HOUSE OF COMMONS

Education Committee

Oral evidence: Nursing apprenticeships, HC 1017

Tuesday 5 June 2018

Ordered by the House of Commons to be published on 5 June 2018.

Watch the meeting

Members present: Robert Halfon (Chair); Lucy Allan; Trudy Harrison; Ian Mearns; Lucy Powell; Thelma Walker; Mr William Wragg.

Questions 1 - 85

Witnesses

I: Dr Katerina Kolyova, Executive Director, Council of Deans Health; Danny Mortimer, Chief Executive, NHS Employers; Janet Davies, Chief Executive and General Secretary, Royal College of Nursing; and Theresa Britt, Head of Stakeholder Engagement and Product Development Project Manager for Apprenticeships, Open University.

Examination of witnesses

I: Dr Katerina Kolyova, Executive Director, Council of Deans Health; Danny Mortimer, Chief Executive, NHS Employers; Janet Davies, Chief Executive and General Secretary, Royal College of Nursing; and Theresa Britt, Head of Stakeholder Engagement and Product Development Project Manager for Apprenticeships, Open University.

Q1 **Chair:** Good morning, everybody. For the benefit of the tape, could you introduce yourselves and your positions?

Janet Davies: I am Janet Davies and I am the Chief Executive of the Royal College of Nursing.

Dr Kolyva: Good morning. I am Katerina Kolyva. I am the Executive Director of the Council of Deans of Health.

Theresa Britt: Hello. I am Theresa Britt. I work in the Open University Business Development Unit where I am heavily involved in working with faculties on the development of apprenticeship programmes.

Danny Mortimer: Good morning. I am Danny Mortimer, the Chief Executive of NHS Employers. We are the employers association for the statutory NHS in England.

Q2 **Trudy Harrison:** Good morning. On the subject of whether degree apprenticeships are actually working, is the system working as intended at the moment? That is a question I would like to ask you all, starting with Janet.

Janet Davies: It is early days and very small numbers. I think there are some real challenges. The majority of those are about ensuring that we have a proper learning environment where students can be students and where patients are kept safe, but also enabling in our health system the wide range of experience that is required of a nurse for the 21st century.

There are real challenges. No. 1 is probably the cost, because to be a true apprentice and a true learner, you need consistent supervision. With an apprenticeship, you have the cost of a salary but you also have the cost of the supervisor and the backfill when people have their academic study, which is vital in gaining that knowledge. At the moment, to have a really good-quality apprenticeship scheme, which we think there is a real chance of having, it needs to be costed properly and supported. I think the speed at which we are trying to introduce it at the moment is creating some difficulties.

Q3 **Trudy Harrison:** Just before we move on, I should have declared my interest as the chair of the Apprenticeship Delivery Board and an

ambassador for apprenticeships. Also, my daughter found out yesterday that she has been selected for a nurse cadetship, subject to her grades, so that is a personal interest as well. If you could continue, thank you.

Dr Kolyva: I should start by saying that universities have a committed agenda for widening participation in the apprenticeship context and in the three-year degree route into nursing as a profession. Nursing per se is probably the one profession that has had a history of the widest participation. Particularly in learning disability and mental health, for example, over 20% of the applicants come from very different, less advantaged backgrounds. As a starting point, I should note the commitment of universities to this agenda. I was looking yesterday at the list—

Ian Mearns: I am sorry, would you mind speaking up? I am finding it difficult to hear with some background noise and the acoustics are not very good in here.

Dr Kolyva: Do you want me to repeat?

Ian Mearns: No, just carry on.

Dr Kolyva: I was looking yesterday at the list of higher education institutions in England that have been approved by the Nursing and Midwifery Council to carry out degree apprenticeships in nursing, and we currently have 17 universities. That does not mean that 17 of them are delivering apprenticeship programmes. It means that they are committed to do so through an approval process. I would agree with the challenges that Janet presented and I would add—I am sure we will get to them later in this evidence session—the complexity of the regulatory environment between higher education and healthcare, which is the environment where universities and employers sit.

Q4 **Trudy Harrison:** Do you mean standards in particular? Is that a challenge?

Dr Kolyva: All degree apprenticeships will have to be approved by the Nursing and Midwifery Council, which is the professional regulator for nurses. As with three-year degree programmes, the nursing apprenticeships will have to meet the same standards and the same outcomes irrespective of how they are delivered. The focus of the regulator and ourselves for the delivery of higher education will be on safety and outcomes, ensuring that the registered nurses, whether they come through the apprenticeship route or through the three-year degree route, will have had experience in a variety of settings, for example. They will have had education in research evidence and critical thinking as well as the practical skills.

Theresa Britt: We are one of the universities that is committed to delivering degree apprenticeships across a wide range of subject areas and we are very excited by the opportunity they present. With that comes a big institutional commitment to equipping ourselves to shift into

the space within infrastructure and people of expertise. I think that is absolutely a requirement from an university point of view. We have a long track record of delivering work-based learning programmes in health and nursing, which very much have opened up new routes for people who might not have been able to attend or to achieve nursing through the traditional routes to do so. We are very proud of that track record and we see the development of degree apprenticeships as building on that. We are very positive and have planned for expansion in that space with those degree apprenticeships.

However, there are particular complexities in the area of nursing context for the reasons my colleagues provide, but perhaps we will deal with that in further questions. There are challenges in the regulatory environment, the employer context and how this fits within a range of other policies and regulatory requirements.

Q5 **Trudy Harrison:** Are they working as intended with only 30 starts last year?

Theresa Britt: In the next year we are expecting to have a significantly larger intake than that of up to about 100 in the year 2018-19. I cannot guarantee you those precise figures at this point because we are still in the process of working with partners and employers to secure them, but certainly we have ambitions for more. There are challenges that need to be addressed if the apprenticeships in this space are going to become what they really need to be, which is an exciting opportunity for meeting the challenges.

Q6 **Trudy Harrison:** The purpose of this session is to understand those challenges. I do not want you to hold back on those. We need to understand those because collectively we want to make sure that degree apprenticeships work and I am not sure they are working if we had only 30 starts last year. To me that is absolutely not working.

Danny Mortimer: We would agree with you. I think the particular frustration for my members is that we see our colleagues in the university sector moving as quickly as they can on the regulatory piece with the NMC; we see support from trade unions in widening participation and support from within the profession more broadly; but we also see an inflexibility in the apprenticeship levy as a matter of policy, which means that it is a very expensive way of training a nurse. It means that we cannot properly fund the time that we need to release on nursing apprenticeships.

