An exploration of barriers and enablers to the expansion of healthcare degree apprenticeships

University Alliance

UNIVERSITY OF DERBY

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University Alliance

About University Alliance

We represent some of the UK's leading professional and technical universities.

Our members specialise in working with industry and employers. Their teaching is hands on and designed to prepare students for careers. Their knowledge and research drive industry to innovate, thrive and meet challenges.

Our universities are leading the way in innovation and business support in the green, tech, creative and healthcare industries. They are leading providers of teaching in healthcare, the creative industries, social sciences, engineering, business and computing. They are some of the biggest degree apprenticeship providers in the UK.

What does UA do as an Alliance?

We work to benefit our member universities and their communities, and to provide expertise to policy makers.

That includes:

- Providing professional networks for leaders and staff at our member universities to learn from each other and work through common issues and opportunities.
- Running joint programmes across our member universities. For example, the Doctoral Training Alliance is a shared programme which supports doctoral researchers with their career development.
- Developing research, insights and advice to help inform government policy on higher education and other relevant issues and linking government up with people working 'on the ground' in our member universities.
- Delivering communications and engagement to help people understand how our member universities work and what makes them special.

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At the University of Derby, we do things differently. We are a modern university with a bold vision: to make a real impact. Through our cutting-edge research, outstanding teaching, and deep-rooted commitment to sustainability, we are shaping a brighter, fairer, and more sustainable future.

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The practical training students receive on our degree and apprenticeship programmes prepare them for the workplace where they will join the life-changing work that's carried out in health and social care settings.

At Derby, we are empowering and supporting the next generation of talent, equipping graduates with the skills, knowledge and experiences to make a positive impact on the world.

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Introduction

University Alliance (UA) represents 16 of the UK's leading professional and technical universities. UA members in England offer a wide range of apprenticeships that lead to professional registration in health careers, enabled by the changes to apprenticeship policy in 2009 and the approval of health-related degree apprenticeship standards from 2017.

Aims of the report

This report aims to assess the conditions needed to improve workforce shortages through apprenticeships, as set out in the National Health Service (NHS) Long Term Workforce Plan (LTWP) published in 2023. This includes barriers and facilitators to widening apprenticeship participation for Allied Health Professionals (AHPs), nurses, and doctors in England.

This report will:

- Identify the barriers to expanding apprenticeship routes for clinical staff
- Identify dependencies with other elements of the 2023 NHS LTWP and associated risks.
- Identify existing good practice and lessons learnt on delivering relevant apprenticeship routes for clinical staff.
- Identify high-level concerns and ideas for the successful implementation of new apprenticeships.
- Provide targeted policy recommendations on overcoming the barriers identified to expanding apprenticeship routes for clinical staff.

This report covers two phases of inquiry: a background literature review followed by primary research consisting of a survey and in-depth qualitative interviews.

University Alliance commissioned the University of Derby to produce this report. We would like to thank the research team: Dr Denise Baker, Dr David Robertshaw, Claire Carter, James Challender and Sarah Mason.

Scope

There are differences across the four nations of the UK, such as educational expectations, regulatory and professional body responsibilities. This research was conducted in Autumn 2024 and is therefore reflective of policies and context at that time. Although this report is England-centric, there are implications across the UK.

Background

Historical context

Apprenticeships were in existence in the UK as far back as medieval times where they were confined to a small number of skilled professions, such as goldsmithing or bookbinding. (Lane, 1996. P9). Traditionally, workers would begin as labourers, before progressing to apprentice, journeyman and latterly master as their level of skill and competence increased (Clarke and Winch, 2004). Guilds also acted on behalf of the tradesmen to ensure prices paid for their products were maintained at a particular standard (Minns and Wallis, 2012). The Statute of Artificers came into law in 1563, formalising the guild system and apprenticeships (Deissinger, 1994). This was at the intervention of the state, to bring in some regulation over the control of apprenticeships and apprentices and set out the required content of the apprentices' 'indentures' (Fuller and Unwin, 2009). Whilst there are some periods where state intervention has been absent from apprenticeship policy, generally the supply of and demand for vocational education and training (through apprenticeships) has been the subject of political influence.

Historically, the 'apprenticeship model' of vocational education in health was considered the norm, with nursing apprenticeships envisaged by Florence Nightingale being developed at St Thomas's Hospital between 1860 and 1896 (Bradshaw, 2017). Following the Second World War, North American nursing ideals began to influence the British nursing tradition, with calls to replace the apprenticeship model with a university-based model of education, enabling nurses to take on more specialised roles.

Modern context

An apprenticeship is a paid job where the employee learns and gains valuable experiences.

Alongside on-the-job training, apprentices spend at least 20% of their working hours completing classroom-based learning with a college, university or training provider which leads to a nationally recognised qualification.

An apprenticeship includes:

- paid employment with holiday leave
- hands-on-experience in a sector/role of interest
- at least 20% off-the-job training
- formal assessment which leads to a nationally recognised qualification.

Pre-registration training and education of the health and social care workforce has evolved over the last thirty years from being largely based within hospital settings to

being in approved higher education institutions (HEIs). This move has been accompanied by the professionalisation of these occupations (Yam, 2004) and the establishment of graduate entry professions, with the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) mandating the minimum of a bachelor's degree for all professions except Hearing Aid Dispensers, with other professions needing a masters or doctoral qualification (Health and Care Professions Council, 2024).

Modern attitudes have tended to consign clinical apprenticeships as second-rate to university, frequently associating them with manual labour (Baker, 2022) and apprentices often suffer stigmatization when compared to those on more traditional academic pathways (Pullen et al., 2023). Nevertheless, apprenticeships have grown in popularity across the NHS and identified in the 2023 LTWP as a significant vehicle for workforce development. The Nuffield Trust (2024) acknowledges that staffing shortages affect the quality of care being delivered and subsequently lead to higher staffing costs. Workforce shortages lead to staff burnout, contribute to existing workforce choosing to leave and, importantly, reduce the number of experienced staff available to support the education and development of trainees and new staff.

The British Medical Association state that NHS England is experiencing the worst workforce crisis in its history (BMA, 2024). They found that high levels of unfilled vacancies and poor retention are driven by inadequate training investment, poor workforce planning and limited government accountability. Consequently, there has been insufficient growth in the NHS clinical workforce, increasing pressures on existing staff, and ultimately leading to higher levels of attrition. In June 2023, the NHS published its Long-Term Workforce Plan (LTWP), which detailed a strategic plan for the biggest recruitment drive since its conception. Described by Amanda Pritchard (Chief Executive of NHS England) as 'one of the most seminal moments in our 75-year history,' the LTWP sets out proposals to reform and expand clinical education and training, detailing priority plans for training, retention, and reducing employee attrition (NHS, 2023). More recent announcements about future workforce strategies or measures to improve productivity in the NHS only serve to demonstrate the complex nature of delivering a health and social care in the UK.

Expanding the number of apprenticeship programmes is one way the 2023 LTWP seeks to address the workforce shortage, with one in six clinical training places to be offered through apprenticeships by 2028 (Wilkinson, 2023). Without intervention, the NHS workforce shortfall is expected to increase by up to 360,000 by 2036/37 (NHS, 2023). However, the successful implementation of the LTWP hopes to see an increase in the number of allied health professionals (AHPs), nurses, and doctors within the NHS (NHS, 2023). The 'grow your own' approach to apprenticeships is known to attract and recruit individuals local to organizations, an approach which aims to achieve the LTWP agenda of widening participation and attracting individuals from under-represented backgrounds (NHS, 2023). More recent criticism of the 2023 Plan highlights the lack of specific detail about how improvements to workforce would be achieved, and the Government's announcement that further planning was necessary may only serve to delay positive action in the immediate term.

In 2021, over 30,000 applicants put nursing or midwifery as their primary choice of programme in UCAS (UCAS, 2022). The pandemic had brought the professions to the

forefront of peoples' minds. However, the number of applicants fell to just under 24,000 in 2024 (UCAS, 2024), below the 2019 pre-pandemic numbers. Equally, there has been a decline in the number of mature applicants (aged 21+) seeking to enter nursing or midwifery. In 2021, 17,400 over 21s applied to nursing or midwifery programmes, the number falling to 12,640 in 2024 (UCAS, 2024). Whilst mature learners still make up the majority of applicants to nursing and midwifery programmes, a continuing decline would further exacerbate workforce challenges in the NHS. There is no comparable data for other professional groups (e.g. Allied Health Professions) and data provided refers largely to numbers of learners on programme rather than numbers of applicants. Health Education England (HEE) data from 2020/21 reported a similar post-pandemic spike in interest and applications to AHP programmes (HEE, 2021), but the size of individual professions often means that only aggregated data is available. The ability to interrogate profession specific UCAS data by geographical area or demographic data would certainly assist higher education providers and workforce planners alike.

Political context

Apprenticeships in the UK have been shaped by a political context focused on addressing skills shortages and boosting workforce productivity. Successive governments have promoted apprenticeships as a solution to youth unemployment and a route for upskilling workers. The Enterprise and finance Acts of 2016 led to policies such as the Apprenticeship Levy, being introduced in 2017, encouraging employers to invest in training. Political priorities such as "levelling up" have further positioned apprenticeships as a tool for regional development and social mobility. Challenges remain, however, including navigating complex funding systems and balancing employer demands with quality standards. Ongoing debates about equitable access, particularly for disadvantaged groups, continue to influence apprenticeship policy. In the post-Brexit and post-pandemic landscape, apprenticeships are seen as critical to addressing labour shortages, supporting economic recovery, and fostering domestic workforce resilience.

Higher and degree apprenticeships and healthcare education are two priority policy areas for University Alliance. Our members are some of the largest and fastest-growing providers of higher and degree apprenticeships and they educate over a third of nursing students in England. UA has a variety of member networks, including for apprenticeship leads and Deans of Health, which meet on a regular basis and inform our policy influencing. In October 2023, we published Let's Get Technical, which sets out how the next government could harness the power of professional and technical universities and includes goals and actions on apprenticeships and healthcare education.

Since the 2024 General Election, the government has undertaken further work influencing apprenticeships including developing an action plan to reduce waiting lists, and the conception of a new 10-year plan for the NHS which will include a refreshed workforce plan. The lack of definitive policy changes around level 7 apprenticeships or the future of the faltering medical degree apprenticeship (Snepvangers, 2024) only serve to perpetuate anxieties and paralyse commercial decision making. In conclusion, this continued uncertainty means apprenticeships will continue to

experience volatility and change, and it is unclear how apprenticeships will feature in these plans going forwards.

Apprenticeship economics

The cost of apprenticeships should be viewed through two lenses: that of the employer and that of the training provider.

The St Martin's Group report (2021) suggested that approximately £8,000 of additional costs per apprentice per annum were incurred by employers in addition to any salary costs, with course fees being paid through the levy. This was largely attributable to managers' time to establish and manage the apprenticeship, as well as enabling release of the apprentice to meet the 20% off the job training requirement. It should be noted that the St Martin's Group report has a further education rather than HE focus, where training costs and potentially salaries would be higher.

Centralisation of activities relating to recruitment of and support for apprentices could lead to some reduction in costs, but the direct support required for apprentices during their learning journey is an accepted but hidden cost.

In regulated professions, there are standards for the education of pre-registration learners that employers must adhere to. In health apprenticeships, especially nursing and midwifery, learners must be supernumerary. This brings additional costs to employers when adequate patient:staff ratios need to be maintained to ensure safer staffing targets are met (National Quality Board, 2016). Additionally, there are named roles in some professions (e.g. Nursing and Midwifery specify practice supervisor and assessor roles (NMC, 2023), or the practice educator role in Operating Department Practice (College of Operating Department Practitioners, 2021)) which should have protected time to undertake learner support.

The Department for Health and Social Care make available a clinical tariff to enable employers to provide support for learners in practice as recognition of the additional costs of delivering pre-registration programmes, however this tariff is not available to support apprentices (Department for Health and Social Care, 2024, Section 4.27-31). Even though this is the case, it is highly probably that some universities may be claiming clinical tariff for apprentices inadvertently where shared teaching takes place. Whilst the education and training tariff suggests that 'the relevant NHS employer funds NHS apprenticeships, with funding for this provided through the apprenticeship levy', the Apprenticeship Funding Rules 2024-25 (Department for Education, 2024) are very specific about what is included and excluded. Without the education and training tariff, there is a subsequent reduction in income for employers to support learning when employers move away from taking students from education providers on placement and move to apprenticeships. This could be seen as a net deterrent to employers.

HEIs also report that there is an increased cost to delivering apprenticeships compared with standard programmes. The Salisbury Portal, managed by Salisbury NHS Foundation Trust, was established as a centralised platform for NHS employers to procure apprenticeship training services. While it streamlines the selection process by providing access to a vetted list of training providers, it imposes a fee structure that can impact the economics of apprenticeship delivery. Specifically, training providers

are required to pay 1% of the total funding they receive via apprenticeship income to Salisbury NHS Foundation Trust. This fee was intended to cover the administrative costs associated with managing the procurement framework. However, for training providers, this additional expense can affect their financial planning and pricing strategies, potentially influencing the overall cost-effectiveness of delivering apprenticeship programmes through this portal. For some training providers, this amount is very large and is, in effect, a hidden cost.

The cost structures of university degrees and healthcare apprenticeships differ significantly, primarily in how tuition and associated expenses are funded. Traditional university tuition fees are generally £9,250 per year (due to increase to £9,535 from September 2025), often financed through student loans, while apprenticeships are funded through the apprenticeship levy, covering training costs up to a set funding band cap. However, this funding band often falls short of the actual costs associated with high-quality healthcare education, especially for programmes requiring clinical placements and specialized facilities. The funding band may not cover additional costs such as mentorship, pastoral support, and equipment, making it challenging for universities to balance the economics of delivering apprenticeship programmes. This funding disparity can deter institutions from offering apprenticeships, impacting the availability of accessible, work-based learning pathways in healthcare.

The Education and Skills Funding Agency (ESFA) holds back 20% of the Total Negotiated Price (TNP) for an apprenticeship until the apprentice has completed all required training and undertaken the End Point Assessment (EPA). This completion payment is only released to the training provider once these requirements are met. Additionally, the ESFA mandates that all co-investment contributions must be documented on the Individualised Learner Record (ILR) to qualify for the completion payment. The ESFA also retains the authority to reclaim funds if these conditions aren’t fully met. This is in effect a penalty clause and can create financial risk for employers and training providers involved in apprenticeships.

The EPA is a mandatory, final evaluation that determines whether an apprentice has achieved the necessary skills and knowledge to complete their apprenticeship. However, if apprentices fail to meet the requirements of the EPA, the apprenticeship funding model allows for penalties that impact the funding received. This clause means that, if apprentices do not pass, some or all of the funding can be clawed back, leaving employers and training providers to bear the financial shortfall. This risk particularly affects higher-cost healthcare apprenticeships, where additional training and resits may be needed for apprentices to succeed.

The penalty clause can be a further deterrent, as it adds a layer of financial uncertainty for both employers and educational institutions, potentially limiting the uptake and growth of healthcare apprenticeship programmes. For instance, for the Registered Nurse Degree Apprenticeship, the funding cap is set at £26,000, slightly lower than the £27,750 universities would typically receive through tuition fees for a comparable degree programme. Under this model, the training provider receives 80% of the £26,000—equivalent to £20,800—during the apprentice's training. The remaining 20%, or £5,200, is held back by the ESFA and only released upon the apprentice’s successful completion of their learning and EPA.

Level 7 apprenticeships, which offer advanced training equivalent to a master's degree, provide significant value by enabling professionals to upskill in fields like healthcare, finance, and law without taking the traditional university route. However, the government is considering reforms that may limit or eliminate funding for these apprenticeships, particularly to ease pressure on the apprenticeship levy. With an overspent budget and high costs associated with level 7 programmes, the government plans to reallocate funds towards shorter, foundation-level apprenticeships and other training options. These changes could impact sectors reliant on level 7 apprenticeships, potentially reducing opportunities for career advancement within the apprenticeship framework.

Apprenticeship routes in healthcare – a 'state of the nation'

Data about the number of apprenticeship 'starts' and 'achievements' in England provide a useful insight into employer behaviours relating to health apprenticeships (Department for Education, 2025; Quigley, 2024). The number of starts is significantly higher than the number of achievements across most routes, indicating that there is significant attrition within the early stages of an apprenticeship. For example, the data suggests there were more than 60 starts on podiatry apprenticeships in 2022/2023, but 120 enrolled, and there were only 10 achievements. These starts must have pre-dated 2022/2023, however there is no data and no record of starts pre-2022/2023. The data on apprenticeship achievements from 2017 to 2024 (Figure 1) reveals trends in actual completions across UK health professions. There's a clear peak in completions around 2020-21 across many apprenticeship standards, which aligns with the height of the COVID-19 pandemic, followed by a drop in the years after. This peak could represent a surge of completions due to modifications to the delivery of apprenticeships (for example, shorter duration support worker apprenticeships, changes to the end point assessment for professional programmes), or rapid completions to meet increased demand.

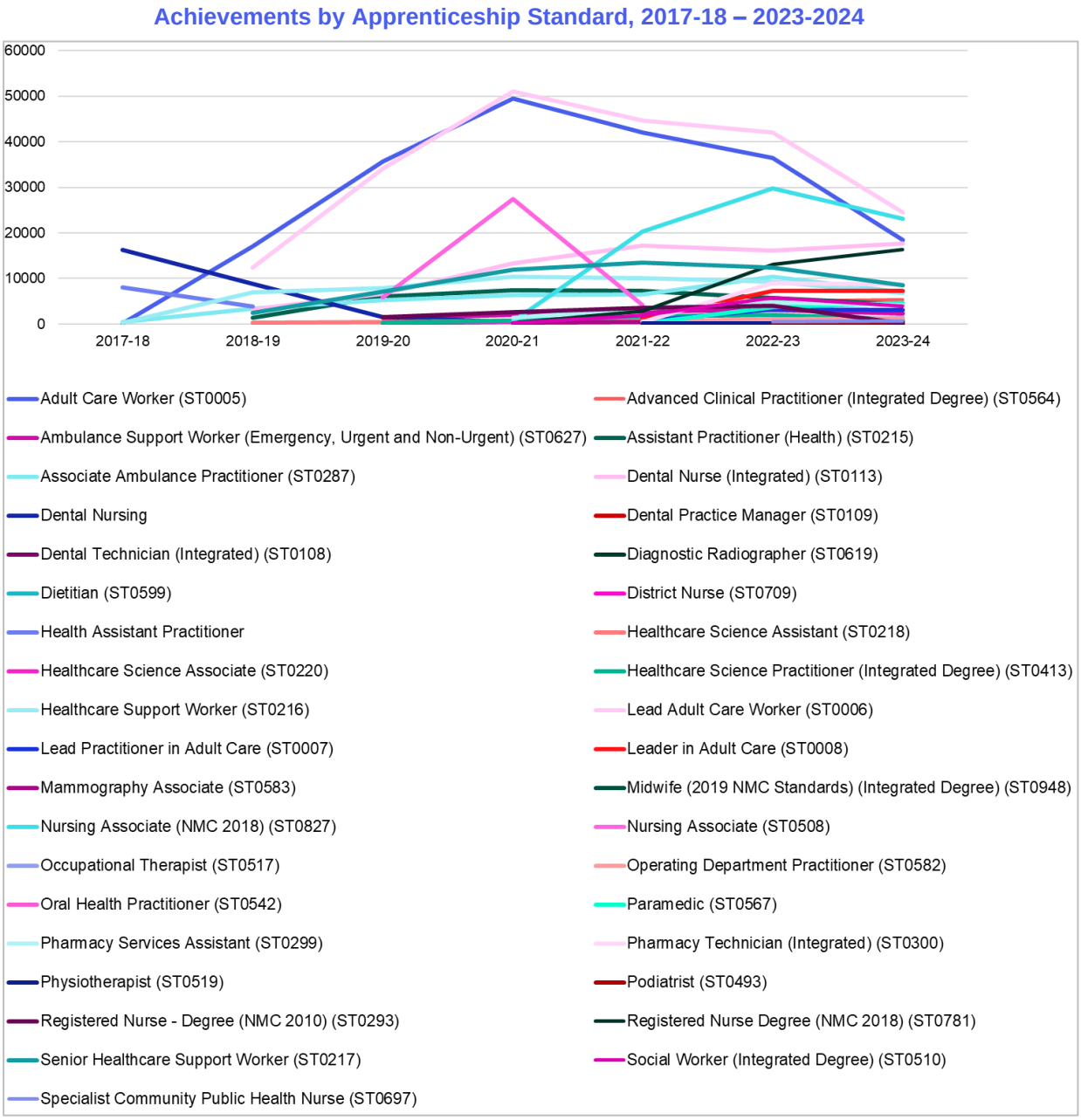
Some standards, like Adult Care Worker and Healthcare Support Worker, show high numbers of completions, reflecting their essential role in health and social care, especially during crisis periods. Completions for both standards peaked during the pandemic and declined after 2020-21, possibly because the initial demand was met, or people in these positions transitioned to more specialised roles. Registered Nurse and Midwife apprenticeships during 2019-2021 have seen moderate increases in completions, though not at the same scale as general care roles. Senior roles such as Lead Practitioner in Adult Care and Leader in Adult Care show fewer completions, likely because they attract experienced candidates who are further along in their careers.

