UNIVERSITY OF Southampton

Finding Their Way into Careers

An Analysis of Advanced Apprenticeships and Progression in Healthcare

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Final Report

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EXECUTIVE SUMMARY

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In healthcare, Advanced Apprenticeships (AAs) are widely promoted as a route to personal advancement and workforce modernisation. Integral to the concept of apprenticeship is progression, in terms of future job roles, career openings and both intermediate and higher level qualifications. Case studies and role design tools available from Skills for Health, the sector skills council for health, communicate this positive message to employers and employees. Previous research has, however, highlighted significant problems, ranging from the suitability of vocational and work-based provision as a platform for Higher Education (HE), to confusion and uncertainty created by uneven admissions criteria. Such barriers are evidenced in low numbers of vocational learners actually moving through to higher-level qualifications.

This research set out to discover and test progression opportunities for clinically focussed, NHS Advanced Apprentices and similarly educated work-based learners, in the geographical region served by the South Central Strategic Health Authority (SCSHA). A detailed analysis of progression arrangements and their articulation potential with regional HE provision was undertaken, with particular attention paid to the implications for learners within Hampshire and the Isle of Wight, the patch covered by the Lifelong Learning Network which funded the study. The emphasis on region is important, as work-based learners, by their very nature, are typically less able to uproot or commute long distances.

The study included an analysis of current policy related to Advanced Apprenticeships in healthcare, desk-based research into regional HE progression opportunities, and finally interviews with key informants including employers, education and training providers in Higher and Further Education, representatives from Skills for Health, the SCSHA, the National Apprenticeship Service, and Advanced Apprentices on or having recently completed a clinical health pathway. Data included policy material, clinical AA frameworks in health, advice and guidance on progression from Skills for Health and UCAS, and interview data. Discussions indicated the potential of AAs to contribute to educational and work place progression, and findings should be viewed in this light, as their introduction was at an early stage in the South Central region at the time the research was undertaken.

Findings are presented in four categories:

1. AAs as skill development:

- Clinically focussed apprenticeships were not yet widely understood, promoted or utilised in healthcare and reluctance to use them was reported.
- Concerns existed around the reliability and quality of the National Vocational Qualification (NVQ) as a system of learning and fear was expressed that staff would be lost to training activities at a time of immense pressures on staffing.

- Acute NHS Trusts maintained a strong commitment to in-house training and to progression, and reported fewer problems moving to AAs although, as found more generally, their 'added value' was questioned.
- AAs were being used almost exclusively to train existing members of the workforce, often in preparation for new roles although those were often not yet developed or their grading made explicit.

2. AAs and career progression

- For some, the workforce requirement for more specialised occupational pathways (such as mental health) was not reflected in the generic AA framework or articulation arrangements with education pathways.
- Employers often viewed progression in terms of workforce need, skill acquisition and greater responsibility at work rather than a step on the way to a higher grade or further qualification.
- Strategic / regional workforce plans were often difficult to see enacted at the level of first-line and middle management as local needs were often the driving force in recruitment, training and education decisions.
- Variations in practices across professional / occupational groups mean little can be read across from one to another, with implications for access to Higher Education.

3. Progression to registered health professions

- A decline in funded secondments to professional programmes in HE was reported.
- All-graduate entry to health professions, most recently Nursing, and the decline in sub-degree, part-time programmes with explicit articulation arrangements (most often Foundation degrees) has impacted on opportunities to progress to degree programmes.
- Very few part-time programmes exist, and leaving work to pursue full time HE is not a viable option for many seeking this route.
- Employers' need to 'home-grow' their workforce has diminished in recent years given a ready supply of graduate professionals.

4. Progression from Advanced Apprenticeships to Higher Education

- The AA provides a weak platform for progression to HE; providers do not generally recognise the qualification in entry criteria to degree programmes.
- The AA may provide an entry to a Foundation degree but as a 'stepping stone' to professions this option is unpredictable and risky, as professional programmes rarely cite the Foundation degree as an entry qualification either (with a notable exception being the Open University work-based Nursing degree).
- Increasingly professions are moving towards traditional A level entry criteria, requiring work based learners to achieve the required grades alongside their AA.
- The intense competition for degree programmes favours those with traditional A level qualifications as work based qualifications are considered by some to prepare learners less well for degree level / academic study.

- Equity issues arose as, despite many success stories, concerns were expressed that the work based, typically mature learner may find full-time HE study 'difficult'. This was often couched in terms of a concern not to disadvantage individuals.

In summary, the many changes to HE provision and work place education and training suggests a very uncertain outlook for those wishing to progress following their AA, in relation to both work opportunities and further qualifications. The growth in distance and flexible learning adds a new dimension not within the scope of this study to explore, but important to include in further research. Occupational differences require education provision to be tailored to need, leading to complexities and inherent variability across professions and courses. This picture is compounded by the pressing need for financially sustainable education programmes, militating against niche provision, small numbers, non-standard / flexible forms of delivery or specialist courses.

We conclude that, in one region and possibly more widely, barriers to Advanced Apprentices progressing at work and in education are manifested in multiple and interconnected ways. In the workplace, a lack of clarity around roles and grading means their value is questioned as a route to career advancement. Variability in content and quality of apprenticeships perpetuates a resistance by HE providers to include them in entry criteria to degree programmes. Finally the move to all-graduate health professions and a ready supply of traditional A level entrants and subsequent graduates is reducing the need and subsequent motivation for employers to develop the existing workforce beyond the intermediate level.

Recommendations

To help reverse the trend identified through our research, we recommend that:

1. A renewed commitment is made to work-based learning in healthcare. This should be built on jointly developed and delivered workplace programmes informed by the requirements and demands of higher-level study, including having clear exchange value for entry to HE.
2. Employers and health education commissioners address the implicit and attitudinal barriers to progression from the Apprenticeship route, apparent in the workplace.
3. HEIs and admissions teams address the barriers created by entry criteria and requirements currently stated and promoted via the University Central Admissions System (UCAS), which frequently omit vocational, work-based qualifications.
4. HEI entry requirements need to be clear and accompanied by reliable, consistent guidance, reflected in NHS and Skills for Health materials, and ultimately include specific, named courses and routes that go beyond current default A level / UCAS point requirements.
5. The widening access agenda in HE should be taken as an opportunity to demonstrate the sector's commitment to employers, to the broader workforce and to mature, part-time learners.
6. Commissioners of health education commission education that may be accessed by the broader workforce according to ability, role and clinical need rather than grade or profession, to drive workforce development and progression.

SECTION 1: INTRODUCTION

This document forms the final report for the project 'Finding Their Way into Careers: An analysis of Apprenticeships and Progression in Healthcare', commissioned by the Hampshire and Isle of Wight Lifelong Learning Network (HI-LLN). This and an earlier project commissioned by the HI-LLN entitled 'Finding Their Way? Advanced apprenticeship as a route to Higher Education'[1] contribute to our understanding of progression for work-based learners, particularly advanced apprentices, and the factors which inhibit or facilitate progression for those apprentices who may wish to consider pursuing learning beyond Level 3. This final report builds on an earlier interim report for the project which was submitted in November 2010.[2]

Section 1.1 The UK Policy Context – Apprenticeships and Progression

Apprenticeships remain an important component of the national skills strategy (2009, 2010)[3] with the earlier Leitch Review (2006)[4] and the following World Class Apprenticeships, Unlocking Talent, Building Skills for All (2008)[5] providing the basis for successive policies (of previous Labour and current Coalition governments) regarding the expansion and development of the government supported apprenticeship programme. Although apprenticeships are aimed at workers of all ages, they are a crucial part of the government guarantee for all young people (16-18s) to be in an approved form of education or training by 2015 as stated in the Apprenticeship, Skills, Children and Learning Act 2009 (ASCL). Taking these foundations the more recent Strategy Document (BIS 2010) makes clear its intentions to place apprenticeship "at the heart of the system we will build" (BIS 2010: paragraph 11). The current skills strategy document therefore sets out its intention to further expand the numbers of apprenticeship places by 75,000 by 2014-15, with an increased investment of £250 million during the spending review period. As stated in the strategy document, this will bring funding for apprenticeships places up to £605 million in 2011-12 with a potentially greater figure (£648 million) in 2012-2013.[6]

Whilst apprenticeship has been an increasingly important aspect of skills policy since the mid 1990s, the focus on creating progression routes from apprenticeship into Higher Education (HE) or higher

[1] Alison Fuller, Jill Turbin and Julie Wintrup (March 2010) Finding Their Way? Advanced apprenticeship as a Route to HE. Final Report, University of Southampton.
[2] Jill Turbin, Julie Wintrup and Alison Fuller. (November 2010) Finding Their Way into Careers: An Analysis of Advanced apprenticeships and Progression in Health Care. Interim Report. University of Southampton.
[3] BIS (2009) Skills for Growth: The National Skills Strategy: Cm 7641, November 2009; BIS (2010) Skills for Sustainable Growth Strategy Document. November 2010
[4] Leitch Review of Skills (2006) Prosperity for All in the Global Economy: World Class Skills, London, HMSO
[5] DIUS (2008) World Class Apprenticeships: Unlocking Talent, Building Skills for All, London, HMSO
[6] These figures do not include the total funding for delivering apprenticeships which includes, for example, the costs of running the National Apprenticeship Service, but relates to costs of providing apprenticeship places.

level training is more recent. In England, the Specification for Apprenticeship Standards (SASE) and the ASCL Act 2009 have emphasised the need to develop clear progression routes. In terms of progression to HE this has been particularly relevant to the Level 3 advanced apprenticeships. This push comes alongside research, which has shown only small numbers of advanced apprenticeships progressing into HE (Gittoes 2008, Seddon 2005, Smith and Joslin 2011).[7] Other research (for example Fuller et al 2010, FdF/UVAC 2008, Carter/UVAC 2009)[8] has shown that whilst there are examples of good practice, the progression of work-based learners including apprentices has been hampered by a lack of understanding and acceptance of apprenticeships on the part of HE and the paucity of Information, Advice and Guidance (IAG) for vocational learners more generally. The lack of currency for many vocational qualifications has also created a barrier to progression (Wolf 2011, Fuller and Unwin 2012).[9]

Policy initiatives such as the development of the Qualification Credit Framework (QCF) are part of the response to the perceived inconsistencies within vocational qualifications as well as the lack of credit given for many vocational awards. The national skills strategy (BIS 2009) and the ASCL Act set out the requirement for all vocational awards to be included in the QCF and that includes those qualifications included in apprenticeship frameworks. The more recent government strategy (BIS 2010) retains its commitment to the development of the QCF and the need for clear progression routes for 'clear ladders of progression'. (BIS 2010:18)

The emphasis on widening participation and more flexible education programmes can also be found in parallel HE policy documents on the future of HE (BIS 2009[10]). Initiatives such as the creation of Lifelong Learning Networks, and the AimHigher programme were also part of an attempt to widen participation to non-traditional learners which could include those who had gained work based qualifications and experience such as advanced apprentices.[11]

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[7] Gittoes, M (2009) Pathways to Higher Education: Apprenticeship, Issues Paper 2009/17, Bristol, HEFCE. Seddon, V (2005) An analysis of the progression of Advanced apprentices to higher education in England. Bolton. Universities Vocational Awards Council. Smith, S. and Joslin, H. (2011) *Apprentice Progression Tracking Research Project Report*. Centre for Work-based Learning. London: University of Greenwich.