Training to be a nurse is very different from some of the other apprenticeships that are on offer. The current policy and the Department for Education do not recognise or accept the difference between a nursing degree apprenticeship and other degree apprenticeships. They will not allow the flexibility in the release of time for the students to train properly and meet the standards set by the NMC. They will not allow us to fund the time to put in place the supervision—additional on-the-job

supervision—mentoring and practice development that students need, and they will not extend the timescale for us to be able to access the levy to spend it on nursing degree apprenticeships. As Katerina explained, there is the lead-in time for the universities to develop this programme—it is being done at pace, but we will have lost access to the levy within the timescale the Department has set.

There seems to be an unwillingness to accept different circumstances, particularly because of the regulation. We are training people to provide really important, complex clinical care to the public. There is something very different about that apprenticeship compared with most other apprenticeships—there are reasons of public safety and regulation. There is a mismatch between the positive policy intent of the Secretary of State for Health and Social Care and his Department, and the response of the Department for Education and others in Government—the mismatch is between the ambition in one place and the lack of flexibility in another.

Q7 **Trudy Harrison:** Are you saying that the inflexibility in how the levy could be spent is the main issue for not delivering a—

Danny Mortimer: For employers? Colleagues may have different perspectives, but for employers, yes. It generates an additional £35,000 or £40,000 of cost per student every year for four years and people are struggling. While they absolutely agree with the intent in widening participation, that £40,000 per student is not something that comes easily to hand. We disclosed last week that the provider section in the NHS was £900 million overspent last year, so that £140,000 or £150,000 per student over four years is not readily available other than through the levy.

Theresa Britt: Our experience is that, because of the changing landscape about how programmes have been paid for, the levy provides the university with the cost of delivery but does not provide the changes in the salary landscape and the backfill, which means that we see employers struggling to understand how they will make up those costs. Policy disconnects with the nurse associate—I know it is not our prime focus but it is linked. There is an expectation of money going back to the employer—the trust—to fill gaps, but that in itself might make it commercially unviable in some cases for HEI. It also throws us into challenge with the ESFA funding rules.

That is another complex dynamic we are dealing with, which is about what is compliant and what is not and how we play that. There is an incredible amount of complexity in trying to keep within the rules, get people on board and deal with the internal context with the employer. I think that is fair.

Dr Kolyva: Degree programmes for nursing and all other allied health professions are quite resource intensive. Future nurses will be educated, in theory, 50% in an academic environment and 50% in practice in a variety of practice settings. This is where the costs lie for equipment,

technology, digital, blended learning methodologies, research and so on. We carried out a study in our membership that was led by the predecessor organisation of the Office for Students last year, HEFCE, which was published—we can offer you the results. The study clearly indicates the real costs of higher education of those programmes and the fact that they are high cost programmes. You were talking about the cost to employers, which is very important but equally we want to maintain within the nursing degree apprenticeship to have the resources available for them to be viable for universities to be able to deliver and work collaboratively with employers.

Janet Davies: I think it is also complicated by the other things that are happening. The introduction of a degree level apprenticeship on its own is quite a big ask and it could be a very positive movement as an addition. I think the unfortunate thing is that this has happened at the same time as funding has been removed for the undergraduate programmes and the introduction of student loans. That has taken us into a different place where it is being seen as a fix, which it should never really be. This is additional and enabling different people to come into nursing in different ways. It feels for many of the people that we talk to, such as our directors of nursing, that the cost has just been transferred from the Government over to the healthcare settings themselves, which are already stretched. We have the nurse associates on top of that, so there are all these different learners and confusion coming into the clinical workplace where the focus is on patient safety and clinical care. That is confusing people, so I think there needs to be some clarity about what this is. It is not an "instead of"; it is an "as well as".

We are working in an environment with 40,000 registered nursing vacancies and these are the people who have to be the mentors and the supervisors and their focus at the moment is on providing safe care to their patients. It is a very difficult environment to bring in something as specialist as providing a graduate level programme. I think that is one of the reasons why it is being so slow. As part of our preparation, we have been looking at the history of nurse education and all the reports that have happened over the years on why it moved into the universities. We need to be really careful we do not repeat the mistakes that happened with the old apprenticeship model, which meant they had to move out because of patient safety and because nurses were failing.

I am not surprised it is only 30. It needs really careful thinking through. This is very important for the health and wellbeing of our population in the 21st century but also for the delivery of healthcare. Less than two-thirds of nurses work in the NHS. We are preparing a workforce for healthcare across all settings and it takes probably a lot more thinking, a lot more funding and a lot more investment to make it work well.

Q8 **Chair:** What you are saying is that you are committed to degree apprenticeships, provided certain things are done?

Janet Davies: Absolutely.

Q9 **Chair:** You support the concept of it?

Janet Davies: The concept as an additional way of bringing people into nursing is good. What we need, though, is a good, proper workforce plan that is properly funded and costed and does not in any way compromise patient care or the delivery of healthcare services, which is where we have the problem at the moment.

Q10 **Chair:** In your opening answers to Trudy you talked about problems of supervision and so on. Wouldn't that happen with nursing associate apprenticeships as well, and there are a few thousand of those? Wouldn't it have happened with existing degree apprentices? What is the difference?

Janet Davies: Yes, it does. It happens at the moment, so we already have an issue with supervision and mentorship, and we have been looking at changing those models. We have been working with the NMC to make those models better. The problem is that you have different students coming in under different pathways without the registered nurses to supervise them. In addition, with the apprenticeship model, it is about ensuring that they have the opportunities to work in a variety of different settings. It is much more obvious because it has been established for so long in the undergraduate programme that you will clearly need to work in primary care, in public health and all the areas where you may be working in the future, because healthcare and nursing is not about hospitals. The general feeling is that hospitals will get smaller and they will be working elsewhere.

It is more established to get those placements when you are working in a university for half of your time and you are half time in clinical practice. For employers who hold apprenticeships, ensuring that you have clinical experiences fully supervised and fully mentored when it is already a busy space is very challenging. I am not saying it is not possible but it takes some time.

Q11 **Chair:** You talked about the costs. I understand that and I am not necessarily disagreeing with you, but given that there is a shortage in nursing and that a huge amount is spent on agency nurses, isn't there a significant cost-benefit to adopting apprenticeships, whether associate apprenticeships or degree apprenticeships, because they will save the NHS in the long run? On top of that, you have a £200 million levy to use in the training—otherwise it gets taken away.

Janet Davies: In the long term, any way of bringing nurses in that is safe, efficient and effective is good. That is what we are saying, but there are lots of other things we need to look at at the same time. At the moment, we have problems because we did not have enough investment into the training places in the past. We can see where numbers have been cut—establishments were cut before Mid Staffs—and we have not caught up with that. It is not by chance that we have the level of

vacancies that we have. This has been poor policy and saving money in the past. It is not purely by chance.