Several factors may explain these patterns. Changes in government funding and policy around apprenticeships (such as additional funding opportunities from Health Education England/NHS England aimed at stimulating new starts, but which was later withdrawn) could have influenced completion rates, particularly after the peak in 2020-21. The impact of COVID-19 is evident, with increased completions during this period reflecting an urgent need for healthcare support workers. There was also a necessary adjustment to End Point Assessment (EPA) processes as assessors were unable to

observe apprentices in their workplace environment (Baker and Robertshaw, 2022). This measure inadvertently removed one of bureaucratic barriers associated with 21st century apprenticeships and may account for the peak in numbers of completions. After this peak, completions declined as emergency workforce measures were scaled back.

The data illustrates varying demand across health apprenticeships, with a clear spike in completions for general care roles like Adult Care Worker and Healthcare Support Worker during times of urgent need, followed by stabilisation. Specialised roles show fewer completions, likely due to specific training demands and the need for only small numbers. Overall, the trends reflect both the adaptability of healthcare apprenticeships to immediate needs and their role as stable career options in the sector.

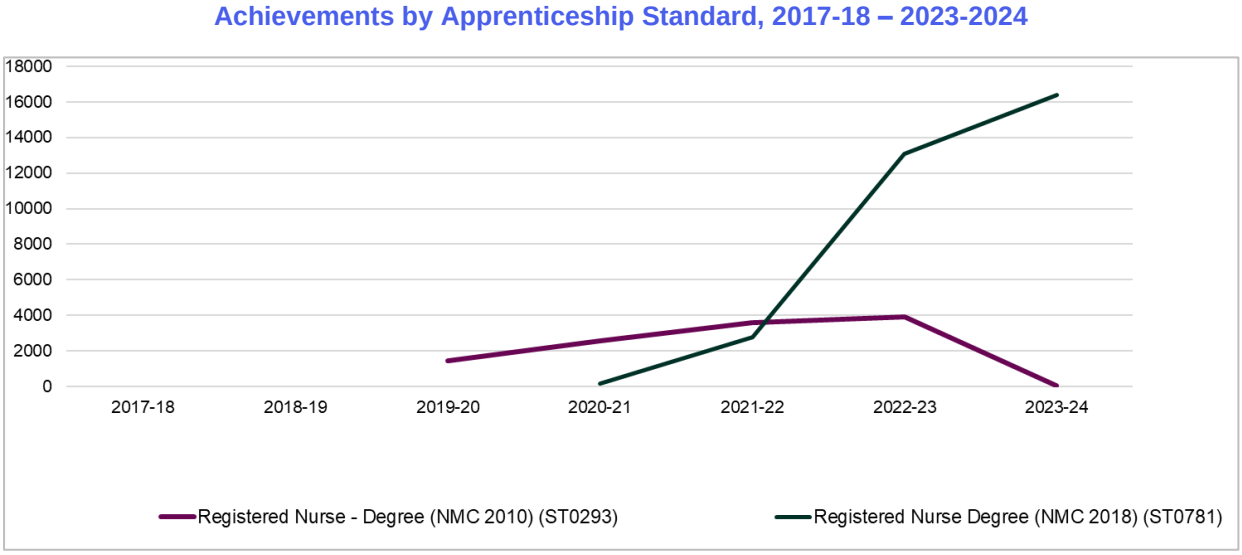
Figure 1: Achievements by apprenticeship standard 2017-2018 – 2023-2024. The data in Figure 1 is available in table format here.



Backfill monies provided by Health Education England during 2019-2020 to support the number of registered nurse apprentices drove a significant increase in registered nurse degree apprenticeships. The data for registered nurse degree apprenticeships (Figure 2) shows completions for two registered nurse degree apprenticeships: one based on the 2010 NMC standard (ST0293) and the other on the 2018 NMC standard (ST0781). The older standard (NMC 2010) shows a steady but low level of completions until it begins to decline around 2021-22. This drop suggests a gradual phase-out as training providers shift focus to the updated 2018 standard, which aligns with newer competency frameworks and practice requirements. In contrast, the 2018 standard shows rapid growth from its introduction, with completions accelerating sharply from 2021-22 onward. By 2023-24, it has far surpassed the 2010 standard. This shift to the 2018 standard shows how apprenticeship frameworks adapt to updated professional standards. Future completions will only be on this route.

The increased uptake for the 2018 standard may also point to rising interest in apprenticeships as an accessible route into nursing, especially as workforce shortages in healthcare drive demand for flexible entry points.

Figure 2: Registered nurse apprenticeship achievements

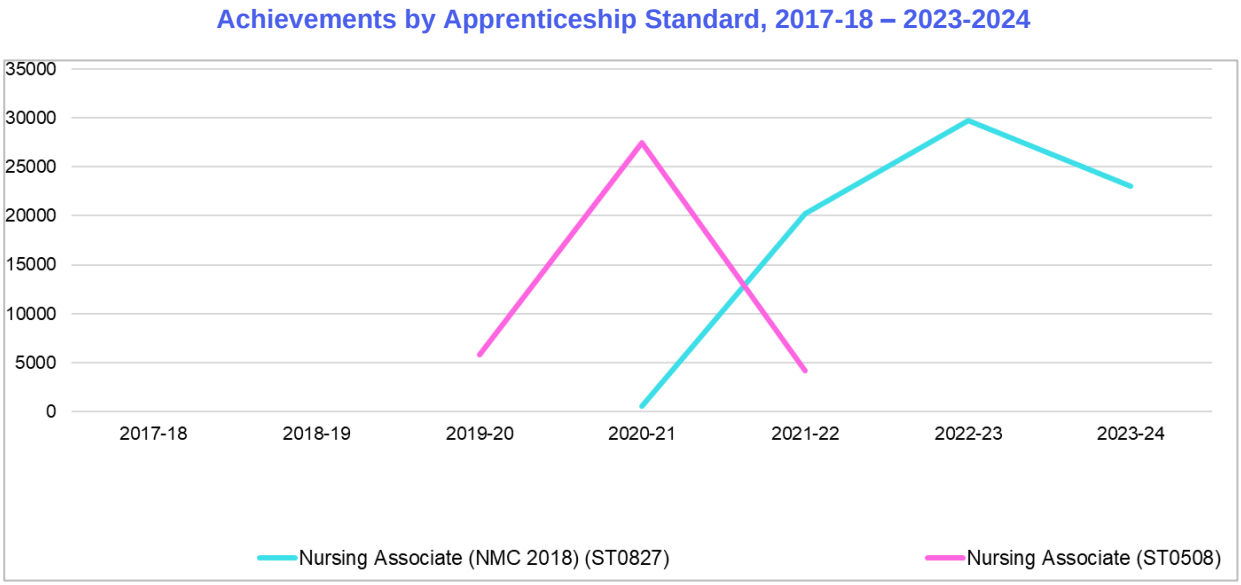


The data for nursing associate apprenticeships appears similar (Figure 3) and reflects an update of the apprenticeship standard from Nursing Associate (ST0508) to the updated version aligned with the 2018 NMC standards (ST0827). The original standard (ST0508) shows a sharp increase in completions up to 2020-21, after which it drops off quickly, as providers moved to the updated standard. The 2018 NMC-aligned standard (ST0827) surpasses the original by 2021-22. Completions continue to climb through to 2022-23, reflecting strong demand for this pathway as organisations shift fully to the updated framework. The slight decline in 2023-24 may signal a levelling off in demand from employers or a temporary adjustment phase as the sector stabilises after the pandemic and implements longer-term planning.

Overall, the transition from ST0508 to ST0827 again shows how apprenticeship standards are updated and adopted based on evolving professional frameworks. The

sustained interest in the 2018 standard highlights the role of apprenticeships as a key route into the Nursing Associate profession, especially given the broader need for skilled support roles in the healthcare workforce.

Figure 3: Nursing Associate apprenticeship achievements



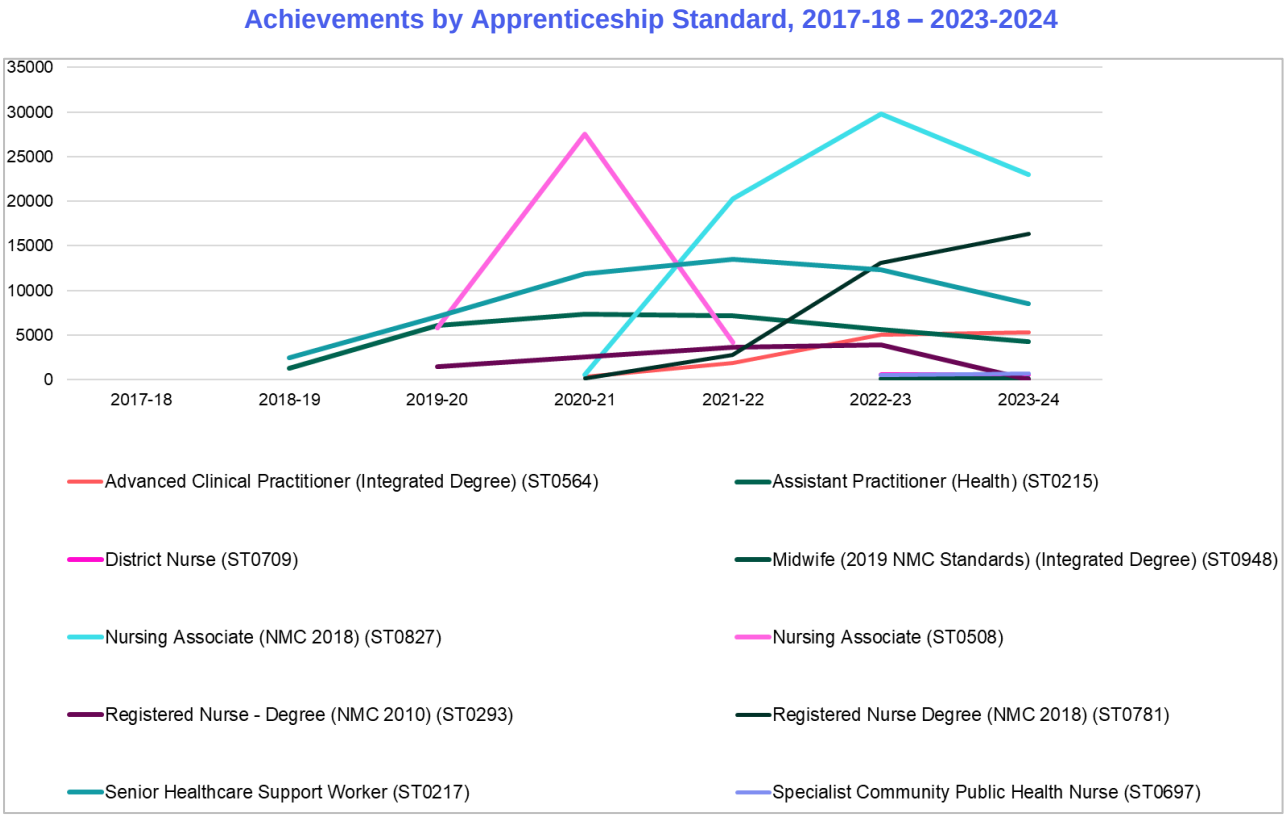
Looking at nursing and midwifery standards overall (Figure 4), the Nursing Associate (NMC 2018, ST0827) stands out with rapid growth, peaking sharply around 2022-23, before a slight drop. This reflects the growing importance of Nursing Associates in supporting the healthcare workforce and the strong uptake of this apprenticeship route. It indicates that the role has become well-established and recognised as an accessible pathway into healthcare.

Registered Nurse Degree (NMC 2018, ST0781) shows steady growth, with a continued rise through 2023-24. This trend suggests increasing adoption of apprenticeships as a pathway for becoming a registered nurse, in response to healthcare workforce needs and efforts to diversify entry routes into nursing.

District Nurse (ST0709), Advanced Clinical Practitioner (ST0564), and Midwife (2019 NMC Standards, ST0948) show relatively low and stable completion numbers. These roles, which require advanced skills, have more barriers to entry in the form of training demands, limited apprenticeship opportunities, and regulatory requirements. This trend suggests that while these apprenticeships are available, their uptake remains low.

The Senior Healthcare Support Worker (ST0217) shows moderate completion levels but remains steady, reflecting ongoing demand for support roles in healthcare settings. However, it does not show the same rapid growth seen in the Nursing Associate and Registered Nurse pathways, likely because support worker roles don't require as much formal qualification.

Figure 4: Nursing and Midwifery apprenticeship achievements



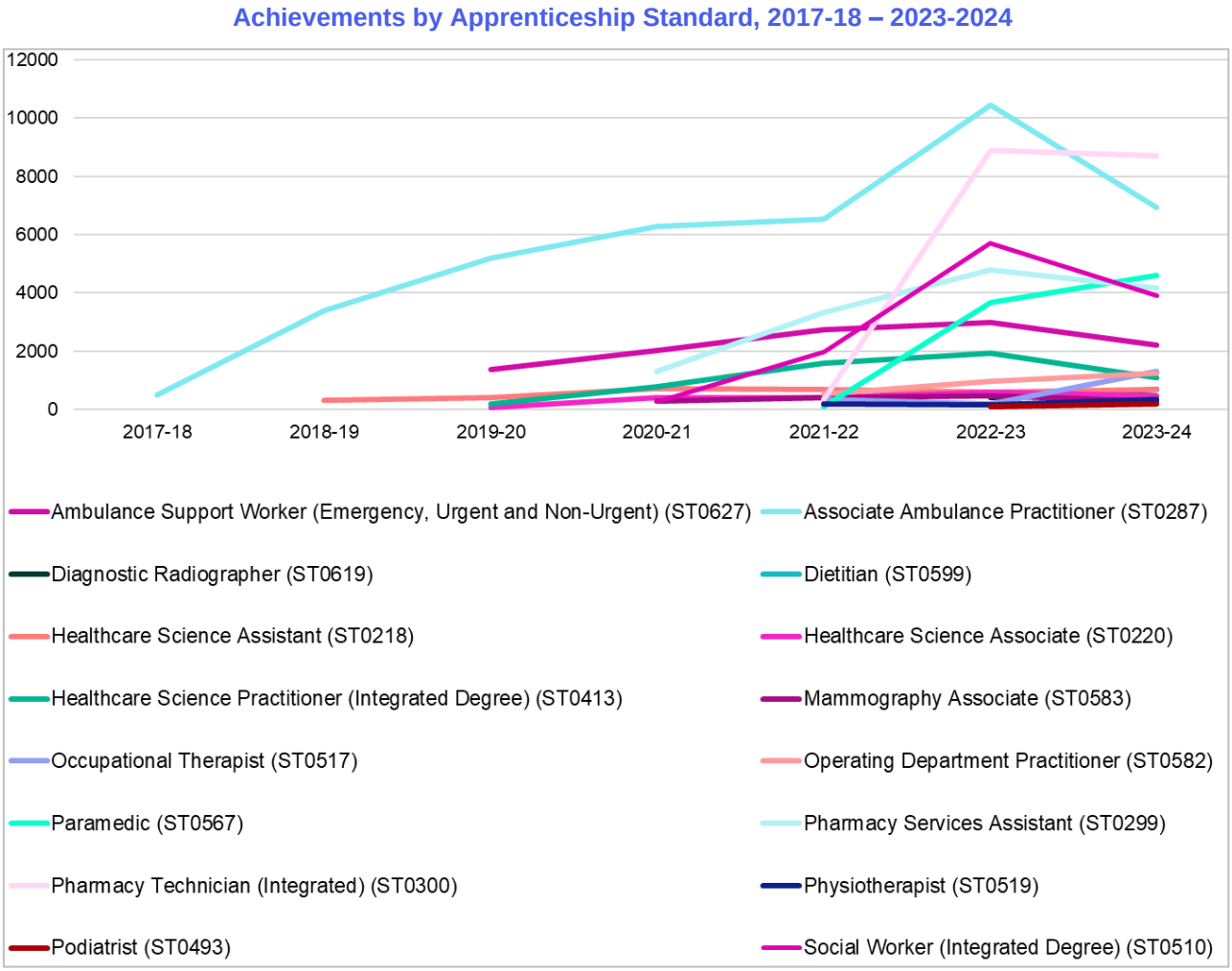
Allied health professional apprenticeships have increased in numbers since 2017 (Figure 5). The Associate Ambulance Practitioner (ST0287) and Ambulance Support Worker (ST0627) stand out for their strong growth, peaking sharply around 2022-23 before experiencing a slight decline. This growth reflects a high demand for ambulance services and support roles, likely in response to pressures on emergency services, particularly during the COVID-19 pandemic and subsequent recovery period. Pharmacy Technician (ST0300) shows steady, moderate growth over time, indicating a stable demand for this role. This consistency suggests that the pharmacy sector continues to recognise the importance of technician roles in supporting healthcare delivery, especially as community and hospital pharmacies play a crucial role in public health. The Occupational Therapist (ST0517) and Physiotherapist (ST0519) standards display gradual increases in completions. However, the moderate pace of growth likely reflects the small numbers of job roles in these professions.

Completions for Social Worker (ST0510) and Dietitian (ST0599) apprenticeships show limited growth and Diagnostic Radiographer (ST0619) and Operating Department Practitioner (ST0582) similarly maintain relatively low completions, likely due to the limited training roles and, in some cases, jobs available.

Overall, there is a clear growth in support and technician apprenticeships, with ambulance and pharmacy-related apprenticeships seeing the most significant increases. The smaller professions such as radiography, occupational therapy, and social work, see slower growth. This mix of trends indicates that while the healthcare

sector continues to invest in a wide range of roles, the highest growth is occurring in accessible, supportive roles that can respond quickly to workforce demands.