[8] Fuller et al (2010) ibid. FdF/UVAC (2008) Features of Apprenticeship Programmes that Support Progression to Higher Education, London: Foundation Degree Forward. Carter, J. (November 2009) Progression from vocational and applied learning to higher education in England, Bolton: UVAC.

[9] Wolf, A. (2001) *Review of Vocational Education: The Wolf Report*. London: DfE; Fuller, A and Unwin, L (2012) Banging the Door of the University: The Complexities of Progression from Apprenticeship and other Vocational Programmes in England. Monograph No. 14, June 2012. LLAKES Centre, Institute of Education, London. University of Southampton. An ESRC Centre on Skills, Knowledge and Organisational Performance. SKOPE

[10] Department for Business Innovation and Skills (2009) Higher Ambitions: The future of universities in a knowledge economy.

[11] The benefits of joint working between the LLNs and AimHigher are detailed in Action on Access (The National Co-ordination Team for Widening Participation) (2010) Supporting Vocational and Work-Based Learner Progression into HE. Available from www.actiononaccess.org

1.2 Aims and scope of the report

One of the LLN's key objectives was to support the progression of vocational learners to further study. In the HI-LLN area, this was achieved through a mixture of progression agreements between FE and HE providers, development work (including curriculum development) and the mapping of progression pathways. Partnership and networks both within particular curriculum areas and across the HI-LLN area were important for all aspects of the HI-LLN work. However, the main thrust of the HI-LLN, as with other LLNs, was on vocational learners in full-time further education and only latterly did the HI-LLN turn its attention to the progression of vocational learners in the workplace. An important part of this aspect of the LLN's work was the extension of progression agreements into areas that could affect work-based learners, for example, those taking NVQs and through the commissioning of development work (e.g. bridging projects designed to prepare individuals for higher level study) as well as research into the progression of advanced apprentices.

This report builds on an earlier project commissioned as part of the LLN's attention to work-based learners and progression. The earlier project looked broadly at the progression of advanced apprentices in the HI-LLN's seven curriculum areas,[12] looking at the numbers of advanced apprentices in each of these curriculum areas within the HI-LNN region, the possible progression routes available and the factors which could inhibit or facilitate progression in the different curriculum areas. The final report of this project was submitted to the LLN in March 2010.

The research project reported here built on the work of this earlier research by focusing in more depth on advanced apprentices in the healthcare sector. In particular, the research looked at clinical, scientific and allied health roles in the NHS, rather than the broader area of health and social care which can incorporate a range of care roles within the private, public and voluntary sector. The main aims of the research have been:

- To consider the factors which shape the provision of clinical career progression pathways for advanced apprenticeships in the in the HI-LLN area.
- To examine how the relevant healthcare sector advanced apprenticeship frameworks map onto existing and appropriate HE provision in the HI-LLN area.
- To consult with employers, training providers and other relevant bodies, as well as apprentices themselves, in order to further understanding of the issues which affect progression for apprentices on clinical career pathways in the healthcare sector.

[12] The seven curriculum areas were: Business and Management; Construction; Engineering; Creative Industries; Retail; Childhood, Youth and Community Studies; and Health and Social Care.

1.3 Methodology and Data Collection

The project was divided into three inter-linking phases involving both desk-based research and interviews with key informants. The three phases of the project are given below:

- Phase One: An analysis of policy relevant to advanced apprenticeship schemes and progression, with particular emphasis on the healthcare sector.
- Phase Two: Desk-based research into the provision, within the HI-LLN area of appropriate HE opportunities for advanced apprentices, including entry requirements.
- Phase Three: Key Informant Interviews with employers, training providers (e.g. FE colleges), HE providers and other key stakeholders (e.g. Skills for Health (SfH), the sector skills council for the health care sector) as well as advanced apprentices to explore issues raised in the initial two phases of the research.

In terms of data collection the first two phases of the project included:

- An overview of policy material relevant to the progression of apprentices generally, and more specifically within the healthcare sector.
- The analysis of data and material relating to advanced apprenticeships for the healthcare sector (e.g. the advanced apprenticeship frameworks relevant to clinical career pathways).
- A consideration of the advice and guidance to advanced apprentices on progression to HE, including advice from Skills for Health and UCAS, coupled with an overview of existing provision in the Hampshire and Isle of Wight area during the study period.

Phase Three of the project included interviews with a number of key informants mostly within the Hampshire and Isle of Wight area. These informants included representatives of NHS South Central within the Strategic Health Authority (SHA); National Apprenticeship Service (Health representative); Employers within the NHS Trusts; Educational providers in both FE and HE; and advanced apprentices (or recent completers) on the clinical health career pathways. A total of 17 interviews were completed, mostly face-to-face with a small number of telephone interviews. The interviews covered a range of issues as appropriate to the role of the interviewee. Further details on interviews carried out and examples of interview schedules can be found in Appendix 1. A summary of key topics covered in the interviews is given below:

- Information on the way in which advanced apprenticeships in health care are being used in the NHS South Central region generally and more directly within the HI-LLN area in terms of

workforce development and progression, including an understanding of the job roles and target staff groups.

- An understanding as to how advanced apprenticeships are perceived by different stakeholders (e.g. employers, training providers, apprentices) and how they 'fit' with the training needs of particular work roles in healthcare.
- An exploration of whether advanced apprenticeships are able to contribute to the career progression pathways being developed in healthcare roles, and the barriers and opportunities thereof.

1.4 Key Terms and Definitions

There are a number of key terms or definitions used throughout this report. The following points are intended to clarify terminology relating to sectoral, occupational and geographical terminology.

- The use of the term 'healthcare sector' or 'health care sector' is used to refer to statutory, independent and voluntary organisations involved in the delivery of health care. Although the term 'healthcare sector' is used to describe all types of provider much of the work around skills and apprenticeships is driven by the National Health Service (NHS) and for this reason, the research has been more narrowly contained within the NHS (public) sector.
- The HI-LNN area falls within the NHS South Central l Region. One of the areas within the NHS South Central region was Hampshire and Isle of Wight (HIoW). This area was considered to be a reasonable 'fit' to the HI-LNN area and the geographical area used within this research is described as HI-LNN accordingly.
- The NHS employs a whole range of occupations, not just those more directly concerned with the delivery of healthcare. This research is concerned with clinical support worker roles and apprenticeships that fall within this broad spectrum. By clinical support worker the project is primarily interested in those workers with a care-related role within the health care sector, as opposed to administrative, maintenance or other non-clinical staff roles. Clinical support workers, as considered in this research, will also encompass associated roles, for example, allied health support workers, and health science support workers.
- Throughout this report we refer to staff roles by both their Agenda for Change (AfC) banding status, and by the NHS Career Framework which situates different roles according to Career Levels. However, the majority of key informants interviewed for this project used the AfC banding system to refer to and describe staff roles and for this reason, the AfC banding has been used extensively throughout this report. The NHS Career Framework levels are also

used as appropriate to the particular issue being discussed. Both these frameworks are further explained in Section Two.

- Within the scope of this research our focus has been on those 'clinical support workers' who occupy posts at pre-registration level, primarily between the NHS Career Framework and the AfC banding levels 2-4. Any discussion of staff above these levels is focused on issues pertinent to progression.

1.5 Structure of the Report

Following this introductory section, the remainder of the report is divided into four further sections. Section Two provides background information on apprenticeships in the healthcare sector, looking firstly at the context of pre-registration workers before moving on to consider the situation in the NHS South Central region at the time of this project, and finally the content of appropriate frameworks in health related areas. Section Three looks at the way in which apprenticeships have been used by employers in the HI-LLN area, commenting both on their use in workforce development for pre-registration level staff on clinical career pathways, but also as part of a progression pathway from the lower levels of the NHS Career Framework (e.g. Level 2) through to registration entry level posts (e.g. Level 5). Section Four builds on this discussion by looking in more detail at the entry criteria of higher level courses and the way in which HE provision and admissions policies may facilitate or act as a barrier to the progression of advanced apprentices onto courses within HE. This section includes discussion from an HE perspective on the 'readiness' of work-based learners for HE, whilst commenting more broadly on the problems that arise from the lack of currency of work-based vocational qualifications more generally. The final section provides some concluding remarks and a discussion of key issues that would require resolution if advanced apprentices on clinical health career pathways are to have a more consistent 'progression pathway' through the NHS Career Levels, including those that require further study at degree level and can lead to registration level posts.

SECTION 2: ADVANCED APPRENTICESHIPS IN THE HEALTHCARE SECTOR

Section Two provides a discussion of apprenticeships in the healthcare sector, both at a policy level, and more particularly by looking at the advanced apprenticeship frameworks relevant to clinical health career pathways. The discussion locates apprenticeships within a set of policy initiatives and priorities that have emphasised the importance of workforce skills and development, as well as the importance of career ladders and progression routes.

