apprenticeship would cause a two-tier system whereby some students would accrue large debts whilst others would not. 62% of respondents were not aware of the costs of employing an apprentice with 62% not aware of the costs of placement release and study leave.

## Education and Training

Written responses were received from the Council of Deans in Wales and University South Wales in conjunction with the Further Education Strategic Alliance alongside 12 Education and Training (E&T) responses received through the online survey with 92% of these working in NHS Wales service or organisation and 8% received from education providers. In addition, feedback comments were received from E&T representatives via the 9 online workshops, including one face to face meeting with the Council of Deans in Wales.

Multiple respondents recognise the numerous challenges facing healthcare providers, including staff shortages, recruitment and retention, the changing needs of the Welsh population and the impact this has on services. Aligned to the Welsh Government's National Workforce Implementation Plan, multiple respondents support increased investment and choice in flexible training and development, which could help to tackle some of the challenges faced within the sector.

- 92% of the respondents understood the current range of education available at level 4 and above in Wales.
- 83% understanding various current models of delivery for full-time E&T education.
- 75% understanding the various current models available for delivery of part-time provision.
- 25% of respondents understood the difference between apprenticeships in England and Wales (42% partly understanding).

In addition to the existing education pathways in Wales, 100% could see degree apprenticeships benefiting staff retention, as a useful tool to facilitating the upskilling or job transition of existing employees, benefiting staff diversity and in targeting skill shortages.

100% of respondents would value degree apprenticeships as equivalent to an existing degree and would like to see degree apprenticeships available across NHS Wales. However, the stigma attached to apprenticeships perceived as being a lesser route, would be linked to the requirement for a change in culture, which could take time. 83% agreed that collaborative delivery of degree apprenticeship programmes should be expected. In some responses it was stated that collaborative delivery would be dependent on the professions and the occupational competence of the staff within the university and/or training provider.

Respondents proposed that any decisions regarding the expansion of degree apprenticeships in healthcare should be the result of collaborative discussions and consultations with provider universities in partnership with HEIW. This would enable a comprehensive assessment of the implications of introducing occupational pathways and will help ensure that the quality and standards of healthcare education and training are maintained or enhanced. It was suggested that those organisations with experience of delivering degree apprenticeships in England could be utilised to draw on best practices. It was highlighted that collaborative solutions between universities and HEIW to further widen access to progression in healthcare can create innovative solutions that facilitate the development of highly skilled healthcare professionals. However, it was noted that universities have many areas to juggle, satisfying regulators and organisations such as HCPC and Royal Societies. Thus, the need to design programmes from an academic perspective that meet the regulator's needs, with work-based learning (WBL) built in.

Degree apprenticeships could help recruitment through widening access to opportunities for people from all backgrounds and underrepresented areas in Wales. Smaller allied health professions, which may be attractive to people seeking a change in career for example, could also benefit from an apprenticeship route. However, it was stated that if in Wales we are looking to widen access to different community groups and change the profile of our workforce to reflect the communities, then this would require evidence-based verification. This could confirm if these assumptions are correct and establish if degree apprenticeship do increase diversity when compared to a traditional degree route.

The current education offer across Wales is broad, and captures the skills and knowledge required to support multiple sectors. Institutions contributing to this response have existing experience and are well placed to service the healthcare sector need but recognise that not all institutions currently deliver in the areas or have necessary staff or specialist facilities. Widening the scope of organisations able to offer these provisions was raised as a point to consider. Further education (FE) institutions welcomed the potential opportunity to widen robust profession pipelines of talent on to higher level study.

Respondents agreed that the current healthcare education offer essentially meets the needs of the sector but can sometimes be perceived as a ladder to climb. This may perpetuate gaps in an already transient workforce. It was felt that consideration is required around specific professions, the skills and knowledge required and the need for degree apprenticeships for individual professions and disciplines.

As a specific example, the recent review of the digital framework enabled a holistic review of qualifications and pathways from level 3 to level 6 (WG pilot degree apprenticeship). A focus group consisting of FE and universities came together to look at the suite of qualifications, review their currency and ensure that pathways are clear and aligned to one another. All stakeholders were able to contribute their experience of the sector, the needs of employers and their apprenticeship community. This is the first time a review was conducted considering the end-to-end apprenticeship journey and has proved successful. The digital framework consultation highlighted the need for significant changes to curriculum, the requirement of a new degree pathway and inclusion of new technologies and at times a change to the language used. This approach was recognised as good practice and should be considered for utilisation in any future developmental work.

Multiple comments from respondents highlighted that degree apprenticeships could support workforce diversity, support work force retention and skills retention, would provide a useful vehicle for high quality training, and would also allow for development and progression pathways. The ability to influence educational alliances would allow for a more joined up approach to meeting the challenges of diversity of recruitment and wider promotion of the full range of potential healthcare pathways that may be developed.

But whilst the apprenticeships methodology offers solutions to support recruitment and retention it potentially comes at a cost. Some respondents felt it important to recognise the proactive work required not only to prepare education institutions for delivery of apprenticeships but to prepare

the workplace and the workforce to provide consistently high-quality support. The sector must be aware of the infrastructure required to support apprenticeships, which may involve the recruitment of new staff to fulfil some functions and include upskilling of existing staff to support and meet the learning requirements of any program. Consideration of the time for study and learning, pastoral support in the workplace and learning environment, the substantial requirement of specialist equipment and skills to provide the learning experience is also required. Wider advertising of available learning provision and pathways for staff and how to access these are needed. There is a lack of structure, funding and capacity in existing workforce to support apprenticeships currently.

Some respondents highlighted that degree apprenticeships are required to provide the extra avenue for many staff who, for different reasons, do not access full-time university degrees. For staff progression, retention and recruitment degree apprenticeships must be included as an option for at least some sectors. The degree apprenticeship route is perceived to increase workplace experience with qualified learners being able to act autonomously more quickly within their role.

58% of respondents are aware of the costs of backfill and 67% aware of the costs of investment for training staff to support delivery and assessment, with 37% aware of the costs of for enabling staff time for mentoring, assessing & teaching. 75% of respondents anticipate a benefit from using a degree apprenticeship in NHS Wales with some respondents stating they would not want to risk continuing with the way in which the current part-time learning models are delivered.

50% of respondents indicated that the current provision was not suitable for supporting the needs of workforce development with 58% stating the organisation would be able to meet the flexibility required for release time to meet study patterns of a degree apprenticeship. Respondents highlighted that the current system restricts widening access with associated funding challenges. Feedback recognised the lack of learning opportunity scope within both clinical and non-clinical higher occupational areas.