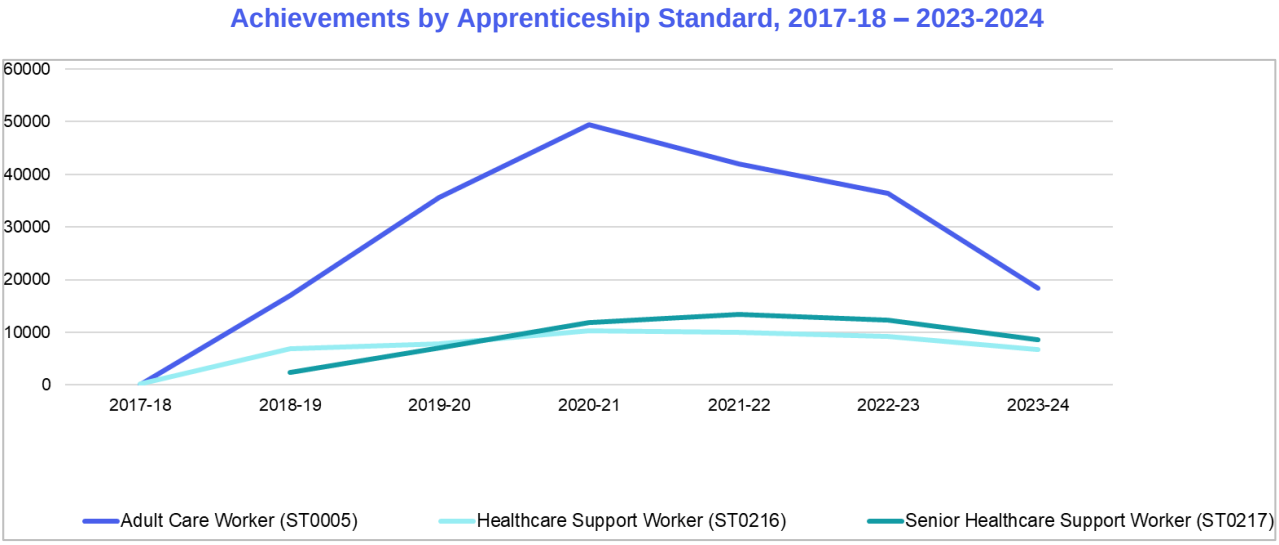
Figure 5: AHP apprenticeship achievements



In level 2 and level 3 apprenticeships, often the feeder route for higher level apprenticeships (Baker, 2018), there was initial growth but lately there has been a decline (Figure 6). The Adult Care Worker (ST0005) apprenticeship stands out with a steep increase in completions up to a peak in 2020-21, followed by a notable decline through to 2023-24. This trend likely reflects the increased demand for care roles during the COVID-19 pandemic, which may explain this surge in completions. Healthcare Support Worker (ST0216) and Senior Healthcare Support Worker (ST0217) apprenticeships show more stable but lower numbers. These roles experience modest growth followed by a slight decline in recent years, suggesting consistent but limited demand for level 3 support roles, possibly due to the focus on more specialised or advanced healthcare positions. The data highlights that while there was a surge in general care apprenticeship achievements at levels 2 and 3 during the pandemic, the trend has since levelled off. Specialised roles have maintained steady but low completion rates, indicating consistent yet niche demand. This pattern suggests a healthcare sector focus on meeting urgent needs through

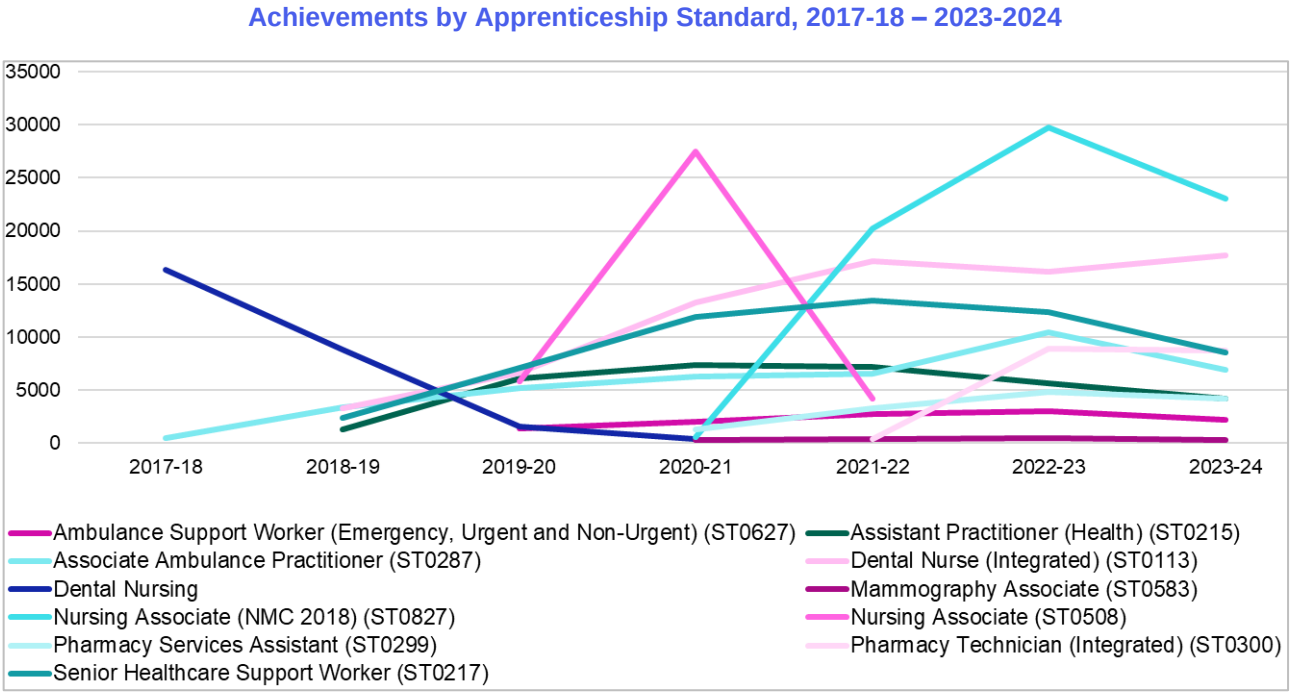
accessible entry-level positions, with less growth in more specialised apprenticeships at these levels.

Figure 6: Level 2 and 3 supply route apprenticeship achievements



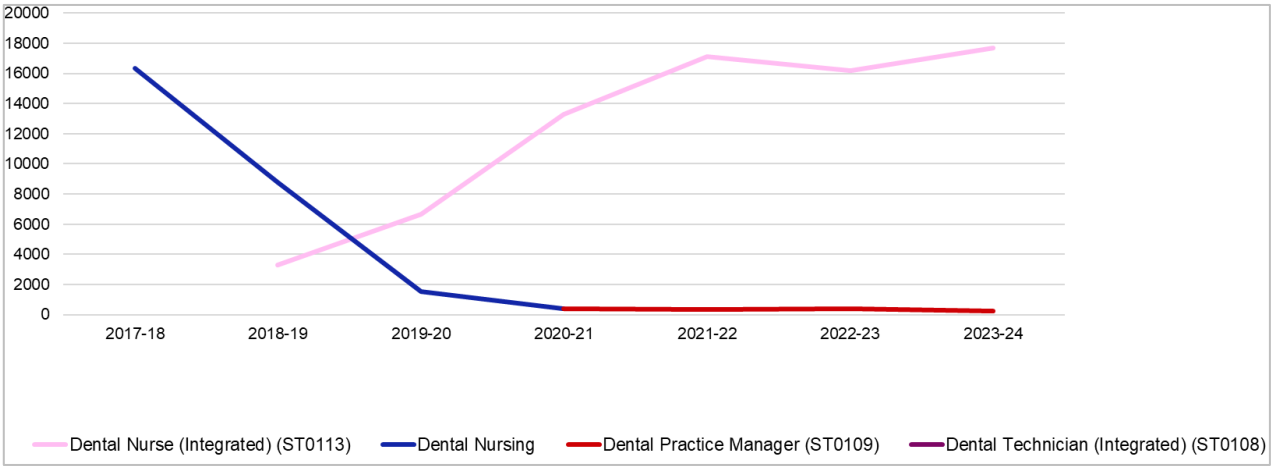
There remains strong demand for associate and assistant level apprenticeships overall (Figure 7). Nursing Associate (NMC 2018) and Associate Ambulance Practitioner apprenticeships have seen strong growth, peaking in 2022-23, likely reflecting increased demand for skilled support roles in healthcare. In contrast, Ambulance Support Worker completions sharply decline. Senior Healthcare Support Worker and Pharmacy Technician apprenticeships maintain steady growth, indicating stable demand. Other roles like Dental Nurse and Mammography Associate remain low and stable, serving specific needs within healthcare. Overall, the data highlights growing interest in versatile support roles, while specialised roles see consistent but limited demand.

Figure 7: Associate and Assistant Roles achievements



Looking at apprenticeships in dental areas (Figure 8), the legacy Dental Nursing apprenticeship shows a sharp decline, dropping from a high in 2017-18 to nearly zero by 2020-21. This trend reflects a shift towards the Dental Nurse (Integrated, ST0113) standard, which shows steady growth over the same period, peaking around 2021-22 before stabilising. Both Dental Practice Manager (ST0109) and Dental Technician (Integrated, ST0108) apprenticeships have consistently low completion numbers with little change, indicating limited demand for these specific roles in general. Overall, the data suggests a strong focus on the Dental Nurse (Integrated) apprenticeship as the primary route within dental professions, with less emphasis on managerial and technician roles.

Figure 8: Dental apprenticeships



To note, there is no data to date about medical apprenticeship achievements as these started in September 2024 and data is only available up to the 2023/2024 academic year.

End Point Assessment

It is worth mentioning the need for and changes to End Point Assessment (EPA). Initially described by Richard (2012) as a necessary final piece of assessment covering the entire content of the apprenticeship, this has remained a challenged and challenging notion in healthcare apprenticeships. The NMC were clear that the award of a university degree qualification met their professional and regulatory requirements, negating the need for further assessment at the end of the apprenticeship. Government policy clearly stated that EPA was a necessary part of any apprenticeship and ensured that 20% of the overall funding to training providers was reserved until EPA was attempted.

Nursing apprenticeships pre-2020 retained the requirement for a separate and distinct End Point Assessment (also necessitating a separate End Point Assessment Organisation (EPAO) before the apprenticeship was deemed complete, awards made to successful apprentices and funding released to training providers. The COVID-19 pandemic meant that no independent observation of clinical practice could be undertaken, and thus emergency measures were introduced to ensure that apprenticeship completion and therefore workforce needs could be met.

However, this also raised questions about the validity of EPA and following the pandemic, there was a swift move to change EPA for those apprenticeships leading to professional registration. Now, most health apprenticeships recognise that the completion of an approved programme (including a component of assessed clinical practice) satisfies the requirements for EPA at the training provider's assessment or award board. There is still a level of bureaucracy associated with this process, as the appointed external examiner should retain a degree of separation from the delivery of the apprenticeship, but it represents a more acceptable solution to training providers, policy makers and apprentices alike.

Phase 1: Literature Review

The first phase of this research involved searching the literature to identify any background themes or knowledge. A narrative review was undertaken examining healthcare apprenticeships and the necessary conditions for their expansion in alignment with the 2023 NHS LTWP.

Literature published between 2012-2024 was included in the review, which used the search term: apprentice* AND degree AND (health* OR medical OR nurs*). The literature review was focused on identifying general information about barriers and enablers to apprenticeships in England, specific information about health/social care apprenticeships in England, narratives about the development of the medical doctor apprenticeship, and apprentice experiences.

Table 1. Summary of literature review scope including areas of interest and eligibility criteria

Areas of Interest	Eligibility Criteria
General information about barriers and enablers to apprenticeships in England	Dated: 2012-2024
Specific information about health/social care apprenticeships in England	Search terms: apprentice* AND degree AND (health* OR medical OR nurs*)
Any narrative about the development of the medical doctor apprenticeship	Studies, reviews, and grey literature
Apprentice experiences	

Results and findings

69 papers were identified in the review and underwent further screening. Of these, 44 were removed due to quality, relevance, or suitability reasons. Therefore, 15 papers were included in this background literature review. Key data was collated from these papers, which were then analysed for themes. This review identified three key themes: apprentice experiences, programme considerations, and clinical considerations.

Apprentice experiences

Experiences of apprentices within healthcare identified several areas of concern for the implementation of the NHS Long Term Workforce Plan, which would be just as relevant for any future plan or strategy. Apprentices expressed difficulties related to confusion or lack of clarity around their role. Brattland et al. (2022) found that apprentices consistently lacked a clear understanding of their role, desiring a more defined description of the apprentice role in practice. They similarly found that apprentices were perceived differently depending on which member of staff was leading the shift, suggesting inconsistencies across practice in understandings of apprentice roles. Derbyshire et al. (2024) established that the transition from established healthcare worker to apprentice was challenging and that support was needed during this transition in the initial stages. Similarly, there was a lack of understanding around what the degree apprenticeship entailed (Green et al., 2022), which may contribute to a more challenging transition period. Apprentices also expressed concerns around a narrowing scope of practice when transitioning to an apprenticeship, with the role being compared to that of a support worker (Brattland et al., 2022).

Concerns for professional development were present in several studies, highlighting both positive and negative aspects of degree apprenticeships. Keogh and Gillen (2014), and Sevens and Nightingale (2020) both found that apprentices valued the opportunities for progression that degree apprenticeships offer. Apprenticeship routes broaden entry into professional careers within the healthcare sector and allow those employed in roles such as healthcare support workers to develop their professional skills and confidence (Cushen-Brewster et al., 2022). However, Brattland et al. (2022) found that apprentices felt uncertain about their developmental opportunities once in role, feeling the onus was upon them to source their own developmental opportunities.

This highlights an area of developmental uncertainty within the degree apprenticeships that should be addressed to comply with the 2023 NHS LTWP.

Apprentices reported varying levels of support throughout their apprenticeship. Some studies found that apprentices felt well supported (Cushen-Brewster, 2022), highlighting valuable areas of support, such as financial support, university support, Trust support, cohort community support, and clinical practice support (Jones et al., 2022; Derbyshire et al., 2024; Green et al., 2022; Sevens & Nightingale, 2020). However, other studies found that apprentices did not feel supported in various aspects of their apprenticeship. Support to maintain a work-life balance was not perceived to be available, and many apprentices struggled with this aspect of their apprenticeship (Cushen-Brewster et al., 2022; Flint, 2023). Assessment was also identified as an area where apprentices required more support from universities (Brattland et al., 2022), as well as the transition to academia and conducting academic work (Derbyshire et al., 2024). Healthcare apprentices should be supported to attain and retain the skills required for entry to the workforce and continuation of future clinical roles (Flint, 2023).

Programme considerations

The literature review demonstrated several areas of consideration for universities and programme leads centred around recruitment, attrition, and programme development. The predominant benefit to the recruitment of healthcare workers to apprenticeship programs is the financial incentive that apprenticeships offer. Current economic challenges around the cost of living, accommodation, and transport have made traditional degree routes less appealing than apprenticeship routes (Smith et al., 2018). Several studies found that apprentices felt their lives were incompatible with traditional degree routes and were only able to progress because of the salary associated with the apprenticeship (Derbyshire et al., 2024; Jones et al., 2022). While the financial incentive of the apprenticeship route benefits all apprentices, it is particularly important for individuals from disadvantaged backgrounds who have historically been underrepresented in traditional degree routes (Keogh & Gillen, 2014). This allows for a new pool of candidates, including existing healthcare staff, to enter into a degree programme (Sevens & Nightingale, 2020). However, the accessibility of the apprenticeship degree may make it more challenging to ensure that apprentices with the right attributes are recruited (Sevens & Nightingale, 2020). The appeal of apprenticeship routes has been suggested to cause concern for traditional degree routes, which may be overcome by the apprenticeship model (Smith et al., 2018). However, the additional cost pressure of apprenticeships may prove to be a key barrier to the wider implementation of the apprenticeship route (Smith et al., 2018).

While attrition is a concern across a wide range of healthcare professions (NHS, 2023), the literature suggests that the apprenticeship model may overcome many of the challenges that lead to higher levels of attrition, both in program and during the transition to clinical practice. Affordability was found to be a key factor in not pursuing a degree after completing a healthcare assistant apprenticeship (Smith et al., 2018), suggesting that wider implementation of degree apprenticeships may help overcome these financial barriers and keep apprentices in education. Transition to practice has also been identified as a pivotal time for attrition within healthcare professions; however, those on degree apprenticeships will already have experience working within

the NHS throughout their studies, which may lessen the challenges around this transition and reduce attrition in newly qualified healthcare professionals (Flint, 2023). Several areas of concern were identified regarding attrition from apprenticeship programs more broadly, which included high academic workload, lack of time for learning, inadequate or disorganized training and teaching, and lack of employer support (Department of Education, 2022; Learning and Work Institute, 2022). Healthcare-specific concerns were raised about inadequate work-life balance, which has been documented in healthcare roles (Palmer & Rolewicz, 2022). Suboptimal work-life balance has also been suggested to result in dissatisfaction or non-completion of apprenticeship programs within healthcare (Flint, 2023). Coupled with the apprentices' experiences of work-life balance previously highlighted, this should be a concern that is developed within universities' plans for apprenticeship programs.

The programme development within the apprenticeship model should consider the areas of concern identified throughout the literature to ensure the standards required to implement any strategy or plan relating to the workforce. Universities must ensure that apprentice training is comparable to traditional degree training to produce equally skilled practitioners (Sevens et al., 2022), maintaining graduate entry status within the healthcare sector and preventing the development of a two-tiered system (Keogh & Gillen, 2014). It was suggested that overcoming the challenges to the wider implementation of the apprenticeship model will require investment by and collaboration between the apprentice, employer, line managers, practice educators, personal tutors, and academic staff (Flint, 2023), while also developing programmes that are robust and appropriate for local needs (Smith et al., 2018). The promotion of a positive work-life balance should be advocated for and promoted within HEIs to reduce attrition and enable students to prepare for their future roles (Flint, 2023). To address the challenges around role confusion and transition to practice, HEIs should implement a clear transition strategy and defined roles to ease apprentice uncertainty (Picts & Russel, 2024). It was also suggested that reduced workload during transition periods, improved information sharing, and organization could enhance the transition experience for apprentices (Picts & Russel, 2024).

Clinical considerations

Concerns and benefits of the wider implementation of the apprenticeship model were proposed for clinical practice. Concerns regarding the emergence of a two-tiered system were raised, where apprentices and traditional degree students are treated differently within the workplace (Keogh & Gillen, 2014). This concern was further exacerbated by the suggestion that apprenticeships are used to fulfil nursing requirements 'on the cheap' (Jones-Berry, 2016), implying that the quality of apprenticeship training is inferior to that of traditional degree routes. This builds on historical narratives about apprentices being exploited and used as a 'pair of hands' rather than degree-level students (Kendall-Raynor, 2016), which may be particularly damaging to any future workforce plan or strategy and should be addressed through high-quality education and placement training. Other concerns centred on the financial viability of apprentice pay, travel, and accommodation for employers, as well as the costs associated with developing high-quality training and clinical mentorship (Sevens & Nightingale, 2020). Sevens et al. (2022) also highlighted barriers to implementation concerning the practicalities of hosting apprentices, such as the number of apprentices that departments can support, the increased mentorship reliance on already stretched

practice educators, and the ability of candidates to manage the academic workload alongside their roles in practice. With a third of NHS staff reporting feeling ‘often’ or ‘always’ burnt out due to work and lacking energy for family and leisure time (Survey Coordination Centre, 2023), this additional pressure may be too much to maintain the aspects of well-being, something detailed in the NHS Long Term Workforce Plan.

While the literature details many concerns regarding the wider implementation of the apprenticeship model, there are also numerous potential benefits highlighted. Apprenticeships can offer cost savings and cheaper training, allowing for increased capacity in professional roles (Sevens & Nightingale, 2020). There may also be broader cost benefits in being able to ‘grow your own’ professionals within the workforce, ensuring a smoother transition period and therefore, a shorter preceptorship period (Sevens & Nightingale, 2020). Prior experience in healthcare, as well as workplace familiarity throughout the apprenticeship, may facilitate the adaptation of procedures, enabling apprentices to integrate more quickly into various placements where they can work independently (Derbyshire et al., 2024). The apprenticeship route may also address some issues associated with attrition, such as financial stability and increased satisfaction (Flint et al., 2023). However, to reap the benefits that the apprenticeship model proposes, employers need to ensure that apprentices are adequately supported in the workplace, advocating for and promoting a positive work-life-study balance (Flint, 2023). Similarly, collaboration between employers and HEIs to establish clear transitions and defined roles may alleviate the uncertainty apprentices may feel when entering the workplace.

Conclusions of the literature review

The literature highlights both significant challenges and promising opportunities associated with the expansion of apprenticeship programmes within the NHS, particularly in addressing workforce shortages in the healthcare sector. The 2023 NHS LTWP identified the critical need for strategic recruitment and retention of clinical apprentices to ensure a sustainable workforce. While financial incentives serve as a powerful motivator for many potential apprentices, barriers such as role confusion, inadequate support, and concerns about the perceived value of apprenticeship training compared to traditional university pathways remain pressing issues that must be addressed.

The experiences of apprentices reveal a complex landscape where support systems, clarity in role expectations, and a positive work-life balance are essential for success. Universities and healthcare providers must collaborate to create robust training environments that nurture the professional development of apprentices while ensuring that the standards of education and practice are maintained. Furthermore, addressing the stigma associated with apprenticeships and fostering a culture of inclusion and respect within healthcare settings will be vital for maximizing the potential of this training model.

Continuing uncertainty around proposed government changes to apprenticeship and skills’ policy is resulting in delays to commercial decision making in the health and higher education sectors at a time when both are under significant scrutiny and financial pressures. This presents significant challenges to sustainability, which may particularly impact resources for training providers in terms of people, equipment, and

estate. It has taken several years of investment to develop current levels of infrastructure and institutional knowledge, and there is a risk this will be lost, resulting in a major setback preventing future responsiveness and agility.