2.1 Apprenticeships in the Healthcare Sector – Career Frameworks and AfC Banding

Apprenticeships are one of a number of instruments being developed that contribute to an overall strategy of workforce reorganisation and design at both intermediate and higher skill levels within the healthcare sector (see for example, Fuller et al 2012[13]). The context for these changes can be traced back to the recommendations of Wanless (2002)[14] and more recently in the Darzi report (2008) [15] which provides the rationale for changes in the organisation and occupational and career frameworks within the healthcare sector. Both this and the aforementioned National Skills Strategy (BIS 2009), with the more recent Strategy Document (BIS 2010) provide the basis upon which recent policy relating to human resources has been driven within the healthcare sector. These developments have run parallel to a systematic overhaul of key career pathways within a number of occupational areas in including Nursing, Allied Health professions and Health Sciences.[16]

Of importance for the position of apprentices in the health care sector has been the development of the NHS Career framework, shown below in Figure One and illustrated through the example of nursing/health care support work. In general, both the NHS framework and AfC banding locates intermediate apprentices around Level/Band 2 and advanced apprentices at Level/Band 3 although there are variations to this, as individual jobs are evaluated through the Job Evaluation Scheme (DH 2004).[17] The key aspect of the Career Framework for this analysis however, is that it maps levels to particular job roles in a way that allows apprentices to become integrated into the NHS career structure and links to career progression pathways

[13] Fuller, A, Turbin, J, Unwin, L, Guile, D, and Wintrup, J, (2012) Technician and Intermediate Roles in the Healthcare Sector. Final Report. University of Southampton; LLAKES Centre; and Institute of Education, London.

[14] Wanless, D. (2002) Securing our Future Health: Taking a Long-Term View. Final Report. HM Treasury.

[15] Darzi (2008) High Quality Care for all. NHS Next Stage Review. Cm 7432. HMSO

[16] For example, see, Modernising Nursing Careers – Setting the direction, Department of Health, 2006; Modernising Allied Health Professions Careers. A competence based framework, Department of Health for England. July 2008; Modernising Scientific Careers: The UK way forward, UK Departments of Health, February 2010; and Modernising Pharmacy Careers Programme: Review of pharmacy education and pre-registration training and proposals for reform, discussion paper, Medical Education England/NHS, January 2011.

[17] For example, Department of Health Job Evaluation Scheme Handbook, Second Edition, October 2004.

The Darzi report placed particular emphasis on apprenticeships and recommended increasing the range and number of apprenticeships though new investment. This recommendation is in line with national skills strategy and places apprenticeship at the centre of staff training at levels 2-3 with development beyond to Level 4. SfH have taken this on board and marketed the apprenticeship brand as a way of increasing efficiency through skill.[18] The commitment to the development of apprenticeships within the health care sector was renewed in the report from the Department of Health National Apprenticeship Advisory Committee[19] which made recommendations to strengthen progression routes for apprentices through both HE provision and the development of higher level training at Level 4 (DH 2010 recommendations 5 and 6).

Figure One NHS Career Framework: Summary of Levels

Level	Indicative or Reference Title	Example using Nursing/ nursing support roles
9	**Director**	Director of Nursing
8	**Consultant Practitioner**	Nurse Consultant
7	**Advanced Practitioner**	Nurse prescriber working autonomously in walk-in centre
6	**Specialist/Senior Practitioner**	Sister managing Emergency Department
5	**Practitioner**	Registered Nurse Practitioner (entry level)
4	**Associate or Assistant Practitioner**	Assistant Practitioner
3	**Senior Healthcare Assistant/Support Worker or Technician**	Senior Healthcare Assistant/ support worker
2	**Support Worker or Health Care Assistant**	Healthcare Assistant
1	**Initial Entry Jobs**	**-**

Source: Skills for Health (amended and summarised)

The development of intermediate apprenticeships (Level 2) and advanced apprenticeships (Level 3) training in the health care sector should necessarily be seen within the context of changes in the

[18] Skills for Health (December 2009) Apprenticeship Briefing Paper: Key National Specific Drivers making the Business Case for Apprenticeships. LSC (2009) The Benefits of Completing an Apprenticeship. Coventry.
[19] Department of Health (2010) National Apprenticeship Advisory Committee: Making Apprenticeships an Important and Sustainable Part of the Health care sector Workforce. Final Report October 2010; Final Report and DH response to the recommendations, November 2010.

organisation of the workforce more generally. SfH have identified a number of skill priorities within the NHS Career Framework. In particular, the development of new roles at Levels 3 and 4 on the framework are intended to upskill workers, who may have been working in Band 2 roles, to take on greater levels of responsibility in order to free up registered and 'professional' staff at Bands 5 and above. The growth of Band 3 posts (e.g. senior support worker) in the health care sector may loosely 'fit' with the introduction of the advanced apprenticeship framework although in many cases NVQs have been used to train staff at this level. An important element of this strategy, to date, has been that apprenticeships have been targeted primarily at those already in employment in the healthcare sector, and not, as is more conventionally the case, as a route into training and employment.

The priority to develop Level 4 posts (assistant/associate practitioner) would potentially create a progression route for those completing advanced apprenticeships to move into further training, such as a Foundation Degree. The SfH priorities would therefore seem to suggest that career pathways for pre-registered staff are becoming more important with the need to devolve key functions downwards from registered staff. However, the priority to develop Level 4 assistant practitioner posts could have implications for progression routes into registered positions.

Alongside the development of roles at non-registered levels, a related priority is to develop roles at Level 7 (advanced practitioner) for registered professionals. Overall, emphasis is placed on the development of a more flexible workforce 'using competences as a key vehicle' (SfH 2011:17) and in this regard apprenticeships are seen as an important instrument for workforce development.

2.2 The Healthcare Sector and Apprenticeships in the South East/ South Central Area

The HI-LLN area falls into the SfH South East Region and the NHS South Central area. At the time of this project workforce development for Bands 1-4, though devolved to Trusts, was overseen and co-ordinated at a strategy and financial/funding level by the Strategic Health Authority (SHA). Since the completion of this project, changes to the governance and funding of Trusts will have had some impact on this more central role which could affect the funding of training provision for Bands 1-4.

At the time of this project, the NHS South Central Apprenticeship Strategy provided the framework through which apprenticeship was being developed and supported within the region.[20] NHS South Central saw the use of apprenticeships as being the way to develop workers within Bands 2 – 4. In 2009/2010 NHS South Central had 379 apprentices (Level 2 and 3, clinical and non-clinical) and had a commitment to create additional apprenticeship places in the future. Initially although the NHS

[20] NHS South Central Apprenticeship Strategy 2009-2012

South Central strategy document stated that apprentices could be new or existing workers, there was also some emphasis on using apprenticeship to train or retrain the existing workforce.

The NHS South Central SHA also had a commitment to the widening participation agenda and supported a number of initiatives which were aimed at supporting the progression of staff in Bands 2 and 3 to assistant practitioner posts (Band 4) and beyond into registered nursing posts (Band 5 entry). These initiatives were designed to enable those with work-based Level 3 qualifications to progress to Foundation Degrees, and included the development of Foundation Degrees to enable in-service training for assistant practitioners in a range of clinical and allied health roles (including sciences).

2.3 Advanced Apprenticeship Frameworks in Healthcare

A key part of the research was a review of the appropriate advanced apprenticeship frameworks relevant to clinical career pathways in health care. In this respect, the timing of this research coincided with the development and implementation of new frameworks in health and the withdrawal of the framework that was being delivered throughout the research time period. The data collection, including key informant interviews took place whilst the old framework (236) was in place but most interviewees were aware of the new frameworks and so could comment more widely. In order to provide a more up-to-date commentary of the advanced apprenticeship frameworks this section provides detail for the new frameworks. However, the key differences between the old and the new frameworks, relevant to this research are summarised in Table 1 below. As can be seen the main changes were in the way different pathways were organised into separate, but often 'grouped' frameworks, rather than the 19 tracks, the change to a combined qualification and the inclusion of Employment and Personal Learning Skills awards.

Table 1 Comparison of the Old and New Advanced Apprenticeship Frameworks for Health

Key Feature	**Old Framework (236)** [21] **2009-2011**	**New Frameworks (various framework numbers)** **April 2011 onwards**
Organisation of pathways	Two key areas: Health; and Health and Social Care. Health Pathways divided into 19 different health strands at occupational/job role level.	Separate frameworks for Health. Health frameworks divided into a mixture of 'groups', e.g. clinical support; allied health professional support, with some more specialist

[21] Laboratory assistants, dental nursing and pharmacy are not within the scope of Framework 236 and are not considered in detail in this section of the report.

		frameworks, e.g. pathology support. Most of the 19 tracks were included, although not necessarily as a framework in their own right (e.g. the allied health professional support roles would include 'options' within the generic framework)
Components (Health Pathways only)	Most of the pathways included: NVQ Level 3 awards as the Competence Based Element (CBE). This was generic with a range of 'options' to reflect the different pathways. The Knowledge Based Element (KBE) was in the form of a technical certificate in Health and Social Care	In most of the frameworks the CBE and KBE became a combined NVQ diploma award.

The new frameworks which became available during the research project are listed in Appendix 2. The new frameworks with combined qualifications are similar in the number of Qualification and Curriculum (QCF) credits they include, the proportion of on/off the job training and the Guided Learning Hours (GLH) attributed to different components to the old framework. Pharmacy remains different to the other health frameworks in having a separate technical certificate and a greater number of GLH within both the CBE and KBE components. Table 2 below summaries the QCF credits, GLH and Off-the-job training included in the Level 3 advanced apprenticeship clinical frameworks.

