THE IMPLEMENTATION OF APPRENTICESHIP POLICY IN THE NATIONAL HEALTH SERVICE IN ENGLAND: A Grounded Theory Study

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A submission in in part fulfilment of the award of Doctor of Health and Social Care Practice

College of Health, Psychology and Social Care

February 2022

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List of Abbreviations

AP	Assistant Practitioner
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CIPD	Chartered Institute of Personnel and Development
CSR	Comprehensive Spending Review
DBIS	Department for Business, Innovation and Skills
DfE	Department for Education
DIUS	Department for Innovation, Universities and Skills
DHSC	Department for Health and Social Care
EPA	End point assessment
ERIC	Educational Resources Information Centre
ESFA	Education and Skills Funding Agency (formerly the Skills Funding Agency)
GP	General Practice or Practitioner
GT	Grounded Theory
HCPC	Health and Care Professions Council
HEE	Health Education England
HEI	Higher Education Institution
IFA	Institue for Apprenticeships (later the Institute for Apprenticeships and Technical Education)
IFATE	Institute for Apprenticeships and Technical Education (formerly the Insitute for Apprenticeships (IFA)
MBA	Master of Business Administration
NA	Nursing Associate
NDA	Nurse Degree Apprenticeship
NHS	National Health Service
NMC	Nursing and Midwifery Council
NVQ	National Vocational Qualification
OECD	Organisation for Economic Co-operation and Development

Ofsted	Office for Standards in Education, Children's Services and Skills
PUBMED	Public Medline
QAA	Quality Assurance Agency
RePAIR	Reducing Pre-registration Attrition and Improving Retention
SASE	Specification of Apprenticeship Standards in England
SFA	Skills Funding Agency (Later the Education and Skills Funding Agency)
SFH	Skills for Health
SME	Small and Medium Enterprise
SSC	Sector Skills Council
STP	Sustainability and Transformation Partnership
UK	United Kingdom
VET	Vocational Education and Training
YTS	Youth Training Scheme

Preface

This thesis is submitted for the degree of Doctor of Health and Social Care Practice. I confirm, that unless stated otherwise, by reference or acknowledgement, the work presented is my own. This work has not been submitted for any other degree or professional qualification.

Acknowledgements

The final push towards embarking on a doctoral journey undoubtedly came from Professor Dawn Forman, who has been with me every step of the way ever since. I am also indebted to Dr Mark Wareing for his guidance on methodology, his ability to instil project management skills in anyone and his enthusiasm for this research.

Work and professional colleagues have also played a significant part in enabling me to continue to make progress, offering tea and sympathy when required, just holding the fort or shouting words of encouragement occasionally. This extends to the wider Twittersphere, where many radiographers are attempting similar journeys and making a difference to the entire profession.

The small, but perfectly formed, WhatsApp doctoral support group of Julie, Meloney and Naomi (along with James and Nina who were welcomed into the world during our studies) have kept the faith on the journey, and your ability to offer both words of comfort and comfort food throughout has been so valuable.

None of this would have been possible without the support of the Baker clan: Stephen, Nick and Liv. Your belief, feigned interest and ability to cook the odd spaghetti Bolognese is most appreciated and I hope that finally having a doctor in the family has been worth the wait and the pain. I must not forget Thai, who has been a faithful companion during the latter part of the journey and ensured that I remembered to walk outside occasionally.

The doctoral journey has led me to reflect on the apprentices in my family: Dad Derek (tool maker), my brother Matt (electrical engineering), father-in-law Harry (cabinet maker) and husband Steve (car mechanic). Knowing more about apprenticeships has brought new perspectives to my family story.

And finally, to those who volunteered to participate in this research and share your experiences, thank you. You were invited because you had something worthwhile to contribute, and the impact of your hard work around apprenticeships will continue for years to come. This thesis is just a tiny part of that legacy.

Abstract

This thesis explores what happens when two great British institutions are drawn together – apprenticeships and the National Health Service (NHS). Both are firmly entrenched in the British psyche and are spoken about with passion by their supporters. But both are highly politicised, at the mercy of government funding decisions and, as this thesis will demonstrate, bring about a battle for governmental supremacy when the two worlds collide.

The researcher was granted privileged access to key participants at the centre of the action, which has enabled the development of a new model of implementation using constructivist grounded theory methodology. Through interviews and documentary analysis, a unique narrative of policy implementation is constructed, revealing a convoluted and intricate journey from policy to reality and chronicling the latest chapter in Britain's history of vocational education and training.

Skills development, productivity and social mobility lie at the heart of current apprenticeship policy intent. This research demonstrates that the NHS views apprenticeships as an opportunity to meet rising workforce demands and secure funding to train and retain existing staff. Through interviews, representatives with responsibility for apprenticeships or health identified the value and significance of successful policy implementation but with strikingly different priorities.

The research undertaken shows that successful implementation has required extensive debate and dialogue, new ways of working and mobilisation of new roles in both the NHS and the higher education sector to deliver significant numbers of apprenticeships. Funding is a strong motivator, and this thesis describes how both have evolved and adapted in order to thrive and optimise opportunities provided by the apprenticeship levy.

The NHS has embraced apprenticeship policy, and actively sought to engage with developments, but not without emphasising its unique and special position in British society. In turn, this has required government policy to evolve and adapt to achieve successful implementation. Using grounded theory methodology, this surprisingly dynamic, conflicted and complicated process is uncovered, a new model of implementation is proposed and another instalment in apprenticeship history provided.

1 Introduction

This thesis explores how government policy is lifted from a page and put into action, presenting a contemporary account of the implementation of modern apprenticeship policy in the National Health Service (NHS) in England[1] following the introduction of the Enterprise Act (2016) and Finance Act (2016).