In conclusion, while the pathway to wider implementation of healthcare apprenticeships is fraught with challenges, it also holds the promise of a more flexible, diverse, and skilled workforce. By strategically addressing the identified barriers and leveraging the benefits of the apprenticeship model, stakeholders can contribute significantly to the revitalization of the NHS workforce and ultimately enhance the quality of care provided to patients across the UK.

Phase 2: Primary research

Methods

The primary research phase consisted of two aspects: a survey and interviews.

The initial literature review established the existing evidence base pertinent to the development, delivery and uptake of higher and degree apprenticeships in health. Themes identified from the review, combined with existing practitioner knowledge of apprenticeships and apprenticeship policy informed the development of a themed questionnaire (Appendix A).

The project planned live surveys for apprentices, HEIs and employers in June – September 2024. This was followed by scheduled interviews during July-September 2024.

Research philosophy

This research followed a realist paradigm based on social construction. This approach assumes that while there is a reality out there, our understanding of it is shaped by our social experiences and interactions. In other words, people's experiences and perspectives influence how they see and interpret the world. The interviews used an inductive, constructivist grounded theory methodology. This approach starts with gathering data, like interview responses, without having a fixed theory in mind. The goal is to let patterns and themes emerge from the data itself. By focusing on how people explain their own experiences, the researcher builds a theory from the ground up, rather than trying to fit the data into an existing theory. It is a flexible, open-ended way to explore how people make sense of the issues being studied.

Survey

An online survey was sent to apprentices, higher education professionals and NHS Trust education leads. Participants could select multiple roles that applied to them. It had two parts: a Likert scale questionnaire (Appendix C) based on topics from the literature review, and open-ended questions (Appendix A) for further exploration. The survey aimed to determine perceived barriers and enablers of the development, delivery and expansion of healthcare apprenticeships. Invitations to participate were also circulated via University of Derby professional networks and by University Alliance. The survey required participants to identify whether they were an employer, education provider or apprentice, with question sets subsequently included or excluded appropriately. Questions were a mix of quantitative and qualitative, the latter eliciting a significant amount of useful data. The survey was created and distributed online using Qualtrics.

Participants were invited to take part in follow-up interviews (Appendix B) to discuss their experiences in more detail. Thirty people completed the survey, with seven going on to interviews. Demographic details are shown in Table 2.

Table 2. Scope of the survey and interview participants

	Apprentice (past/ present)	Higher Education Institution	Employer
Survey	13	20	11
Interview	2	3	4

Interviews

On completion of the survey, participants were invited to participate in an online interview. The interview schedule (Appendix B) built on information provided via survey responses and allowed for greater exploration of barriers, concerns or good practice relating to apprenticeships in the NHS. Interviews were undertaken with University Alliance members or other higher education professionals to further explore the perceived barriers and enablers of the development, delivery and expansion of healthcare apprenticeships. They also explored any available economic and workforce data relevant to healthcare apprenticeships. Interviews were transcribed and underwent thematic analysis. Data analysis was guided by Braun and Clarke's (2006) method.

The study sample was purposefully selected to include people who could provide accounts of their experiences recruiting for apprenticeships. The research team was provided with contact details of professionals interested in participating in surveys and interviews. To reduce disruption on the day of the interviews, participant information, consent forms, and demographic surveys were sent ahead of time and completed via Qualtrics. All participants were required to have the capacity to consent, be over the age of 18, fluent in English, and employed by UA or be a key stakeholder. Those under the age of 18 were excluded from participating.

Participant recruitment took longer than hoped. The launch of the survey came at the end of the academic year and coincided with the General Election on 4th July 2024. The survey remained open until mid-September 2024 with interviews being completed by 11th September 2024.

Results

The next section of this report aims to analyse the data collected from the surveys and interviews to identify barriers, explore potential enablers, and propose targeted policy recommendations to facilitate the growth of apprenticeships in healthcare. The analysis of qualitative data is complemented by descriptive graphs from the survey to provide additional context and insight. A comprehensive list of these graphs can be found in Appendix C.

Key themes addressed include financial constraints, employer-education provider partnerships, capacity and resources, and the perception and awareness of apprenticeships. By understanding these factors, this report seeks to provide actionable insights for policymakers, healthcare providers, and educators, informing their strategies for expanding apprenticeship opportunities for clinical staff and tackling the workforce challenges facing the NHS.

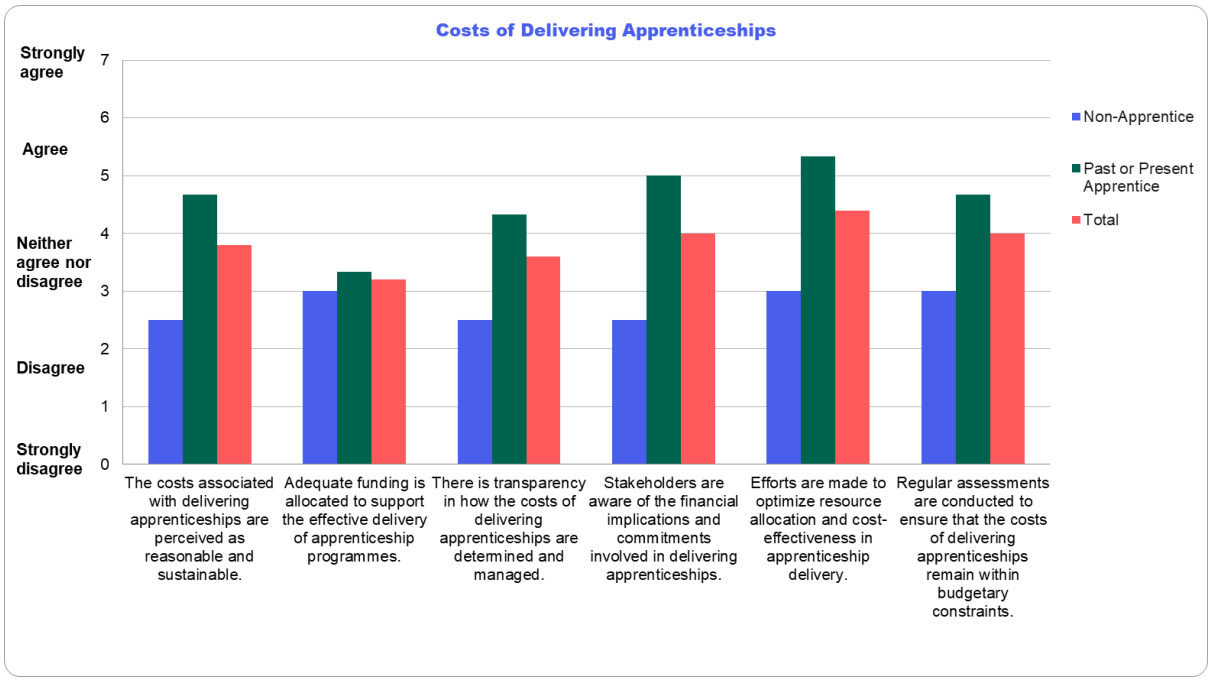
Discussion, reflection, and insights

Theme 1: Financial Barriers and Enablers

Financial barriers are a major issue limiting the wider use of apprenticeships in healthcare. Many Trusts can't fully support apprentices due to budget limits and the lack of funds to cover staff backfill. Employers also struggle to balance apprenticeship costs with keeping their workforce operational, as apprenticeships require resources that are already stretched. Costs include wages, backfill, supervision time, and attendance at meetings and university. The loss of apprenticeship incentives, such as backfill funding or grants for employers, has worsened the financial strain, and political uncertainty around the apprenticeship levy adds further complications.

The graph below (Figure 9) shows perceptions of the financial burden of apprenticeships. It highlights the gap between costs and funding, especially among those not directly involved as apprentices, who tend to have a more negative view of these costs.

Figure 9. Graph showing perceptions of six questions relating to cost of delivering apprenticeships, separated into non-apprentice, past or present apprentice, and total (Appendix C)



Trusts and other employers often struggle to release staff for apprenticeships due to financial constraints, particularly the cost of backfill. Apprenticeship programmes offer accessible pathways into healthcare, but the required investment, including the administrative burden of logging off-the-job hours and meeting regulatory requirements, puts strain on already understaffed providers. Interviewees highlighted that private sector employers face additional challenges, as there is no financial security for covering backfill and supervision hours, combined with uncertainty over whether apprentices will stay after completing their training. This makes

apprenticeships seem like a poor financial decision, despite the workforce benefits. Shorter apprenticeships for clinical specialisms could help fill shortages in the private sector, as they would be less costly and risky.

Addressing these financial barriers requires better investment in funding models to ensure equitable access to apprenticeships. Sustainable budgeting is needed to meet the targets of the 2023 NHS LTWP. While the apprenticeship levy is a key funding tool, its inconsistent application means some apprenticeships are favoured over others, leaving parts of the workforce overlooked. For example, clinical apprenticeships can be prioritised over estates or facilities management apprenticeships, or business administration apprenticeships.

Many education providers report that healthcare degree apprenticeships are more expensive to deliver than traditional degrees due to extra supervision and regulatory demands. As discussed in the introduction, the fees often don't reflect these additional costs, adding financial strain. Financial support like stipends or incentives could ease the burden on both employers and education providers, encouraging broader participation. Central coordination and stable budgeting would allow more consistent workforce development, avoiding the "stop-start" issues that disrupt apprenticeship programmes, such as employers not being able to support regular cohorts of apprentices and therefore leaving fallow years where no intake is possible. The lack of consistent and viable apprentice cohorts impacts on programme viability at a time when HEIs are under significant financial pressures and apprenticeship infrastructure may be unavoidably lost. Without these changes, the future of apprenticeships in healthcare remains uncertain.

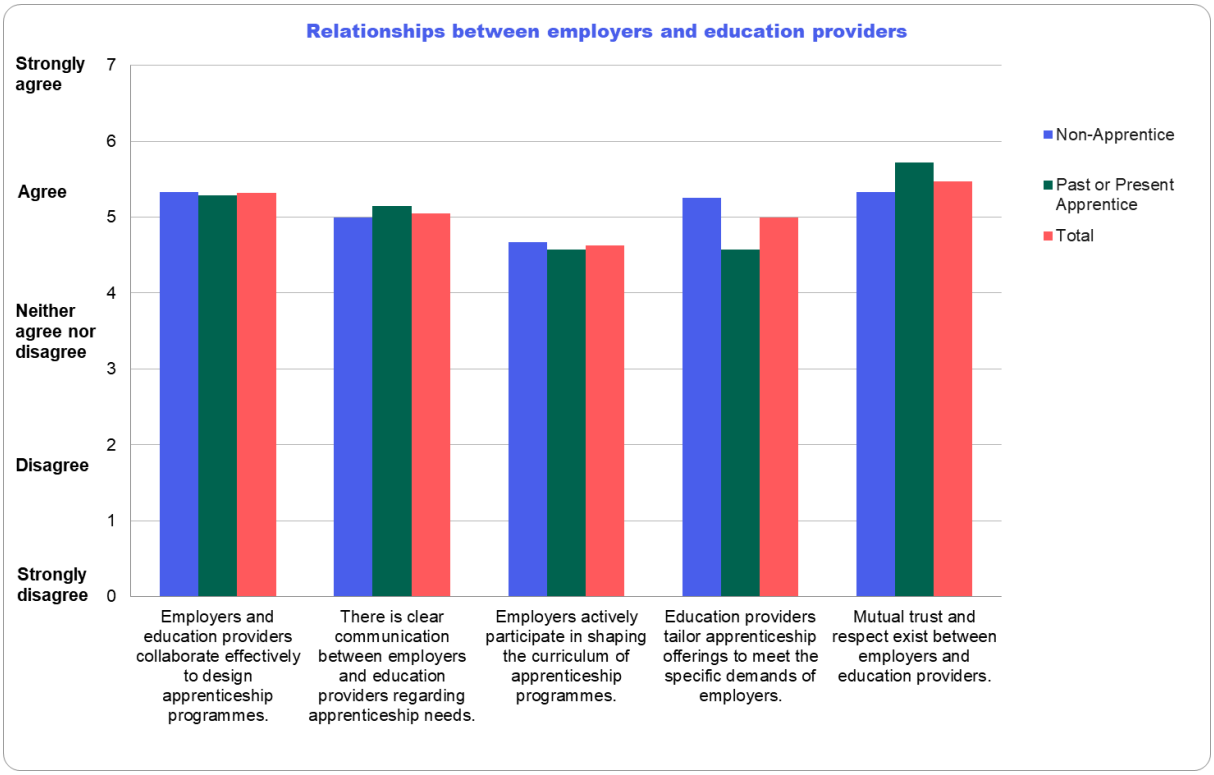
The graphs in Appendix C show that participants view funding bands for apprenticeships as neither transparent nor sufficient, and they believe these bands are not regularly updated to match workforce needs.

Theme 2: Employer-Education Provider Relationships and Partnership

Collaboration between employers and education providers is key to successful apprenticeship programmes. However, challenges persist in aligning employer expectations with the demands of apprenticeship training, especially regarding workforce release, supervision, and overall management of apprentices. Employers see apprenticeships as valuable for workforce development, but releasing staff is difficult without backfill. Budget constraints and a lack of support structures make it hard for staff to step away from their roles to focus on learning.

The graph below (Figure 10) shows perceptions of communication and dynamics in employer-education provider partnerships. While the views are fairly consistent, employers are seen as less involved in curriculum development, which may lead to gaps between apprenticeship programmes and employer needs if not addressed.

Figure 10. Graph showing perceptions of five questions relating to relationships between employers and education providers, separated into non-apprentice, past or present apprentice, and total (Appendix C)

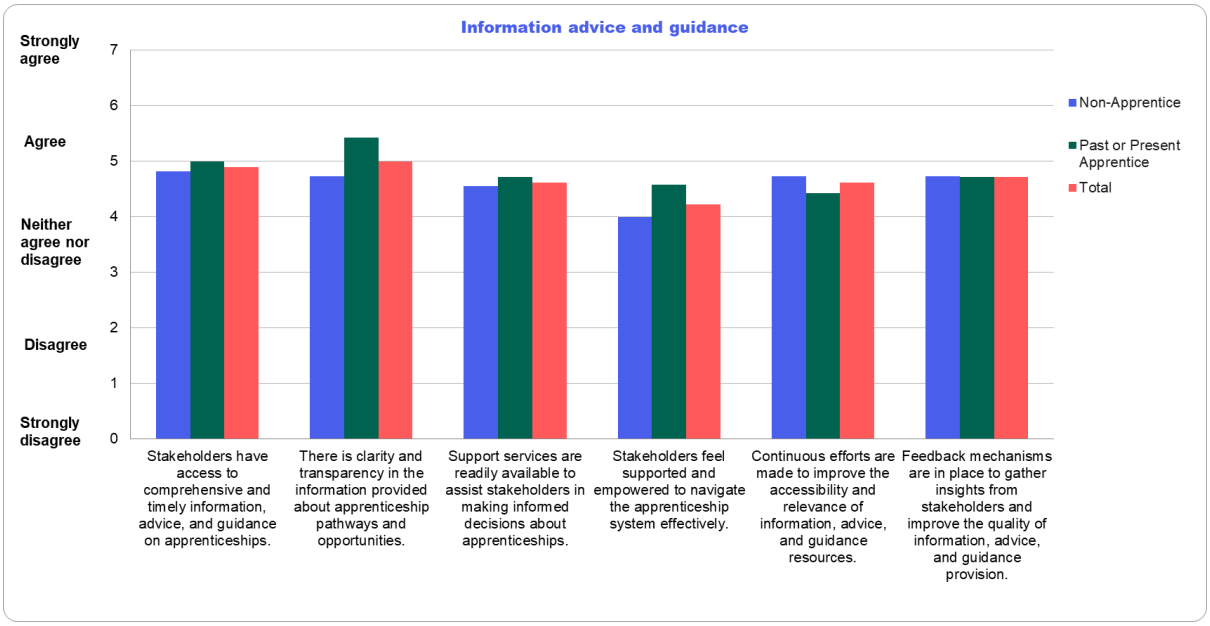


Interviews provided further insights on these relationships. A gap often exists between HEIs and employers over who provides academic support to apprentices. Confusion arises when universities speak to prospective students, but apprentices must approach employers, leaving both parties unclear on who offers specific support. As a result, apprentices may feel unsupported in managing course demands. Employers sometimes withdraw apprentices before the start date, leading to financial issues for universities running with lower enrolments. Integrated procurement frameworks could improve partnerships by tailoring programmes to meet all stakeholder needs. Trusts and teaching staff, managing multiple courses with different End Point Assessment (EPA) structures, struggle to standardise processes, adding confusion and straining relationships between employers and education providers. Early engagement between employers and HEIs in decision-making could help align apprenticeships with industry needs while maintaining educational standards.

Clear and consistent information, advice, and guidance from the start of the apprenticeship is essential. Employers often carry the burden of organising apprenticeships and absorbing financial risks, which complicates the process. Early, consistent communication between all stakeholders can improve the apprenticeship experience, strengthening relationships between employers, education providers, and apprentices. A good practice identified was appointing a central HEI contact for apprentices and employers. This role addressed many communication and support issues. Investment in educating both apprentices and employers about apprenticeships and post-apprenticeship roles in healthcare would also help clarify roles and streamline communication.

The graph below (Figure 11) shows how information, advice, and guidance are perceived, suggesting stakeholders don't feel empowered to navigate the apprenticeship system. More clarity and support are needed for all involved.

Figure 11. Graph showing perceptions of six questions relating to information advice and guidance, separated into non-apprentice, past or present apprentice, and total (Appendix C)



Theme 3: Capacity and Resources: Placements, Support, and Infrastructure

Capacity issues, especially in providing quality clinical placements, limit the growth of healthcare apprenticeships. The 2023 NHS LTWP highlighted the need for strong placement infrastructure to meet workforce demands and ensure apprentices receive quality learning experiences. With limited apprenticeship placement opportunities, choices must be made on which students to prioritise. Employers struggle to accommodate apprentices due to the shortage of suitable learning environments. One solution has been converting unused placements from traditional programmes and establishing agreements for specific apprenticeships. This has helped manage placement capacity, allowing organisations to support apprentices without overextending resources.

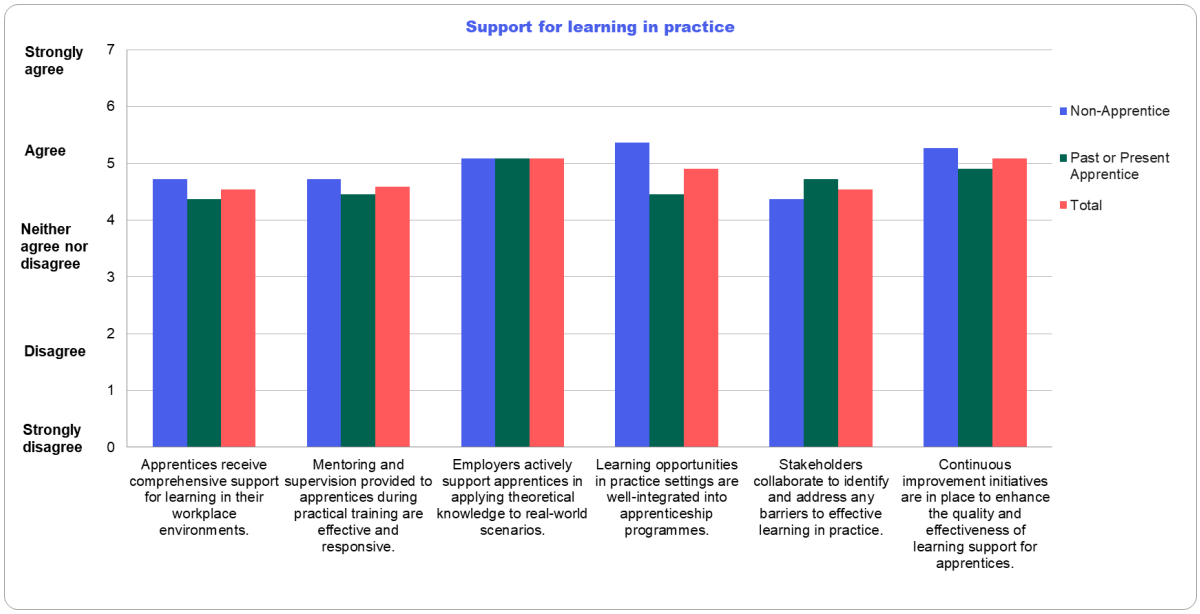
Apprentices often find it hard to step away from their regular duties for clinical learning, particularly when transitioning from previous roles into apprenticeship status. Smaller organisations face additional challenges in releasing staff for apprenticeships. Technological infrastructure is another barrier, with many employers lacking the tools to manage apprenticeship programmes efficiently. Limited access to technology for apprentices further hampers their success. Investment in technical infrastructure is needed to support apprenticeships effectively.