Apprenticeships themselves will not fix this. We need a whole picture of where we need investment into nurse education. We need incentives for people to go to university. We are particularly concerned that, before the introduction of a fee, 41% of people on undergraduate programmes were over the age of 25. We know the representation from local communities and from ethnic backgrounds was better than the rest of the student population. We believe we need incentives to enable those people to continue to have a university education and do the undergraduate degree programme for nursing as well as whoever chooses to have the opportunity to come in as apprentices. We think both models need investment, not just one over the other.

Dr Kolyva: I would agree with that. It is important to note that the main route to becoming a registered nurse is the three-year degree route and it is actually the fastest route because the apprenticeship is much longer. I appreciate your comment about the levy and it is important that universities continue to engage with it.

Another point to make is that, other than the financial issues my colleagues have referred to, there is also the complexity of the environment where apprenticeships, the universities and the employers are operating. We are sitting between higher education regulation and healthcare regulation. I was looking yesterday at the number of organisations we have to work with to develop effective apprenticeships out there in practice. The Department for Education has full accountability working with the Department of Health, but the Institute of Apprenticeships is in charge of equality and approvals. The Education and Skills Funding Agency deals with operational management of the funding. The Office for Students, Ofsted and the NMC are the regulators of higher education in healthcare, depending on which level of apprenticeship we are talking about. We have from nursing associate up to advanced clinical practice. When we get to policy, we have the University Vocational Awards Council, individual trailblazer groups of employers and universities working together, Health Education England and Skills for Health. I could go on.

The list of all the players is long, from both the healthcare sector and the higher education sector. In order for this to work at a pace, it is important that we note where the blockages are and unblock them, while recognising that the main route to being a registered nurse is a three-year degree route—we need to acknowledge that through communication and campaigning and messaging, because we know from the first year of the tuition fees into nursing that mature student numbers are lower. Some areas of nursing—learning disability in particular—are vulnerable, so it is important that we have strategic interventions to support those as well as using the apprenticeship route as a way in.

Q12 **Lucy Powell:** Following on from some of what you have said and thinking about lessons for other degree level apprenticeships, I am still totally struggling, and maybe you could expand it for me a bit more. I can understand the clinical environment. I would not want to be treated by somebody who is just at the beginning of an apprenticeship with no supervision, but could you explain in a bit more detail why this is so particularly unique? Do other degree apprenticeships in health or other related areas come across some of these issues? The issues you say about the timing of the levy as the percentage of the time off is part of the problem. Explain it to me in layman's terms.

Danny Mortimer: The apprenticeship levy by design assumes that all apprentices will need to have one day a week away from the workplace doing education. The NMC insists—

Lucy Powell: The who?

Danny Mortimer: The Nursing and Midwifery Council, which is the statutory regulator of nursing, says that you need at least two days and probably half your time away from the workplace doing education. It may well be that the HCPC that regulate the therapies—

Lucy Powell: Say the full name for the record.

Danny Mortimer: The HCPC is the Health and Care Professions Council. They regulate physiotherapy, dietetics and paramedics. They may well take a similar view on degree apprenticeships for the 13 or 14 professions that they regulate—the other healthcare professions—but the levy will fund only one day a week. There may well be apprentices in other sectors. I have contact with some of the national apprenticeship networks like the ADB as well. It seems relatively unique to health. We have a regulator saying that someone who is competently trained to be a nurse and to treat the public needs a different balance between formal education and hands-on practice.

Q13 **Lucy Powell:** What is the balance for the small numbers that we have already? Do they have one day out?

Danny Mortimer: They have to meet it. They have that balance and the—

Q14 **Lucy Powell:** They have to meet what? They have to meet one day or the two and a half days?

Danny Mortimer: They have two and a half days away from the workplace in formal education and the employers in those circumstances are having to bear the cost because they can't reclaim it through the levy.

Q15 **Lucy Powell:** In that sense, it does not differ greatly from a degree but the time off in education might be in FE or not in a degree.

Danny Mortimer: It depends on who is delivering the education. The difference to the degree is that the student can't access a student loan

and the employer is paying the salary and paying the backfill for the person to spend half their time in formal education and is putting in place the additional infrastructure to provide the clinical placement to supervise and mentor the student. The NMC sets requirements about what happens—sorry, the Nursing and Midwifery Council.

Chair: Try to avoid acronyms.

Danny Mortimer: We will try to avoid TLAs. I do apologise.

Lucy Powell: I think healthcare is the most impenetrable part of our world.

Danny Mortimer: We invent a new acronym every week. I do apologise. The Nursing and Midwifery Council sets requirements about what that workplace education looks like and these predate apprenticeship policy. They are just requirements that members have to comply with.

Q16 **Lucy Powell:** Basically the ESFA and the Department for Education and probably the Institute for Apprenticeships are not allowing you to roll out more than a 50:50 split and let you use the levy?

Danny Mortimer: They are very happy for the 50:50 split to go ahead. They just will not pay for it through the levy.

Theresa Britt: I was going to add a little bit more complexity. From our perspective as an apprenticeship provider, it is a good example of how the regulatory context and expectations, which obviously drive the requirements for a registered nurse, and the ESFA requirements, do not match well. There is 20% off the job, which in general terms is a great proviso for making sure learners in many contexts have ring-fenced time for study and relevant time for their apprenticeship. But increasingly we are being asked to track that and ensure—in general terms, this is across all apprenticeships—that further demands are not being made on those apprentices to study beyond that. Many employers do not want that because it is a cost to them when people are released.

It is a tightrope because, for us as a provider, we completely understand the requirement for NMC regulation and how that works in nursing but, at the same time, we are told that we should be tracking that 20% and we should not be encouraging more. It is almost like the apprenticeship context needs to be fine tuned and is still more focused on the historic FE/Ofsted context. Those safeguards are important but it does not work easily.

Q17 **Lucy Powell:** I see that. Of all the evidence we have heard, I would say that, overwhelmingly, employers have found that the one day off the job is almost too much, whereas in healthcare it is the opposite. We have not really come across that.

Danny Mortimer: It is absolutely the point that Theresa made. When we set out on the policy as a country we assumed all apprenticeships were the same and they are not. The real opportunity in apprenticeships, and

at all levels of apprenticeships in the health service, is that they are different and we can adapt them into very different types of jobs, but for some jobs, we rightly need to make sure that people can spend more time off the job in training.

Q18 **Lucy Powell:** You could say the same about a midwifery apprenticeship.

Danny Mortimer: It is exactly the same for midwifery. It may well be the same for physiotherapy, speech and language therapy, paramedics and everything else, which is why we would like that flexibility.

Q19 **Lucy Powell:** Yes, you do need that but you need that funding, presumably.

Danny Mortimer: We do, yes.