33% of respondents confirmed their organisation would have mechanisms to support backfill of the substantive staff involved in the education and assessment of degree apprenticeships with 58% suggesting they have other mechanisms but did not supply details of this. 42% of responding organisations would have mechanisms that could support release and backfill of the degree apprentice. The backfill approach also provides development for existing workforce, supporting job enrichment, and enabling the gaining of experience while covering for roles. 83% of respondents suggested their organisation would be willing and able to train substantive staff to undertake additional education and assessment roles. 67% were able to confirm organisational ability to incorporate protected time for substantive staff to undertake the additional educational and assessment expectations involved with the support of a degree apprentice. However, organisations with some experience of degree apprenticeships suggest that considerable re-organisation and planning would be required for this and funding to support/create such posts would need to be made available. 58% were unaware of the amount of additional time that substantive staff would need to enable the full support of a degree apprentice with 67% stated being able to meet the ongoing wellbeing requirements for all staff. Consideration is needed in relation to the additional staff pressure often aligned to the impact of untimely assessments resulting in delays for learners completing qualifications.

92% of respondents were aware that degree and non-degree apprentices need to be employed with full benefits for a minimum of 16 hours per week. Multiple respondents stated that this would not however, be sufficient time to meet the educational requirements for a degree apprenticeship. 67% of respondents would expect a degree apprenticeship to take at least be the same length of time to complete compared to existing degrees. 92% were aware of how healthcare degrees are currently funded in Wales with 67% aware of how apprenticeship funding is currently accessed in Wales. 100% of respondents could confirm that their organisations would be able to offer pre-registration employment within job roles that enables achievement of degree apprenticeships.

50% of respondents were aware of the costs that could be associated with introducing degree apprenticeships. 58% are supportive of a degree apprenticeship model that required additional part funding investment from employing organisation. 25% were supportive of a degree apprenticeship model that required additional part funding investment from the learner. Respondents highlighted that direct Welsh Government funding is essential to create sustainable and accessible pathways to healthcare professions without placing undue financial burdens on employers or apprentices themselves. This approach aligns with respondents' commitments to providing open and accessible education opportunities to all, regardless of background or financial circumstances. Respondents passionately highlighted not endorsing an additional cost to the learner while stating that health boards already pay significant amounts into the levy but see little return on investment through apprenticeship funding models currently. There is a need to consider alternative funding models if degree apprenticeships are implemented in Wales, as Welsh NHS organisations already contribute to training costs in Wales. 33% of respondents were not aware of the costs of employing an apprentice with 25% not aware of the costs of placement release and study leave. 58% of respondents were able to confirm the current use of apprenticeships as a progression pathway training mechanism for developing staff, with the Associate Ambulance Practitioner (FR04408), Clinical Healthcare Support (FR05001), Health Informatics (FR04183), Health and Social Care (FR04446), Dental Nursing, Pharmacy Technicians, Perioperative Support (FR05060), Health and Social Care (FR05110), Healthcare Support Services (FR05024), Maternity and Paediatric Support (FR04412) and Occupational Therapy Support (FR04384) listed as already being utilised as progression pathways.

Respondents recognise that degree apprenticeships have a role to play in addressing the demand for highly skilled professionals and could help to address staff shortages. Areas thought suitable for considering as potential degree apprenticeship routes included therapy degree apprenticeships, (recognising that there is a greater need for AHP's to use a trusted assessor model of care), continuation of the Health Informatics apprenticeships into higher levels, Healthcare Science and Administration/clerical roles. However, as highlighted earlier it is important to note that any decision for areas in which to introduce degree apprenticeships should be made in consultation with healthcare providers and universities in Wales. This could ensure that degree apprenticeships are designed to meet the specific needs of NHS Wales and that they have a positive impact on retaining talent in local communities, responding to needs while improving the lack of local provision for some areas. Supporting existing band 3 and 4 NHS Wales employees to progress to professional registration could help to resolve workforce issues. An example was supplied regarding the grow-your-own pathway highlighted in the level 4 apprenticeship development in cardiac physiology, with the desire for progression via a degree apprenticeship as an option in the near future.

Some respondents highlighted the need for greater parity between WBL and academic routes, if degree apprenticeships were to be introduced. Ensuring that the qualifications obtained are equitable and provide the opportunity for promoting the value of vocational work-based learning routes is essential.

To date, experience of degree apprenticeship provision in Wales has only been in relation to small scale pilot schemes which have attracted high resource allocations to support them. Implementing this model at scale, without considering the resourcing requirements, will place an increased stress on the workforce and further expose the challenges the education and training sector is currently grappling with. Without appropriate levels of support and funding the model would be unsustainable and detrimental to the workforce. The experience of apprenticeships in England has highlighted difficulties with implementation and delivery, including insufficient funding for both educators and providers, small cohort numbers and overburdensome and duplicative regulation. The learning from this experience must be considered in Wales. Respondents repeatedly highlighted that if degree apprenticeships were to be introduced, a different model of funding would be needed. The example of the newly implemented level 4 Therapies as an alternative to an apprenticeship funding model should be considered. It was noted that for a rural health board alternative models would potentially enable increased opportunity to train and retain staff locally, particularly where there are hard to fill vacancies degree, apprenticeship pathways could support development and grow local talent.

Primary Care raised an issue around employability and applications that meant learners would become employees of the health board and not remain within Primary Care. A split in the financial support provision would aid Primary Care to grow their own nurses particularly using part-time degree places as this part-time approach has been noted as highly successful.

Employers want to retain individuals who possess excellent practical skills, experience and advanced skills in dealing with service users. These individuals are usually loyal, local and ideal for their current roles. They have the desire and commitment but not the opportunity to progress. Responses suggest employers and education organisations would welcome both 'grow-your-own' and apprenticeships models and that these models do not need to be complex. Respondents highlighted the similarities in the range of education provision for entry into nursing but none of these are called an apprenticeship model. The association of the title 'apprenticeship' with young people or school leavers can often be to the detriment of applications from the wider, more experienced audience.

## Workforce and Organisational Development

8 Workforce and Organisational Development (WF&OD) responses were received through the electronic survey with 100% of these working in NHS Wales services or organisations. In addition, attendees' comments were noted from 8 online workshops.

- 100% of the respondents understood the current range of education available at level 4 and above in Wales.
- 100% understanding various current models of delivery for full-time and part-time education.
- 63% of respondents understood the difference between apprenticeships in England and Wales.

In addition to the existing education pathways in Wales, 88% could see degree apprenticeships benefiting staff retention, and as a useful tool to facilitate the upskilling or job transition of existing employees. Respondents recognised that those already employed would likely benefit more from part-time learning pathways.

81% of respondents could see degree apprenticeships benefiting staff diversity. Comments highlighted that from a widening access perspective, some potential NHS employees are not able to undertake higher education qualifications via traditional routes. Thus, a percentage of the population is not able to fulfil workforce requirements. 100% believe degree apprenticeships would be a useful tool to target skill shortages. 75% agreed that collaborative delivery of degree apprenticeship programmes should be expected.