The graph below (Figure 12) shows data on support mechanisms for apprentices in clinical settings. It suggests apprentices view support for learning in practice less favourably than non-apprentices. This gap highlights the need for further exploration

to address apprentices' support needs. A dedicated support role for apprenticeships has been shown to improve access to guidance and resources, enhancing the overall experience.

Many employers favour apprenticeship students for their diverse backgrounds and clinical exposure, which enriches learning. However, many Trusts lack the infrastructure to fully support apprentices. Staffing and budget shortages lead to poor-quality learning environments, creating a negative cycle. Clinical settings are already stretched, making it difficult to engage fully with apprenticeship programmes, and the added responsibility on supervisors, who are already managing multiple tasks, complicates matters further.

Figure 12. Graph showing perceptions of six questions relating to support for learning in practice, separated into non-apprentice, past or present apprentice, and total (Appendix C)

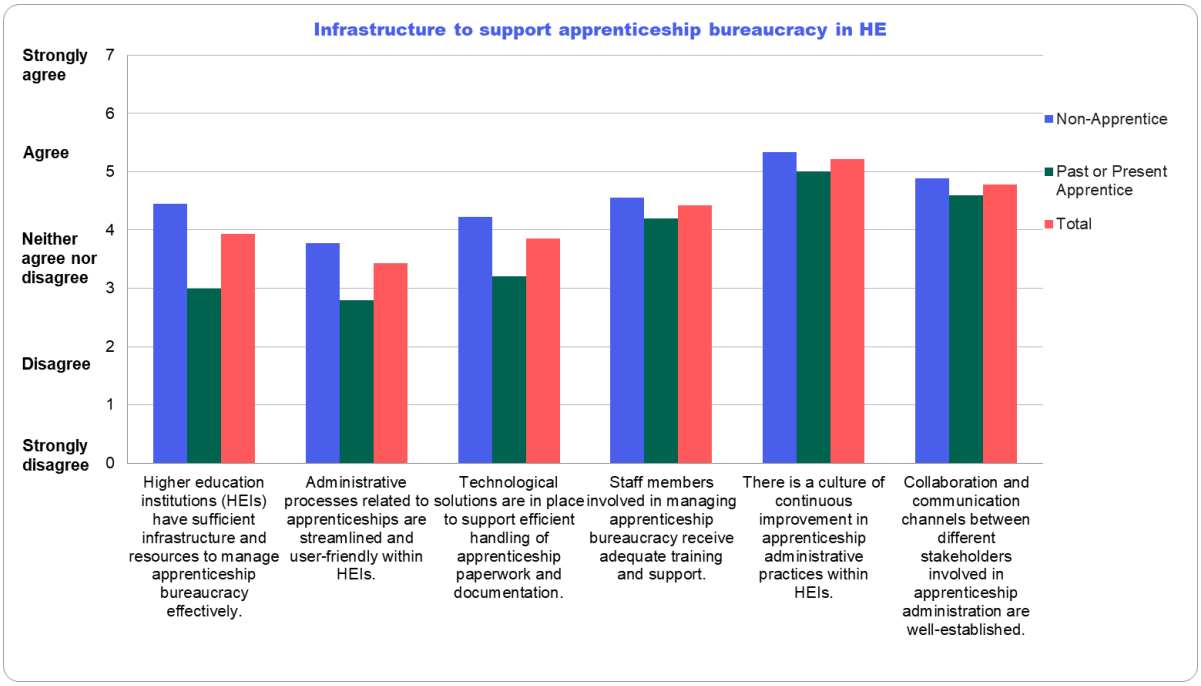


The regulatory burden around healthcare apprenticeships is a major challenge. Apprenticeships must comply with overlapping regulations from bodies like the Nursing and Midwifery Council (NMC), Ofsted, and the Education and Skills Funding Agency (ESFA). These overlapping rules create inefficiencies that employers and providers must navigate. Simplifying and aligning these regulations, along with more support for clinical educators, could help healthcare trusts expand apprenticeship programmes more effectively. There's also increasing demand for apprenticeship pathways to offer sufficient placements with proper support, which is key to scaling up apprenticeship schemes to meet workforce demands.

HEIs are concerned about a fractured and oversaturated apprenticeship market. The number of programmes often exceeds the number of places employers can offer, leading to underfilled programmes and more competition for students. A centralised strategy may be needed to prevent this oversaturation and ensure workforce needs are met.

The graph below (Figure 13) looks at the bureaucratic processes involved in apprenticeship delivery and their effect on capacity and resources. It suggests that while collaboration and continuous improvement are strong, the infrastructure, technology, and processes to manage apprenticeship bureaucracy are lacking.

Figure 13. Graph showing perceptions of six questions relating to infrastructure to support apprenticeship bureaucracy in higher education, separated into non-apprentice, past or present apprentice, and total (Appendix C)



Theme 4: Perception and Awareness of Apprenticeships

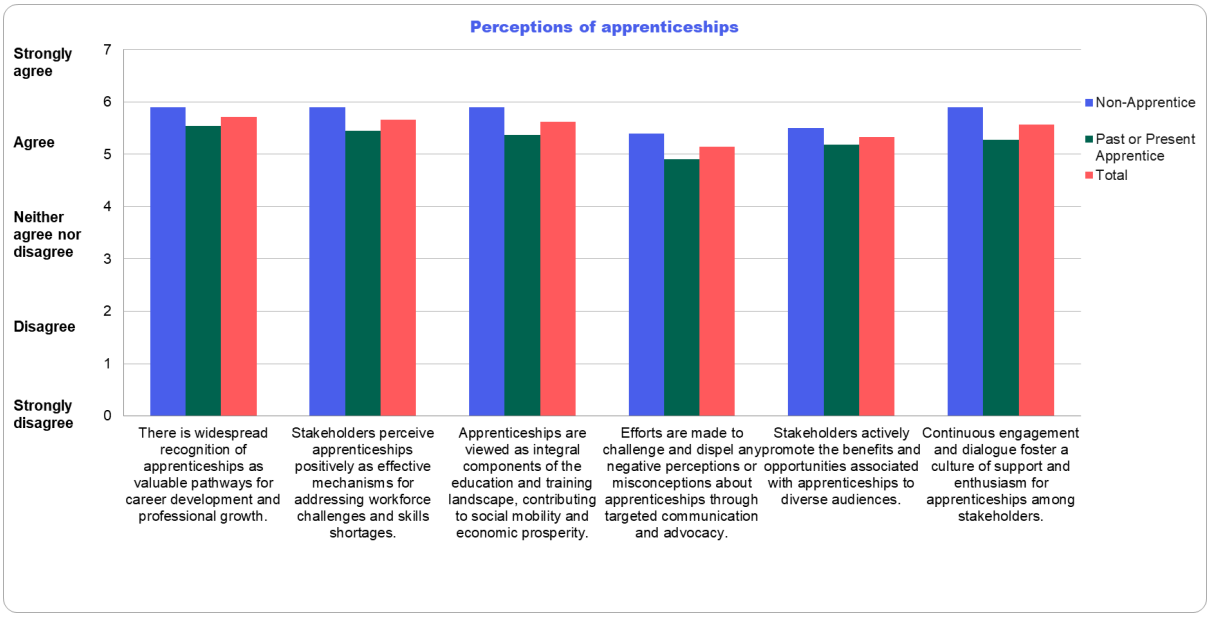
While apprenticeships are becoming more accepted in healthcare, perceptions remain mixed. Historically seen as a “dumbed down” path, healthcare degree apprenticeships are now recognised as a valuable alternative to traditional university degrees. Employers and educators are seeing success in nursing and allied health apprenticeships, providing flexible options for students who might not thrive in a traditional setting. Apprentices themselves reported feeling well supported, appreciating the financial help, job security, university support during placements, and the community within their cohort. Many felt that without the apprenticeship route, they wouldn’t have been able to pursue a healthcare degree or advance their careers.

Despite this progress, participants reported that misconceptions about apprenticeship quality persist amongst the public. Some still question whether apprenticeships provide the same academic rigor as traditional degrees, leading to concerns about apprentices' preparedness for clinical work. This scepticism is common among those unfamiliar with apprenticeship pathways. Apprentices also mentioned challenges balancing work and study, and some experienced stigma, being viewed as less capable than traditional students. This concern is especially relevant to proposed medical degree apprenticeships, where public perception of academic rigor will be key in maintaining confidence in the quality of medical training.

The graph below (Figure 14) shows how apprenticeships are perceived in healthcare. It highlights that apprentices often view public acceptance of apprenticeships less positively than non-apprentices, possibly reflecting some stigma.

To improve apprenticeship perception, public awareness needs to increase, particularly through media exposure. In healthcare settings, apprenticeships are currently mainly promoted internally, and often inconsistently, leading to a sense of them being a "secret" pathway with hidden funding. Increased and wider internal promotion could also help address role confusion for apprentices after completing their programmes and increase visibility of apprenticeship benefits for employers.

Figure 14. Graph showing perceptions of six questions relating to perceptions of apprenticeships, separated into non-apprentice, past or present apprentice, and total (Appendix C)

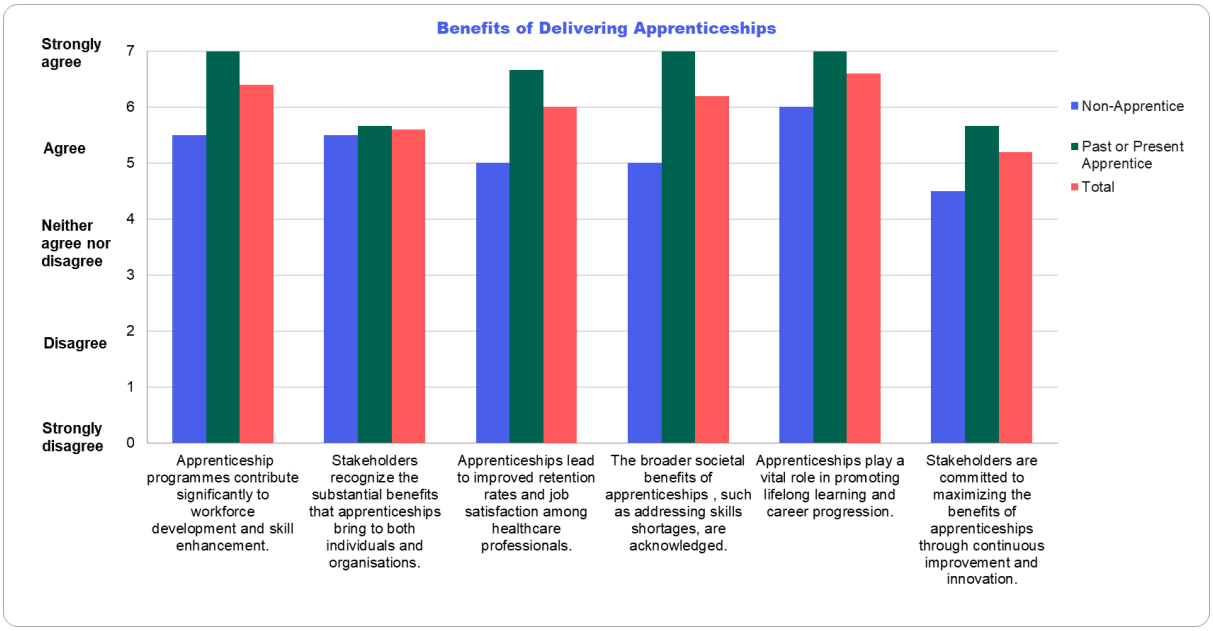


Public perceptions of apprenticeships still focus on low pay, lower quality education, and an emphasis on school leavers. Promoting apprenticeships as an equal and valuable alternative to university could help change this view, increasing uptake in nursing and allied health professions. Better coordination between schools, healthcare providers, and policymakers could help tackle any inconsistencies in the information, advice and guidance provided to students on apprenticeships compared to traditional degrees. Expanding apprenticeship awareness campaigns, particularly targeting schools and younger students, could help make apprenticeships more mainstream and address workforce shortages. Involving successful apprentices in outreach could also provide relatable role models and improve the credibility of apprenticeship pathways. A cultural shift towards a more positive view of apprenticeships is essential.

Investment is needed to improve public perception of apprenticeships and their role in healthcare. Effective promotion, with the involvement of all stakeholders, can help build a more diverse and well-prepared workforce.

The final graph (Figure 15) shows the benefits apprenticeships bring to the workforce. It also highlights that those who have completed or are currently in an apprenticeship view these benefits more positively than those who haven't, suggesting that the benefits may not be promoted widely enough.

Figure 15. Graph showing perceptions of six questions relating to benefits of delivering apprenticeships, separated into non-apprentice, past or present apprentice, and total (Appendix C)



Conclusion

Apprenticeships in healthcare are evolving, offering practical entry routes into nursing and allied health professions. The 2023 NHS LTWP identified apprenticeships as a key way to build a resilient workforce ready to meet future healthcare needs. It's likely this will continue in any future strategy or plan. However, financial barriers, capacity issues, employer-education provider coordination, and negative perceptions need to be addressed for apprenticeships to reach their full potential. Improved financial planning, better collaboration between employers and HEIs, simplified regulations, and increased public awareness can make apprenticeships a central solution to NHS workforce shortages.

As shown in this analysis, apprenticeships provide not only an entry point into healthcare but also a practical response to workforce challenges. Addressing financial and capacity constraints, especially in clinical placements, will be crucial to sustaining apprenticeship programmes. Building strong partnerships between employers and education providers, and improving public perceptions, will help maximise the benefits of these pathways.

The 2023 NHS LTWP stresses the importance of clear career paths within the NHS, with apprenticeships serving as a stepping stone to higher-level qualifications and roles, supporting retention and progression. By investing in apprenticeships and strengthening support systems, the healthcare sector can develop a skilled, diverse workforce capable of meeting patient and community needs. With collective effort from all stakeholders, the future of apprenticeships in healthcare can be one of growth and improved service delivery.

There has been further change since the General Election of 2024. In July 2024, the Westminster government announced the establishment of Skills England, a new body designed to address the nation's skills challenges and drive economic growth. Operating as an executive agency within the Department for Education (DfE), Skills England aims to unify the fragmented skills landscape by collaborating with employers, training providers, trade unions, and local authorities. Its primary objectives include identifying current and future skills gaps, advising on training accessible via the new Growth and Skills Levy, and reducing reliance on overseas workers by developing a home-grown skilled workforce. The formation of Skills England involves transferring functions from the Institute for Apprenticeships and Technical Education (IfATE) to the new agency, with plans for it to be fully operational by April 2025. This initiative reflects the government's plans to create a more agile and responsive skills system that aligns with the evolving needs of the economy.

In September 2024, the government announced plans for a first phase of reforms to the new Growth & Skills Levy (formerly the Apprenticeship Levy), including shorter-duration apprenticeships in targeted sectors like construction. This new levy aims to offer greater flexibility for employers and learners and its development will involve consultations with employers and training providers through Skills England.

The NHS also initiated a comprehensive national consultation to develop a 10-Year Health Plan aimed at ensuring the health service's sustainability and effectiveness for

future generations. This initiative invited input from the public, healthcare professionals, and organisations to share their experiences and ideas for improving the NHS. The consultation sought to address current challenges and shape a health service that meets the evolving needs of the population. One of the key areas of focus is workforce development and a refreshed workforce plan will be included. This may present opportunities to increase support and funding for apprenticeships as vital routes for building a skilled and adaptable workforce.

The recent changes in healthcare apprenticeships reflect a shift towards flexibility and targeted workforce development. Together with wider skills policy developments and the NHS's 10-Year Health Plan and refreshed workforce plan, there are opportunities to make apprenticeships more effective pathways for building a skilled workforce. With continued investment, strategic partnerships, and stakeholder engagement, apprenticeships have the potential to become a primary mechanism for building a resilient, diverse, and highly skilled healthcare workforce capable of meeting the demands of the future. Universities, and particularly those who are members of University Alliance, play a central role in delivering this for the United Kingdom.

Key points

- **Financial Barriers:** Budget constraints make it difficult for Trusts to support apprentices, with a clear gap between costs and available funding.
- **Collaboration Issues:** Misalignment between employer expectations and apprenticeship training points to a need for better communication and more integrated partnerships.
- **Placement Challenges:** Limited clinical placements hinder growth, but repurposing unused placements from traditional programmes has been effective.
- **Mixed Perceptions:** While apprenticeships are gaining recognition, misconceptions about their quality compared to traditional routes remain, requiring better public awareness.

Recommendations

Based on the analysis and literature review presented in this report, the following recommendations are proposed to address the barriers and challenges hindering the expansion of apprenticeships in healthcare:

Financial Reforms

1. Increase flexibility in the apprenticeship and skills levy to cover backfill, supervision, and other related costs for healthcare organisations.
2. Manage and distribute apprenticeship funding fairly across regions and specialties, to better balance supply and demand.
3. Retain level 7 apprenticeships for skills and roles in demand.

Employer-Education Partnerships

4. Foster early collaboration between employers and education providers to define roles, expectations, and responsibilities.
5. Designate a central Higher Education Institution (HEI) contact to streamline communication with and support for employers.
6. Improve communication and collaboration between employers and HEIs to focus on providing conjoined support for apprentices.

Capacity Building

7. Invest in infrastructure to increase clinical placements and create dedicated support roles for apprentices.
8. Streamline regulations and offer clear guidance to reduce the administrative burden on employers and providers.
9. Increase resources for clinical supervisors to enable effective mentorship while managing workload.
10. Upgrade technology and platforms within HEIs and employer partners to support apprenticeship management and placements.

Public Awareness and Perception

11. Shift expectations around and attitudes towards the contribution of apprentices, particularly for employers.
12. Promote apprenticeships as valuable healthcare career pathways through public campaigns.
13. Partner with schools to present apprenticeships as viable alternatives to traditional routes.
14. Increase media coverage of apprenticeship successes to counter negative perceptions.
15. Include successful apprentices in outreach efforts to build credibility and inspire new entrants.
16. Encourage routes for new entrants to healthcare organisations, including apprenticeships at level 2 and level 3 so that barriers to entry are removed.

Policy Coordination

17. Facilitate coordination between government departments in healthcare, education, and employment for cohesive policymaking.
18. Align apprenticeship policies with government workforce plans or strategies to address future workforce needs.
19. Promote a sustained and long-term plan and commitment towards growing apprenticeships, rather than short-term plans.

These recommendations aim to create a supportive environment for healthcare apprenticeships, open career pathways, and support the NHS in meeting workforce goals.

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Appendices

Appendix A: Qualitative survey questions for Apprentices, HEIs and Employers

Can you share any specific challenges or barriers you have encountered in expanding apprenticeship routes for clinical staff within your organisation?

In your opinion, what additional support or resources would be most beneficial in overcoming these challenges and expanding apprenticeship opportunities for clinical staff?

How do you perceive the impact of apprenticeship programmes on placement capacity within healthcare settings?

What strategies have been successful in managing and optimizing placement capacity to accommodate apprenticeship requirements?

From your perspective, what are the main factors contributing to the costs associated with delivering apprenticeships for clinical staff?

Are there any particular benefits or positive outcomes that you have observed as a result of delivering apprenticeships for clinical staff?

What are your thoughts on the current procurement procedures required by the NHS for apprenticeship programmes? Are there any areas for improvement?

How do you perceive the regulatory burden associated with apprenticeship delivery in the healthcare sector? Are there any specific regulations or requirements that you find particularly challenging?

Can you describe any experiences or best practices related to the design and implementation of end point assessments for apprenticeship programmes?

What are your perceptions of apprenticeships in the context of nursing and allied health professions? How do you think these perceptions could be enhanced or improved?

Appendix B: Interview schedule for Apprentices, HEIs and Employers

Follow-up questions will be asked for clarification or to delve deeper into specific points of interest.

1. *Barriers and Enablers*

Can you identify any barriers that you believe hinders the expansion of apprenticeship routes for clinical staff? What do you think facilitates the expansion of apprenticeship routes for clinical staff?