Q20 **Ian Mearns:** If two and a half days off the job to do specific training are required every week and the apprentice levy will pay for only one day, are they paying for the one day and not for a day and a half?

Danny Mortimer: Yes, they are. The figures I mentioned in response to Ms Harrison's question assume that we were claiming the £6,000 for the day release for the one day, but the employer has to bear the rest of the cost for backfilling the person to look after the patients while the apprentice is getting their education and training.

Q21 **Ian Mearns:** The gap is a day and a half not two and a half days?

Danny Mortimer: The gap is a day and a half—you are absolutely right.

Q22 **Ian Mearns:** Has there been any negotiation between the different parties? It seems to me that the nursing apprenticeship has been dropped into a very crowded landscape of regulatory bodies and so on. Are there negotiations to try to alleviate this particular problem?

Dr Kolyva: It depends how big the strategy is for a university—I am talking from the higher education sector perspective here. If apprenticeships are a very important priority for the university as a whole, faculties of health will make this work. A lot of our members who are engaging in this process—Theresa is a perfect example, as are the other 16 that I mentioned to you earlier—will have established local arrangements with employers, which they value. They have set apprenticeships as a key priority, so they cover, for example, part of their legal costs. There are a lot of very complex contractual and tendering arrangements—the processes are some of the issues. All I am saying is that where there is a commitment, the additional costs will be covered.

Q23 **Ian Mearns:** Does the Department of Health take a view on any of this?

Danny Mortimer: In our experience, it does. I know you are due to meet Ministers. There are conversations between Department of Health and Social Care colleagues and other Government Departments. My experience is that, in the apprenticeship forums I am part of, all employers would like some degree of flexibility on the apprenticeship

levy. I think there is a risk that what we are asking for is just seen in the same light as all the flexibility that everyone else wants.

Q24 **Chair:** Every single other industry will come along and say, "Can we have this?"

Danny Mortimer: Yes, absolutely.

Q25 **Ian Mearns:** But given we have a Department of Health and a national health service. It seems to me that this is being dealt with very much at a local level, as opposed suggesting a national solution for the problem of whether a university will exist and grow while the model develops.

Theresa Britt: Absolutely. From our point of view, it would be extremely welcome if there was more joining up at that senior level across Departments to try to ease some of the challenges that we face collectively.

Q26 **Chair:** To clarify, you are saying you need two and a half days and you are given one day?

Danny Mortimer: We are funded for only one day.

Q27 **Chair:** But you are saying that, to make the apprenticeship work, you need two and a half days or you have to?

Danny Mortimer: By law we have to—by statutory regulation we have to have that time.

Q28 **Chair:** When you were doing the trailblazers with the universities, was that made clear to the Department and to the IFA?

Danny Mortimer: Yes. On behalf of the health service, and I think other colleagues on the table as well, we have made it clear to ministerial colleagues in both Departments that that is the case. We have made it clear that it is not the only issue, but for employers it is probably the most significant issue limiting rapid expansion of nurse degree apprenticeships.

Q29 **Ian Mearns:** The nettle that needs to be grasped is growing?

Danny Mortimer: Yes.

Janet Davies: I think it does not have to be two and a half days every week. It sounds really rigid. It is actually that 50% of the time needs to be in education and in learning.

Q30 **Lucy Powell:** Presumably that is the same for nursing associates?

Janet Davies: It is different for nursing associates because they are not regulated yet and the standards are not yet absolutely agreed. They are not nurses and they are not regulated in the same way. There will be some regulation, but the regulation of nursing is more or less universal across the world. It is known to be the standards that will keep people safe.

Q31 **Lucy Powell:** That is why the nursing associates are more successful?

Janet Davies: I think it is the fact that the funding has gone into nurse associates and they have been prioritised and the money has been there. We have not had to go through all this.

Theresa Britt: There still are some challenges from our perspective. There is still this expectation of a certain lump sum from the levy. It is supposed to be handed to the trusts and does not really comply with normal ESFA regulations. It does not work for us except in trusts who might want to work with us to provide in-place mentors, but not all of them do. We buy services from them for that resource but it is a very difficult thing to work out. That is part of what needs addressing. It needs to be clearer and costs needed to be covered in the workplace.

Q32 **Mr William Wragg:** What work has been done with yourselves, the DfE and the Department of Health to get this resolved? It is about making a bespoke approach that is not met by the framework currently, isn't it?

Danny Mortimer: To pick up on some of the things that Janet talked about earlier and take a slightly different perspective, the Department of Health and Social Care has consulted on a national workforce strategy. We fed back our concern that the lack of flexibility on the apprenticeship levy was limiting progress, and I think others around the table probably did the same thing. The issue has been raised with the ministerial team in the Department for Education, and with successive ministerial teams. We have raised through the apprenticeship networks the fact that, with a bit of flexibility, we could grow significant proportions of apprenticeships at degree level.

We have done as much as we can to raise it. I believe there are conversations between the two Government Departments on progress, but we are still waiting. As the Chair said, there is concern that, if an exception is made for health and social care, engineering will make a case and IT will make a case, and suddenly the policy will start to break down, but health and social care does feel very different.

Q33 **Trudy Harrison:** I am coming back to this point. It is my understanding that a degree level apprenticeship costs about £27,000, based on 20%, meaning one day a week. My quick reckoning is that somebody is paying £40,500 extra and that it is actually costing £67,500 minimum because of the inflexibility of the levy. Who is picking up the bill for that? Is it the universities or the NHS?

Danny Mortimer: It is perhaps a mix between us—we can let you have a detailed breakdown. Our estimate is that the minimum salary, including on costs, is just over £20,000 for a nurse degree apprenticeship. That is standardised nationally. We then have to put in place the mentorship capacity that Janet talked about, which is about £3,500 for a senior nurse to supervise. Then there is the backfill to release the person, which is half their salary, so it is another £10,000 on top.

Q34 **Trudy Harrison:** To be fair, all employers are going to have that.

Danny Mortimer: Sure, but it is a higher backfill because it is half the time not just one day. £40,000 is about right. The employer bears the costs I have described and—

Theresa Britt: The levy comes to the employer provider and the university to deliver the educational context, which could be done in a range of different ways—traditional or different models.

Q35 **Trudy Harrison:** The levy is designed to contribute towards that £27,000 three-year degree cost or however many years it is. What about the apprentices? When they are working they are paid at an hourly rate. Are they paid while they are off the job in education?

Danny Mortimer: Yes. They receive exactly the same salary. For our nurse degree apprenticeships we pay well above the guidance on apprenticeships. We pay them in line with what we pay other professionals or other people learning.

Q36 **Trudy Harrison:** To add insult to injury, they are not actually on the job for more of the time than another apprentice would be.

Danny Mortimer: Yes, that is true.

