

## **Background**

In June 2023, NHS England published its Long Term Workforce Plan, setting out the needs of the healthcare workforce over the next 15 years and outlining the measures needed to ensure the future sustainability of the health system's education and training pipeline. The plan sits within the context of the post-Covid pandemic recovery of NHS services – the NHS faces significant budget pressures at a time when waiting lists, fuelled by a reduction in elective activity during the pandemic, sit at record-high levels. While dealing with these challenges, staffing remains a significant issue – as of June 2023, more than 43,000 nursing posts were vacant, more than 1 in every 10 roles within the NHS in England.

Throughout the pandemic and post-pandemic recovery, independent healthcare providers have worked closely alongside the NHS to support recovery efforts. According to the latest data, almost 10% of all NHS-funded elective activity is delivered by independent providers.

Independent providers cover a broad range of service types and delivery models – from acute care hospitals, to community-based services, to diagnostic testing and providers of insourced medical teams. Together, these providers are able to offer significant additional capacity to the NHS as it looks to work towards the aims set out in the Elective Recovery Plan, published in April 2022.

## **Elective Recovery Taskforce**

With the NHS waiting list sitting at more than 7 million people, in December 2022 the Department of Health and Social Care (DHSC) convened an Elective Recovery Taskforce, with the remit of inform the government's understanding of current independent sector provider and NHS working practices, providing direction on specific issues that could contribute to tackling the backlog, and shaping proposals for how the healthcare system can make use of all resources at its disposal, further tackling the backlog caused by the COVID-19 pandemic. The taskforce, chaired by the Minister, included representatives from across the National Health Service, independent service providers, and patient representatives. IHPN and its members were represented on the taskforce by its chief executive, David Hare.

## **Apprenticeships**

Among the issues considered by the Taskforce was the issue of training the clinical workforce. As one of the actions determined by the Taskforce to implement its recommendations, IHPN was commissioned to publish an evaluation of apprenticeship schemes currently available within the independent sector. This report – drawing data from a larger piece of work on training in the independent sector – addresses that action.

Within the context of training, apprenticeships are an increasingly important route to bring additional personnel into the health workforce. In contrast to traditional full-time higher education and training routes, apprenticeships can be significantly more accessible to people from traditionally under-represented backgrounds, allowing learners to combine work – and an income – with study as they progress towards a clinical qualification.

Currently, a wide-range of NHS apprenticeships are already available – including for nursing associates, registered nurses (degree apprenticeships), and in podiatry, pharmacy and dental nursing. From 2024, NHS England will also be piloting a medical degree apprenticeship to add additional training routes for doctors.

## IHPN Member Survey

Through July and August 2023, IHPN conducted a survey on clinical training among its membership. In total, 29 organisations – approximately one-third of IHPN’s membership – submitted a valid response. Between them, these respondents are responsible for approximately 90% of all NHS-funded independent sector activity, and represent a variety of service and delivery models. The largest respondent employs more than 15,000 clinical staff across the UK, the smallest employs 80.

## Findings

Between them, the respondents to the survey delivered 1,045 clinical apprenticeships in the 2022/23 financial year. Of these, 202 apprenticeships were for nurses and nurse associates, with 843 for other clinical staff, including physiotherapists, health and care support workers and other allied health professionals. In total, we estimate that the independent sector offers one apprenticeship for every 57 clinical staff employed. This proportion (1.7%) is in line with the last reported NHS apprenticeship statistics (1.6% of employees starting a new apprenticeship in 2020/21).

While this baseline is encouraging, it does mask significant inconsistencies across the sector – with the majority of apprenticeships being delivered by a small handful of providers. The most prolific user of apprenticeships among respondents has one apprenticeship for every 15 clinical employees – largely through a significant offer of nurse apprenticeships. Overall, fourteen respondents – 48% - reported not employing any apprentices during 2022/23.

According to the NHS Long Term Workforce plan, currently 9% of registered nurses currently qualify through apprenticeship routes within NHS providers – with the exception of a small handful of providers, the independent sector falls significantly below this currently. The long-term ambition set out in the plan is for this to reach 28% of all new nurses qualifying via apprenticeships by 2031.