2. *Investment Levels*

From your perspective, what types of investment are necessary to overcome the barriers you identified to support the delivery of apprenticeship routes?

3. *Dependencies and Risks*

Thinking about the goals of the NHS Long Term Workforce Plan and Apprenticeship initiatives, what do you think about the dependencies between apprenticeship initiatives for clinical staff? E.g. training (plan, materials, methods to evaluate competencies etc), mentorship (mentors, support etc), workplace environment (e.g. job rotation, safety, compliance), funding, partnerships (e.g. industry, education), regulations, technology (learning management systems), evaluation (e.g. reviews, continuous improvement, etc.

What are the potential risks associated with implementing these initiatives?

4. *Good Practices and Lessons Learned*

Can you identify any existing good practices or lessons learned from the delivery of apprenticeship routes for clinical staff? How can these insights help inform future apprenticeship programs?

5. *Concerns*

What are the high-level concerns surrounding the implementation of medical degree apprenticeships, nursing apprenticeships, and allied health apprenticeship routes?

Based on your insights, what are the barriers to expand apprenticeship routes for clinical staff?

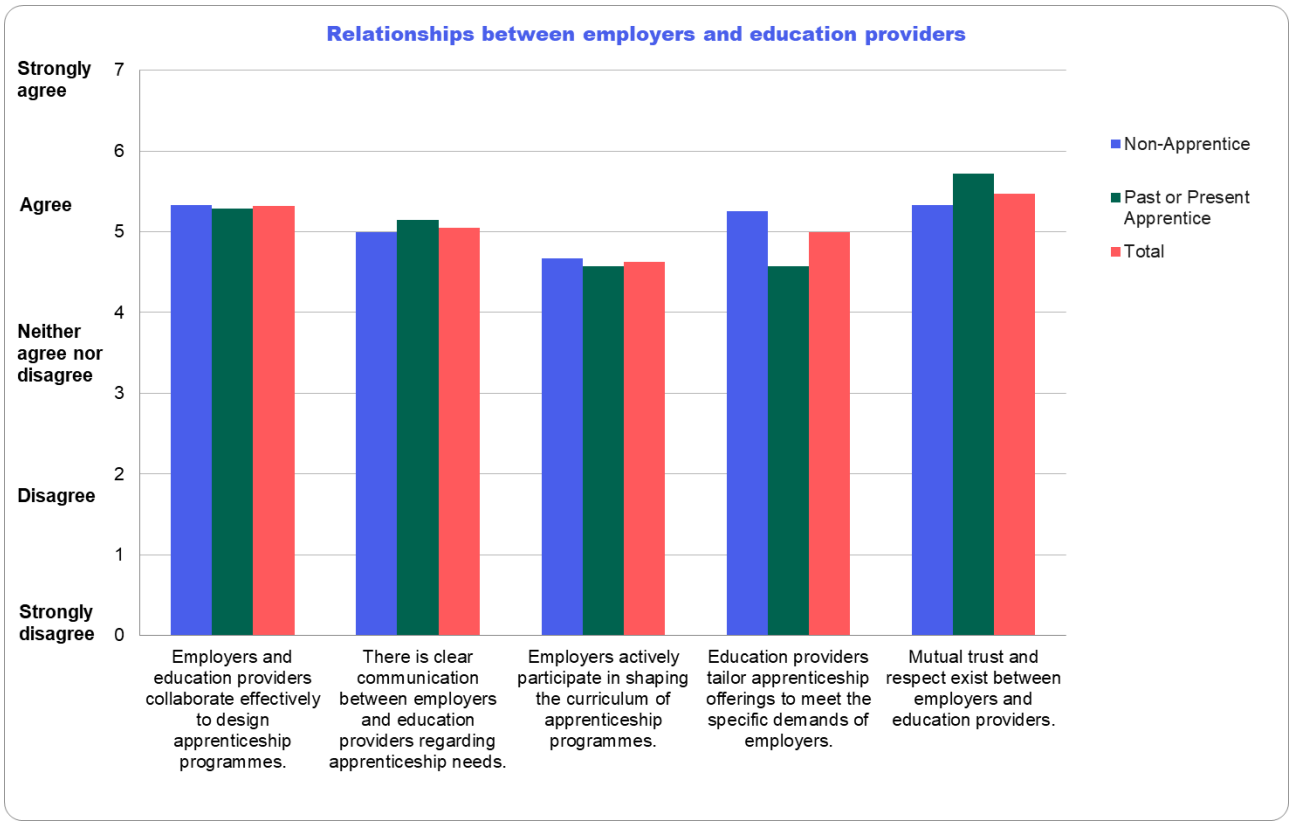
6. *Innovative Ideas*

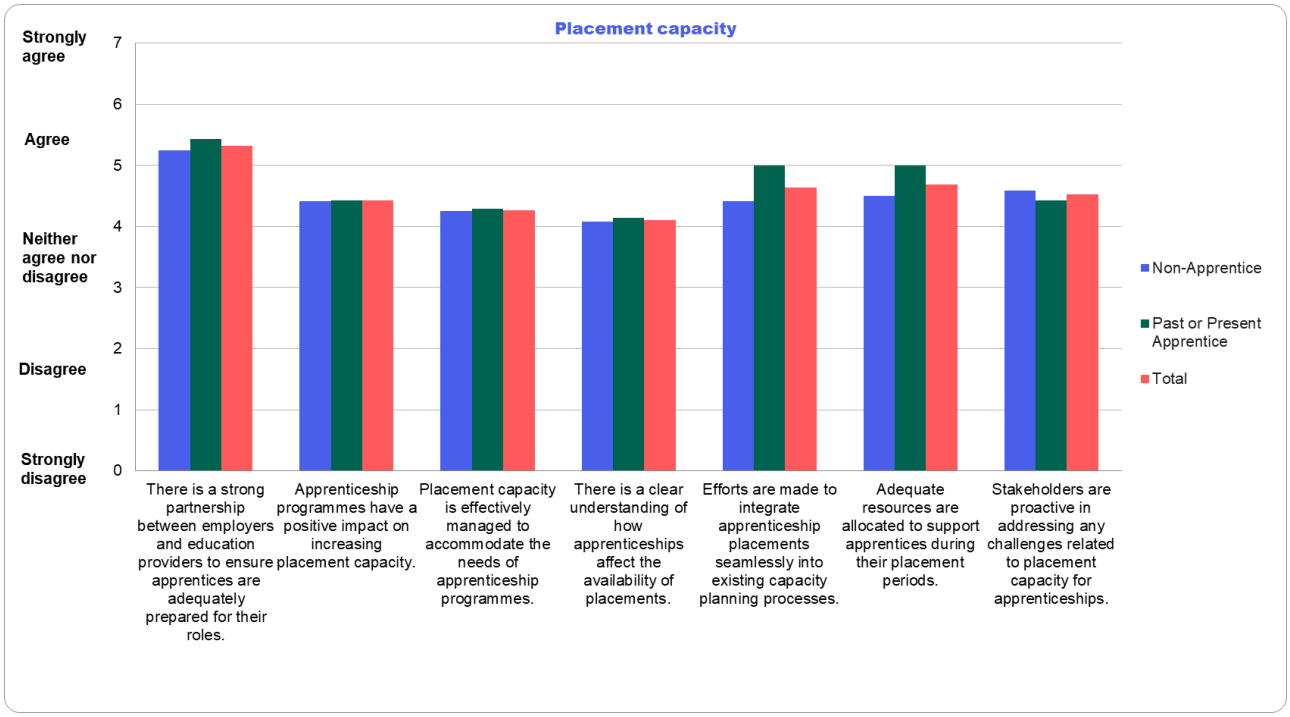
Are there any innovative ideas you've encountered or can propose to ensure the success of these apprenticeship programs?

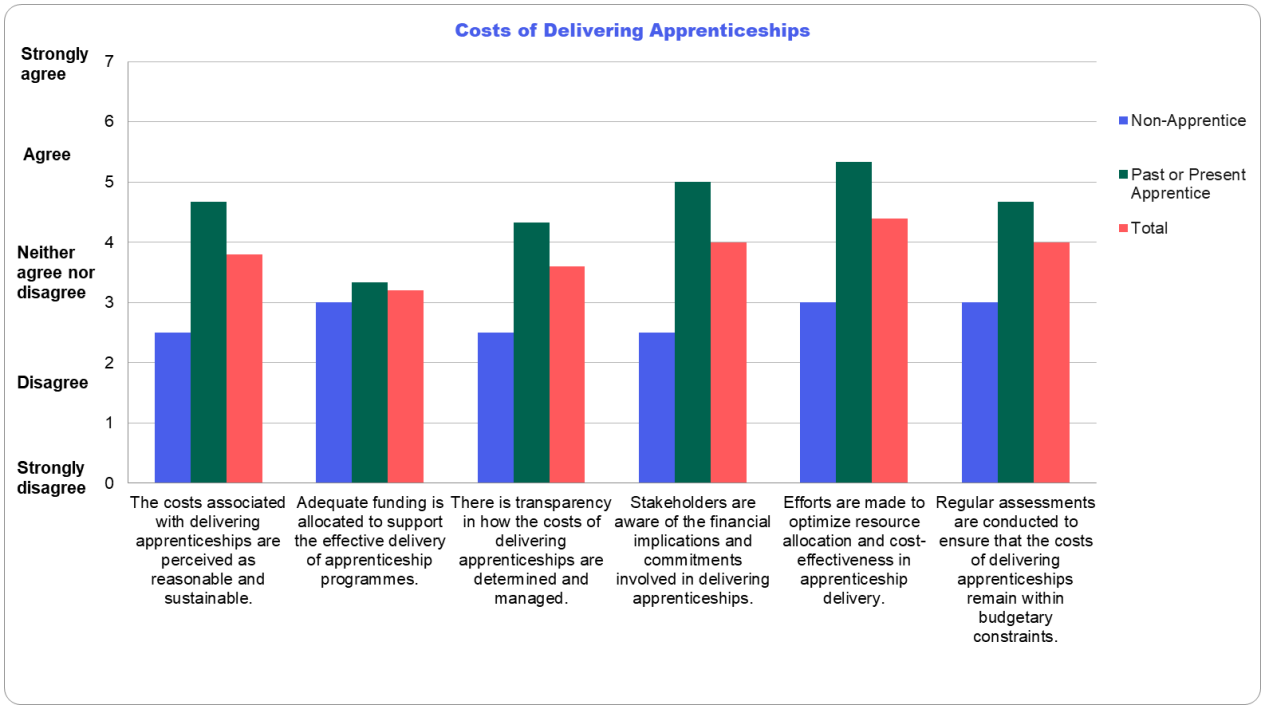
7. *Policy Recommendations*

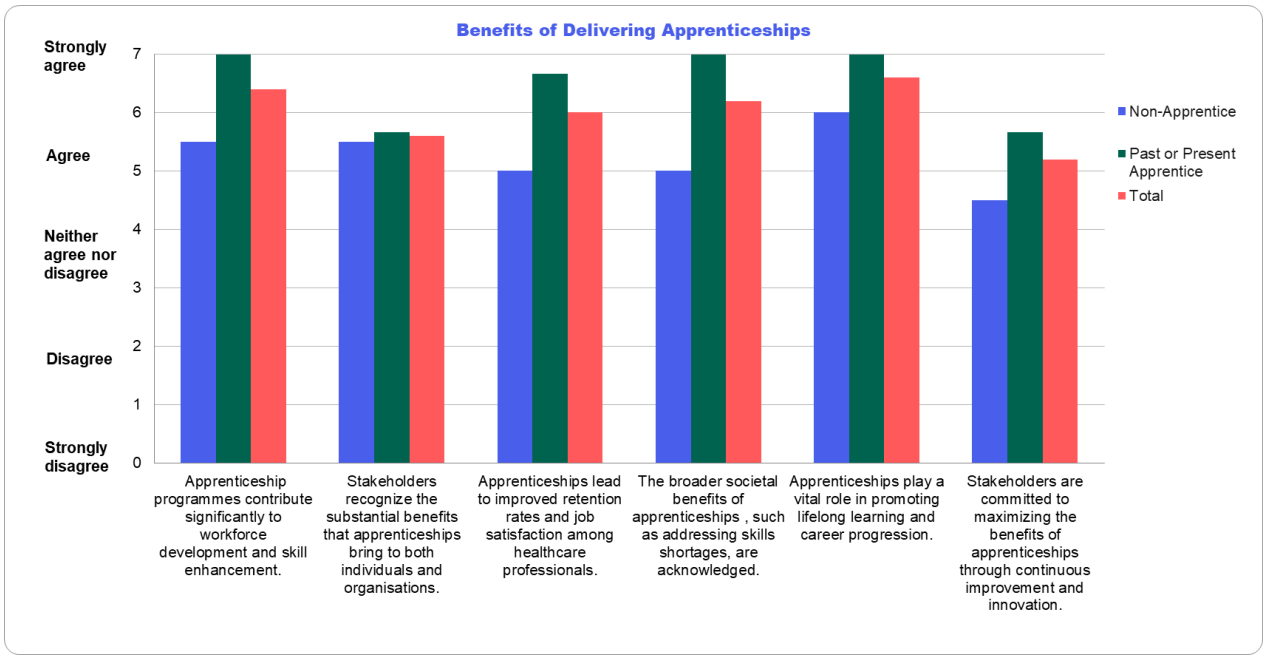
In your opinion, what targeted policy recommendations can be developed to overcome these barriers and expand apprenticeship routes for clinical staff, in line with the NHS Long Term Workforce Plan?

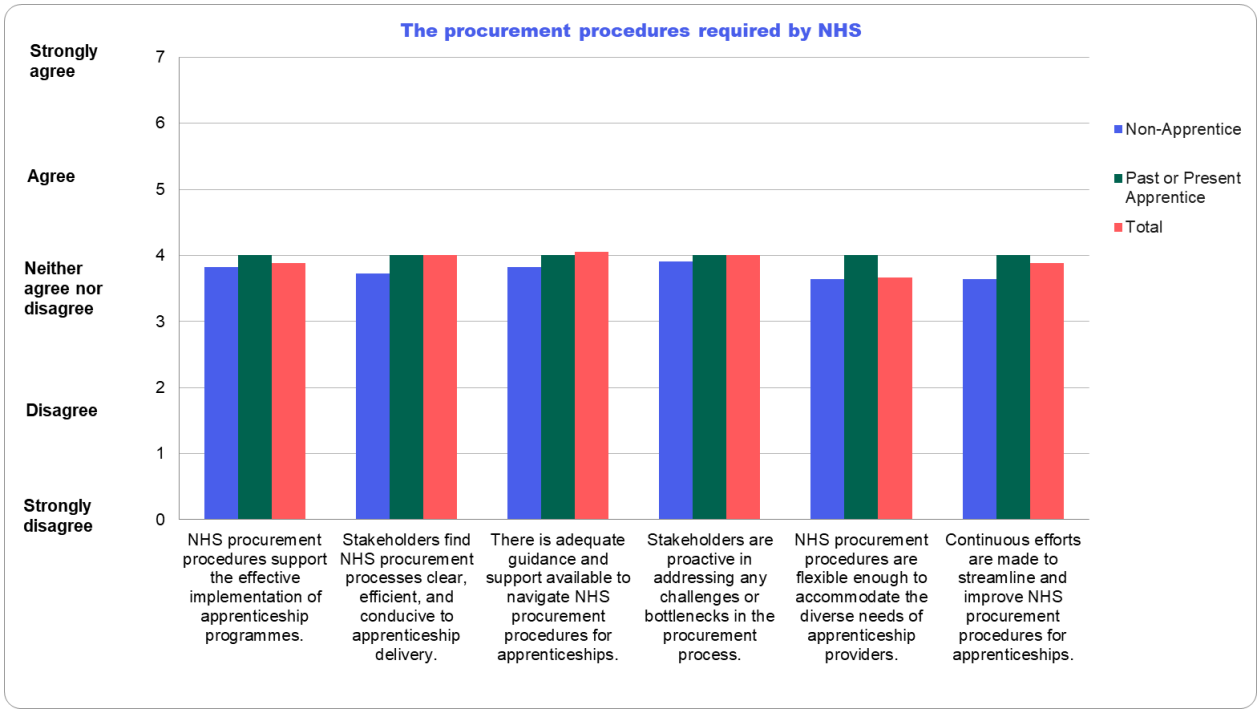
Appendix C: Graphs capturing Likert question data included in report and wider data not included in final report