Trudy Harrison: I was just wanting clarity on that. Thank you very much.

Q37 **Lucy Allan:** Coming out of Trudy's questioning is a very fundamental point, which is that, if employers are going to be so out of pocket, what on earth is going to induce them to increase the numbers they take? Something is fundamentally flawed in the proposition that you are going to want to take on more of these apprenticeships, however good they are. Why would you do that?

Danny Mortimer: The Chair made the point that, in making sure there are as many routes as possible to train and educate nurses, this is a useful route alongside the others.

Q38 **Lucy Allan:** Yes, but only maybe for a few because, frankly, if it is not financially viable, why on earth would we do it? "We have a commitment to deliver the best possible value. This is valuable in many ways but it is not a financially viable proposition and therefore we can't justify it". If you are not having that conversation you are probably not running—

Danny Mortimer: You have put it far better than I have.

Q39 **Chair:** The impression given is sometimes that the small "c" conservative establishment, because this is a sea change, is not in favour of this. What you are saying to us is that you are in favour but it is really difficult.

Lucy Allan: You will not be able to do it. You can't currently do it.

Dr Kolyva: We have to look at the complexity of the context and make sure that we align organisations better.

Danny Mortimer: My perspective is the opposite of that sort of caricature. I know you are reporting other people. My perception is that the NHS welcomed the move to a degree entry profession for the NHS. In England, it is having to live with the changes to the bursary. We saw a risk before the bursary changes—the diversity of our nursing workforce was starting to reduce, we were not seeing the mature entry, and we were not seeing the diversity of backgrounds. Within the nursing profession and within employers, there is enthusiasm for this route because it brings back some of that diversity that people fear they have lost. I do not detect any impediment within the NHS or university colleagues for entering into this kind of arrangement. It is that there are the structural, systemic impediments to what we need to do.

Q40 **Thelma Walker:** Talking about as many routes and pathways as possible is great, but is it a real choice if it is diverting and splitting resources and funding? This has been voiced by the Royal College of Nursing. We have the associate pathway and degree apprenticeship pathway, but if you do not already fundamentally have the resources to provide it, is it a real choice?

Danny Mortimer: Our view is that for the degree apprenticeship, more flexibility in the levy could make this alternative work and really fly. A huge investment has gone into the nursing associate development in its own right as a new part of our clinical team and significant numbers going through.

Q41 **Thelma Walker:** We keep coming back to this levy, don't we?

Danny Mortimer: Yes, we keep coming back to the levy. The RCN position on the bursary versus student loan piece is very well understood. Would employers have preferred the system to have continued as it did? Of course they would. Will we have to make the best of the change with the bursaries? Yes, of course we will. It is about having those multiple routes for us to enter our largest professional group. We think the degree apprenticeship could be made to work and there is a lot of enthusiasm for it. The difficulty that a lot of my members would articulate alongside the levy is the one that Janet touched on—the huge demand for placements. We have to educate people in the workplace. We have more students entering universities or massive planned expansion. We have the nursing associates and the degree apprenticeships, and other professions are also growing. There is a lot of demand to place people in our healthcare settings and it is the same people.

Q42 **Ian Mearns:** We have talked about the two and a half days or 50% of time out of the workplace to do formal training or education, but should that 50% of the time or two and a half days in work count as practice time for a degree apprentice nurse?

Danny Mortimer: It is "both" "and". We get a benefit in provision of service to our patients, but the Nursing and Midwifery Council requires that that work experience is developmental as well. When a nurse is

doing a traditional degree, he or she is learning in the workplace as well as providing care to the patients.

Q43 **Ian Mearns:** Are we far enough down the road to establish how many of the hours that a person would be doing at work would count towards practice hours?

Dr Kolyva: The other context is that, given that those individuals will be in an education journey as opposed to in a workforce employment journey, they have to have protected time for their study, time for reflection, and time to sit down and write their essays or do research. All of that will be part of both their theory work and their practice work. Standards require that they have experience not just in a hospital or in an acute setting but in a community or in a GP practice or out in a hospice or in a charity. That multitude of experience in practice needs to be catered for through collaboration between the university and the employer.

Q44 **Ian Mearns:** Given the multiplicity of settings and the different local variations, is there any sort of template for what the division of hours should be for individual students so that some students are not going down a particularly hard road compared to others with what hours count as practice hours and what count as official training or education time?

Dr Kolyva: Universities work with employers on this to make sure that the standards are met. There is huge variability as to how this happens in practice, to be honest.

Q45 **Ian Mearns:** Is there a standard template for what it should look like?

Dr Kolyva: No.

Janet Davies: There is a certain amount of flexibility but there are outcomes to have achieved. Nurse education moved away from having so many hours in certain practice settings to having outcomes, standards and competencies that you have to meet at the end. They may be developed in different areas. There is not an absolute standard one like there was many years ago—it is good as long as you are learning the right skills and having the right outcomes.

Q46 **Ian Mearns:** Am I right in thinking that, as it has developed so far, quite few hours are regarded as practice hours according to the standards set by the Nursing and Midwifery Council?

Janet Davies: I think the practice hours are fairly clear. They are probably the easiest in some ways. They are practising when they are supervised in a clinical area. That two and a half days is probably the easiest one to see.

Q47 **Ian Mearns:** But they are required to do so many practice hours towards the degree?

Janet Davies: Yes. It is 50% of the time.

Q48 **Ian Mearns:** You are saying 50% of that time, but you have talked about the rest of the things—writing essays, reflection time and so on. Is that part of that practice time?

Danny Mortimer: Yes.

Dr Kolyva: It is a more holistic approach.

Danny Mortimer: In some ways, compared to most other degrees—not all—the nursing degree is structured to make sure that the student is learning in real life with real patients in a real setting.

Q49 **Ian Mearns:** So the entire 50% of the time when they are at work counts towards their practice hours for their degree?

Danny Mortimer: Yes.

Dr Kolyva: Of course they need to be supervised and mentored. That quality of mentorship is an important aspect. Janet did not mention it, but the continued professional development of mentors and supervisors is vital. There have been cuts to continuing professional development funding at the same time as we have had the change from the bursary to tuition fees, which essentially means that we have reduced the resource available for mentors, supervisors and those who support student nurses and apprentices in practice.

Q50 **Ian Mearns:** I have this thing in the back of my mind that we might have something somewhere that is going to say that is not strictly true in terms of all of those hours counting towards the practice hours for the degree. I want you to reflect on that and if you can think about it and if there is anything else you want to—

Dr Kolyva: Perhaps we can bring you back a case study.

Q51 **Chair:** Just before I pass to my colleague, Lucy Allan, could I ask Janet or any of you, in fact, whether you have done any assessment of the 30-odd who have been doing the degree apprenticeships compared to other nursing degrees?