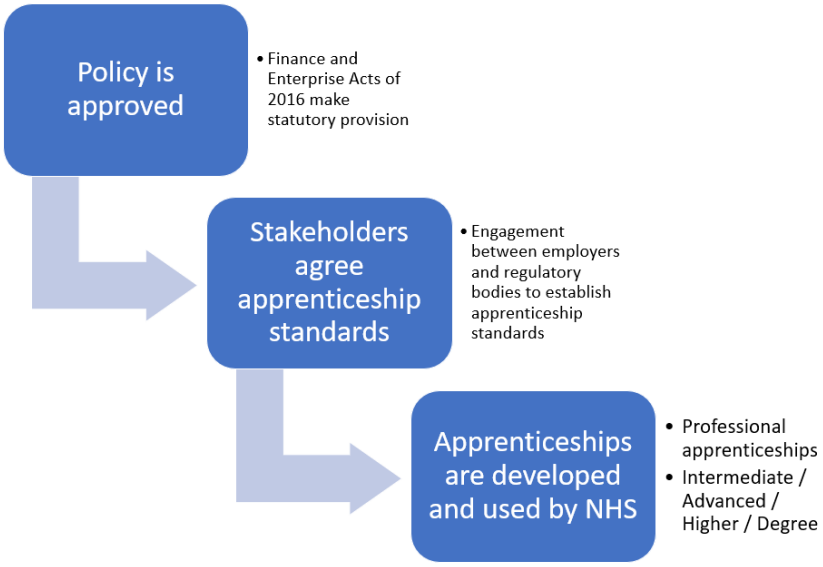

Figure 1-1 - Anticipated process of implementation

The process of policy implementation is not a simple or sequential one as was initially anticipated (see figure 1-1) – this thesis explores the 'ambiguity' of implementation and how individuals, organisations and external factors all influence and inform outcomes.

The history of apprenticeships stretches back to the Middle Ages and therefore this study represents only the most recent chapter in a long story. The rise and fall of the utilisation, popularity and trust placed in apprenticeships for vocational education and training in England has waxed and waned over the years, but the early 2000s saw concerted governmental intervention aimed at reasserting control and driving through changes to apprenticeships.

The thesis explores apprenticeships, models of implementation, a unique period in the history of the NHS and introduces actors who have all played a role. The theatrical allegory is

[1] Apprenticeship policy is a 'devolved responsibility' meaning that the four countries of the United Kingdom have different approaches and funding regimen for apprenticeships. Therefore, the data in this study are specific to England although the findings may be applied nationally and internationally.

intentional; a cast of characters having participated in an often open display of challenge, conflict, defeat and triumph. Equally, the drama has continued offstage with the audience only being aware of the narrative later in the story. The plot has twists and turns and research participants have enabled this story to be brought to life. This chapter provides an introduction to the story, setting out the background to both the thesis and the events leading up to the introduction of the 2016 Acts, and like every good theatrical prologue, it hints at the content of the story ahead.

1.1 Overview

A decline in the manufacturing industries in the latter half of the twentieth century in the United Kingdom (UK) mirrored a similar fall in the popularity and use of apprenticeships and marked the move into a post-industrial era (Thompson et al, 2012). Via the Industrial Training Act of 1964, the UK government sought to revitalise apprenticeships, expanding provision and improving their suitability (Gospel, 1993). In the late 1970s and '80s, the Youth Opportunity and subsequent Training Schemes, although not apprenticeships per se, were driven by the State rather than industry in an attempt to address issues of rising youth unemployment, with the introduction of the Modern Apprenticeship in 1994 further attempting to support education, training and skills development in the UK (Fuller and Unwin, 2009; Gray and Morgan, 1998).

The publication of 'World-class Apprenticeships: Unlocking Talent, Building Skills for All' (Department for Innovation, Universities and Skills, 2007) saw additional government intervention in apprenticeships, intending to further increase the number of apprenticeships and apprentices in England. The subsequent Apprenticeships, Skills, Children and Learning Act (2009) created a statutory framework for apprenticeships, the first in almost 200 years following the repeal of the Statute of Artificers in 1814 (Fuller and Unwin, 2009), and the National Apprenticeship Service was introduced in 2008.

Responding to the need for UK workers to develop higher technical skills, the National Apprenticeships Service introduced Higher Apprenticeships, incorporating academic levels 4 and 5, although these contained separate qualifications in 'competence' and 'knowledge' (Lester and Bravenboer, 2020). The Specification of Apprenticeship Standards for England (SASE) (DBIS, 2011) set out the minimum requirements for inclusion in English apprenticeship frameworks, but the multi-component nature of higher apprenticeships at the

time slowed the pace of adoption (Catton, 2012) and offered limited opportunities for their integration into higher education (Bravenboer, 2019).

The Higher Apprenticeship Fund was launched in 2011 (National Apprenticeship Service, 2011) with £25m allocated to increase the number of higher apprenticeships delivering vocational education beyond academic level 3. The Specification of Apprenticeship Standards for England was revised in 2013 (DfE, 2013), broadening the scope of higher apprenticeships (now up to academic level 7) and bringing about closer alignment with the higher education sector. The recognition that higher apprenticeships could also be aligned with professional body requirements marked a further change in the status and nature of apprenticeships in England (Bravenboer, 2019).

In 2012, in the midst of parallel apprenticeship revisions and developments, the Department for Business, Innovation and Skills (DBIS) also commissioned Doug Richard to lead a review of apprenticeships in the United Kingdom (UK). Richard was an American multi-millionaire who had been a successful entrepreneur in the United States' version of the television programme 'Dragons Den'. Michael Gove (then Secretary of State for Education) described Richard as a 'proper entrepreneur not a corporate bureaucrat' who would 'get apprenticeships right' (DBIS, 2012). Richard also had significant experience of working with smaller businesses and he had received the 'Enterprise Educator' award in 2010 (NCEE, 2010).

The design and delivery of existing apprenticeships were increasingly being criticised, and the Leitch (2006) and Wolf (2011 and 2015) Reports (amongst others) had identified the need to increase productivity, skills and opportunities for young people in the UK. Richard's heritage and appointment certainly signified government efforts to revitalise industry and support businesses, particularly small and medium enterprises (SMEs).

The resulting Richard Review of Apprenticeships (2012) proposed further changes in the design, assessment and funding of apprenticeships, all of which had been problematic or open to criticism during recent years. The paper 'English Apprenticeships: Our 2020 Vision' (DBIS, 2015) drew together several ideas, proposals and, indeed, existing practice; focusing on employer engagement, funding for apprenticeships and boosting their profile. The proposals were subsequently passed into law via the Enterprise and Finance Acts (2016) - the Enterprise Act (2016) paved the way for the establishment of the Institute for Apprenticeships, the strengthening of the apprenticeship brand and apprenticeship targets for

public sector bodies in England. The apprenticeship levy was introduced via the Finance Act (2016), a payroll tax levied on larger employers and used specifically to fund apprenticeship training.