100% of respondents would value degree apprenticeships as equivalent to an existing degree. Respondents, with experience of healthcare degree apprenticeships in England indicated that the learners and the apprentices felt more engaged with work-based learning practice. 88% would like to see degree apprenticeships available across NHS Wales.

86% of respondents indicated that the current provision was not suitable for supporting the needs of workforce development. Reasons for this included: limits of providers for specialist degrees (e.g., Paramedic degree)/limited availability of professional routes (Legal and Risk Service, Audit and Assurance and Specialist Estates Services), limits of the number of places available on training courses, rigidity of access into professional/registrant level education and restrictions on availability of apprenticeship funding.

50% of respondents stated the organisation would be able to meet the flexibility required for release time to meet study patterns of a degree apprenticeship. Concern was noted that where work-based learning is being utilised there was a difficulty releasing staff. Respondents with experience in England noted splitting substantive posts for apprenticeships is the most effective way to ensure the best return on investment. 80% supernumerary apprentice time can be expensive, and it's important to optimise the time that the HCSW is doing the job. 87% are supportive of a degree apprenticeship model that required additional part funding investment from employing organisation. 63% were supportive of a degree apprenticeship model that required additional part funding investment from

the learner. 75% of respondents were not aware of the costs of employing an apprentice with 88% aware of the costs of placement release and study leave.

100% of WF&OD respondents were able to confirm the current use of apprenticeships to develop staff, with Health and Social Care (FR05110), Business Administration, Digital, HR, Health informatics (FR04183), Clinical Healthcare Support (FR05001) listed as being utilised. An apprenticeship for call handlers was also being considered. Some frameworks are not used as they are either unavailable, not suitable for workforce development or delivery agreement with education providers is difficult to reach. Respondents from WF&OD felt that apprenticeships in AHP, HCS, Nursing and Midwifery, Digital, Law, Engineering, Auditing, Chartered Surveyance, Human Resource Management, corporate professionals and leadership could be areas which could benefit from the introduction of degree apprenticeships in NHS Wales

25% of respondents confirmed their organisation would have mechanisms to support backfill of the substantive staff involved in the education and assessment of degree apprenticeships. 75% of respondents suggested their organisation would be willing and able to train substantive staff to undertake additional education and assessment roles. However, upskilling could be time consuming and costly. Some respondents indicated that an inability to carry out this training was due to a lack of capacity, cost, and time. 50% of respondents were able to confirm organisational ability to incorporate protected time for substantive staff to undertake the additional educational and assessment expectations involved with the support of a degree apprentice. 75% were unaware of the amount of additional time that substantive staff would need to enable the full support of a degree apprentice. Many operationally based questions were received which fall outside of the remit of the consultation but would be considered in any pilot phase of development. 63% felt their organisation could meet the ongoing wellbeing requirements for all staff.

100% of respondents were aware that degree and non-degree apprentices need to be employed with full benefits for a minimum of 16 hours per week. 50% of respondents would expect a degree apprenticeship to take at least be the same length of time to complete compared to existing degrees.

88% were aware of how healthcare degrees are currently funded in Wales with 75% being aware of how apprenticeship funding is accessed in Wales. 38% of respondents confirmed that their organisation would be able to offer pre-registration employment within job roles that could enable achievement of degree apprenticeships. 63% of respondents were aware of the costs that could be associated with introducing degree apprenticeships. 75% were aware of the costs of apprenticeship backfill and 75% were aware of the costs of investment for training staff to support delivery and assessment. 87% were aware of the costs of for enabling staff time for mentoring, assessing & teaching.

Concern was expressed by respondents that in the current financial climate it will be very difficult for health boards and individuals to find additional funding.



## Other sectors

During the consultation, contributions were made from other sectors including Social Care and Primary Care. Statistics are not available for these other sectors, but their views have been recognised and included. Comments and feedback were received via email and workshop attendance.

Social Care Wales fully supports the place of degree apprenticeships, and apprenticeships in general as a mechanism for widening access and increasing the opportunity for a broader range of learners to embark on a career in healthcare.

In response to the question of funding for degree apprenticeships being partly funded by either the employer or the learner, in the current economic climate it was felt this could have a possible negative impact on the uptake by both learners and employers influencing the effectiveness of degree apprenticeships.

Respondents recognised the funding from Welsh Government, which is currently used to pay Higher Education Institutions (HEIs) and bursaries, is a finite pot which is likely to be redistributed if degree apprenticeships were introduced. In addition, there was a concern that once the apprentice has commenced training there would be an expectation of higher salaries, without the recognition of the investment being made into them.

Independent contractors highlighted the prohibitive cost of apprenticeships for the employer. Employing an apprentice would account for a significant proportion of the wage bill even for larger independent contractors. There were also recognised problems with retaining the employee once they have completed their qualification, long enough to receive a 'pay-back' from the investment in their training. It may be possible to tie them in post qualification, but this could further exacerbate recruitment challenges. Other employment concerns included gaps in the apprentices' skill set as smaller employers would not be able to offer a range of opportunities, potentially limiting development and innovation.

Backfill would be a challenge in smaller primary care settings and independent settings as there is not the same access to bank and agency staff as in secondary care. It may also be a challenge for primary care to rota the apprentice with an appropriately qualified staff member to facilitate training and support.

Collaboration would be required to ensure the HEIs and other training providers met the employers needs whilst ensuring professional body/regulatory requirements were also part of course development.

From a community nursing perspective, it was felt that the need to travel to a small number of HEI's in South Wales offering qualifications for mental health nursing is leading to shortage of qualified staff in the community due to a lack of accessibility and low retention rates. Certain areas of nursing may benefit more from apprenticeships, such as learning disabilities and mental health, as these specialities do not get the exposure and are perceived as not as attractive.

## Conclusion

Overall, there has been collective support and positivity for exploring the opportunity of introducing healthcare degree apprenticeships to diversify and advance the healthcare workforce in Wales with a (*apprenticeship*) model potentially bringing similar benefits in Wales, as seen in England, in addressing workforce shortages and driving workforce development.

The opportunity that the new Commission for Tertiary Education and Research (CTER) could bring in the integration of regulation, funding and governance for post-16 education, training, and research is recognised and should be supported. Early communications must be co-ordinated to ensure that apprenticeships are prioritised within their strategy, ahead of its formal launch in April 2024.

Apprenticeships are generally embraced as a complementary education and training pathway into the healthcare workforce rather than alternative to existing approaches. Diverse routes are required to help meet the ongoing healthcare workforce challenges. Partnership working between education providers and employers would need to be an embedded approach. It is crucial that any new initiatives in healthcare apprenticeships are introduced thoughtfully and with due consideration of their potential impact on existing programs and funding models in Wales.

The importance of recognising the significance of enhancing access to education and training opportunities for individuals aspiring to embark on healthcare careers, especially during these challenging times in the sector was regularly highlighted within responses.