Janet Davies: Not as yet. It is very early days.

Q52 **Lucy Allan:** I want to take you a little bit further forward, Danny, with this idea about increased flexibility on the use of the levy and what sort of progress has been made and whether there are any other options, for example pooling the levy at the level of STPs. Are we thinking outside of the box and coming up with solutions and suggestions or are we just sitting back and saying that it is not working in the current structure?

Danny Mortimer: We do have examples in a number of places where, generally around apprenticeships—numbers are a bit small still for the nurse degree—people are pooling resource and capacity. Leeds is a strong example. There is a lot happening in the Anglia region—in the Suffolk and Cambridge area—where people are bringing their resources and teams together, not just within the NHS but also with social care

providers and local authorities. The Leeds example is the local authority, two universities, social care providers and the big NHS organisations. Yes, there is a lot of that happening. As people see the relative success of schemes like that, others follow, as colleagues would have seen. That is often the way in the health service.

With the nurse degree piece, while people have to co-operate with the university to have placements across a range of settings—they are well used to doing that—we are well used to our students moving between the acute hospital, the GP surgery and the hospice and so on, but we keep returning to the financial barrier that we talked about earlier.

There is interest in a number of parts of the country, particularly with the nurse associates. There is enthusiasm for developing people across a range of settings. If we see a route through to nursing degrees through the nurse associate route, we will have people who are more used to working across different care settings. The nurse training rightly asks people to specialise in adult or mental health nursing and so on, but nursing associates have to follow a much broader education curriculum.

Q53 **Lucy Allan:** Would the ultimate objective be that the levy could be used to cover all staff costs, or is there an element that employers would be prepared to bear?

Danny Mortimer: I think we understand that there may well be an element that employers have to bear and if there was a ranking that employers were asked to make, they would rank the additional release first—the extra day and a half that they have to fund. There is also the extra infrastructure: anyone training to be a nurse needs additional supervision and additional mentorship, for which there is a cost. The third thing they would stress is that, given that there is such a lead-in time, the cut-off in terms of when you can access the levy does not seem to make sense. In effect, funds will be lost and yes, of course, all employers would like to cover more of the—

Q54 **Lucy Allan:** So when we say "flexibility", we do not mean just pick up the tab for all staff costs? We mean think in a more proactive, sensible, pragmatic way?

Danny Mortimer: Absolutely. My members, if I asked them, are prepared to set some priorities in terms of the flexibility they are looking for. It is not just "give us the money" but, clearly, if you gave us the money we would be grateful.

Q55 **Lucy Allan:** That is members generally, not just a personal view?

Danny Mortimer: Yes, I think it is across the piece.

Q56 **Chair:** Could you write to us about the flexibilities that you would like? To reiterate what Lucy has just said, the report published by the Health and Social Care Committee states: "Professor Ian Cumming from HEE signalled the possibility of introducing co-ordination of apprenticeship

levy funding on a larger footprint, potentially an STP, as a way of reducing the burden on individual services while retaining an employer-led approach." Can that be done for nursing degree apprenticeships?

Danny Mortimer: It can, and Ian's enthusiasm to bring the money together in a larger footprint is well known, but the same inflexibilities remain. You could run a nursing degree apprenticeship scheme for West Yorkshire, but you still have to release the students for exactly 50% of their time and you are only being funded for 20% of their time.

Q57 **Chair:** Yes, but the costs are being pooled?

Danny Mortimer: But there is still a cost, whether the cost is to Leeds Teaching Hospitals or to all of West Yorkshire, it is and would remain within the NHS.

Q58 **Thelma Walker:** You spoke earlier of 17 universities being committed to degree apprenticeships. I was pleased to hear that 20% of students applying are from disadvantaged backgrounds. Seventeen universities are committed but are not delivering courses. How are we going to make nursing degree apprenticeships more appealing to universities? What would it be, Katerina or Janet?

Dr Kolyva: It would have to be financially viable for universities. Employers explained in detail what it means for an employer, but a university needs to cover the cost of the education, recognising that it is far from being the cost of a three-year degree. We are talking a big difference. I will give you the figures for what it costs through the tuition fee model of the three-year degree for universities and what it costs through the apprenticeship. Financial viability is the first thing.

Simplification of process is the second. I talked about tendering and contracts. You have to work with so many employers—over 150—and drawing over 200 different contracts for your apprenticeships to work is quite onerous. In this case, it was an issue of timing. The regulatory standards for registered nurses were published just a couple of weeks ago, whereas the apprenticeship was announced over a year ago, which meant that the apprenticeship standard needs to be updated. The timing in terms of standards, regulation, alignment, administration, different administrations and organisations, meant that it was complex for universities. Most of our members said, "We are going to wait, because new standards are coming. This is a very busy environment. We are the first year in the tuition fee context in England. We have nursing associates that are being promoted and prioritised, so let's wait". That has been the kind of response from our membership. Obviously you are a different case.

Theresa Britt: That makes a lot of sense and is very much the case. I would add one additional thing on financially viability. We cannot keep discovering that suddenly a huge chunk of the income that we were expecting has to be diverted to shore up gaps and simplification, but I would like to make a point about another acronym, EPA—end point

assessment—of which you are probably aware. In a regulated environment such as nursing—I know changes are afoot and it may become an integrated part of the apprenticeship rather than something that currently sits outside—it is really not just awkward and complex, but very difficult for HEIs, because as you probably know we are measured on successful, complete and timely completions, which is very much regulated and a key deliverable. A large chunk of funding is withheld until that end point.

When you think about the journey of a nurse apprentice, they need fitness-to-practice and their regulated degree. Currently they still have to do something else with that. We the universities bear the risk if they do not, both financially and in terms of our future delivery.

Q59 **Thelma Walker:** I am interested in the use of the word "risk" because going back to the 17 universities committed but not delivering, that is an interesting word.

Theresa Britt: It is a risk. We understand that the Registered Nurse Degree apprenticeship will come as part of the internal qualification shortly, but we would hope that there might be a broadening of the process for the EPA additionally at level 5 for the nursing associate. It does present a big institutional risk to HEIs.

Q60 **Thelma Walker:** It is coming back to funding again and security?

Theresa Britt: Yes, funding and, if you do not secure a certain level of successful outcomes effectively, not only is it not financially tenable, but you might be struck off.

Dr Kolyva: Your reputation.

Theresa Britt: Yes, that is another element.

Q61 **Thelma Walker:** On a separate issue, in January of this year there were 34,000 nursing vacancies. We have talked about different pathways and about students on the degree apprenticeship courses being supervised and monitored. The cynic in me wants to ask whether an individual student on their journey through this degree course is going to be supervised in reality. Is there really the capacity for a student nurse to be supervised or—dare I say?—will they be exploited? Will they be doing their job unsupervised?