Richard was clear that an apprenticeship had to lead to a real job, and not just be a transient or ill-defined period of training. There had been growing criticism of apprenticeships being used to accredit employees' skills that they already possessed (Unwin et al, 2015) but the funding arrangements at the time had perhaps served to drive employers' and training providers' behaviour in that direction (Wolf, 2015). Funding incentives focussed on the successful completion of an apprenticeship meant that shorter, lower-level apprenticeships were favoured.

Wolf (2015) had already advocated the development of an apprenticeship 'levy' as a necessary source of funding for apprenticeships if their quality and use were to be increased although a scheme of employer co-investment in vocational education had already been partially successful in 2008 (Kewin et al, 2011). Richard (2012) agreed with Wolf and an apprenticeship levy or 'payroll tax' of 0.5% for employers with an annual pay bill of over £3m, was introduced via the Finance Act of 2016. At the end of their apprenticeship, apprentices need to successfully undertake a final piece of assessment to ensure they have developed the requisite knowledge, skills and behaviours required of the job role. These key features represented a significant reform to apprenticeships, attempting to address key criticisms that had led to a decline in public confidence in the apprenticeship brand.

The health and social care sector was already making good use of apprenticeships to develop its workforce at the time of the latest apprenticeship reforms, accounting for 16% of all apprenticeship starts in 2012-13 (Fuller et al, 2015). BPP University (2018) reported that the NHS focused much of its apprenticeship activity on existing employees and had ambitions to expand apprenticeship across a range of apprenticeship standards. Whilst recognising that not all health and social care is delivered in the NHS, the rising demand for workforce and existing workforce practice meant that the NHS was well positioned to further engage with apprenticeships (Lester, Bravenboer and Webb, 2016).

Like any theatrical production, the audience is introduced to the drama at a specific point in space and time and understands that previous events will have shaped the drama until this point and that the action will continue once the curtain has fallen. For this thesis, the story

will commence with the Richard Review of 2012 – apprenticeship policy had seen sustained development and refinement in the years leading up to this point and the need for a further review in 2012 could be questioned. However, the Richard Review also represents a personal trigger point –the resulting report impacted on the author's personal development, academic career and research journey and therefore it seems a sensible place to begin.

1.2 Reflection on motivations and background to the study

During 2014, I was working at the University of Derby leading a Foundation Degree developing Assistant Practitioners in the NHS. Assistant Practitioners fall into the 'support worker' category, and traditionally there had been little funding to develop this sector. Skills for Health (SFH) as the Sector Skills Council offered education providers the opportunity to badge their Foundation Degrees as Higher Apprenticeships, although the value and significance of this were unclear at the time. In 2014, apprenticeships were shaped using 'frameworks'; a descriptor mandated by the Specification of Apprenticeship Standards for England (SASE) (DfE, 2013) of what the apprenticeship should contain and its purpose. The University's Foundation Degree was mapped to the Level 5 Apprenticeship in Health (Assistant Practitioner), one of several health-related apprenticeship frameworks, but the only health-specific apprenticeship above academic level 3 at the time (Education and Skills Funding Agency (ESFA), 2020a).

The Skills Funding Agency (SFA) was founded in 2010 and replaced the Learning and Skills Council as the funding body for apprenticeships. As an education provider, the University was able to apply for funding from the SFA to deliver the Assistant Practitioner apprenticeship, and the value of the 2014 decision became clear and fees for the education of support workers could be partially funded. At a similar time, the Department for Business, Innovation and Skills approached the University looking for a representative to join the trailblazer group developing the apprenticeship for the registered nurse. As I was already beginning to deliver an apprenticeship, I was honoured to be asked to attend, despite not being a registered nurse.

Apprenticeship 'trailblazers' were introduced by the National Apprenticeship Service in 2011(Hordern, 2015b) but championed by the Richard Review as the preferred methodology for employers to engage in the development of new apprenticeship standards, the replacement for the apprenticeship frameworks. The nurse degree apprenticeship trailblazer was formed of

individuals representing the NHS, the independent healthcare sector, Skills for Health (as the Sector Skills Council), Health Education England (responsible for the education, training and development of the healthcare workforce and an executive non-departmental public body sponsored by the Department of Health and Social Care), the Department for Business, Innovation and Skills, NHS Employers (responsible for supporting employers to develop a sustainable workforce, linked to the Secretary of State for Health and Social Care) and the Nursing and Midwifery Council (NMC) as the professional regulator for nursing. A fundamental component of Richard's thinking was the empowerment of employers, giving them control over both the types of apprenticeship being developed and their content. From 2012, the NMC required all nurses to be degree qualified in order to enter their register. As such, the apprenticeship standard for the registered nurse would need to be at academic level 6 or a 'degree apprenticeship'.

The fact that the trailblazer group was convened by Skills for Health (the Sector Skills Council) rather than relying on employer initialisation demonstrates the perceived importance of the development of an apprenticeship standard for nursing. Although the trailblazer was chaired by an employer and had other employers in attendance, there was significant representation from those with a vested interest (predominantly funded by the State, e.g. HEE, NHS Employers, the Department for Business, Innovation and Skills) in successfully developing an apprenticeship in nursing. As the thesis will discuss, representatives of these organisations became the main actors (or agents) in the implementation journey.

I was the only representative from higher education (and therefore the only training provider) in attendance. Membership of the trailblazer fluctuated from meeting to meeting in the early stages, and at one point it seemed as though it would stall altogether. Whether this was due to a misunderstanding of the process and terminology or to a belief that nursing could not be an apprenticeship it is impossible to say, but it reflects the immaturity of the process and the understanding of the trailblazer members themselves at the time. Members of the trailblazer initially questioned my attendance - I think it was felt that to have any training provider in the room moved away from it being an employer-led process, although the diverse membership of the trailblazer at the time (when employers were often in the minority) already suggested that there was more at stake than simply the development of an apprenticeship standard.

The route to the approval of the Nurse Degree Apprenticeship (NDA) was lengthy and at times tortuous but allowed me to witness the implementation of government policy first-hand. The apprenticeship standard was published in November 2016 and, following a period of consultation on its content and the development of the end point assessment strategy (EPA), was fully approved by the Institute for Apprenticeships (as it was then called) for delivery in May the following year, coinciding with the first employer payments into the apprenticeship levy the previous month.