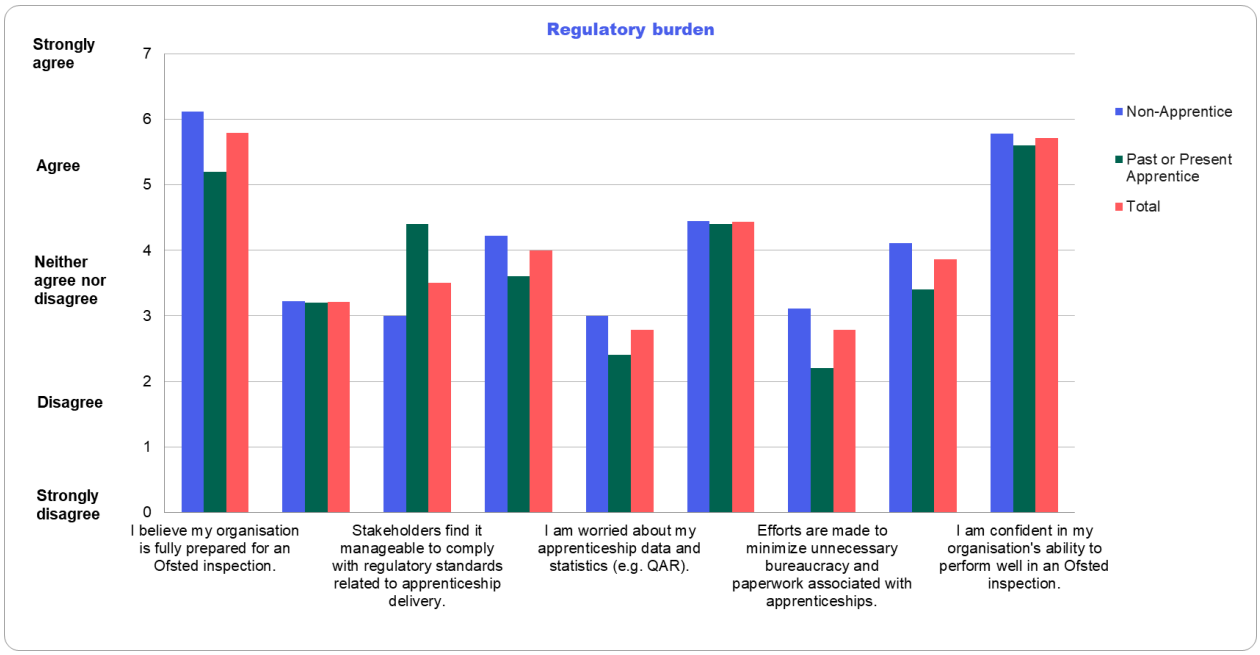


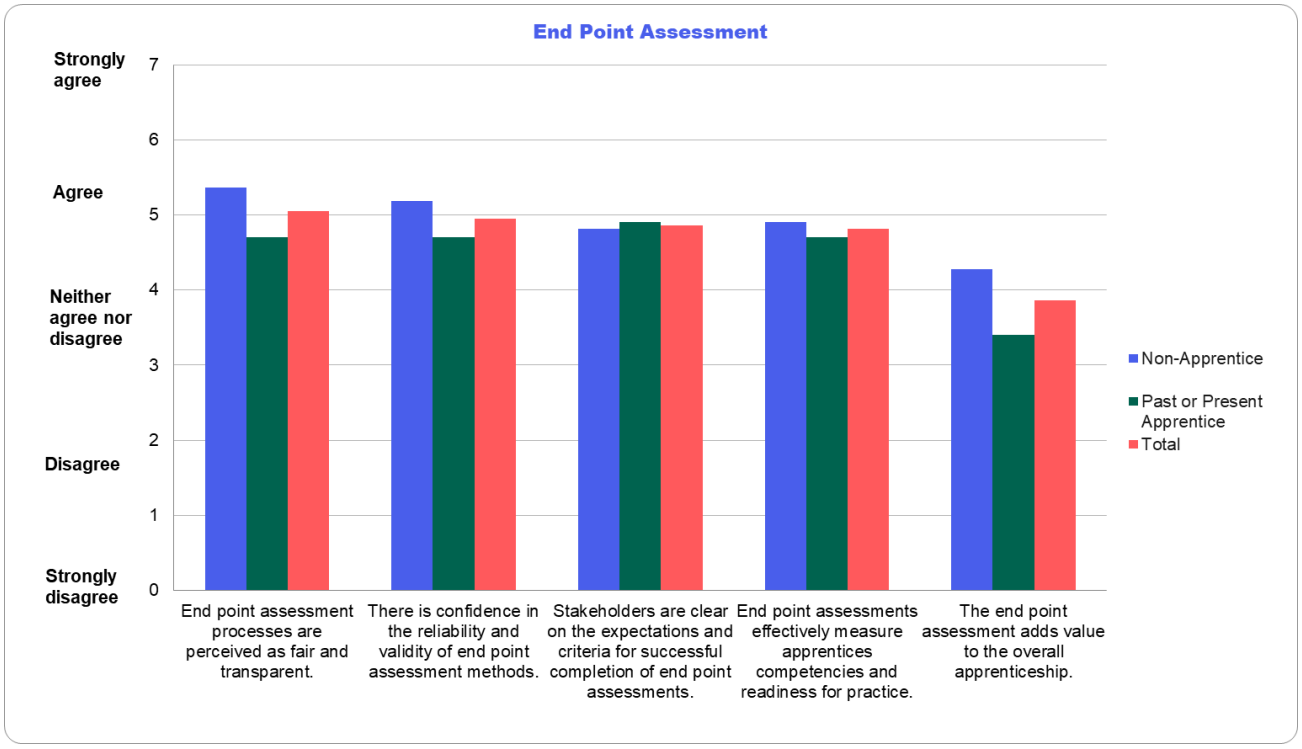


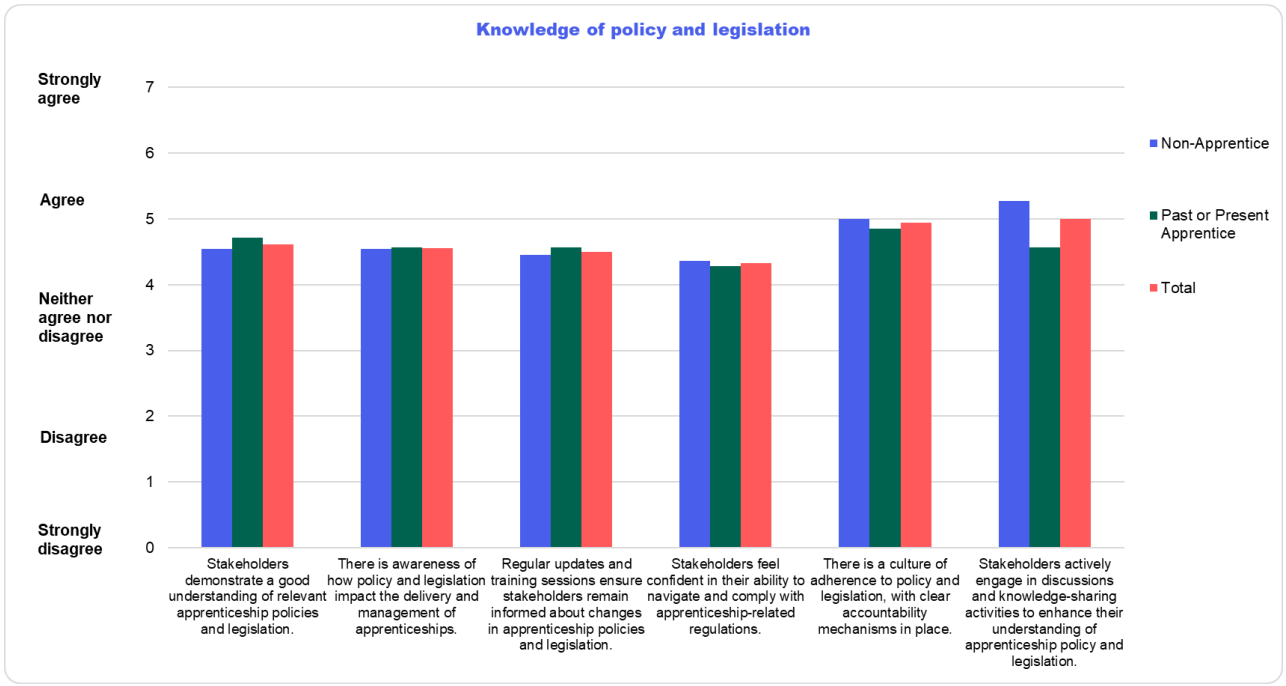

Costs of Delivering Apprenticeships
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
The costs associated with delivering apprenticeships are perceived as reasonable and sustainable.
Adequate funding is allocated to support the effective delivery of apprenticeship programmes.
There is transparency in how the costs of delivering apprenticeships are determined and managed.
Stakeholders are aware of the financial implications and commitments involved in delivering apprenticeships.
Efforts are made to optimize resource allocation and cost-effectiveness in apprenticeship delivery.
Regular assessments are conducted to ensure that the costs of delivering apprenticeships remain within budgetary constraints.

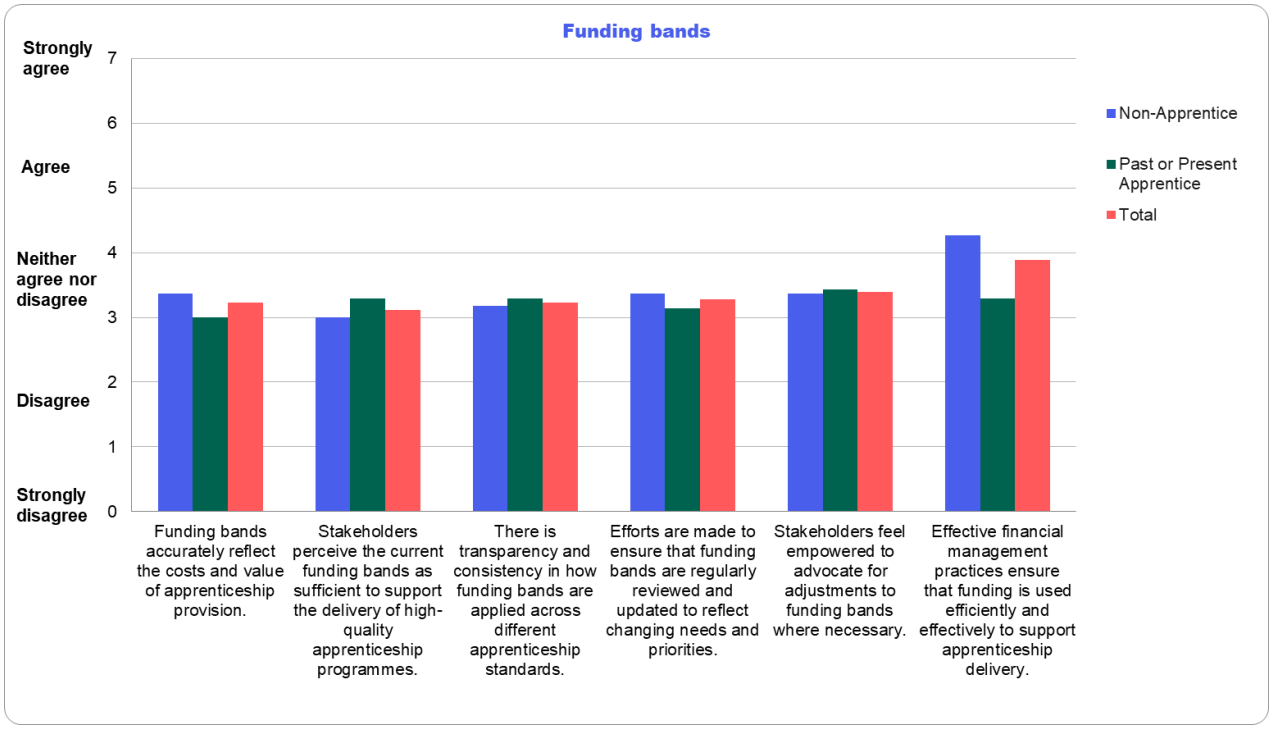

Benefits of Delivering Apprenticeships
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Apprenticeship programmes contribute significantly to workforce development and skill enhancement.
Stakeholders recognize the substantial benefits that apprenticeships bring to both individuals and organisations.
Apprenticeships lead to improved retention rates and job satisfaction among healthcare professionals.
The broader societal benefits of apprenticeships , such as addressing skills shortages, are acknowledged.
Apprenticeships play a vital role in promoting lifelong learning and career progression.
Stakeholders are committed to maximizing the benefits of apprenticeships through continuous improvement and innovation.

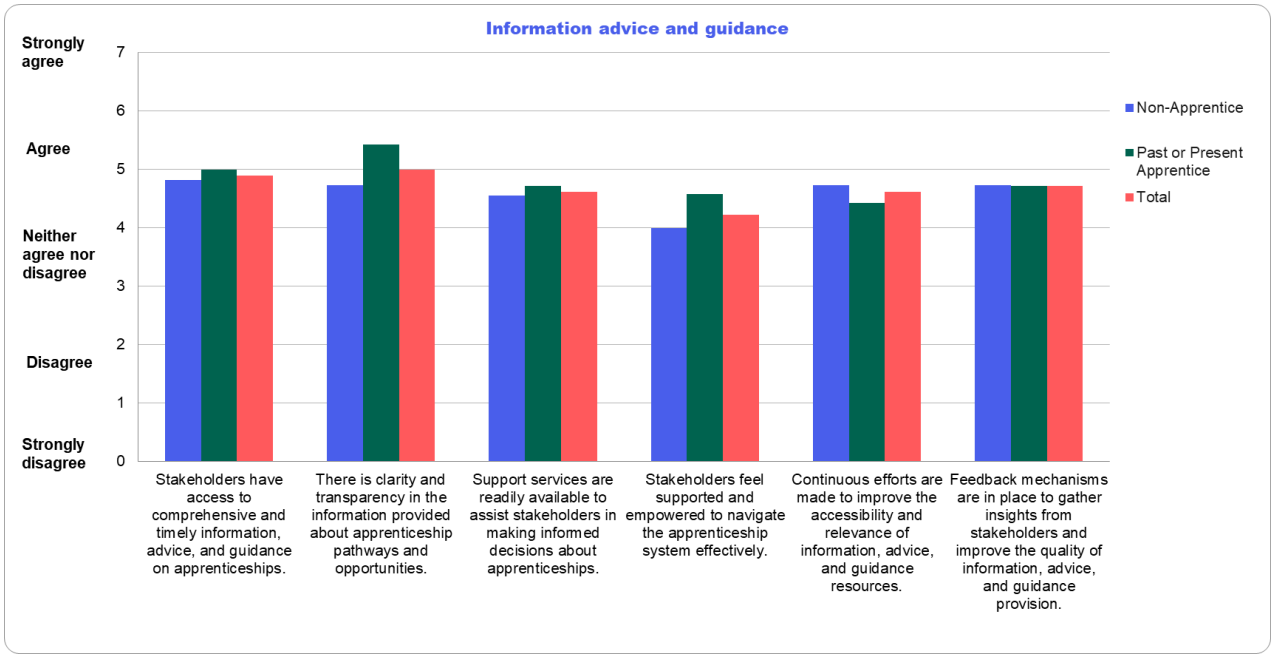

The procurement procedures required by NHS
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
NHS procurement procedures support the effective implementation of apprenticeship programmes.
Stakeholders find NHS procurement processes clear, efficient, and conducive to apprenticeship delivery.
There is adequate guidance and support available to navigate NHS procurement procedures for apprenticeships.
Stakeholders are proactive in addressing any challenges or bottlenecks in the procurement process.
NHS procurement procedures are flexible enough to accommodate the diverse needs of apprenticeship providers.
Continuous efforts are made to streamline and improve NHS procurement procedures for apprenticeships.

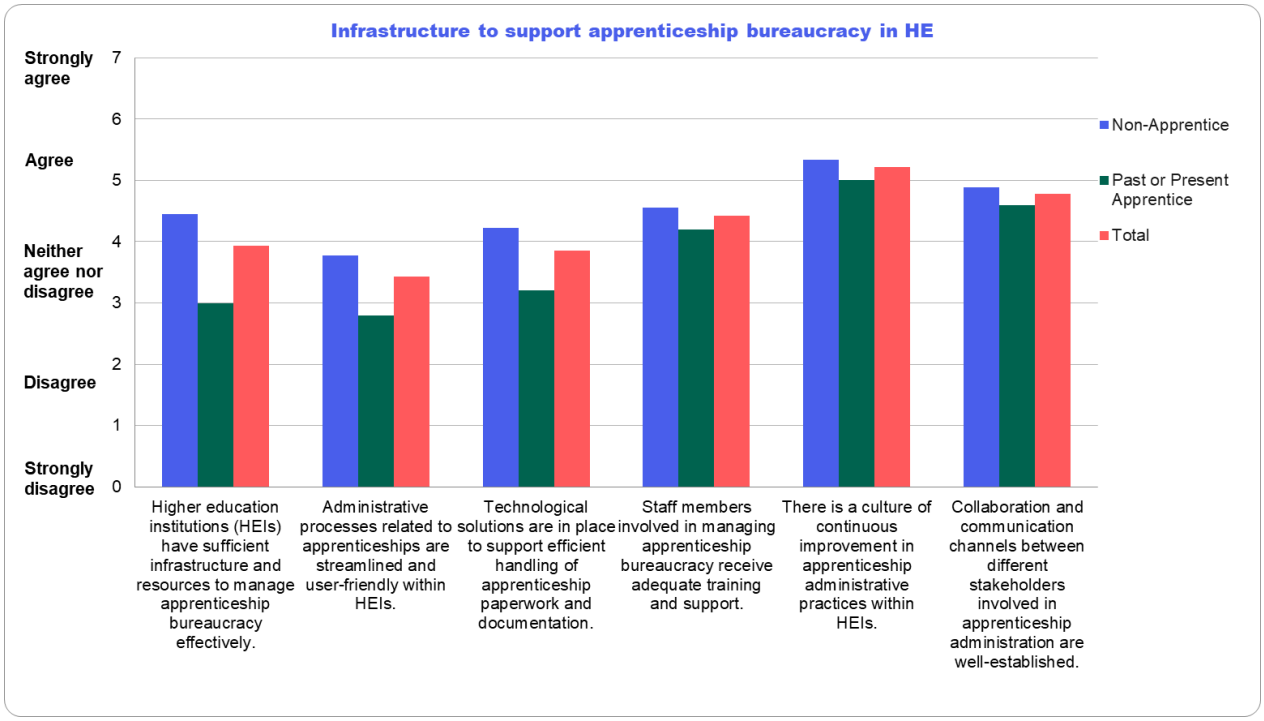

Regulatory burden
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
I believe my organisation is fully prepared for an Ofsted inspection.
Stakeholders find it manageable to comply with regulatory standards related to apprenticeship delivery.
I am worried about my apprenticeship data and statistics (e.g. QAR).
Efforts are made to minimize unnecessary bureaucracy and paperwork associated with apprenticeships.
I am confident in my organisation's ability to perform well in an Ofsted inspection.

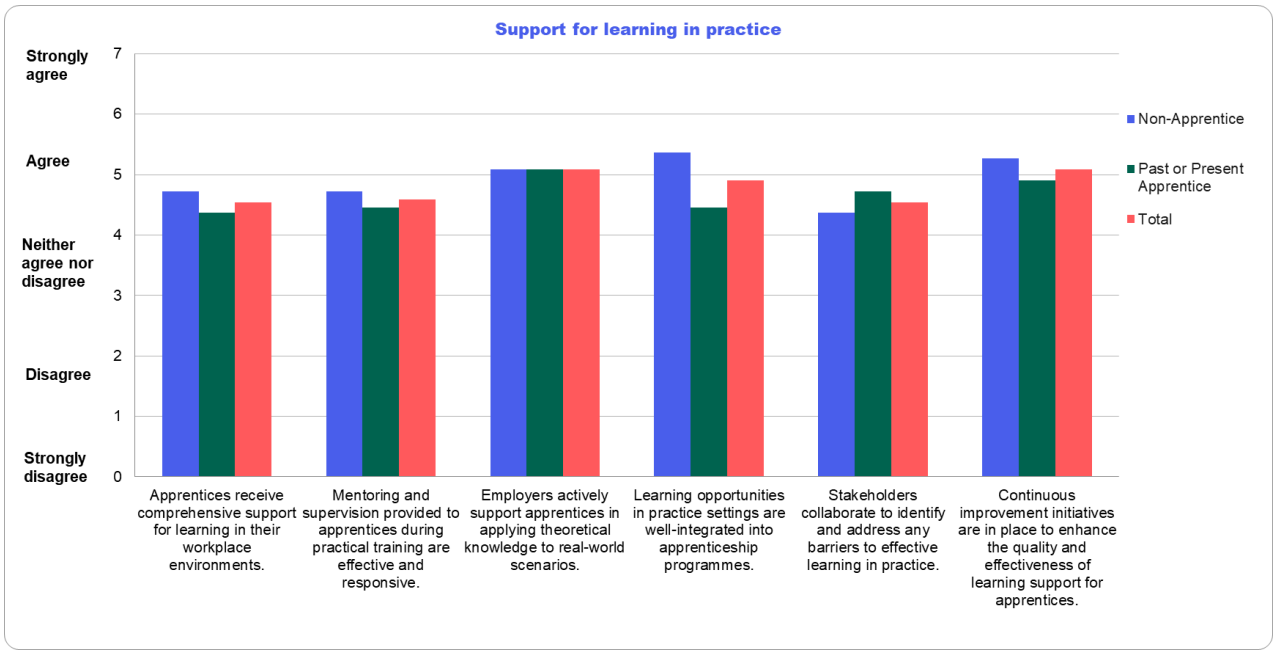

End Point Assessment
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
End point assessment processes are perceived as fair and transparent.
There is confidence in the reliability and validity of end point assessment methods.
Stakeholders are clear on the expectations and criteria for successful completion of end point assessments.
End point assessments effectively measure apprentices competencies and readiness for practice.
The end point assessment adds value to the overall apprenticeship.
Non-Apprentice
Past or Present Apprentice
Total

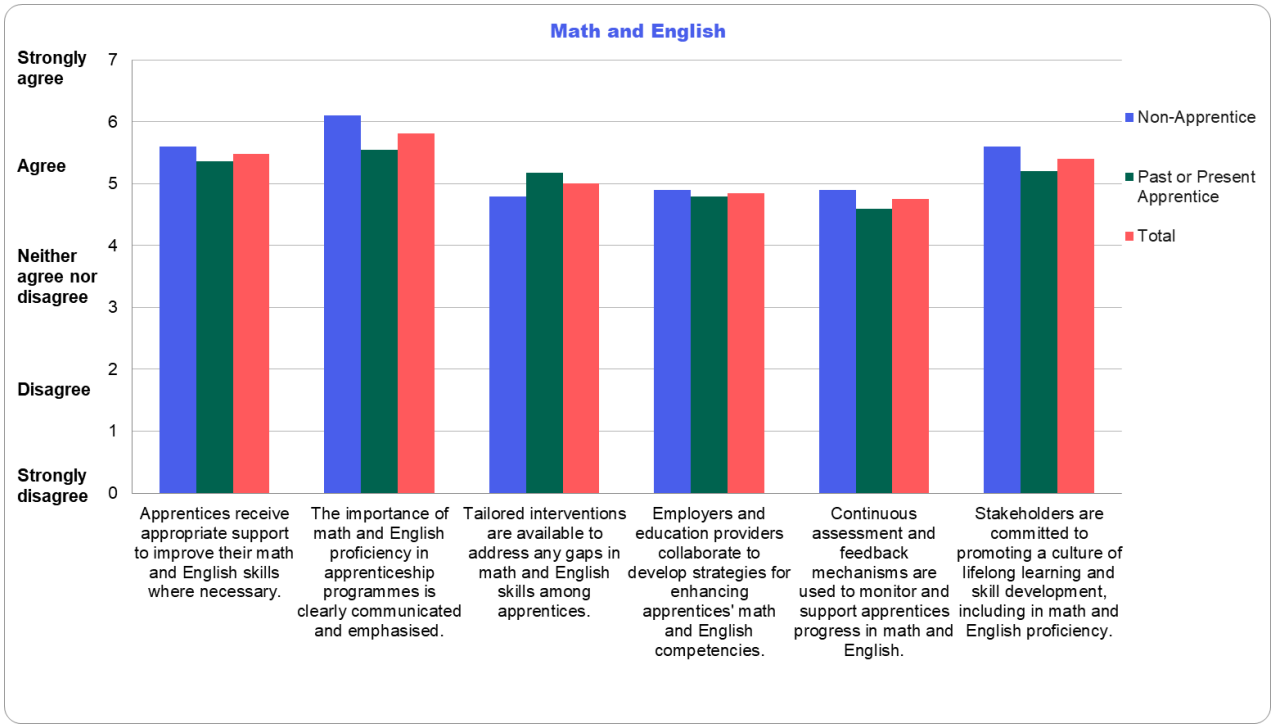

Knowledge of policy and legislation
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Stakeholders demonstrate a good understanding of relevant apprenticeship policies and legislation.
There is awareness of how policy and legislation impact the delivery and management of apprenticeships.
Regular updates and training sessions ensure stakeholders remain informed about changes in apprenticeship policies and legislation.
Stakeholders feel confident in their ability to navigate and comply with apprenticeship-related regulations.
There is a culture of adherence to policy and legislation, with clear accountability mechanisms in place.
Stakeholders actively engage in discussions and knowledge-sharing activities to enhance their understanding of apprenticeship policy and legislation.
Non-Apprentice
Past or Present Apprentice
Total