Table 2 Summary of Level 3 Health Frameworks by QCF Credits and GLH

Framework Title	**QCF Credits**	**GLH**	**Total GLH off-the-job**
Clinical Healthcare Support	82 (65)	516 (373-494)	155 (12)
Allied Health Profession Support	82 (65)	516 (373-490)	155 (12)
Pharmacy Services	205 (CBE 75: KBE 120)	1154 (CBE 344-352; KBE 720)	810 (KBE 720)
Maternity and Paediatric Support	82 (65)	519 (376-502)	156 (13)
Perioperative Support	83 (66)	611 (468)	183 (40)

Pathology Support	82 (65)	554 (411-483)	166 (23)
Blood Donor Support	82 (65)	576 (433-472)	173 (30)
Dental Nursing	63 (46)	434 (291)	218 (75)

Source: Skills for Health, Frameworks, England

Looking at the information summarised in Table 2 above, the following observations can be made:

- The QCF credit value of most of the frameworks is around the low 80s. For the most part the credit attached to the skills qualification is around 65, although this is still above the 37 credit minimum for a Level 3 qualification. However, with the exception of Pharmacy Services, this still situates the credit value of clinical health advanced apprenticeships well below the value accorded to other vocational and academic qualifications that are included in the UCAS tariff and can be used to gain entry to some university courses. Whilst as a Level 3 programme the advanced apprenticeship has been marketed as equivalent to two A Level passes, the variability as to what is included within an advanced apprenticeship framework has undermined its equivalence (Fuller and Unwin 2012[22]). The credit value attached to most of the qualifications included in the health frameworks would not suggest that they are equivalent in size or value to qualifications that are routinely accepted for entry to University. This creates a real problem for advanced apprentices who may wish to use the qualifications they obtained to gain access to HE. Only those frameworks that include a substantial technical certificate (as with Pharmacy Services) are likely attract UCAS points, although in fact in this case it was reported by educational staff at the Trusts that advanced apprentices would also be expected to have at least one Science A Level.
- The GLHs of the frameworks are mostly within a range from 400-600, with figures of 300 upwards for the skills qualification. In comparison the BTEC Extended Diploma would usually be in excess of 1000 GLHs. This comparison gives some idea of the 'gap' between the advanced apprenticeship components and the framework as a whole, and those vocational qualifications more typically used to gain entry to HE. Again, it would suggest that the components of the advanced apprenticeship frameworks are 'thin' when set against those qualifications that are used by HE institutions to set entry criteria.
- The use of a combined qualification rather than the separate technical and competence based qualifications has allowed most of the frameworks to become more based around on-

[22] Fuller, A. and Unwin, L. (2012) Banging on the Door of the University: The complexities of progression from apprenticeship and other vocational programmes in England, Monograph No. 14, Cardiff: SKOPE

the-job learning for the skills component of the framework. The above table illustrates this by giving the breakdown for off-the-job training by component with the skills qualification being given in brackets (column 4). For most of the frameworks the majority of off-the-job training is taken up with the additional components – i.e. the Employee Rights and Responsibilities (ERR) and functional skills elements. The use of a combined qualification coupled with the low number of off-the-job GLH attached to the skills qualification would suggest that the health frameworks have retained a competence based model in terms of the skills element of the training. There are issues here around the dilution of content, underpinning knowledge and the lack of standardisation. This is revisited in Section Four of this report.

SECTION 3: APPRENTICESHIPS AND WORKFORCE DEVELOPMENT

Sections Three and Four of this report present findings from all Phases of the research, but in particular are based around the evidence collected from the interviews with key informants. The introduction of apprenticeship frameworks as a means to training and progressing staff working in the NHS South Central region was in the early stages at the time of this research project. For this reason, the findings are more indicative of their potential use and the barriers to take-up rather than a definitive statement of how apprenticeship frameworks are used for Bands 2-4 workers. This section discusses first (3.1) the take-up of apprenticeship frameworks in the HI-LLN area within the context of workplace training for pre-registration clinical staff before moving onto look at the potential issues around progression in terms of job roles and progression to below (3.2) and to (3.3) registered status. A more detailed discussion of advanced apprenticeships in terms of their preparation and currency for HE entry is taken up in Section Four.

3.1 Take up and Use of Apprenticeships for Developing Skills

As discussed in Section Two the introduction of apprenticeships into the NHS is part of a broader strategy to develop skills training and career development for the pre-registration Bands (2-4). This is consistent both with the widening participation agenda that seeks to develop the career pathways for existing employees through a work-based route, and the efficiency agenda which aims to develop the roles and responsibilities of those in pre-registered posts. However, the key findings of the project did not suggest that apprenticeships had become an integral part of workforce development in most Trusts in the area. In addition, the progression routes for those completing Level 3 work-based qualifications (via advanced apprenticeships and the Level 3 NVQ awards) to FE was not well trodden or consistent within and across occupational groups and Trusts. The key points emerging from the key informant interviews, beginning with available data for take-up in the HI-LNN area, are as follows:

- Figures provided by the SHA for 2010/2011 indicated that in the HI-LLN area there were 210 apprentices at Level 2 and 3 of whom 57 (27%) were on clinical pathways. This would suggest that apprenticeships have not been as widely used in clinical roles as in other areas, where they are more established within their respective industries/sectors (e.g. in estates and maintenance, and administration, apprenticeships are more generally established).
- Of the total number of 210 apprenticeships, 103 were Level 2 and 107 were Level 3. It was thought that these proportions (49%, 51%) would be similar for the clinical pathways although this was not confirmed.

- Most of the apprentices are over 25 years (67%) and this proportion is likely to be greater for those on clinical pathways. The 6% who are under 18 years would not be on clinical frameworks as, at the time of the project, it was not usual to recruit workers under the age of 18 into clinical roles.
- 88% of all apprentices in the region (clinical and non-clinical) were existing rather than new staff.

As the above figures indicate, apprenticeship take-up in the HI-LNN area is not high. However, projected figures for 2011/2012 were much higher and the SHA reported that Level 3 demand for clinical support roles (as estimated by the Trusts themselves) for the 2011/2012 year was projected at 183 across six Trusts, which would amount to 76 more than the previous year.

Key informant interviewees made a number of observations regarding the take-up and use of apprenticeships for workforce development. These are summarised in the points below:

- Whilst the SHA was actively promoting the use of apprenticeships in the region the take-up varied between Trusts as did the extent to which apprenticeships had been considered as a means of workforce training at a strategic level within Trusts. At one extreme, whilst the numbers of apprentices were not high, one Trust had a workforce training strategy that incorporated appropriate clinical and related apprenticeship frameworks. In other Trusts, there was very little emphasis placed on the use of apprenticeships for the training of clinical staff.
- The reluctance of some Trusts to utilise apprenticeships for the training of clinical staff at Bands 2 and 3 was linked to the reliance and positive value attributed to the NVQ system, coupled with the view that apprenticeship training would involve a larger element of off-the-job training which could lead to staffing problems. The problems created by the need to 'back-fill', i.e. cover staff who were released on training, was particularly pertinent at the time of this project where staffing levels were under threat. In this context, training which involved off-the-job elements was not considered viable without additional funding. The 'added value' of the advanced apprenticeship was questioned by a number of different key informants, not just employers,

  "I don't know why they (*Advanced apprenticeships*) were developed. (...) The NVQ is a really good qualification to have. Why would you want to add a Technical Certificate (...) I don't know why you would pick the advanced apprenticeship over the NVQ." (Education)

- Against this however, other Trusts reported having little or no difficulty in accommodating the additional elements of the apprenticeship frameworks. In some cases this was because they already saw their training as being 'NVQ plus', and/or already involved off-the-job

components such that there would be little change in moving over to apprenticeship frameworks. For example,

"The programme within our organisation was NVQ-plus. So they got the qualification but they also needed to do the add-ons that made it the role that we needed it to be." (Trust)

- However, those Trusts who reported fewer difficulties with the changeover from NVQs to apprenticeship frameworks were primarily Acute Trusts, with the ability to maintain strong in-house training facilities for their workforce. Trusts with a more dispersed workforce had to organise their training across a wider geographical area which made it more difficult to sustain a one-base in-house training function.
- There was also an acceptance that the options for utilising different qualifications and frameworks depended on funding decisions that were not currently taken at Trust level. At the time of the research, the SHA still funded a significant number of NVQs in comparison to apprenticeships. However, there was a movement to alter this balance and put more funding into apprenticeships with a reduction in NVQ places. It is not known how current changes in the governance of individual Trusts and the replacement of the SHA will impact on such matters. However, there was an acceptance within the Trusts that apprenticeships were the 'new' funding stream for in-service training, and would therefore be used more extensively in the future. As one informant observed,

  "If they have no previous qualifications at all then we will look to put them on a Level 2 qualification which nowadays, because it attracts the money, is Apprenticeships." (Trust)

- A further issue affecting take-up was the availability of appropriate frameworks. For example, this was seen in a number of Community Trusts where there were staff working with people with mental health problems. The content of the apprenticeship frameworks available to use for staff training were not seen as being relevant to such staff. At the time of the project SfH were in the process of developing a framework to meet this need.[23] However, the change from the old framework with multiple tracks to the new frameworks resulted in the number of pathways being reduced and this was also seen to be a factor in the take-up of apprenticeships for some Trusts who reported they were unable to continue using apprenticeships to develop staff in these occupational areas.
- Related to the above point is the tension between apprenticeship frameworks which were organised under more 'generic' umbrellas, e.g. clinical health, allied healthcare, and the need to train staff in very specific areas of work. Although the 'generic' frameworks allowed for optional units that could provide specialist training, there was some criticism that the

[23] This framework was not completed during the lifetime of the research for this project.

high number of 'mandatory' units could make this specialism difficult. There was also some concern that unless the qualification remained primarily competence and work-based, it would not be viable to train staff in specialised pathways.

- As can be seen in the figures given above, apprenticeships were used almost exclusively to train existing employees rather than new recruits. This was related to the reduction in the recruitment of new permanent staff as well as the perceived need to develop existing staff members and the funding which was available to do so. Most apprentices were therefore employed on permanent contracts, although there were exceptions, for example, Pharmacy Services Apprentices who were on trainee contracts, whilst a number of apprentices were taken on as part of a local regeneration programme. Also of relevance is that the pre-registration workforce at Bands 2 and 3 are predominantly female, mature workers. This has an impact on their ability to undertake non-workplace training as many of these workers have dependants and are often more restricted in terms of their ability to travel long distances, or leave work altogether in order to take up a full time place in education. .
- Lastly, however, the use of advanced apprenticeships as a way of developing staff was linked to the way in which individual Trusts were developing roles for staff at Bands 3 and 4. In some cases the development of an integrated strategy linking training and development to future staffing needs was not fully articulated. This disjuncture between the way that skill needs are addressed at a strategic education level, and the actual changes in the workforce are illustrated by the following two comments. In the first, workforce roles and workforce development would appear to be disconnected,

  "I'm trying to separate the two so you have band work over here and you have education over here... because I'm employed to look at education pathways, not to look at how people are banded." (Trust)

  Whilst, in this second comment, an educationalist observes that the demand for the training that could support the new roles is lessened by the recruiting decisions of managers within the Trusts,

  "...roles haven't been created in the Trust and departments and Trusts tend to look to recruit what they're losing so they tend to go for the same role rather than thinking about working differently."(Education)

Overall, the introduction of apprenticeships as a means of workplace training and development should be seen within the context of current practices which reflect and have reinforced a preference in some clinical areas for on-the-job training. In this respect the NVQ system has been used extensively as a way of training staff at bands 2 and 3 in a range of clinical and allied health roles including life sciences.