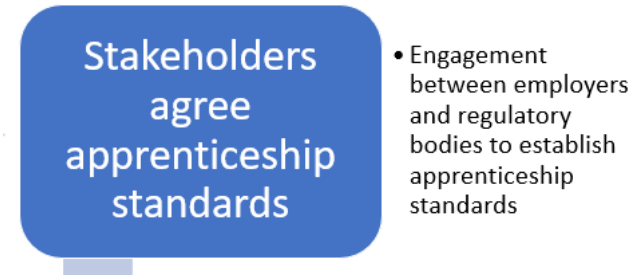

Figure 1-2 - Anticipated second step in the implementation process

Already it was clear to me that the anticipated second step of apprenticeship policy implementation (Figure 1-2) was far more convoluted than expected and so many actions were contingent on activity taking place elsewhere in the 'system'. At this stage, it was unclear to me what constituted the 'system' and where the complications or contingencies lay, but this provided the basis for further investigation.

Reflections on my actions, decisions or learning are included at key points in the thesis and written in the first person, otherwise, the narrative is written in the third person, in keeping with the academic tradition.

1.3 Background to the research question

Being part of the trailblazer provided not only a unique insight into the process of policy implementation but also knowledge of how the apprenticeship funding worked and subsequently the University of Derby was in a position to develop its own Nurse Degree Apprenticeship (NDA). This experience both of the trailblazer, but also of working with employers and other higher education institutions (HEIs) generated further interest in apprenticeships and their implementation in the NHS. Initially, it was hoped to research the lived experience of a nurse degree apprentice, but this proved impossible when no apprentices were recruited to the programme at the University.

The introduction of Degree Apprenticeship Development Funding (DADF) by the Higher Education Funding Council for England in 2016 aimed to increase the uptake of and infrastructure for degree apprenticeships in higher education (Warwick Economics and Development, 2019). The University of Derby was successful in receiving funding from the DADF specifically for the development of the Nurse Degree Apprenticeship, with the initial application for funding being supported by local NHS employers (the University of Derby engages with several regional NHS Trusts in the East Midlands) who committed to training some nurses using the degree apprenticeship once it was fully developed and approved. Despite this initial commitment by local employers, and although there was an expressed interest and support during the approval event with the Nursing and Midwifery Council, no apprentice nurses were recruited and the nurse degree apprenticeship at the University of Derby did not commence at the expected time.

The focus of this thesis was the result of this paradox – funding was available to support apprenticeships via the levy, but employers were unwilling or unable to utilise the apprenticeship route for nursing. This led to questioning why this was the case and stimulated interest in the implementation of apprenticeships (or apprenticeship policy) in the NHS.

1.4 Purpose of study

Personal involvement in the development and delivery of apprenticeships only served to raise more questions than answers. A period of rapid and intense expansion of apprenticeship provision in the NHS and higher education allowed observation of the decision-making process first-hand. Personal, political and professional agendas all seemed to impact on outcomes, and, on one occasion, this involvement resulted in policy being rewritten. Ongoing personal interaction with evolving policy combined with existing evidence surrounding implementation of apprenticeship policy in the past suggested that in depth exploration of this area would be of value not only to other participants in the process but also provide a theoretical perspective of policy implementation in the early 21st century, contributing new knowledge about the 'what' and the 'how' of apprenticeship policy implementation. Although some research into apprenticeship policy implementation exists, a narrative of how it is brought to life through sequential debate, discussion, negotiation, conflict and compromise did not appear to have been well described previously.

1.5 Research question, aim and objectives

The journey described has led to the thesis presented here.

Research Question: *How has apprenticeship policy arising from the Enterprise Act and Finance Act of 2016 subsequently been implemented in the National Health Service in England*[2]*?*

The research aim of this study was to explore how apprenticeship policy arising from the Enterprise Act and Finance Act of 2016 has subsequently been implemented in the National Health Service in England.

The research objectives were:

To ascertain policy makers' understanding of apprenticeship policy and its intentions with regard to implementation within the NHS

To critically evaluate the approaches taken by different NHS organisations in England to apprenticeship policy implementation

To provide a unique commentary on governmental policy implementation within a large public sector organisation such as the NHS, including identification of barriers and enablers to implementation

To develop an implementation model enabling future implementation or adaptation of apprenticeship policy to be effective

1.6 Thesis Structure

The thesis is comprised of 11 chapters, including this introductory chapter. Chapters two and three outline a review of vocational education and training (including apprenticeships) and the study of implementation respectively. The choice of methodology and methods is detailed in chapter four, with the research findings in chapters five to eight. Chapter nine presents the core concept and resultant theoretical model, with chapter ten locating this study within both

[2] Apprenticeship policy is a 'devolved responsibility' meaning that the four countries of the United Kingdom have different approaches and funding regimen for apprenticeships. Therefore, the data in this study are specific to England although the findings may be applied nationally and internationally.

existing evidence and the current policy environment. Conclusions and recommendations are brought together in chapter 11.

1.6.1 The scoping review

The initial part of this chapter outlines the rationale for the choice of review and discusses the use of literature within grounded theory methodology. This is followed by an overview of the development of vocational education and training in the United Kingdom, including the use of apprenticeships. The use of apprenticeship as a political device is considered before offering a critical review of evidence surrounding apprenticeship characteristics. The impact of apprenticeships on higher education, emerging thoughts on the current iteraiton of apprenticeship policy and an overview of workforce challenges in health and social care are also considered.

1.6.2 Implementation

The study of implementation since the mid-1960s is charted, before critiquing existing models of implementation in this chapter. The chapter subsequently explores theoretical perspectives and exposes the complexity of implementation before concluding with a discussion of implementation research in the modern era and reflecting on how this information influenced this study.

1.6.3 Methodology and methods

This chapter begins by positioning this research and the influence that participation in apprenticeship implementation has on the study before exploring in more depth the rationale for the choice of constructivist grounded theory approach. Consideration then turns to the choice of methods and the data collection process before concluding with a discussion of the approach to the coding of data. The chapter concludes with further refelctions on my role as a researcher-practitioner.