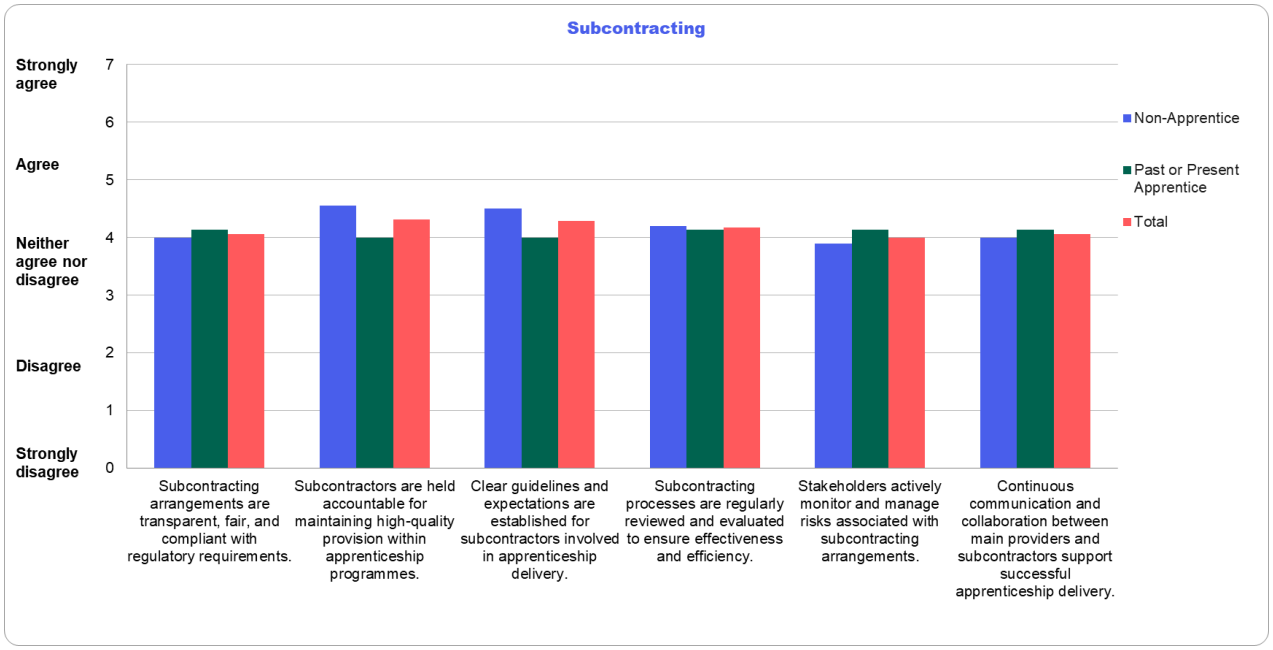

Funding bands
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Funding bands accurately reflect the costs and value of apprenticeship provision.
Stakeholders perceive the current funding bands as sufficient to support the delivery of high-quality apprenticeship programmes.
There is transparency and consistency in how funding bands are applied across different apprenticeship standards.
Efforts are made to ensure that funding bands are regularly reviewed and updated to reflect changing needs and priorities.
Stakeholders feel empowered to advocate for adjustments to funding bands where necessary.
Effective financial management practices ensure that funding is used efficiently and effectively to support apprenticeship delivery.

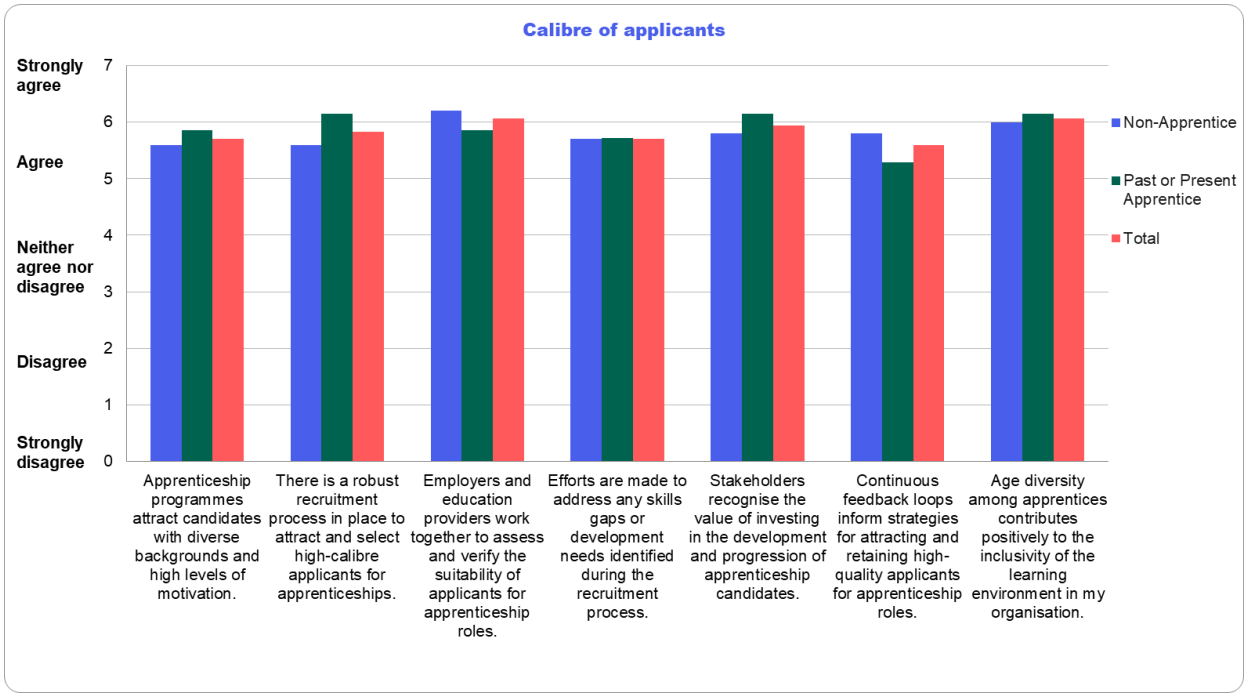

Information advice and guidance
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Stakeholders have access to comprehensive and timely information, advice, and guidance on apprenticeships.
There is clarity and transparency in the information provided about apprenticeship pathways and opportunities.
Support services are readily available to assist stakeholders in making informed decisions about apprenticeships.
Stakeholders feel supported and empowered to navigate the apprenticeship system effectively.
Continuous efforts are made to improve the accessibility and relevance of information, advice, and guidance resources.
Feedback mechanisms are in place to gather insights from stakeholders and improve the quality of information, advice, and guidance provision.

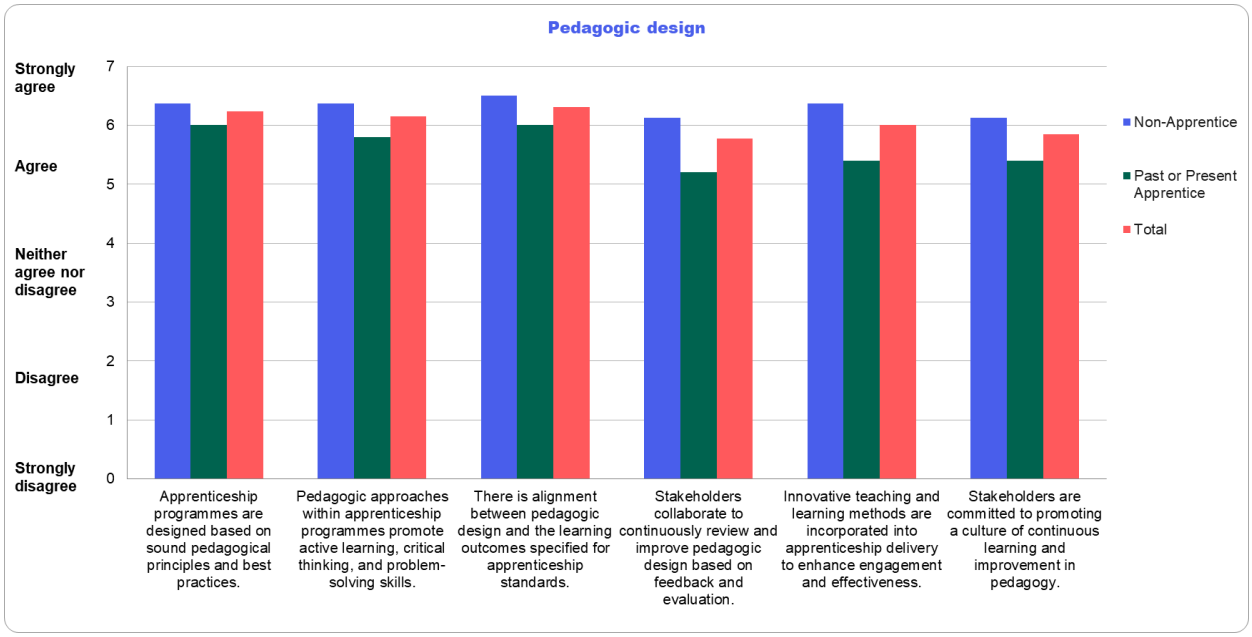

Infrastructure to support apprenticeship bureaucracy in HE
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Higher education institutions (HEIs) have sufficient infrastructure and resources to manage apprenticeship bureaucracy effectively.
Administrative processes related to apprenticeships are streamlined and user-friendly within HEIs.
Technological solutions are in place to support efficient handling of apprenticeship paperwork and documentation.
Staff members involved in managing apprenticeship bureaucracy receive adequate training and support.
There is a culture of continuous improvement in apprenticeship administrative practices within HEIs.
Collaboration and communication channels between different stakeholders involved in apprenticeship administration are well-established.


Support for learning in practice
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Apprentices receive comprehensive support for learning in their workplace environments.
Mentoring and supervision provided to apprentices during practical training are effective and responsive.
Employers actively support apprentices in applying theoretical knowledge to real-world scenarios.
Learning opportunities in practice settings are well-integrated into apprenticeship programmes.
Stakeholders collaborate to identify and address any barriers to effective learning in practice.
Continuous improvement initiatives are in place to enhance the quality and effectiveness of learning support for apprentices.


Math and English
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Apprentices receive appropriate support to improve their math and English skills where necessary.
The importance of math and English proficiency in apprenticeship programmes is clearly communicated and emphasised.
Tailored interventions are available to address any gaps in math and English skills among apprentices.
Employers and education providers collaborate to develop strategies for enhancing apprentices' math and English competencies.
Continuous assessment and feedback mechanisms are used to monitor and support apprentices progress in math and English.
Stakeholders are committed to promoting a culture of lifelong learning and skill development, including in math and English proficiency.


Subcontracting
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Subcontracting arrangements are transparent, fair, and compliant with regulatory requirements.
Subcontractors are held accountable for maintaining high-quality provision within apprenticeship programmes.
Clear guidelines and expectations are established for subcontractors involved in apprenticeship delivery.
Subcontracting processes are regularly reviewed and evaluated to ensure effectiveness and efficiency.
Stakeholders actively monitor and manage risks associated with subcontracting arrangements.
Continuous communication and collaboration between main providers and subcontractors support successful apprenticeship delivery.


Calibre of applicants
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Apprenticeship programmes attract candidates with diverse backgrounds and high levels of motivation.
There is a robust recruitment process in place to attract and select high-calibre applicants for apprenticeships.
Employers and education providers work together to assess and verify the suitability of applicants for apprenticeship roles.
Efforts are made to address any skills gaps or development needs identified during the recruitment process.
Stakeholders recognise the value of investing in the development and progression of apprenticeship candidates.
Continuous feedback loops inform strategies for attracting and retaining high-quality applicants for apprenticeship roles.
Age diversity among apprentices contributes positively to the inclusivity of the learning environment in my organisation.


Pedagogic design
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
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4
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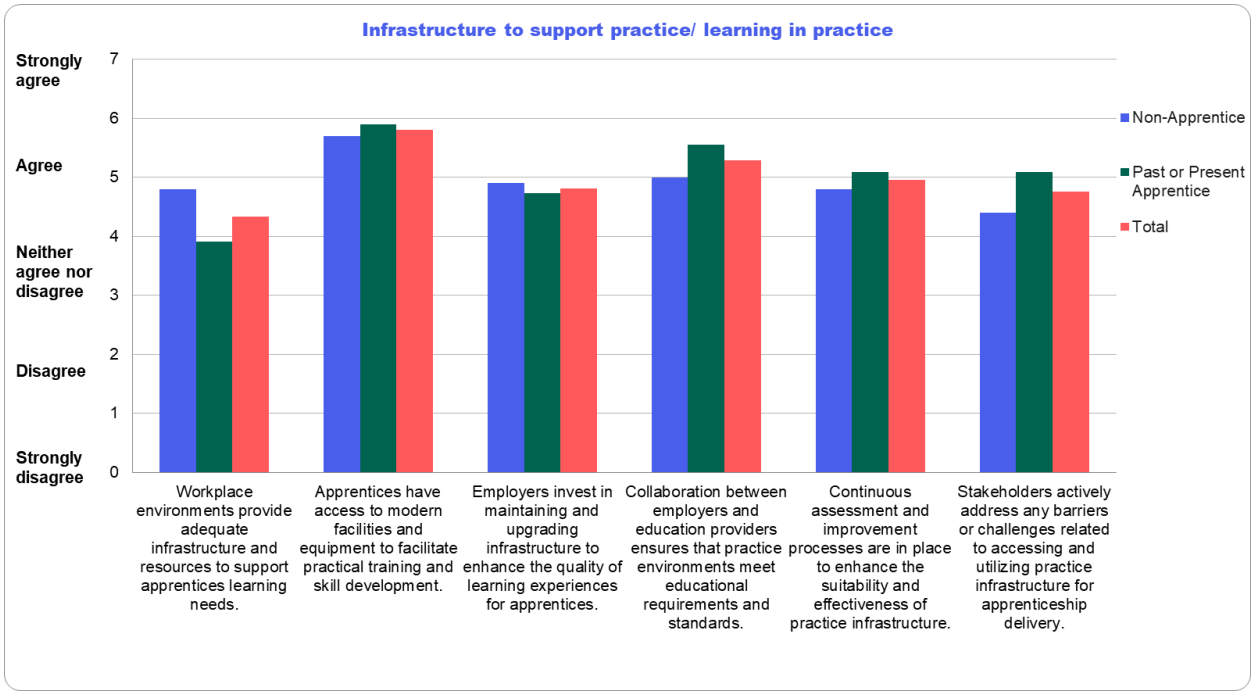
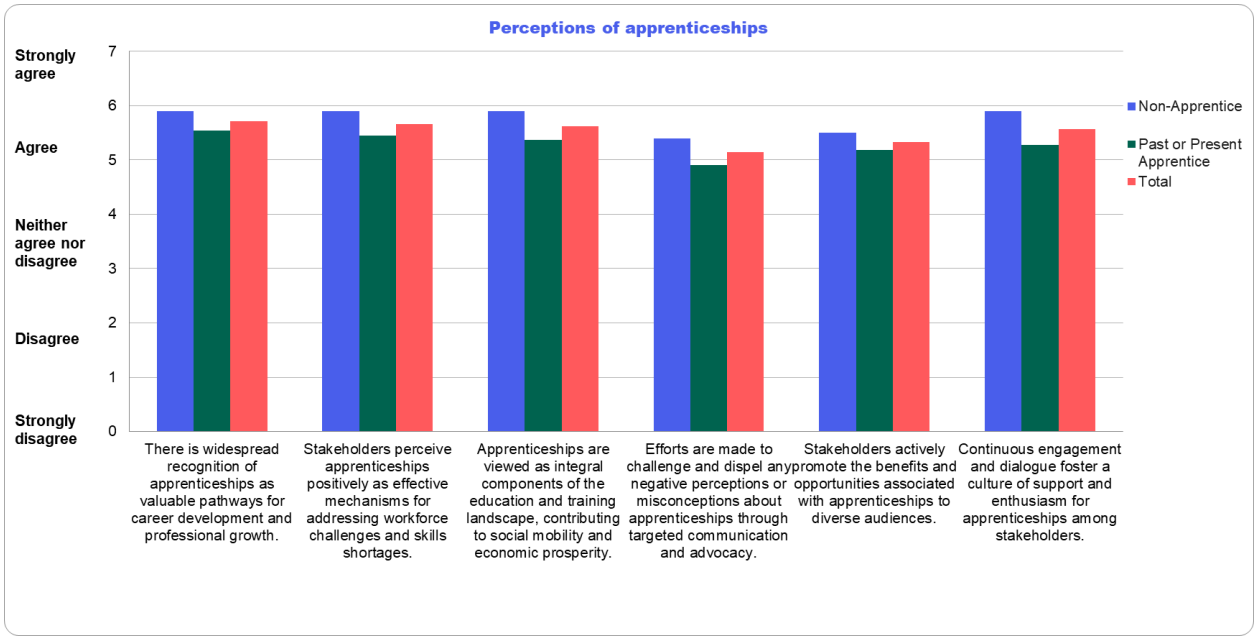
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Apprenticeship programmes are designed based on sound pedagogical principles and best practices.
Pedagogic approaches within apprenticeship programmes promote active learning, critical thinking, and problem-solving skills.
There is alignment between pedagogic design and the learning outcomes specified for apprenticeship standards.
Stakeholders collaborate to continuously review and improve pedagogic design based on feedback and evaluation.
Innovative teaching and learning methods are incorporated into apprenticeship delivery to enhance engagement and effectiveness.
Stakeholders are committed to promoting a culture of continuous learning and improvement in pedagogy.


Infrastructure to support practice/ learning in practice
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
6
5
4
3
2
1
0
Non-Apprentice
Past or Present Apprentice
Total
Workplace environments provide adequate infrastructure and resources to support apprentices learning needs.
Apprentices have access to modern facilities and equipment to facilitate practical training and skill development.
Employers invest in maintaining and upgrading infrastructure to enhance the quality of learning experiences for apprentices.
Collaboration between employers and education providers ensures that practice environments meet educational requirements and standards.
Continuous assessment and improvement processes are in place to enhance the suitability and effectiveness of practice infrastructure.
Stakeholders actively address any barriers or challenges related to accessing and utilizing practice infrastructure for apprenticeship delivery.


Perceptions of apprenticeships
Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
7
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Non-Apprentice
Past or Present Apprentice
Total
There is widespread recognition of apprenticeships as valuable pathways for career development and professional growth.
Stakeholders perceive apprenticeships positively as effective mechanisms for addressing workforce challenges and skills shortages.
Apprenticeships are viewed as integral components of the education and training landscape, contributing to social mobility and economic prosperity.
Efforts are made to challenge and dispel any negative perceptions or misconceptions about apprenticeships through targeted communication and advocacy.
Stakeholders actively promote the benefits and opportunities associated with apprenticeships to diverse audiences.
Continuous engagement and dialogue foster a culture of support and enthusiasm for apprenticeships among stakeholders.