Danny Mortimer: As Janet rightly said, there is a huge pressure on that supervisory capacity, but in my experience registered nurses take supervision very seriously. They see it as part of their job.

Q62 **Thelma Walker:** I am not suggesting they don't. I am saying they do not have the capacity to do it.

Danny Mortimer: No, I think they take it very seriously. One of the big changes that occurred in the health service some decades ago was that we moved to a system, rightly, where the student—the learner—could not

be seen as part of the establishment and were supernumerary and separate to the numbers. I am sure there are situations where it fails, but in the majority of circumstances it is taken very seriously. Again, the regulator and the university insist on it.

Janet Davies: With those vacancies, you would expect the learner to not be as supervised as much as they would expect to be. Of course there are issues, as we know from our current students, never mind the apprenticeship students. I think it is one of the things that needs to be built very carefully into this model, because if you are paying someone a salary there is more risk than with the current students who are not being paid by the employer. That supervision is even more essential. It is not only the funding for the student. One of our other challenges is that we are lacking those numbers. We have had the cut to continuing professional development funding, which is used to train new supervisors and mentors. We are in a very difficult situation when there is no money to fund people who are key to enabling the apprenticeship to work.

The different policies and financial things that have happened recently are creating those problems in the clinical area. It is a vicious circle and we have to cut into it. We are now having to find a way of growing nurses and the fastest way is a two-year post-graduate, which we would like to focus on at the moment. They are now losing their funding as well in September, which is going to create problems.

The three-year programme is not the quickest and not the most obvious but it will have an addition. As I think you mentioned yourself, we will see its success in the long term but, in the short-term, everybody is so stuck with the 40% vacancies that we are perhaps doing things without thinking it through, without getting the right things established, and without getting the right financial support around the employers. If we can get all that then it could be a good contribution to the workforce, but what we seem to be doing is staggering from one crisis to another and then suddenly this is seen as the answer. It is not the answer, but a contribution to the answer but only if it is done properly.

Q63 **Thelma Walker:** All stakeholders would say cross-party that degree apprenticeships are a good idea, but you have to resource it. That is what is coming through.

Janet Davies: Absolutely, and it is not the only thing. One problem is seeing it as a solution to the other policy changes, which it cannot be. We also have to have incentives for people to go to university to train as a nurse, particularly from those disadvantaged backgrounds and those older people. As I said, it was 41% previously. We do not want to lose that and this should not be the only option for those people. People from all backgrounds should have the opportunity.

Q64 **Chair:** More disadvantaged students going to university to do nursing, is that what you just said?

Janet Davies: Nursing was incredibly successful historically in widening the access to university education as part of how you trained to be a nurse and we were always very proud of that, particularly from ethnic minorities and more mature students. On mature students, recently 41% of students were over 25 years old, as opposed to 18% of wider students. We do not think those people should be pushed into doing an apprenticeship and lose their opportunity for a university education as such because of the changes. That is where the two policies are clashing.

Q65 **Chair:** That implies that you see a difference between a quality vocational education and university education. Many disadvantaged people find doing apprenticeships preferable to going to university.

Janet Davies: It is a choice, but I would challenge the fact that disadvantaged people see apprenticeships as better. There are opportunities if funded correctly for people to have that university experience, which is different. They are different models. The outcomes, hopefully, will be similar but they are different. Nursing has been a force for good in enabling people to do a standard university degree in nursing when they might not otherwise have had the opportunity. I would hate to see that lost. I am not saying an apprenticeship is a bad thing to do at all, but there has to be a mix and people should have that choice. That is our feeling as a college.

Q66 **Lucy Powell:** Following on from that, if we just pick up the thread around the nursing bursaries and the changes to the post-graduate education, what are you seeing in terms of the impact on diversity as well as on numbers? Do you want to say a little bit about that?

Janet Davies: Yes. There has been a significant reduction in applications from more mature students. I am not sure about the diversity at the moment. It is hard to get the information, to be honest. We are seeing a disproportionate effect on certain aspects of nursing. We have not been able to run learning disability courses because we have not had enough applications. More mature students come into mental health nursing—it is good to have had some good life experience and something that triggers you to want to be a mental health nurse—but they are disproportionately affected. We really need to solve that problem as well.

Yes, apprentices are one route, but we need to know how to incentivise and fund differently. How do we have different schemes within the current undergraduate programme to enable people to enter those programmes?

Q67 **Lucy Powell:** Presumably with a degree apprenticeship they can specialise and can become a mental health nurse?

Janet Davies: They can, but I think we will never be able to get the numbers quickly enough through these programmes to meet the current deficit. It is very unlikely that we will get graduates doing a degree level apprenticeship, so the postgraduate route into mental health is very popular. We need to make sure that we do something about that. In

addition we need to make sure there are incentives, either forgivable loans or something, to get people into those models. One reason why degree level apprenticeships are not seen as positively as they might be is that they are being seen as a result of the money being taken away. Many nurses see it as dumbing down nursing. We know that is not the case—we think that a degree level apprenticeship is a very good route, but it is not the only route. That decision and policy change has probably got in the way of us seeing this in the way that we need to see it.

Dr Kolyva: On your question about the first year impact of tuition fees, it is very early days in terms of having detailed data, but we are noting vulnerabilities in terms of professions and fields of practice for nursing. In terms of allied health, the most vulnerable areas we are noting are radiography and podiatry. In nursing it is learning disabilities, but we also have geographical vulnerability in England and vulnerability in terms of age groups and demographics—mature students and male students have been most affected.

In some areas, when you put all of this together you get the picture. In learning disability, applicants are mostly male, mature and in London. Guess what? In London, applications to learning disability from mature males are the ones that have been affected, to the point that—this is in the public domain—one of our members is considering closing their provision in London. That is quite significant.

Q68 **Lucy Powell:** One of the faculties?

Dr Kolyva: Yes, one of the faculties in London. Having said all of that, it is important to note that we need to continue to monitor the numbers. For universities, it is important for the Government to recognise that we need, as Janet said, a communication at national level and that we do not have pockets locally. Universities, the RCN and others have put in a lot of effort in talking about the value of nursing as a profession; about the fact that it offers employment immediately for those people who apply for it; and about the fact that it is highly recognised by the public as the first profession that the public trusts, according to Ipsos MORI. Our members continuously play that messages and it is important that we use them.

Theresa Britt: Our work-based learning route to nursing before the apprenticeship was designed around growing your own—growing healthcare support workers into nursing. Obviously that is very directly a route that both widens participation and encourages retention. We strongly believe that, and there is a lot of evidence. People want pathways and opportunities, and often they do not want to move away from their locality. Degree apprenticeships should encourage that kind of opportunity. Of course, I realise it is about complementarities of different routes, but I think it is potentially very good.