1.6.4 Findings (Chapters five to eight inclusive)

These chapters give a detailed exposition of the categories and subcategories generated from the data. Under the auspices of the categories ‘The Operational Environment’, ‘Individual Commitment or Understanding’, Conflicting Demands’ and ‘Shaping the System’, the findings are explored, portraying how implementation of apprenticeship policy took place at

government, system and organisational levels. The categories are illustrated with data from participant interviews, demonstrating how sub-categories and categories link together to form the final model of implementation.

1.6.5 Core Concept and Theoretical Model

This chapter begins by exploring the key categories more holistically, before proposing a new model of implementation. The notions of dynamic implementation and 'the push and the pull' are explained.

1.6.6 Discussion

Models of implementation evaluation are discussed and used as an evaluative lens to explore the observations of implementation made in this research. Finally, theoretical perspectives of policy implementation are debated, locating this study within those theoretical models.

1.6.7 Conclusion

The final chapter draws together the findings and resultant theoretical model of implementation to provide recommendations for government, training providers and employers engaged with the development or delivery of apprenticeships. The strengths and limitations of this study are explored before discussing how dissemination of study findings have and will continue to take place, ensuring that the potential impact of this research is realised nationally.

1.7 Summary of chapter

This chapter has introduced the rationale and background to the study as well as providing an overview of the thesis. An outline of the factors leading up to interest in apprenticeships and rationale for this research has been offered. The research aims, objectives and question are set out, which have provided the road map for this research. The following chapter will explore the context and basis of the research in more detail, outlining some of the history of apprenticeships, apprenticeship policy and an overview of contemporary apprenticeship uptake statistics.

2 Scoping Review

This chapter begins with a rationale for the choice of review and evaluates the use of literature in constructivist grounded theory. An overview of the development of vocational education and training in the United Kingdom is then provided before exploring apprenticeships more specifically. The chapter concludes with an outline of workforce development and associated challenges in the NHS.

2.1 Rationale for the choice of review

From the outset of the research process, it was clear that a systematic review would not offer a broad enough basis for this thesis due to the complexity and breadth of the topic. The Modern Apprenticeship iteration from the mid-1990s offered commentary on the development, value and subsequent demise of the scheme, although much of this was opinion or case study based. Contemporary research and narrative about the current iteration of apprenticeship policy were still emergent. Early reading also suggested that a broader review would provide insight into the different elements of implementation, development of the health and social care workforce, vocational education and apprenticeships; each element supporting a distinct perspective of this study.

Munn et al (2018) suggest that the scoping review provides a suitable alternative to the systematic review of literature, especially in healthcare. Scoping reviews allow for the identification and mapping of available evidence (Arksey and O'Malley, 2005) and are seen as a credible alternative to systematic reviews when these are unsuitable for the researcher's needs. Dijkers (2015) suggests that a scoping review builds from a narrative review or evidence mapping and provides a broad narrative integration of available evidence.

Whilst there is some criticism about the methodology of undertaking a scoping review (Peterson et al, 2017), the breadth of evidence relating to apprenticeship policy would have been difficult to reasonably incorporate into a systematic review. The narrative review would potentially not have provided the depth of criticality needed for a study of this kind, and an evidence map would highlight gaps in the literature but still leave some areas unexplored.

Munn et al (2018) outline six reasons for performing a scoping review which include being able to identify the available evidence, clarifying any key concepts or definitions contained in the literature. In order to provide context for the research, as well as ensuring that the breadth

of the topic to be explored was well understood, a scoping review offered the opportunity to understand the complexities of each element and set the scene appropriately. Importantly, a scoping review provided reassurance that the perceived gap in knowledge actually existed and that the planned research would make a unique contribution to the body of knowledge about apprenticeships and policy implementation.

The scope of this study presented several areas for further exploration: the development of apprenticeships and vocational education in the United Kingdom (UK), the UK skills agenda and the socio-economic climate in which the National Health Service (NHS) exists. Each of these areas was integral to understanding the context for this study and thus merited further exploration. However, this presented a broad landscape to be explored, not easily lending itself to systematic review. Davis, Drey and Gould (2009) suggest that the main strength of a scoping review is its ability to explore a wide and diverse range of evidence, which an initial review of literature and understanding of the research context appeared far more appropriate to this study. Using the framework suggested by Arksey and O'Malley (2005), the research question and aims were interrogated to establish search parameters. The thesis had the potential to be broad, and it was helpful to consider key areas of focus for the search as shown in the figure 2-1 below:

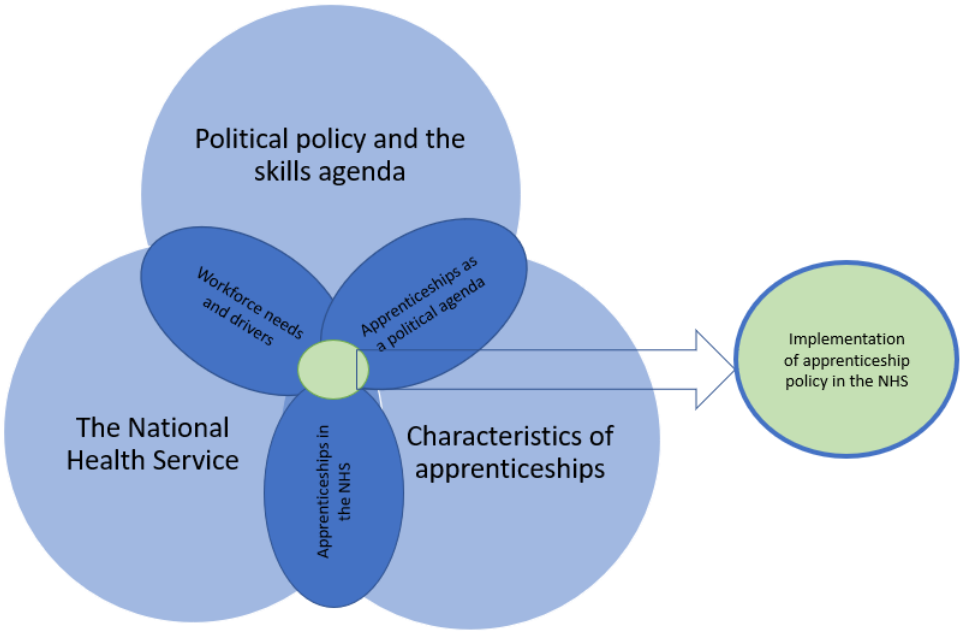

Figure 2-1 Foci for scoping review interdependencies

Using these as the key areas for investigation, database searches initially elicited a limited range of published materials. Reference lists were also scrutinised to elicit additional literature as well as contents pages of relevant journals, grey literature and web-based material. This was structured using the PRISMA checklist for scoping reviews (Tricco et al., 2018).