However, implementing any models at scale will require significant resource, funding investment and infrastructure consideration. Any approach must learn lessons from existing apprenticeship delivery experiences. Approaches must create a sustainable long-term framework, evaluating the resource and infrastructure required within the smaller scale pilots that have been typically evidenced to date in Wales. Any new provision would need accurate and clear messages around the funding, timescales for recruitment and potential provider networks.

Evidence presented from outside of this consultation suggested that early degree apprenticeship pilots in Wales suffered from some unclear communication and a lack of signposting to both those involved in workforce planning and those involved in outreach to engage potential candidates. Within any future developments it would be vital to ensure clarity of messaging to potential employers and apprentices to secure planned recruitment and delivery resources.

Further detailed research and consultation into the impact that degree apprenticeships could have in different occupational areas would be welcomed. Additional information must be available to employers on how apprenticeships can support the creation of new jobs, fill skills gaps, and be used to support recruitment strategies that address workforce need.

Many respondents already consider part-time learning pathways as apprentice type routes as health boards employ individuals, and over complicating approaches is unnecessary. Supervision models exist and the model can be replicated across professions in line with the Regulators' expectations.

Any developments must clearly differentiate between an apprenticeship and being supported by an employer to do a part-time degree.

Approaches that support locality, retention and progression pathways for service delivery are welcomed. At present there are potentially 5000 individuals (experienced in caring professions) currently within the level 2-4 apprenticeship system that may would welcome a continued part-time, earn as you learn progression routes.

## Acknowledgments

HEIW would like to express their thanks to all healthcare staff, educators and other professionals who took the time to complete the survey, join and contribute to the online workshops, provided information, and consented to be interviewed.

HEIW would like to acknowledge and thank the following professional bodies who submitted written responses to the consultation:

- Community Pharmacy Wales (CPW)
- Council of Deans of Health Wales
- Further Education Strategic Alliance Partners
- Royal College of Midwives (RCM)
- Royal College of Nursing (RCN)
- Royal College of Occupational Therapy (RCOT)
- Royal College of Podiatry (RCPOD)
- Royal College Speech & Language Therapy Wales (RCSLT)
- Royal Pharmaceutical Society Wales (RPS)
- Social Care Wales
- The British Dietetic Society (BDS)
- University South Wales
- The Open University in Wales (OU)

## Abbreviations

AHP – Allied Health Professions

CTER – Commission for Tertiary Education and Research

E&T – Education and Training

HCPC – Health and Care Professions Council

HCS – Healthcare Science

HCSW - Health Care Support Worker

HEI -Higher Education Institution

HEIW - Health Education Improvement Wales

ILM – The Institute of Leadership and Management

NMC – Nursing and Midwifery Council

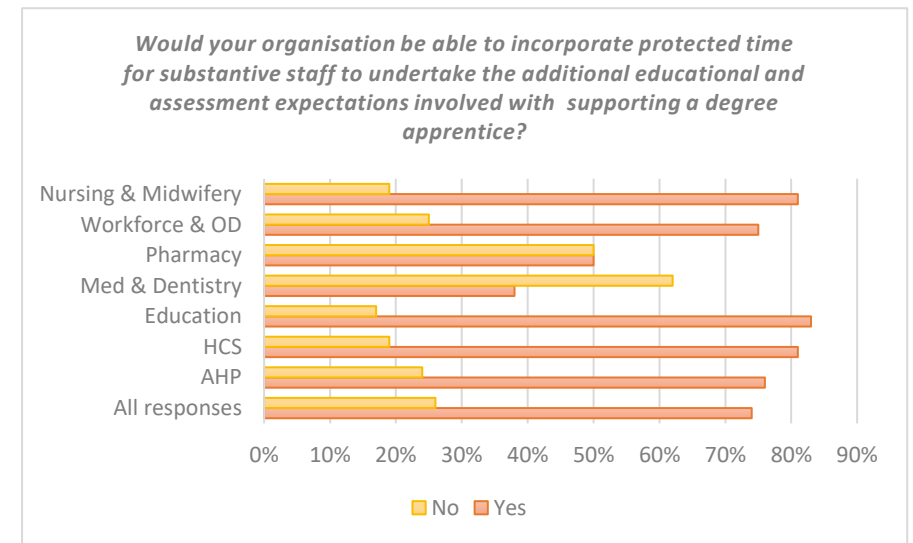
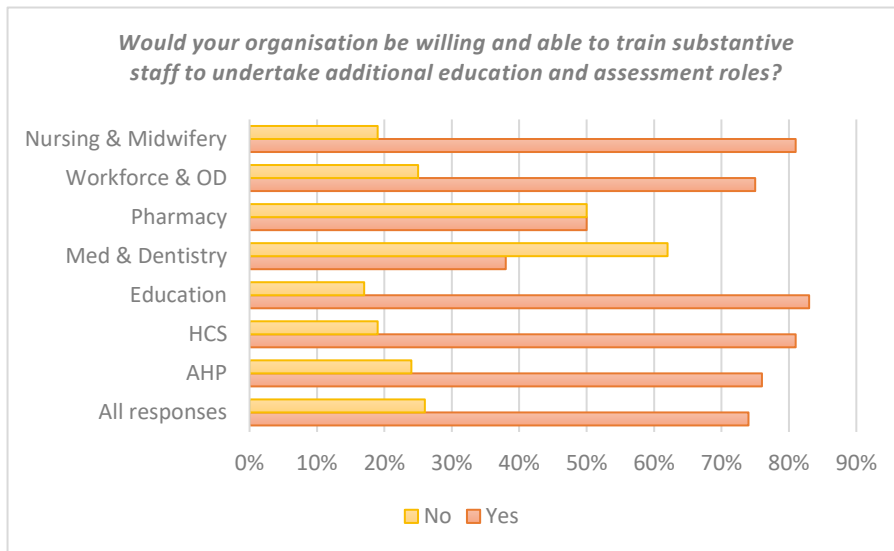
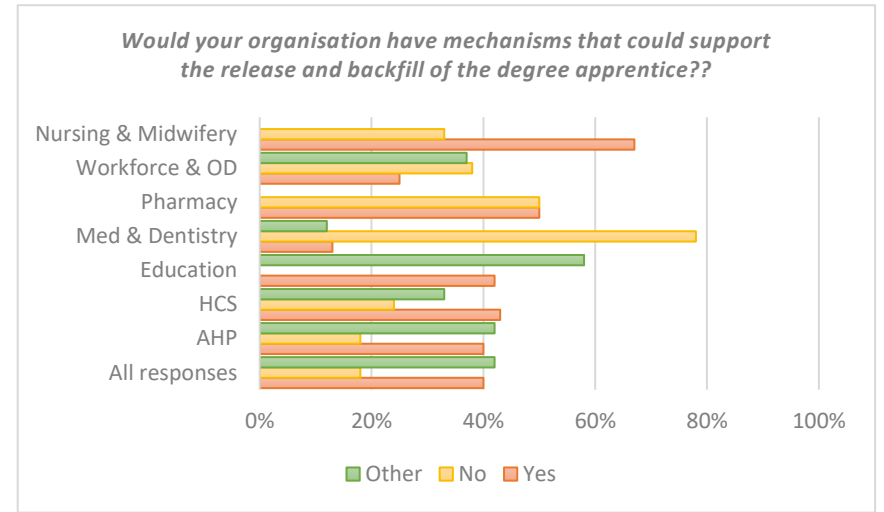
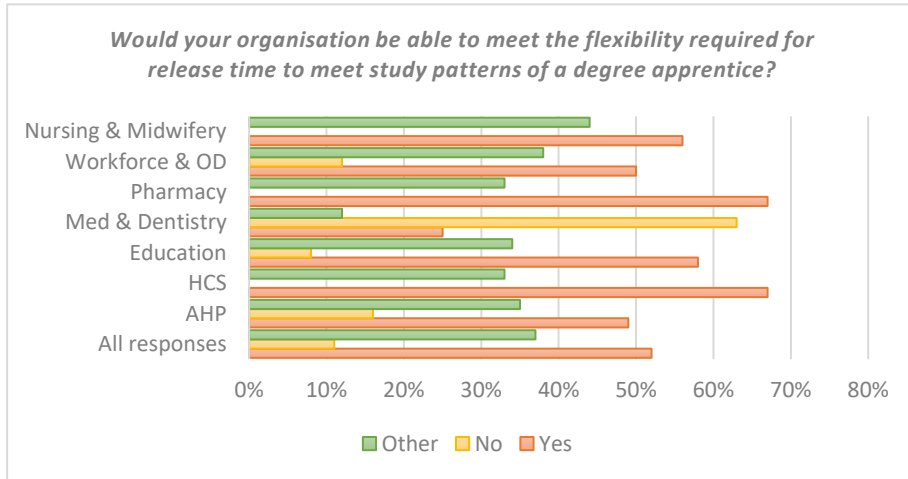
ODP – Operating Department Practitioner