It is also important to comment on the relationship between the career levels on the NHS Career Framework, AfC Bands, and training and qualification pathways. In this respect, the introduction of AfC banding was consistent with the policy of facilitating flexibility to reflect variations in the workforce and training needs of different Trusts. This has resulted in a system whereby there is little consistency for pre-registered roles at local, regional or national level. By default, it has also meant that there is no simple relationship between job roles and qualifications. [24] However, as one key informant observed,

> "There's no definition in the difference in these (Band 2, Band 3) roles, when you look at the person specification, the job specifications, you can't match them to roles." (Trust)

And likewise, this would seem to have an impact on the career pathways for a range of clinical health roles,

> "... there hasn't been any clear development pathways so if you were to take the HCAs ... they are rambling, there's' no certain number of Band 2s or Band 3s, and no 'to be a Band 2 you need such and such and then to be a Band 3 you need such and such training'. It is, and was, very much mixed up." (Trust)

> "The HCA work role is a really varied role. You could not define a career pathway because it almost varies between ward to ward and location to location." (Trust)

These two features of pre-registered work role and development: on-the-job training (usually competence-based), and local determination, have an impact on the take-up, use and potential progression pathways of apprenticeship frameworks. The use of apprenticeships as a means of developing the clinical workforce at Bands 2-4 was not well developed in the HI-LNN area. At the time of the study, the dominant means of training was still the NVQ, with some resistance to change from some Trusts. However, there were examples where apprenticeships were starting to become an important part of the training of clinical workers within Bands 2-4.

3.2 Career progression within Bands 2-4 and the role of Apprenticeships

The development of work roles for pre-registered staff within individual trusts has led to a wide variation of work roles and related AfC banding. In this context, although theoretically apprenticeships should map onto the NHS Career Framework in a way that might imply career progression, in practice the way in which staff are developed and the roles they perform at these levels is not always standardised across or even within Trusts. The key findings summarised below are symptomatic of a system where there is little standardisation of roles, flexibility in what

[24] The issue of variability in job roles has been tackled by Skills for Health through a number of initiatives. For example, Skills for Health has been pioneering the NTRs – National Transferable Roles – as a way of promoting job roles that are equivalent across Trusts and Regions. Work on assistant practitioners has also sought to address the issue of variations in job roles which can include levels of skill and responsibilities.

constitutes appropriate training for work roles and a weak link between the two. One of the impacts of this fragmentation is that there are no clear *nationally recognised* progression pathways for clinical and allied health care support workers at pre-registration level, even though both the NHS Career Framework and the framework of qualification levels may suggest that this is the case. Key findings relating to career progression below registration level are summarised below:

- The variation in jobs and levels extends to different clinical work roles, often reflecting the input of professional or regulating bodies on roles below the usual registration level (i.e. Level 5). For example, the pharmacy technician is a registered role at Band 4/5 even though the qualification level training it incorporates is at Level 3. Occupations covered by the General Dental Council, are nationally regulated, including workers such as dental nurses who would be working at Band 3 with a Level 3 qualification. Health care assistants would be expected to have a Level 2 qualification, but may have either no qualification (past basic training) or higher level qualifications which will not necessarily relate to their roles.
- Staff training also exists for a number of purposes. In some cases, staff were being trained for tasks associated with their current roles. This training was linked to the need for them to be competent to carry out their present role or as a way of satisfying minimum requirements in their work role. Both apprenticeships and NVQ training was used in this way, along with more specialised aspects of training. In these instances the progression was limited to taking on more responsibility (e.g. needing less supervision, being able to supervise others) rather than enabling a step along a pathway.
- Much of the training that takes place in Trusts for Bands 2-4 is not part of any apprenticeship framework, but might involve specialist training for particular job functions. This training involves progression or perhaps even horizontal movement (into a new specialism), that could be reflected in the job role, but a different career level or banding. It is important to note that there are a range of in-house training programmes that do not fit into a qualification framework, yet are important for both vertical and horizontal progression in the workplace.
- There are, however, opportunities for staff to undertake higher level training. There were instances then of Band 2 staff undertaking advanced apprenticeships which might give them eligibility for Band 3 positions, or undertaking Foundation Degrees which should give them access to assistant practitioner (Band 4) positions. However, in these cases, there is no automatic entitlement to promotion.

  "Someone could be a Band 2 but have got up to Foundation Degree level. What we say to them is that they can apply for a Band 3 post when that's available." (Trust)

- Training functions in these cases in order to create opportunities for career progression more generally, as opposed to training staff for actual job roles. This can be positive, in that it allows staff to develop skills and qualifications, but can have more negative consequences in that staff who undertake such training and cannot progress within their Trust can become disenchanted as they perceive themselves to be over qualified for their current roles.
- There were limited examples that Trusts had built apprenticeships into the concept of a career pathway that might also have included workforce development needs, although this did vary between Trusts. One of the problems in developing a tighter connection between training strategies and workforce development was the fractured way in which employee needs are specified. On the one hand, strategic decisions are made to change the 'shape' of the workforce, i.e. to encourage more Band 3 and 4 roles, whilst simultaneously managers are asked to predict training needs at local (i.e. department) level which may not necessarily incorporate these strategies. Beyond this, a culture of encouraging individuals to take up training opportunities that reflect their personal goals makes it even more difficult to square the circle of organisational needs and strategies and individual aspirations.
- A further issue that impacts on career progression for some staff groups is the competition for jobs by those who might ideally be aiming for Band 5 or above posts. Examples of this are found in health sciences and pharmacy, where graduates compete for lower band posts.[25] In some areas of health sciences graduates might compete for Band 2 and 3 posts in order to gain experience to give them a better chance of gaining a higher level trainee post. In these situations, even if the apprenticeship or NVQ qualifications are used as a way of training staff, they are not necessarily being used as part of a career pathway. This issue is discussed in Section 4.3 below as it impacts on progression to HE.

3.3 Career Progression to registered status: opportunities and barriers

Whilst Section 3.2 above looked at the pathways for staff in pre-registration roles, an important aspect of the NHS Career Framework would be the creation of 'pathways' that enabled staff to undertake training and education in order to move into registered roles. The widening participation agenda within the NHS prior to and during the study period recognised the 'need' to develop a 'home grown' approach to filling professional posts. This section discusses progression issues from a 'work' perspective drawing on our analysis of the key informant interviews.

[25] This was a key finding in the work of Fuller (et al) 2012 for the Gatsby Foundation, and was particularly the case in the Life Sciences branches of Health Science, for example, Pathology.

- The widening participation agenda supported the progression of those in the workplace to move from pre to registration posts through a number of measures. Of particular importance was the financial support and time given to staff members undergoing training, either through secondment onto a full-time course, or whilst undergoing a more flexible honours degree programme (e.g. Open University courses). These opportunities had declined in recent years.
- The changing availability of work-based training routes interacts with wider changes in the registration requirements of a whole range of occupations within the health care sector. The movement towards graduate-only entry has affected all areas of the health care sector, from nursing and allied health professionals through to life sciences such as pathology. Prioritising graduate entry has removed sub-degree level options from qualification progression pathways, many of which were part-time or work-based in delivery. For example, in some of the allied health professions, such as radiography, registration used to be at sub-degree level and it was not uncommon to qualify with a diploma undertaken whilst working. Likewise, biochemists may have started out as technical apprentices and qualified through the HNC and HND route whilst working. Both these occupations now require a bachelor's degree to register and in both cases, it is increasing difficult to undertake this whilst working. These changes have an obvious impact on progression for those employed at lower bands in the health care sector who may aspire to registered status. The inflation of registration requirements coupled with the move to full-time education provision has made it more difficult for those on a work-based vocational pathway to progress from say, Level 4 to Level 5/6 qualifications without a change of status. For many staff, leaving a job to pursue full-time education is not seen as a viable option.
- From an employer perspective, the imperative for pursuing a 'home-grown' pathway has also diminished, along with the funding that might have facilitated this approach. A number of key informants observed that the 'need' to progress lower band workers was linked to a shortage of registered staff and the difficulties of recruiting externally. The situation in the last few years has reversed this situation for some occupational groups, with an oversupply of new (registered) graduates in many areas of health competing for the limited number of entry level registered posts. Current recruitment of registered staff, then, is primarily direct from universities and not through the more complex route of training lower level staff via the apprenticeship route.
- Progression opportunities for existing staff will also be affected by the current workforce priorities that emphasise the growth of Band 3 and 4 roles, rather than Band 5 roles. There

was a view, particularly amongst those key informants with strategic roles that the changes in workforce shape would lead to the creation of more Band 4 positions. In this respect there was less commitment to moving staff from pre-registration roles, particularly assistant practitioner positions, into Band 5 registered posts. This was shown by the development, at the time of this project, of a Foundation Degree to enable Trusts to develop staff at assistant practitioner and associate practitioner level. This Foundation Degree was based around the need to develop Level 4/Band 4 positions, and although it was also seen as a potential bridge between a Level 3 (e.g. advanced apprenticeship) and a bachelor degree programme which would lead to eligibility for registered status, the importance attached to this by some key informants, particularly employers, was not always high. In some instances key informants voiced the opinion that to emphasise the pathway from assistant to registered status was to undermine the role and value of the assistant practitioner.

"That (progression) needs to be thought about and there needs to be a strategy for it, but not at the cost of recognising that these are valuable roles in themselves... sometimes we have a habit of always looking to the next role and seeing it as a stepping stone and actually we need Band 4 practitioners because we need Band 4 practitioners." (Trust)

SECTION 4: PROGRESSION FROM ADVANCED APPRENTICESHIPS TO HIGHER EDUCATION

The above discussion indicates the limited opportunities for progression and the 'gap' between the non-registered clinical support workers in health care and registered professional groups. This section examines these issues from the perspective of HE looking first (4.1) at entry criteria and building on the material presented in Section Two above, before reporting on the views of key informants regarding the adequacy of work based qualifications as preparation for HE study (4.2). The final sub-section (4.3) provides a discussion of key informant views on HE provision in health care and related programmes in the HI-LLN area.

4.1 Advanced Apprenticeship Frameworks and HE Entry Criteria

The criteria for access to HE tends to favour traditional, usually academic qualifications, rather than work-based qualifications and experience. The following points whilst summarising the key observations made by informants, primarily from HE institutions (HEIs) and FE colleges, regarding the content and qualifications within the advanced apprenticeship frameworks and their 'fit' to HE entry criteria, also uses background material collected from Phase Two of the project.