2.2 The use of a literature review in grounded theory

Ramalho et al (2015) encapsulate the conundrum of undertaking a literature review prior to data collection in grounded theory. Glaser (1992), Glaser and Strauss (1967) and Strauss and Corbin (1990) contend that examining the literature too early stifles original thinking and 'contaminates' the development of new categories, theories or concepts. However, as Charmaz (2014, p307) acknowledges, the submission of any research proposal requires engagement with existing evidence from the outset.

The evolution of grounded theory methodology has, over time, allowed different perspectives on engagement with existing knowledge to emerge, with Corbin and Strauss (2015) and Strauss and Corbin (1990) acknowledging that the researcher brings both their personal perspective and any existing knowledge of the area to the research. Charmaz (2014, p307) acknowledges that in constructivist grounded theory, the role of the researcher is integral to the research process from concept to conclusion, including any knowledge gained from engaging with existing literature (Charmaz, 1995).

From the outset of the research process, it was essential to maintain awareness of emerging evidence about the implementation of apprenticeship policy as well as exploring more historical perspectives of associated themes in order to focus the area of study and select a suitable methodology. The process of analysing the data using constant comparison again necessitated revisiting literature but also engaging with new evidence in order to understand and explore emerging concepts in more depth.

The review presented here offers a tailored version to address the specific focus of the study at its conclusion (Charmaz, 2014 P307). To ignore literature prior to undertaking data collection indicates a particular epistemological stance, suggesting that the researcher should be, or is, removed from the research process (Ramalho et al, 2015). However, as McGhee, Marland and Atkinson (2007) note, researcher reflexivity should prevent prior knowledge from distorting any emergent grounded theory.

2.3 Introduction

In order to provide a background to the dramatic narrative portrayed in this thesis, this section provides an overview of vocational education and apprenticeships from medieval times to the current iteration of apprenticeship policy.

Based on common understandings of apprenticeships in Europe, Ryan and Unwin (2001) defined apprenticeships as:

> "a structured programme of vocational preparation, sponsored by an employer, juxtaposing part-time education with on-the-job training and work experience, leading to a recognised vocational qualification at craft or higher level, and taking at least two years to complete, after requisite general education" (P100)

Whilst this definition is still largely accurate in the United Kingdom, Markowitsch and Wittig (2020) highlighted the multiple meanings ascribed to apprenticeships in the current era, especially across continental Europe. Even Ryan and Unwin's 2001 definition needs updating to reflect the growth of professional and degree apprenticeships that do not inhabit the traditional 'crafts' with which apprenticeships are normally associated. The UK government define apprenticeships as a 'real job' which can take between one and six years to complete and are funded by the government and the employer (Her Majesty's Government, 2021). As this thesis will demonstrate, the notion that apprenticeships are 'real jobs' challenges health professions, as learners are often required to spend time being supernumerary, placing them firmly in the 'training' rather than employed arena even though they receive a salary. For the purposes of this research, an apprenticeship is considered to be a period of paid employment offering on and off the job training, allowing the development of knowledge, skills and behaviours essential for the resulting role. The fuller picture in health, however, must also reflect established and emerging communities of practice, apprenticeships as a workforce development tool and an opportunity to utilise funding to right a wrong.

The Richard Review of Apprenticeships (Richard, 2012) heralded further reform of apprenticeship provision in the United Kingdom, encompassing the design, assessment and funding of apprenticeships. The notion of an apprenticeship being a period of training to perform a specific job role is not new, however, with evidence of this formal contractual arrangement between 'master' and novice dating back to medieval times. Although originally limited to specified crafts or trades, apprenticeships have subsequently evolved to encompass

a wide range of professions and the latest policy iteration is set to see this expand even further.

This review considers the United Kingdom's (UK) history of vocational education and training (VET), outlining the policy landscape leading up to and since Richard's review of 2012. Characteristics of apprenticeships and how employers engage with this form of VET are also explored. The concluding section of the review will consider the present socio-economic climate in the UK and approaches to workforce development and planning in the National Health Service (NHS) in order to illustrate potential motivations or barriers in the engagement of apprenticeship policy.

2.4 Vocational Education and Training in the UK

2.4.1 Historical Perspectives

Apprenticeships are not a new concept. They were in existence 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). The crafts guilds which were organised around these professional groups developed as a method of controlling entry to the professions – newcomers would not be allowed to enter the guild unless they had achieved the required level of mastery through apprenticeship. 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). In this respect, guilds could be considered forerunners of modern trades unions.

Apprenticeship was also a term used to describe how poorer families tried to assure a better future for their children (Aspire, 2016). From an early age, children could be sent away to live with more affluent families, possibly relatives, and would receive board and lodging in return for helping with chores (Sharpe, 1991). It was felt that children would receive both a better standard of upbringing and more life opportunities if they were living away from the poverty of their real families (Lane, 1996), although this enabled the culture of child labour which persisted for a number of years (Twining, 1999).

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, in order 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). The statute (and thus indentures) mandated that apprenticeships needed to last for 7 years, agreed on what an apprentice could expect to be paid, outlined the power and responsibility of the apprentices' master and gave regulation of the apprenticeship to local magistrates in local parishes (Foreman-Peck, 2004). This was the first regulatory control of apprenticeships in the country. Apprentices' lives were effectively governed by their masters until the end of their apprenticeships, even deciding whether or not the apprentice could marry. Deissinger (1994) describes this as early manpower and employment policy and it marks the start of state intervention in vocational education and training.

The contents of the Statute remained in law until its abolition in 1814 (Unwin, 2017). At this time, there was a decline in the popularity of apprenticeships and there was also criticism of the 'closed shop' nature of what could and could not be described as an apprenticeship. The tradition of apprentices being part of the guild system meant that there were a bespoke number of professions that could have apprentices, but the industrial revolution meant that there needed to be an expansion of job-related training and education (Wilson, 2016).