OT – Occupational Therapy

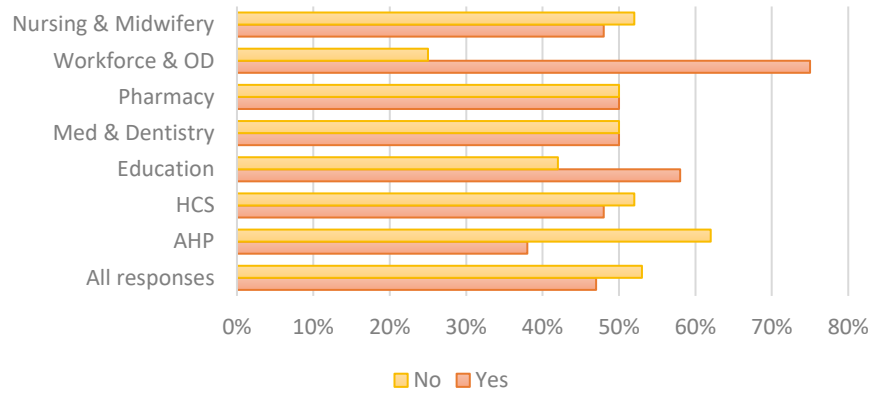
PTP – Practitioner Training Programme

WBL – Work Based Learning

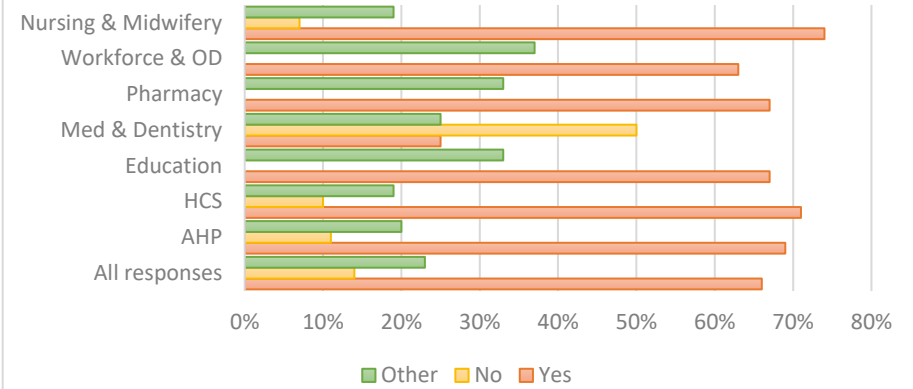
## Appendix 1



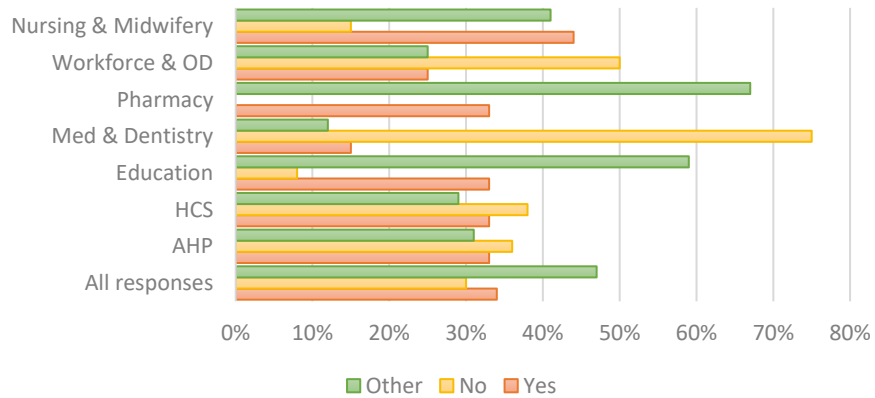
**Are you aware of the amount of additional time that substantive staff would need to enable full support of a degree apprentice?**



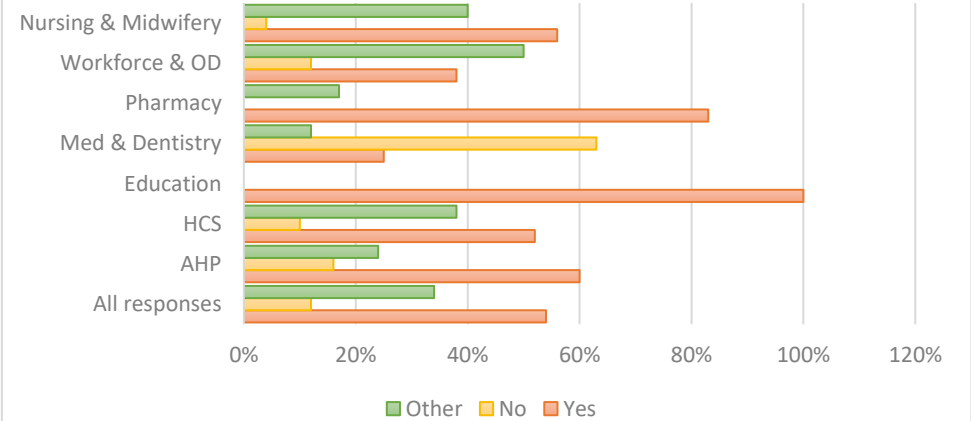
**Could your organisation meet the wellbeing requirements of all staff?**