- HE providers did not, as a rule, recognise the advanced apprenticeship as sufficient to meet entry criteria for a bachelors degree programme. This can be seen in Table 3 below which shows the 'typical' entry criteria for some health care bachelor degree programmes. In some HEIs there was an acknowledgment that there could be some form of bridge to enable work-based learners to progress to HE, but in other cases it was argued that there were standard routes to HE that would be better pursued if the individual's goal was to secure a place on a degree course,

  "There is not a route at all from the university point of view for these people to access health care. We are not providing a route ... the only way they can get into health care now, through the universities is if they have the academic qualifications they need to do a professional course, in which case they need to remain in FE and keep doing A Levels, access courses." (HEI).

Table 3 The Challenge of Progressing from Advanced Apprenticeships to Registered Professions: three illustrations

Apprenticeship Framework link to Registered Post	Typical qualifications for Entry to Bachelor Degree	Current Entry route to Registered Post
'Clinical Healthcare Support' to Nurse	Varies from NVQ3 through to A Levels including science	Graduate entry from 2012 but work-based routes available to complete Bachelor Degree
'Allied Health Professional Support' to Dietician	3 A levels (2 sciences) preferred	Graduate entry, full-time 4 year Bachelor Degree
'Pharmacy Services' to Pharmacist	3 A Levels (usually 2 science), some universities accept the Diploma + Chemistry	Graduate entry, full-time 4 year Masters degree

- An analysis of entry criteria for nursing and allied health degrees[26] in the HI-LNN area would support the view that the entry criteria for most full-time Bachelor Degree programmes effectively rules out a transition from the advanced apprenticeship. The Foundation Degree in this context can become a 'stepping stone' into a Bachelor degree programme, but it is difficult to progress without this stage in the HI-LNN area, even though it was reported that in other areas HEIs took a different approach. However, as shown earlier, in the HEIs within the HI-LNN area, the advanced apprenticeship for clinical support workers lacks 'currency' for the purposes of entry to higher level pre-registration degree programmes, a finding which extends to a wider range of frameworks within the health care sector. It therefore provides a weak platform for progression to the approved degree courses which act as gateways to registered positions.
- As indicated above, this situation is not uniformly found. Different HEIs have their own admissions policies that may include work-based vocational qualifications. Key Informants reported that whilst in some HEIs it would not be possible to gain entry to Bachelors Degree

[26] This was reported in the Interim report for this project. An abridged version can be found in Appendix 3. The findings of this analysis were consistent with earlier research undertaken by NHS South Central. NHS South Central (2010) Developing Vocational Progression Pathways into Pre-Registration Nursing across the NHS South Central. Caron Keys and Mary Sommerville. July 2010.

course with a Level 3 qualification such as an NVQ, there were institutions that would accept this qualification. There were also alternative work-based routes, for example, through the Open University that were appropriate for those with vocational work-based qualifications. This led some key informants to query the inconsistency of entry criteria,

"We've had some of our people who have done our NVQ3... they've now qualified as a registered nurse through the OU programme so we can see the people who've moved through that... they haven't gone away and done any additional study to do that, and yet we've got a very good, very capable, competent member of staff as a staff nurse ... so what has been the barrier whereas if that same person had applied to go to (...) University they wouldn't have got on?" (Trust)

In this respect, whilst HEIs provided a strong rationale for their admissions policies favouring academic qualifications, employers were not always convinced that this was a sound strategy,

"The biggest limiter to progression onto an academic qualification from a Level 3 is the academic bodies themselves ... what they will accept. " (Trust)

- Whilst it was acknowledged that there were some work-based routes, there was also the perception that these were fundamentally different to the full-time Bachelor Degree courses, particularly those that required more traditional academic qualifications for acceptance onto a course. This two-tier system was acknowledged by both HE and employers and it was suggested that they produced 'different' types of registered worker. For example, in the case of nursing, one informant observed that the Open University, work-based trained nurses were vocational, whilst the full-time student trained nurses were the future advanced practitioners or managers.
- It is worth noting, however, that the above observation whilst relevant to nursing, and some of the associated roles (e.g. maternity support and midwifery), there are other areas where the route from an advanced apprenticeship to a Bachelor Degree programme will only be through the possession of additional academic qualifications. This would be the case for most of the allied healthcare professions and the science professions.
- As argued earlier, a key problem with the advanced apprenticeship health frameworks, with the exception of pharmacy services, is that the knowledge-based element content is limited and does not compare in size with other Level 3 qualifications that are as accepted for entry by HEIs (e.g. BTEC extended diplomas). Both the old and the new frameworks have retained the emphasis on competences. Although this will often include underpinning knowledge, this is not explicit within the qualification process. There is a real tension between the demands of employers for competence-based programmes that enable learning on the job, and those of HEIs who value explicit and measured (or examined) underpinning knowledge.

- In addition the way in which work-based qualifications such as NVQs are assessed does not distinguish between different types of learners or attainment levels. This can be seen in two ways. First, the way in which these qualifications is delivered allows for variable content and quality and has led to institutions necessarily having to limit the extent to which NVQs or similar fulfil entry criteria to 'known' providers. Second, at an individual level, there is no way of separating those learners who demonstrate a high level of performance from those who fulfil the criteria to a satisfactory level. Unlike the more academic A Level qualification, there is both a lack of standardisation of the qualification as a whole and an ability to distinguish different levels of attainment.
- Key informants in HE frequently made mention of the difficulty in making provision for those who wished to progress with non-standard qualifications in an increasingly competitive environment. In particular, we were told at different HEIs that where the number of applicants vastly exceeded the number of places, the entry criteria would favour those with more traditional qualifications. It was reported that those with work-based qualifications, including Foundation Degrees would often be considered as less desirable than students with good A Levels.

4.2 Work Based Learning and Preparation for Higher Education Study

There are also concerns about the extent to which vocational work-based qualifications constitute adequate preparation for HE study. Whilst these deficiencies are not new it is worth restating the main points made by key informants as they continue to act as barriers to progression.

- There is a view that those learners who have progressed from a work-based route are not well equipped for the rigour of academic study. This point was made by HE providers in a number of institutions and it was reported that work-based qualifications do not give learners the opportunity to undertake the research and written components associated with more traditional academic qualifications. This 'gap' made it difficult for such learners to adapt to higher level academic study. In the HI-LLN area there were initiatives underway to address this issue through the development of bridging courses and at Trust level there were also examples of bridging units for employees.
- The view that work-based vocational qualifications did not prepare learners for academic study was not shared by all key informants. Key informants in both HE and FE as well as some employers argued that the level of research and written work in some Level 3 qualifications, for example, NVQs, was not given due consideration by HE providers. However, this point relates to the earlier one regarding the variation in content and delivery

of such qualifications. It may be the case that some work-based learners undertake only minimal research and writing tasks, whilst others are expected to undertake a significant amount. HE providers have no easy way of distinguishing between disparities in both providers and individuals. A similar point was made by employers who argued that work-based learners had skills and experience superior to their 'academic' counterparts and the issue was these skills and experiences were not valued in decisions over access to HE, not that they were less suitable.

- The characteristics of learners may also add to the perception that they are less equipped to undertake further study. Some key informants suggested that many health care workers are mature females, often returning to work after having had children and sometimes without many formal academic qualifications.[27] From an equity perspective, it is concerning that this kind of background was seen as an indication that women returners may find further study difficult and they were perceived to be less academically able than others who have gone down a more traditional route. In some cases this was given as a reason for the disadvantage they experience in gaining entry to HE courses, rather than their 'actual' preparedness.
- Perhaps the key point that needs emphasising was that there are individual differences that cannot be adequately assessed at present. We were told as many 'success' stories of work-based learners as ones about those who struggle with academic demands.. It was also pointed out that bridging courses that aim to bring work-based learners up to standard are not seen as being necessary by all HE providers. Like the variability in entry criteria, this adds to the confusion as to what work-based learners actually lack,

  "I would like to know the rationale for the 'something else' if some universities can take (people) without the bridging or A Level and some can't." (Trust)

4.3 Health Related HE Provision in the HI-LNN area

The second phase of the project included a mapping of HE provision in the HI-LNN area for health and allied health related courses. This mapping along with entry criteria is provided in Appendix 3. The mapping and interviews with key informants, form the basis of the key points documented below with regard to HE provision in health related areas in the HI-LNN area.

- HE providers have found it increasingly difficult to continue with Foundation Degrees and, in fact, a range of other vocationally targeted courses. This lack of coverage means that

[27] The project did not undertake an analysis of learners by qualification prior to starting work in health care. It is reported here because it was noted by some Key Informants as being a reason why work-based learners were often ill-prepared for further study.

individuals in the HI-LLN area may find it difficult to progress to appropriate courses at local HE institutions. During the timescale of the project this situation became more intense with additional Foundation Degrees ending intake after the (2010/11) academic year. Although provision was being developed elsewhere it was not at delivery stage within the timeframe of this work.

- The growth of distance and flexible learning options, including HE delivery at local (e.g. employer) site, has impacted on what were local arrangements between HE providers and employers. Employers in the health care sector based in the HI-LLN area are not restricted to local HE institutions for some types of course. HE providers offering flexible arrangements meant that were sometimes favoured even if they were not local.
- Issues around the demise of locally delivered Foundation Degrees and other Level 4 provision are obviously tied up with the funding of HE courses more generally, and the funding of Foundation Degrees more specifically. However, an impact of the funding changes has been to make it increasingly difficult for HE providers to respond to local needs.
- The difficulties in responding to local employer needs by running appropriate courses was also compounded by the short lifecycle of some, often highly specific, courses. For some HE institutions the choice has been to curtail or restrict courses that might have short life-spans (from development, through to local saturation of the market) focusing on those that have a longer life-span. For others, the strategy has been to develop such courses in a way that can transcend local markets, i.e. through more flexible delivery.
- Related to this, both employers and HE institutions acknowledged that whilst employers may value highly specific courses that were centred on occupational roles, this could result in small numbers that made running a course unsustainable. There were some exceptions to this, for example, where the number of trainees in a certain occupational role is consistently high, or where the HE establishment has a 'niche' course that takes learners from a wide area. However, there remain conflicts between potential demand for highly specific courses (for example, Foundation Degrees geared towards a certain role, such as radiography) and the feasibility of developing and running such a course. As one key informant explains,

  "... one of our problems ... we've had previous FDs that have been asked for by the SHA and set up, and that's quite a time consuming procedure ... and then, you know, the first year we have quite a reasonable number on them, the second year we have fewer on and the third year we can't recruit because we've mopped up the local need."(HE)

The net effect of these issues can be seen in the 'gaps' in provision throughout the region. During the lifetime of this project both employers and HE institutions were addressing some of these gaps, i.e. through the development of a core and options modular Foundation Degree. However, the lack

of comprehensive provision at local level has meant that employers have increasingly had to look at alternative ways of delivering higher level education and training. This may make contribute to a further weakening of the relationship between local HE providers and local employers and learners.