Q69 **Lucy Powell:** Have you seen a drop?

Theresa Britt: In terms of our growth, we have had all the challenges that have been described about practice placements.

Q70 **Lucy Powell:** Have you seen a drop because of the absence of bursaries for the degree?

Theresa Britt: Yes, that challenge has been felt in our core programme. With the nursing apprenticeship—

Q71 **Lucy Powell:** I was just asking about the bursary impact on the rest. Danny, just quickly?

Danny Mortimer: Applications have also dropped in those nations that pay the bursary, so the NHS across the four countries has to do something very differently in terms of marketing careers in the NHS and careers in nursing. There is a lot of work going on through the remainder of this year, but the trend in terms of a decline in applications predates the bursary change in England.

The concerns around learning disabilities predates the bursary being removed in England. I am not going to pretend that the bursaries change helped, but there are clearly things going on in terms of our attractiveness as an employer and as a profession. Lots of young people do psychology degrees but for some reason they do not want to do a degree in mental health nursing or learning disability nursing. We have to take responsibility for that as a service in terms of our marketing.

Like Katerina, we have an interest in what the data is telling us. Different geographies and different things seem to be playing out.

Q72 **Chair:** Sorry to interrupt, but how many years was the decline in people applying for nursing and other—

Danny Mortimer: At least in the preceding three years before the bursary changed there was a decline. The decline is more dramatic now, but you see the decline in the other nations of the United Kingdom that still pay the bursary.

Q73 **Lucy Powell:** But not as dramatic?

Danny Mortimer: Not as dramatic, so we have to accept that it is just something—

Q74 **Lucy Powell:** So it has exacerbated an already existing event?

Danny Mortimer: It may well have done but we are in the second year of the policy being implemented. What the Government have done is marketised the way in which it is provided. There is no planning now, and I guess our fear is the one that Katerina highlighted with some of our smaller professions. People have more choice, frankly. Because there is a dramatic growth in physiotherapy places, they are less likely to choose to train to be a podiatrist, for example. They may well have thought some years ago, "I am not going to get a place as a physiotherapist. I might make a different choice". Our call to the Government is that there has to

be a review of how this market is playing out in terms of those healthcare professionals that we need. We also touched on a number of places that we are particularly worried about.

Q75 **Ian Mearns:** A couple of things come from that. I met a number of students with the RCN about five or six weeks ago who said they would love to transfer to a nursing apprenticeship just because of the money it would save them. A lot of them are struggling with the cost of training. Many of them were not straight out of school. One of the impediments to was that, when they investigated transferring from a degree course to a degree apprenticeship, they were told that they would basically have to start again—in other words, that any prior learning would not be counted. That needs to be investigated because it is clearly the message I was getting.

The other thing that has come to me is that there people working in hospitals have an aspiration long-term to go into the nursing profession. The withdrawal of the bursary may well be an impediment to them entering the profession because they are at a stage in their life where they cannot afford to take on the debt and the living costs of being a student.

Danny Mortimer: That feedback is clearly something for us to follow up. Probably the biggest impediment is that you can do a nursing degree in 132 places, but there are only 17 places in prospect where you can do a nursing degree apprenticeship. The biggest limiting factor is that it is hard to switch.

Q76 **Ian Mearns:** I accept that but it is quite clearly—

Danny Mortimer: We need to follow that up. Thank you for that.

Q77 **Ian Mearns:** It would seem to me that, if someone has done two years of a degree course and are in danger of dropping out because of the financial burden, it would be a tremendous waste if they were prevented from going on to a nursing degree apprenticeship because their prior learning would not be counted.

Danny Mortimer: Absolutely.

Q78 **Chair:** Just before I come on to Will, can I understand how the Open University does the two and a half days? Is it online or do people come to your centres or what?

Theresa Britt: Our core learning is distance learning, but like any provider we also have practice placements that go throughout the training in addition to the 20% off the job work. It is similar, except we do not have classroom-based teaching. It is an ongoing rolling programme with fixed points for particular placements, but ongoing support throughout the learning journey.

Q79 **Chair:** Give me an example of a degree nurse apprenticeship. What happens when they come to you? They are at the hospital and then what

happens? How do they interact with you?

Theresa Britt: They are employed in their hospital or healthcare setting. They are signed up as apprentices. They are selected and meet all of those criteria and then they start studying with us. Placements are part of that package of learning and there are workplace mentors who support them in that. We have people who engage with those mentors and review their progress. Meanwhile, they are continuing with their studies and submitting assignments in the way a student would at any university, but in a distance learning mode.

Dr Kolyva: The only difference is that they do not sit in a lecture room or they are not part of a—

Q80 **Chair:** Are they doing the placement in the healthcare setting they are in?

Theresa Britt: Yes.

Q81 **Chair:** So in essence they are not away for the two and a half days?

Theresa Britt: Exactly, so certainly that is a good point.

Q82 **Chair:** Is the way that you do it more cost-effective for the employer?

Dr Kolyva: Not really. The practice still costs the same, doesn't it?

Theresa Britt: The practice piece still has the same costs attached. If you are talking contexts where there are not fixed placements, absolutely. In a management degree apprenticeship, the person is in the workplace and does not have to go away to university for their lectures and inputs—they are working in situ by distance learning. That is very cost-effective, but the placement issue and the cost in nursing remains the same.

Lucy Powell: There is practice-based learning, which is different from being on the job, as well as the academic learning.

Chair: I understand that, but there is a difference from being off the premises completely and I am trying to understand it. It is more costly to be off the premises. As you know I love what you do, I think yours is a great model and I hope you get many more degree apprentices.

Q83 **Mr William Wragg:** I just want to round up the sense of the scale that you are about to be facing. How on earth are you going to from next year have 2,400 people entering this programme if at the moment you have 150? I get that figure from dividing the 17,000 that the Health Education England projected by 2027. You mention it is a massive scale-up. How are you going to get there or are you going to be able to?

Danny Mortimer: To be blunt, without the flexibility in the levy, we are not going to get it.

Q84 **Mr William Wragg:** It was a very blunt question.

Dr Kolyva: We agree.

Q85 **Chair:** From what we understand, you do not need change of legislation; you just need change of guidance in terms of the days and so on, so it is pretty easy to do.

Dr Kolyva: We can still meet the regulatory standards by having the viability of the funding to meet them.

Chair: Thank you very much. It has been an invaluable session. My colleagues and I are very passionate about degree apprenticeships, but we have learnt a lot today of the problems. We hope that our session with the Ministers and with you, and our subsequent recommendations, will help change things for the better.