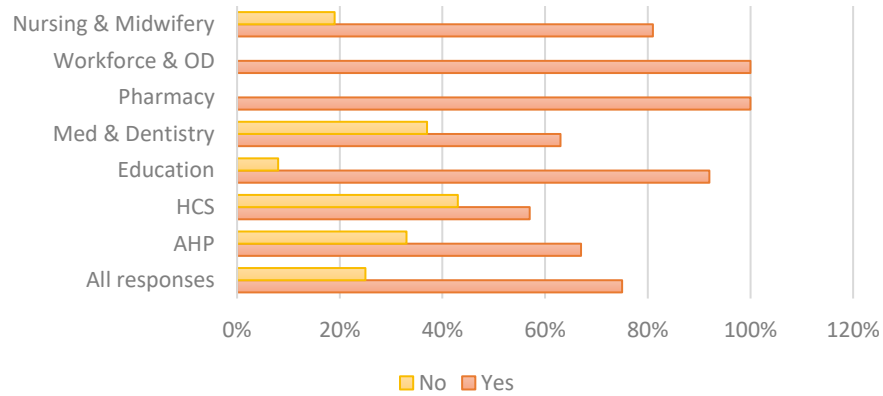
**Would your organisation have mechanisms to support backfill of the substantive staff involved in the education and assessment of a degree apprentice?**



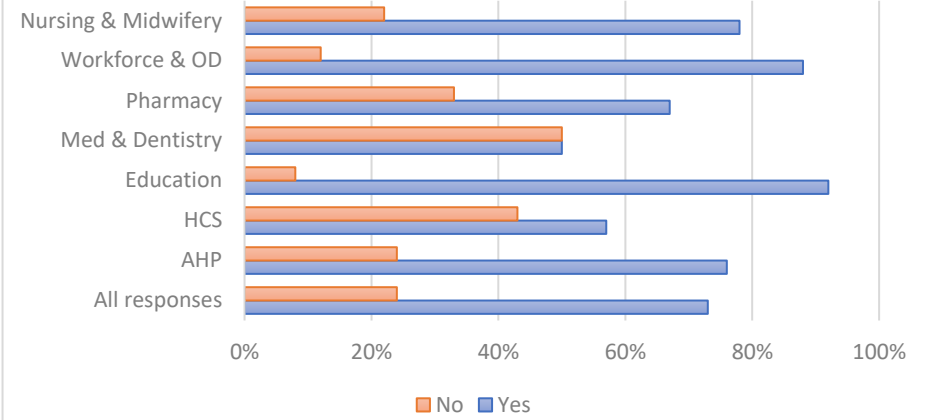
**Would your organisation be able to offer pre-registration employment within job roles that enables achievement of a degree apprenticeship?**



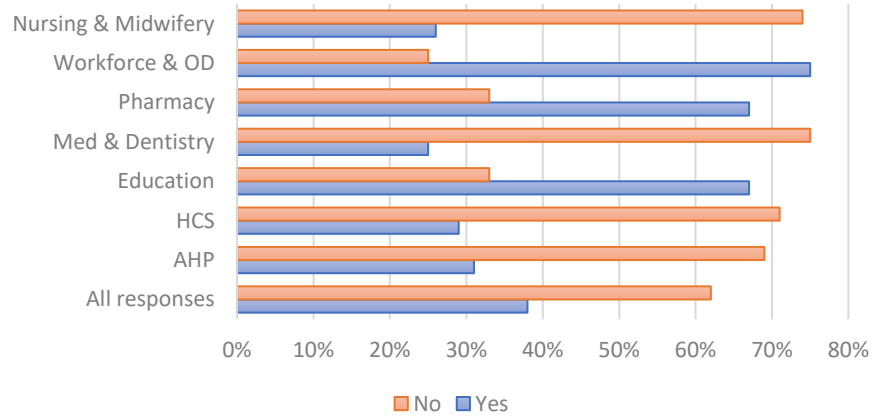
**Are you aware that degree and non-degree apprentices need to be employed, with full benefits, for a minimum of 16 hours per week?**



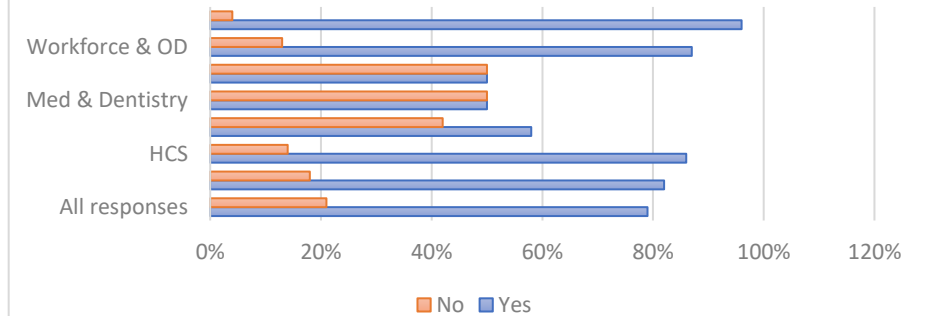
**Do you know how healthcare degrees are currently funded in Wales?**



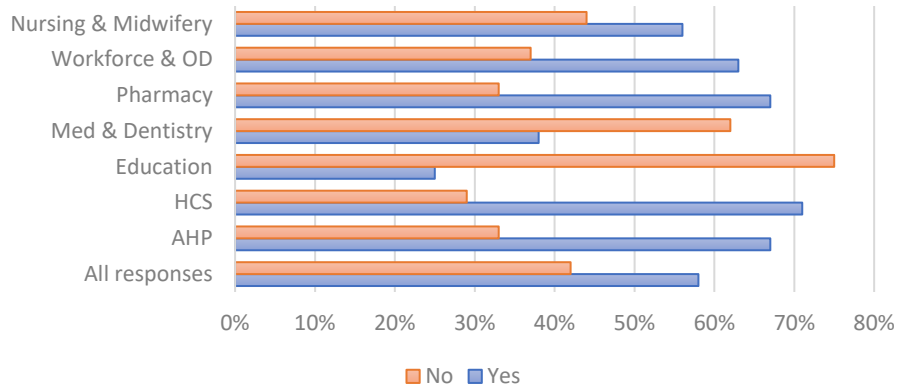
**Do you know how apprenticeship funding is accessed in Wales?**