SECTION 5: CONCLUSIONS

This section sets out the main conclusions that emerge from this project. As a locally based research project it is important to note that whilst some of these conclusions will be appropriate at a national level, others will be more locally grounded. Conclusions that are around local provision or the particular strategies of employers may have resonance elsewhere, but it is entirely possible that other regions have a different context that influences HE provision, or different strategies at NHS regional level. With this in mind, the following points relate first to the use of advanced apprenticeships in workforce development, and then the opportunities and barriers to progression into HE.

5.1 Workforce Development, the NHS Career Framework and Apprenticeships

- The continued central (and regional) drive to use apprenticeships to develop the workforce has not been matched by the commitment at local level. Whilst there are examples of local employers who have embraced apprenticeships, for many there was still resistance to replacing what was seen to be a good system – the NVQ alone – for training staff around Bands 2-4.
- The take-up of advanced apprentices within the HI-LLN area was linked to funding. The intended 'switch' to funding training at Levels 2 and 3 via intermediate apprenticeships and advanced apprenticeships was likely to ensure that take-up increased. However, this did not always constitute a commitment to all the components of the apprenticeship framework and some employers continued to see the NVQ Diploma qualification as the essential element for workforce training.
- The NHS Career Framework has translated, at local level, into a wide range of job roles and bandings that are not easily reconciled to consistent 'levels' or 'roles'. Given the emphasis, in many occupational areas of clinical health, for local determination of job role, content and banding, it has been difficult to develop apprenticeship frameworks that match directly onto employer and employee needs. This can be seen, for example, in the tension between 'generic' and 'specific' content in qualifications, as well as the different approaches taken by Trusts over how they 'band' and hence train for particular job roles. The research raises a question for further research about whether the flexibility and variability of job roles and banding undermine the usefulness of the NHS Career Framework as a means of defining career levels and pathways.
- The NHS Career Framework has a rationale of progression that, in theory, emphasises the 'links' between different levels. However, the findings of this project would suggest that

whilst there has been a commitment to developing the pre-registration workforce, this is not always associated with well-articulated and transparent pathways to actual or projected job roles. In extreme cases, this creates the situation whereby training for an individual may have no real connection with either their existing job role, or the possibility of progressing into an appropriate (higher) level role.

5.2 Advanced Apprenticeships and Progression to Higher Education

- Whilst in theory advanced apprentices should be able to progress into HE, in practice there are a number of barriers that make this more problematic. In the HI-LLN area there are few opportunities for Level 3 work-based learners to progress directly into HE, even though this is possible in other areas of the country.
- A key issue within the health care sector relates to the development and content of the advanced apprenticeship frameworks. The health frameworks were developed within the context of a sector where training for pre-registration staff was often minimal, focused on accrediting existing skills, usually locally determined and mostly on-the-job. In this context the components, particularly the NVQ diploma is seen as appropriate to and as a good 'fit' with the expectations of the sector. However, the NVQ diploma itself does not attract UCAS points, and the way 'content' is expressed in terms of competences does not easily allow it to be assessed for entry to HE courses. The inclusion of a technical certificate that was nationally recognised and attracted UCAS points, such as a BTEC extended diploma, would have resulted in a much stronger progression pathway for advanced apprentices on clinical health pathways. However, this would not have met the needs of employers. The result has been to 'thin out' the health frameworks and so weaken opportunities for progression.
- A related barrier in the HI-LLN area has been the lack of available provision, either Bachelor Degree programmes that would accept the NVQ or the new NVQ diploma, or a suitable Foundation Degree. The NHS South Central SHA was developing a foundation degree in partnership with some employers but this may not be accessible or appropriate throughout the area. Work-based learners are often more tied to their specific locality and are likely to need part-time courses that can be undertaken whilst in employment, as well as support from employers to enable them to take up HE opportunities. The changes in funding for HE have eroded the work-based route and in the HI-LLN area this was resulting in a reduction of flexible and employer funded local learning opportunities.
- The move towards graduate-only entry for many of the health professions, for example, nursing, midwifery, the allied health professions and sciences, has occurred alongside the

decrease in part-time or flexible HE opportunities more suited to those in employment. Many health professions now have education, training and career pathways more suited to the more traditional academic route, for example, A Levels followed by a full-time accredited or approved degree programme. The competition for university places, coupled with funding rules that are linked to student grades have inflated entry criteria in a way that could even rule out many of the more 'traditional' applicants at those universities who have to fill their places with those 'elite' students with higher A Level grades and cannot consider those who would achieve grades below these higher levels. These funding regulations exist irrespective of whether prospective students with lower A level grades may be suitable candidates. Any inflation of entry criteria, or increased competition for places, is likely to have a disproportionately adverse effect on those with non-traditional qualifications.

- In this respect, it is clear that the push to upgrade the status of many health professions through the graduate entry route may have a detrimental impact on the status of work-based learners such as advanced apprentices. When set against the skills priorities which stress development of Level 3 and 4 roles, in particular the assistant practitioner, developing the progression opportunities for such pre-registered roles is likely to become less of a priority. Simply put, if there are sufficient candidates for entry level registered posts coming through the full-time route, and there is an imperative to retain staff at Bands 3 and 4, the motivation for developing progression pathways is not likely to be high. Whilst in theory then there is a commitment to the development of progression pathways for advanced apprentices, in practice it may not feature high on the skills priorities and workforce development strategies of either SfH or individual Trusts. If anything, current conditions are leading employers and the sector to recognise the value and worth of staff at Bands 3 and 4, rather than encouraging them to progress into registered positions.

APPENDIX 1: INTERVIEWS CONDUCTED AND CHECKLIST EXAMPLES

Table A1.1 Interviews conducted for Phase 3

Organisation/individual	Number of Interviews
National/Regional	4
Local Employers (Trusts)	5
Higher or Further Education	6
Individuals	2

Examples of Checklists

Example 1 Checklist for Employers

Outline Interview Schedule 1: Key Informants: Employers (including own training)

(nb: this checklist was amended to reflect the role/position of the Key Informant)

1 Background of Project/Organisation and Role of Respondent

- Brief overview of the project and questions
- Understanding of respondent's organisational role/experience of apprenticeships (for scope of interview)
- Wider roles (steering groups, networks, SfH involvement etc. – also for scope of interview)

2 Use of Apprenticeships/Apprentices

- How (and why) does the organisation use/recruit apprentices (link if appropriate to workforce development strategy)
- What types of Health apprenticeships are utilised (e.g. which pathways, Level 2/3/4)
- Are apprenticeships used for existing staff/ new staff (policy and actual numbers if possible)
- What AfC Bands do Apprentices occupy and does this vary
- Employment/contractual status of apprentices
- Age related issues and apprenticeships (health workers and under 18s)
- Location (if any) of off-the-job components of the training
- Barriers/opportunities perceived in using apprenticeships to develop skills in existing/ new staff (including wider organisational issues)

3 Content of Apprenticeship Framework

- How appropriate is the content of the framework (236 but also new frameworks if appropriate) perceived in terms of the fit to work roles – including good fits/ gaps in provision (looking across at the different pathways/routes)

- Views on the content of the generic knowledge-based element and impact on skills/knowledge of apprentices
- Fit between Apprentices (Level 2) knowledge and progression onto Advanced Apprenticeship Framework (Level 3) and view on whether Level 2 flows well into Level 3 framework. Also for Level 4 if appropriate.

4 Progression Issues

- Respondent opinion on progression opportunities for Advanced Apprentices – including the possible progression for current apprentices (if any).
- Opinion of appropriate progression route for staff aiming for Bands 5 and above posts (and how Advanced Apprenticeships fit with this, e.g. need for bridging to Level 4/5)
- If known, are there different progression possibilities for the pathways within the framework (e.g radiography, blood donor etc.)
- Views on barriers/opportunities for progression of apprentices in Health Sector into posts above Band 3/4 (including AHP and degree-level practitioners, e.g. nursing, dietetics etc.)

5 Wider Issues (including Foundation Degrees/Higher Apprentices)

- Views/experience of foundation degrees, input (and view) into Higher Apprenticeships
- Are there wider issues regarding workforce development that we should be aware of that impact on progression for AAs (in this organisation)?
- Possible remedies/ improvements (if not covered above)

6 Existing Apprentices (if any)

- Possibility of interviewing (by telephone, or face-to-face as preferred) any apprentices within the organisation.

Example 2 Checklist for HEIs

Outline Interview Schedule: Key Informants: Higher Education

1 Background of Project/Organisation and Role of Respondent

- Brief overview of the project and questions
- Understanding of respondent's organisational role/experience of apprenticeships or vocational/non-traditional learners (for scope of interview)
- Wider roles (steering groups, networks, SfH involvement etc. – also for scope of interview)

2 Course Specific – Entry

Topics to cover for HE staff who manage a particular course in the HEI

- Who (what type of learner) is the course aimed at (and why)
- How does it recruit (marketing literature/targets etc)

- How is entry to the course decided – entry criteria (what happens if the course is oversubscribed); formal and informal entry criteria
- How does the entry criteria facilitate vocational learners (generally) and work-based learners (more specifically)
- Would learners with NVQ3 or an AA completion gain access to this course. If not, why not. If so, has the course had such learners (what proportion etc.)
- Typically, what is the profile of the learner on this course.

3 Course Specific - Progression

- What progression pathways are there for successful learners
- Typically what are the destination of these learners (does it vary depending on area of further interest, type of learner/original qualifications etc.)
- (if Foundation) can these learners progress to Level 5 courses (at this institution, at other institutions). Which courses, what would be the entry point?
- If the course does not lead to Level 5 entry at this institution, why is that (entry criteria, not preferred learner, no appropriate courses etc.)

4 Other Health Related Courses at the HEI

- General discussion about the entry criteria to Level 4/5 courses and whether they allow entry from vocational learners (generally) and work-based (AA) learners.
- As above but for progression from relevant Level 4 courses to Level 5 courses.
- Generally speaking does the institution welcome vocational learners (e.g. marketing, flexible entry criteria, APEL etc?)