At this time, VET was the responsibility of the employer or was perhaps funded in a smaller number of cases philanthropically. There was no order to the training and the abolition of the Statute of Artificers meant that there was no regulation either, with state 'regulation' of apprenticeships not reappearing until 2008 (Fuller and Unwin, 2009) The industrial revolution meant a rapid expansion of industry and also the associated required skills. Seen as a time of opportunity, there were nevertheless problems with ensuring that the workforce was appropriately skilled to meet rising demands (Snell, 1996).

As industry expanded, so did the number of Institutes linked to each of the professional groups (Snell, 1996). Institutes became responsible for overseeing the quality of training being offered within specific sectors (McCulloch, 1986) This also offered an element of control as it was possible to specify the type of training required in order to undertake a particular job role. Institutes also began to provide the training in one locality, offering the first 'off the job' training associated with training to undertake a new work role (Clarke and Winch, 2004).

By the late 1800s, funding for this training was being raised by a levy which training councils (an amalgamation of training institutes working together) imposed on businesses of a particular size (Wallis, 2008). Grants were then provided to employers to support them in paying for VET. Small employers criticised this arrangement as often money was not made available to them and therefore they would not be able to undertake any training in their organisations.

The industrial revolution marked the beginning of the supply and demand problem. At the time of rapid expansion, there was a high demand for skilled workers, but the supply was not there. This is a recurring theme in relation to apprenticeships. The late 1980s and early 1990s saw an oversupply of apprenticeships as the government had used apprenticeships and youth training schemes to manage the rising levels of youth unemployment (Hogarth and Gambin, 2014). The criticism of the time was that employers had not been sufficiently involved in the design of the apprenticeship and therefore the apprentices were not being given the skills that employers required to employ them. The current iteration of apprenticeship policy is a definite attempt to swing that balance back in favour of the employer and 'put them in the driving seat' both in terms of the nature and content of the apprenticeships.

The notion of funding being a driver of apprenticeship provision again surfaced as a problem in the 1960s. Training was being focused on where the funding was available rather than on where the training was needed. At the same time, there was a growing divide between academic and vocational education, with vocational education being seen as more appropriate for the lower socio-economic groups (Atkins and Flint, 2015), although at one point one-third of young people were leaving school and entering apprenticeships.

There had also been an expansion of those roles that could be labelled as apprenticeships. By removing the Statute of Artificers, the guilds no longer had control over what could and could not be called an apprenticeship and apprenticeships expanded into technical roles such as engineering and plumbing (Snell, 1996). The links between VET and government interventions aimed at improving employment or redeployment is demonstrated particularly at times when unemployment rises as was seen at the end of the first and second world wars as well as in the depression of the 1920s and 30s (Rudd et al, 2008) and was seen once again at the end of the 1970s and into the 80s (Gospel, 1993). An economic recession in the UK during this period caused businesses to contract. This was also at a time when there was a

demographic bulge of young people following a rise in the birth rate at the end of the second world war, who now had children of their own leaving school.

2.4.2 Youth unemployment and apprenticeships

The late 1970s and early 80s saw the introduction of Youth Opportunity and subsequently Training Schemes. There has been criticism levied at these schemes both as being a mechanism of social control over young people (Atkins and Flint, 2015) but also their quality. The duration of the schemes was mandated but the quality and outcomes of the schemes were more questionable. Here again, is an example of supply exceeding demand, and young people could be, and were, left without a job at the end of their training.

The Youth Opportunity and Youth Training schemes also resulted in power-play between government departments with the Department for Education (DfE) and Department for Employment each seeking to have control over the youth training schemes. This is seen again in the latest iteration of apprenticeships with the Department for Business, Innovation and Skills overseeing and being responsible for the initial policy implementation, the Department for Education overseeing their operationalisation and then the Department for Health and Social Care (DHSC) staking their claim for control over the provision and operation of health-related apprenticeship, in particular the nurse degree apprenticeship and the nursing associate.

With criticism being levied at the youth opportunities scheme, there was a move towards an emphasis on the outcomes or competencies achieved by the learner, perhaps to the detriment of the educational process itself. This move saw VET being reduced to specific measurable discrete outcomes which could then be used to assess the learner's ability to undertake the job (Hargreaves, 1995) that was further supported by aligning VET with emerging National Occupational Standards (NOS) (Brockmann, Clark and Winch, 2009). This was also a mechanism for allowing employers to have more control over the content of the training and also reflected the changes happening in the European Communities at the time (Hargraves, 1995). Although it is not transparent, Hargraves (1995) suggested that money received from the European Social Fund was a partial driver for this change to take place in the UK.

2.4.3 Modern Apprenticeships

The introduction of the National Vocational Qualifications (NVQ) followed in an attempt to increase the levels of suitably qualified workers in the workforce as well as enabling the quality of any training to be monitored and improved. 1995 saw the introduction of the Modern Apprenticeship where each apprenticeship would need to include an NVQ as one of the qualifications leading to its successful completion. Although this had been intended to improve employer engagement with apprenticeships, there was a slow deterioration in the quality and, consequently, perceptions of the scheme. Over time, the suite of qualifications and testing needing to be undertaken in order to complete the apprenticeship grew, and the scheme was criticised for being a collection of competencies and discrete qualifications which did not lead to a coherent qualification. The focus on assessing and achieving the assessment meant that the overarching purpose of the apprenticeship as preparation for entering a job role was lost.

Hogarth, Gambin and Hasluck (2012) discussed how the inconsistent approach to apprenticeships had hindered their development and uptake. More recent initiatives to involve employers via the Sector Skills Councils and to make the qualification more robust and transferrable (for example via the introduction of the Technical Certificate) had not gone far enough to convince employers of its worth. The Technical Certificate was introduced in 2001 to give more ownership of apprenticeships to employers via the Sector Skills councils. However, this led to a general decrease in the quality of training as qualifications became more fragmented (House of Lords, 2007). Indeed, the introduction of the Technical Certificate only served to compound the problem, with employers believing that there must be a problem with the apprenticeship if an additional component needed to be introduced. This element was subsequently dropped and the qualification subsumed into the National Vocational Qualification it had been originally destined to bolster.