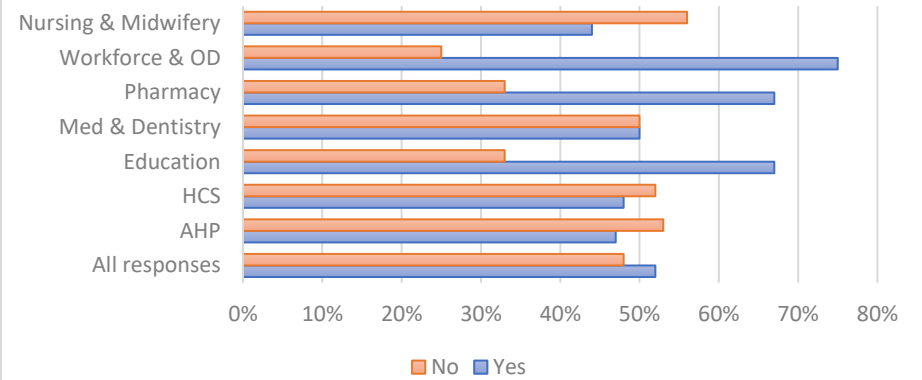
**Would you be supportive of a degree apprenticeship model that required additional part funding investment from the employing organisation?**



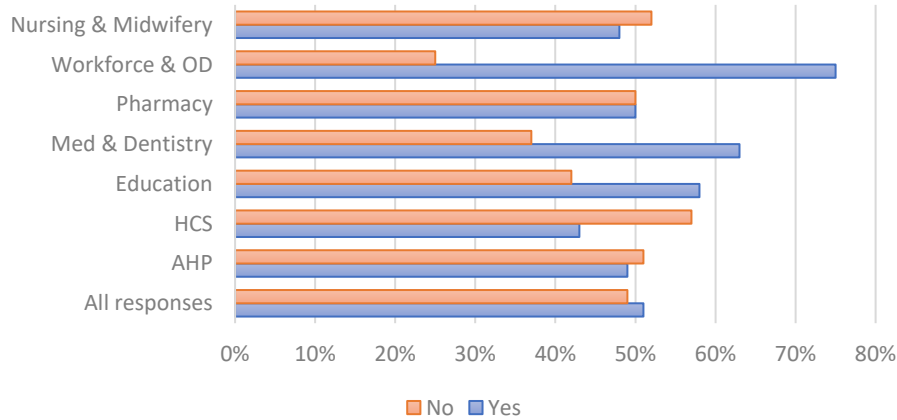
**Would you be supportive of a degree apprenticeship model that required additional part funding investment from the learners?**



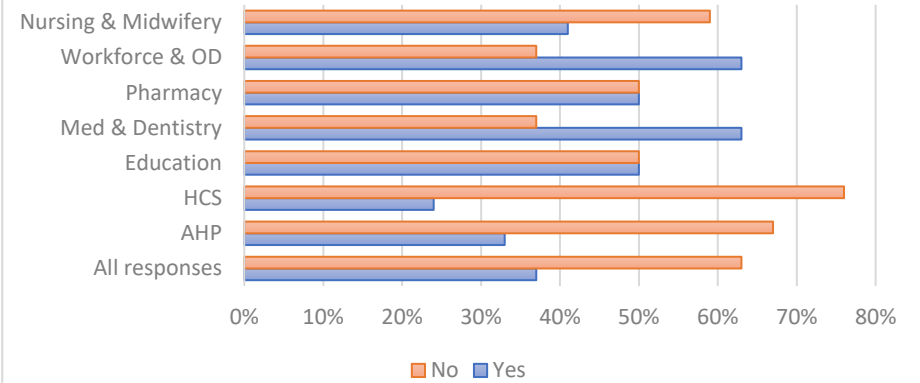
**Are you aware of the costs of investment for training staff to support delivery and assessment?**



**Are you aware of the costs of backfill?**

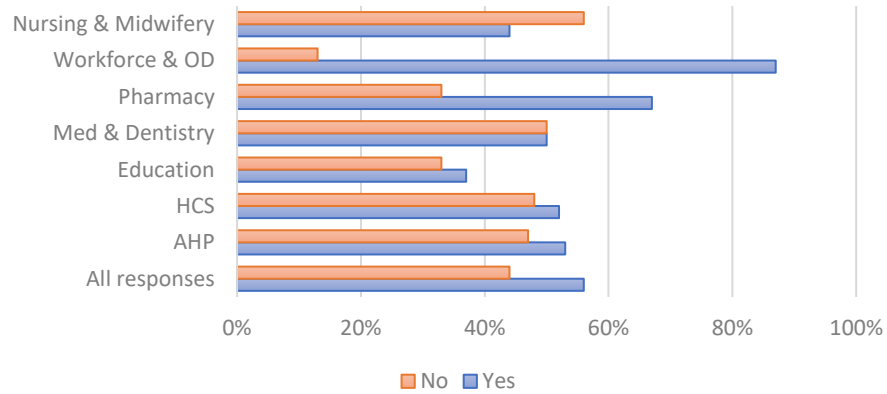


**Are you aware of the costs that could be associated with introducing degree apprenticeships within your healthboard?**

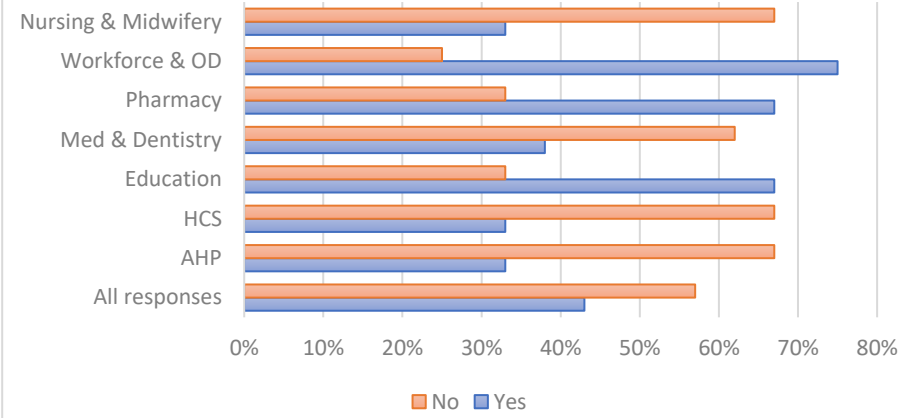




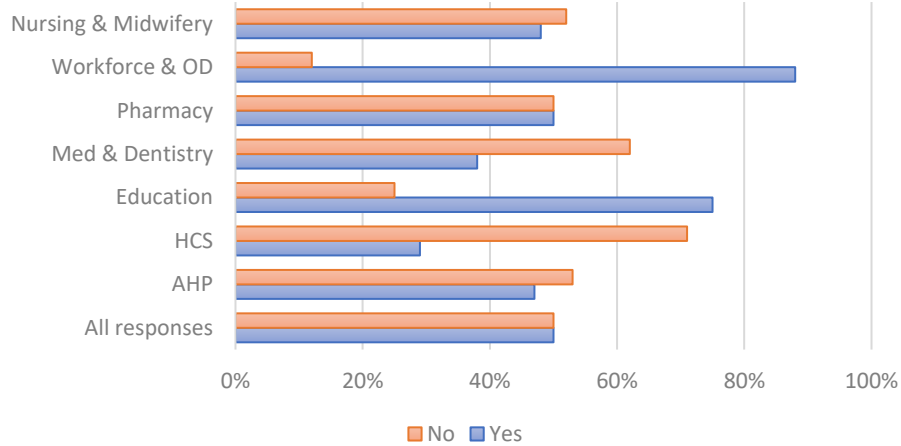
**Are you aware of the costs of enabling staff time for mentoring, assessing and teaching?**