5 Views on Advanced Apprenticeships

Topics to cover with HE staff who have knowledge/experience of AA in Health

- Views on the content of the AA as preparation for HE courses at Level 4 (or 5) – e.g. knowledge content; functional skills; work experience. Gaps if any.
- What could be improved in the content of AA to aid preparation for HE?
- Are any of the barriers to access for AA HE in origin (e.g. entry criteria, perception of staff, 'wrong' type of learner etc?)

6 Wider/Other Issues

- Changes we should be aware of (in provision, in entry criteria) and how they may impact on work-based learners (e.g. UCAS tariff for AA, QCF, or more generally cuts)
- Specific changes to courses that might be recruiting AA or non-traditional learners (e.g. Foundation degrees).
- Anything else specific to this interview

Example 3 Checklist for Individuals

Health Project – Interview Schedule for Advanced Apprentices

This interview schedule is intended to be used as a telephone interview checklist for a recorded interview lasting a maximum of 20 minutes.

1 Background

Employment	Current job role (Description, Band, Employer/Trust)
	Length of employment
	PT/FT
Qualifications	Job/Work related qualifications held, e.g. NVQ2/3; AA, other
Personal details	Age, highest qualification on leaving school, idea of family commitments etc.
	(nb. Above questions should come out in interview but if they don't ask these questions at the end and make it clear they are optional)

2 Advanced Apprenticeship

Details	What type of AA (i.e. which health track); provider, funding etc.; how many hours/days per week spent in off-job learning, other placements etc.
Motivation	Reasons for signing up for the AA (probe); how heard about it? What encouragement/support/selection?
Experience	In terms of: general experience; relevance to current job role; workload (impact on job/family life etc.)
	Difficulties encountered? Particular positive aspects of the AA?
Progression	Has the AA already helped (or is it expected to help) with progression? In what ways (e.g. access to an HE course, promotion to Band 3 etc.)
	Longer term career aspirations.
	Readiness for HE (FD or other HE course) if relevant.
	What are the next steps?

3 Other Issues

Final question to ascertain if there are other issues that have not been raised.

APPENDIX 2: HEALTH FRAMEWORKS

The following table lists the Apprenticeship and Advanced Apprenticeship frameworks that became available during the lifetime of the project and includes those (e.g. Pharmacy Services) that were not incorporated in the older Framework 236 but had their own framework prior to April 2011. Others (such as Mental Health Support Work) were still in development at the end of the project and are not included.

Table A2.1 Health Frameworks (April 2011)

Framework Title	Level	Framework Code
Clinical Healthcare Support	2,3	00605
Healthcare Support Services	2,3	00614
Allied Health Profession Support	3	00611
Pharmacy Services	2,3	00610
Optical Retail	2,3	00607
Maternity and Paediatric Support	3	00612
Perioperative Support	3	00616
Pathology Support	3	00613
Emergency Care Assistance	2	00608
Blood Donor Support	3	00615
Dental Nursing	3	00604

APPENDIX 3: SUMMARY OF ENTRY CRITERIA TO HIGHER EDUCATION COURSES IN HEALTH RELATED DEGREES IN THE HI-LNN AREA 2011/12

Institution	Course	Description	Mode	Years	UCAS criteria	Notes	Apprenticeship Criteria/ NVQ mentioned in UCAS
University of Portsmouth	Acute Clinical Healthcare (B901)	BSc (hons)	FT	1 (top up)	Foundation degree or equivalent		"A healthcare qualification at DipHE or Foundation Degree level or experience working in a role (such as a Paramedic, Operating Department Practitioner, Medical Technician or other Assistant Practitioner role) in acute and unscheduled healthcare."
University of Portsmouth	Clinical Health Science	BSc (hons)	FT	3	200-220 points	Biology + any science specified in A Level column. Also includes health related BTEC national certificate and dip. Also 14-19 dip (300-350). Advanced and Progression diplomas need an A level as well.	There is no information on the UCAS site that is geared to work-based learners. The link for mature students is more welcoming and says experience is taken into account. However, it also implies you will be directed onto a Foundation Degree or a one year access course.
University of Portsmouth	Operating Department Practice (RODP)	DipHE	FT	2	160	1 A level (or equiv) preferred but 0.5 required. 80 points from science subjects. BTEC certificate and national if in science area	The diplomas are given (standard), NVQ level 3 in health or social care context is specifically referred to with no specific area (past those above) given. All SL candidates interviewed.
University of Portsmouth	Paramedic Science	FdSc/ Paramedical Science	FT	2	220	0.5 required, 1 desired. Science related study at AS/A level or equivalent for at least 80 points The BTEC certificate and national have to be in a health related with science/human biology components	Access qualification is mentioned but no WBL
University of Portsmouth	Pharmacology	BSc (hons)	FT	3	CCC (240)	Geared at A levels (sciences) but BTEC dip also in applied sciences.	Dips are given (standardised), the course specific says that those with non-standard will be interviewed but the only non-standard given is Access (no component under 40% and in sciences). There is no WBL info.

University of Portsmouth	Sport and Exercise Science	BSc (hons)	FT	3	320	(from 2 A level or equiv, 3 preferred), any science at grade B. BTEC national certificate and diploma in sports science, Diplomas also ask for an A level	Access in sport or health is given (no grades given) but no info on WBL route.
University of Southampton	Audiology	BSc (hons)	FT	3	ABB (320)	From 3 at A level or equiv, 3.5 preferred at least one science. Only BTEC national Diploma accepted at grade. DDD	Access is not ok on its own (other qualifications needed). Other qualifications given are Fdn degrees (from Southampton in HSC and Portsmouth in Applied medical technology). "A portfolio of work experience underpinned by academic knowledge equivalent to the basic requirements."
University of Southampton	Health and Social Care	FdA	FT	2	no info	no info	no info
University of Southampton	Health and Social Care	top up	FT	1	no info	no info - only A levels not acceptable	no info
University of Southampton	Nursing (mental health branch)	BN	FT	3	BBC	From 3 min, 3.5 des, BTEC certificate and diploma in health or science, CACHE diploma in CC&E, Access in health or science based	No information on work based learning courses, including NVQ L3. No links on the website.
University of Southampton	Nursing (DipAS) mental health branch	ADN DipADV-Nur	FT	3	CC-CDD	from 2 preferred 3, in preferred subjects (human biology, psychology, sociology)	States that those with grades lower will be considered for the diploma in mental health nursing BTEC certificate and national in health, science or HSC. CACHE in CC&E, suitable Access course (health, science)
University of Southampton	PGDip Mental Health Branch	GDN PGdipN	FT	2	degree		

University of Southampton	Midwifery	Bmid	FT	3	ABB	From 3 min, 3.5 preferred, include science subject. BTEC national certificate and dip have to have science or health focus. Certificate science of 6 units. CACHE Diploma not acceptable.	Access passes in health or science. No other information for mature/WBL is given here. Academic criteria. It does say in links "we enjoy strong links with our local NHS trusts, their staff and the local community. For local applicants, it may be possible to offer some flexibility in the published entry criteria". contact etc.
University of Southampton	Nursing degree (adult branch)	BN	FT	3	Not given, but in BTEC says 300-330 points	Tariff omitted	BTEC national Diploma on own, but not certificate. 300-330 tariff points. Access ok. No work based learning information.
University of Southampton	Nursing degree (learning disability branch)	BN	FT	3	BBC	from 3, min 3.5 pref.	BTEC national (not certificate - combined), tariff 300-330. CACHE same tariff. Access Pass in health or science. No other given e.g. for work based learning
University of Southampton	Nursing degree (Child Branch)	BN	FT	3	BBB	From 3 min 3.5 pref. BTEC national certificate and dip - 320-340 tariff points overall. CACHE if combined.	Access passes in health or science. No other information for mature/WBL is given here.
University of Southampton	*Nursing DipAS Adult Branch*	*ADN DipADV-Nur*	*FT*	*3*	*CC-CDD*	*Min 2, 3 pref. At A level sciences / health subjects 'strengthen' an application. Lower than grades cons for diploma.*	*BTEC national certificates and diplomas (both ask for merit but not specified how many) and CACHE (CCC), Access ok. No information on work based learning*
University of Southampton	*Nursing Dip AS Child Branch*	*ADN DipADV-Nur*	*FT*	*3*	*BB-CCC*	*min 2,3 preferred - as above no subject exclusions but science, health, social science strengthen application. BTEC national certificate and diploma (DM, DMM) in science or social care/health pref. CACHE BCC.*	*Access passes in health or science course. All the diplomas say something about APL/APEL. No information about work based learning.*
University of Southampton	*Nursing DipAS Learning Disability Branch*	*ADN DipADV-Nur*	*FT*	*3*	*CC-CDD*	*min 2, 3 pref. As other Diplomas re; subjects. BTEC national and certificate (DM, MMP). Cache CCC*	*Access as with other Diplomas. No work based learning information*

University of Southampton	*PGDip Nursing Adult Branch*	*GDN PGdipN*	*FT*	*3*	*degree*	*nr*	
University of Southampton	*PGDip Nursing Child Branch*	*GDN PGdipN*	*FT*	*3*	*degree*	*nr*	
University of Southampton	Physiotherapy	BSc	FT	3	ABB(b)	Min 3, 3.5 preferred. All A-levels at minimum of Grade B. Science subjects.	Access in Health (75%) but no other non-traditional courses given on UCAS although prospectus gives BTEC. Entry also from University of Southampton Foundation Degree in Health and Social Care . Points for mature students are lower.
University of Southampton	Occupational Therapy	BSc	FT	3	BBB	Min 3, 3.5 preferred. Science subjects specified.	Access in Health/Sciences (75%) but no other non-traditional courses given on UCAS although prospectus gives BTEC. There is a 4 year part-time route, no information given on criteria. Entry also from University of Southampton Foundation Degree in Health and Social Care. Points for mature students are lower.
University of Winchester	Health, Community and Social Care Studies	BSc	FT	3	260-300	from min 3, 200 points from A level or equiv, BTEC certificate and dip and OCR national dip, CACHE (240 points)	WBL - please contact applications and enquiries for further guidance; Access ok; NVQ3 "this qualification may be acceptable for mature applicants when combined with other subjects. Please contact the Applications and Enquiries Office for further guidance. WBL other: please contact."

Source: UCAS information and University Prospectuses/ on-line information for relevant intake year. Please note some of the courses above (e.g. Nursing Diplomas, in italics where known) were ending and are shown for illustration purposes.