Overall in 2022/23, apprenticeships represented approximately 2% of all nurse training within the independent sector – although our data cannot distinguish between training for new entrants and further learning for already qualified nurses. For other clinical professionals, apprenticeships represent approximately 5% of all training within the sector, albeit with the same caveat.

## Challenges

In their responses, our members highlighted a number of challenges that they currently face in offering apprenticeship opportunities. One provider reported that the minimum requirement for functional skill maths and English at Level 2 for all clinical apprenticeships (at Level 5 and above) has notably hindered uptake on clinical apprenticeship programmes and disadvantaged applicants without these qualifications. They say that several training providers have allowed learners to complete functional skills alongside their apprenticeship programme – although this approach frequently leads to increased stress and anxiety for learners, and increased attrition rates. They would welcome a greater focus on how employers can support and signpost learners to functional skill Level 2 courses to help address this.

Another issue raised is the current apprenticeship levy payment cap on the HCA Level 2 and Level 3, which providers feel can be restrictive for training providers. One provider reports that, due to cost constraints, the academic portions of many learning programmes at this level are being delivered entirely remotely and resource is often limited or reduced. This has resulted in a number of national training providers discontinuing the delivery of the HCA Level 2 and Level 3 apprenticeship programme limiting partnership opportunities for providers.

There also remain several areas where apprenticeships are not available – optometry and audiology for example. Providers in these specialties report that, while their organisations already offer apprenticeships in non-clinical roles, this lack of a national apprenticeship offer has closed off this particular training route for their clinical staff recruitment. Similarly, a lack of available academic capacity in some specialties – radiography is one example cited by respondents – limits the volume of apprenticeships that providers have been able to offer in these areas, even where demand – and willingness – is high. Specialist providers within the independent sector would be likely to significantly increase the recruitment of apprentices if these academic capacity issues could be addressed.

Even where sufficient capacity is available, some providers are limited in their ability to offer apprenticeships by the nature of their service. Some providers who focus on a single specialty, for example, are unable to offer prospective apprentices exposure to all of the areas needed to satisfy the NHS Knowledge and Skills Framework for degree level apprenticeships for nurses and operating department practitioners. For other providers, sourcing placements for apprenticeships in secondary care – accident & emergency departments, theatres and X-ray in particular – is also a significant challenge. One provider suggests that a model needs to be developed wherein a group of providers is able to provide reciprocal placements to help overcome this challenge.

### **Developing further opportunities**

Despite these challenges, however, progress is being made. According to our members, for example, the apprenticeship levy has allowed providers of apprenticeships to access additional funding to support training delivery more consistently than for any other training/funding route currently available.

Providers are also actively seeking to expand their apprenticeship offer – one large provider has just appointed a new apprenticeship manager to expand their training programme, while several others are in the process of opening up their first apprenticeship intakes.

Separate IHPN research has recently found that two-thirds of our members believe the best way to resolve the current workforce challenges is to grow their own through apprenticeship and other similar schemes, with half of members already having plans to increase the number of clinical apprenticeships in the next 12 months.

Those providers who already have an established apprenticeship offer can clearly demonstrate the value they bring in helping to shape the future workforce – Spire Healthcare, for example, have recently announced a significant expansion of their already extensive nursing apprenticeship program, recognising apprenticeships as not only a talent pipeline for their own business but also for the broader healthcare sector, with many graduates going on to careers within the NHS.

### **Next Steps**

The independent sector is committed to working with the NHS and Department of Health and Social Care to increase, improve and expand the clinical training offer within the independent sector. Many of our members have already been able to demonstrate the value of apprenticeships in expanding the healthcare workforce, although it is equally clear that a number of significant challenges remain in place.

For independent providers, there is a clear disparity in access to support and resources dependent on organisational size and service model. NHS England may wish to consider how NHS Trusts and independent providers may be able to provide reciprocal support in terms of clinical placements, or shared learning resources to enable a wider range of providers to offer apprenticeships. Consideration should also be given to how specialties with a particular need for additional recruitment – radiography, for example – can be supported.

The sector is also very keen to improve access to functional training, and this is an area where IHPN believes that closer collaboration between the independent sector and NHS England could help significantly improve access to learning for under-represented communities.