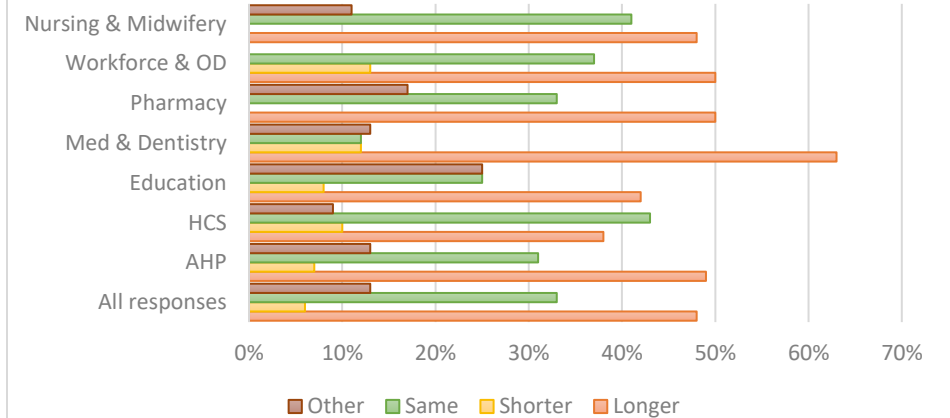
**Are you aware of the costs of employing an apprentice?**



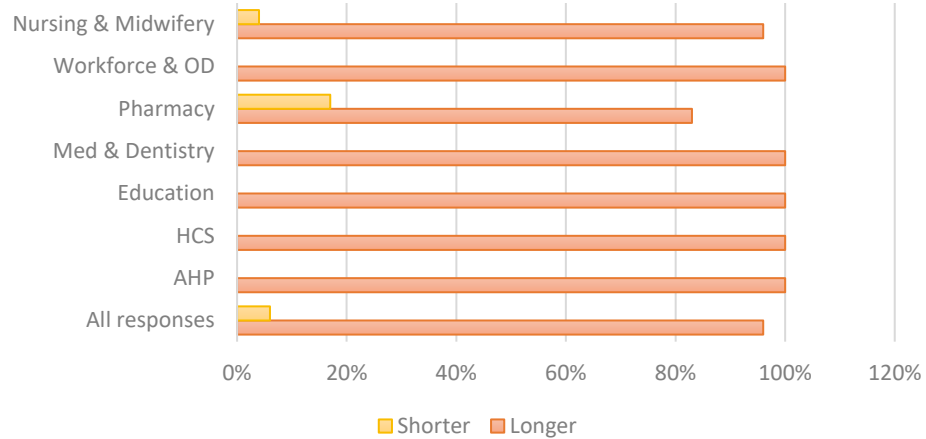
**Are you aware of the costs of placement release and syudy leave?**



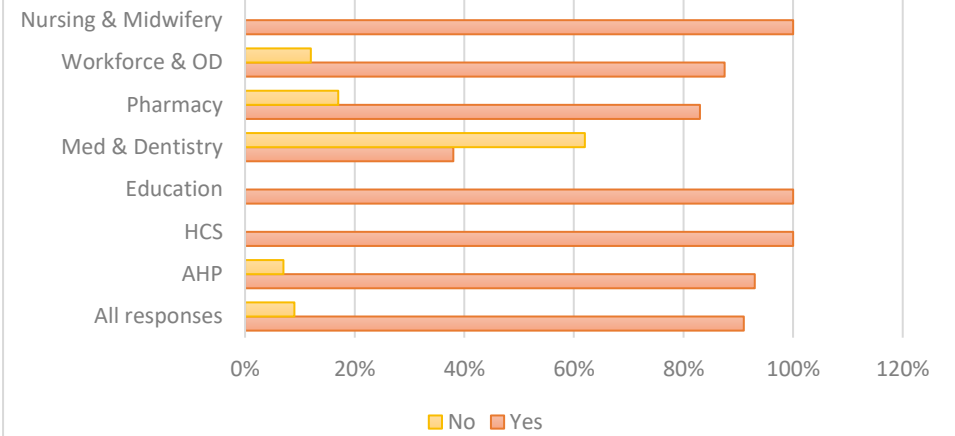
**How would you expect the length of time for the completion of a degree apprenticeship to compare with an existing degree?**



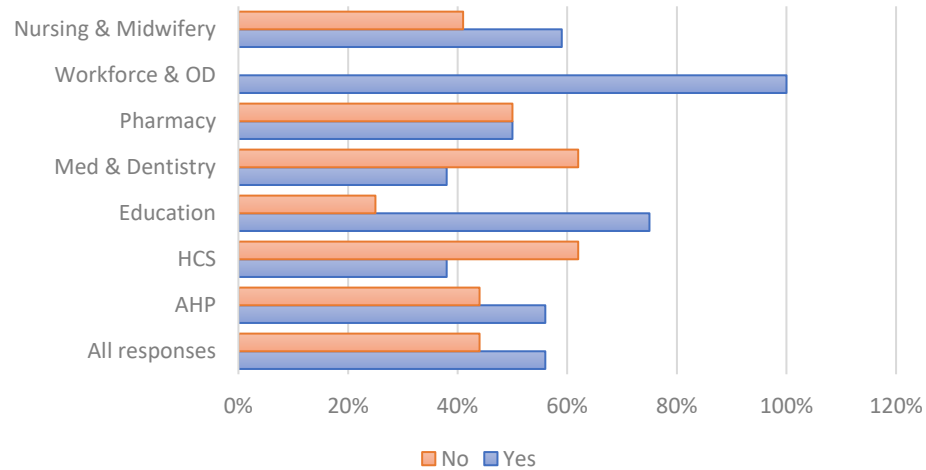
*Would your organisation value a degree apprenticeship as equivalent to an existing degree?*



*Should collaborative delivery of degree apprenticeship programmes be expected?*



*Do you understand the various models of delivery for part-time?*



*Do you understand the various models of delivery for full-time?*