Disillusion with Modern Apprenticeships led employers to choose which elements they wanted their employees to complete in preparation for the job they would be undertaking (Gospel and Fuller, 1998). The focus at this time was more on the training element and the education part of the learning journey was lost. Hordern, (2015a) described two distinct elements of apprenticeships – the model of learning needed to take on the role, but also the social construct within a political context. Hordern, (2015b) cited examples of apprenticeship frameworks with varying levels of credits being included within qualifications, although

some apprenticeships had no formal qualification element at all. There were also discrepancies in the duration of apprenticeships with some apprenticeships being offered over a two-year minimum period, others lasting less than twelve months. Fuller & Unwin, (2003a) and Wolf, (2011) also recognised the variable quality and academic robustness of apprenticeships which, again, may have served to confuse employers and led to a lack of confidence about the apprenticeship route.

2.4.4 Pedagogical and vocational nature of apprenticeships

Hordern's, (2015a) recognition of the two distinct elements of an apprenticeship is an important one, both elements contributing to the overall apprenticeship journey and, ultimately, success. Brockmann & Laurie, (2016) described how the vocational qualification has never achieved parity with academic counterparts and to focus too much on the skills element of the apprenticeship devalues both the qualification and the learning journey taken by the apprentice. This tension is an enduring one and particularly prevalent in healthcare professions (Turbin, Fuller and Wintrup, 2014) and may impact the longevity of apprenticeship schemes in the NHS.

Bernstein (1999) stated that it was essential to understand the character of knowledge that needs to be developed as part of the learner journey in apprenticeships and described three elements in his framework of vocational knowledge:

Vertical discourse with hierarchical knowledge structures (aligned to physical sciences)

Vertical discourse with horizontal knowledge structures (aligned to social sciences)

Horizontal knowledge (everyday knowledge)

In health professions such as nursing, the development of all elements is of equal importance with the delivery of patient-centred care reliant on professionals developing all three. Gadow (1995) noted that in caring professions, there is a need to bring together general or underpinning knowledge with 'particular' or situational knowledge in order to safely deliver care. This is also true of other professions, including the researcher's own – diagnostic radiography. The ability of a radiographer to undertake a chest x-ray, for example, requires knowledge of the safe production of x-rays (hierarchical knowledge), why patients may be nervous about coming to a hospital (horizontal knowledge) and how patients are able to access the results of their x-ray (everyday knowledge). Pedagogically, this framework

resonates well in the arena of pre-registration healthcare education, although this is challenged in the NHS where the development of competence is prized (Turbin, Fuller and Wintrup, 2014)

Lester (2009, 2014) described the evolution of routes to professional registration and the notion of professional competence. Lester (2009) noted that health-related professions require practitioners to hold qualifications that consist of both academic and practical components (both of which are assessed and need to be successfully passed), with Lester and Costley (2010) describing the evolution of work-based learning as one means of achieving this. Bravenboer and Lester (2016) advocated the use of higher apprenticeships as a means of integrating academic learning and competency rather than separate qualifications recognising academic and occupational competence. Barnett (1994) also described the changing position of higher education in the development of academic knowledge and competence, with society requiring graduates to emerge with a skill set that is appropriate for an evolving and demanding labour market. This links well with Bernstein's framework in suggesting that both academic knowledge and the ability to 'perform' well in a profession is multi-layered.

Young (2006) raised the question of how Bernstein's framework translates into the development of vocational education programmes and suggests that the structure of the underlying disciplinary knowledge needs to be fully considered when developing vocational curricula. This would seem to be in dissonance with the current policy in the UK around the development of apprenticeship standards, where it is clear that the employer is firmly in the driving seat. By placing the development of the apprenticeship standard with employers, the pedagogical expertise of educationalists who would be able to advise on this transformative element is lost. Hordern (2015b) described the inclusion of professional associations, employer organisations, governments and higher education institutions being able to influence the development of the professional knowledge and structures of professional formations as key in the development of vocational education.

Billett (2003) described two distinct elements of vocational learning – the competencies associated with the role under development and the acquisition of behaviours required within organisations. The inclusion of objective, outcome-based criteria was seen as an essential and valuable part of workplace learning, with assurance being offered to employers and professional bodies that the learner was safe to practice. Billett (2003) argued, however, that the measure of such outcomes is only a measure of superficial learning – complex

performance is underpinned by behavioural measures which foster deeper learning. This aligns well with earlier criticisms of apprenticeships and the value placed on them. If vocational learning is seen merely as a vehicle for the development of a set of competencies rather than a programme of educational development and growth for the learner, the perception of apprenticeships will continue to be that they are of a lower value. This has previously been recognised as a problem in the National Health Service, where achievement of competence is highly valued, with Unwin, Felstead and Fuller (2004) arguing that the NHS 'discriminates' against informal learning, especially if there is little time to learn through spending time with mentors.

Billett (2003) further argued that vocational education needs to reflect the complexities within an occupation and that learners need to be adaptable to different situations. When considered alongside the information about communities of practice, it seems reasonable to suggest that vocational and workplace learning is complex in nature, requiring several layers of learning although barriers will be faced by learners. The researcher's experience of training as a diagnostic radiographer reflects Billett's argument – the need to gather 'number of examinations undertaken' in a log book ensure that exposure to a range of procedures, but full understanding of how to adapt a radiographic technique to suit each individual's mobility or habitus required far longer, only really being achieved some time after qualification.

This complexity is well described by Lester and Costley (2009) who emphasise the need for higher education providers to engage with employers in the development of work-based learning programmes to support successful integration of competence and academic learning. As health related professions have gradually become located within the higher education sector, the balance between academic and practical learning has shifted, although as Bravenboer and Lester (2016) describe, apprenticeships offer the opportunity to redress the imbalance once more.

2.4.5 Apprenticeships and the UK skills agenda

Vocational education and training (including apprenticeships) has long been at the centre of governmental skills policies. More recently, the Dearing (1997) and Lambert (2003) Reports had set out the need for higher education to be reformed and for business and education to have stronger links respectively. Leitch (2006), Wolf (2011) and Sainsbury (2016) all

subsequently delivered reports on the need to develop skills in the UK and to find a way to bring young people into the employment market.

Leitch (2006) predicted that, without investment, the UK's prosperity and productivity would decline and the skills base would fall behind that of international competitors.
Although Leitch, perhaps erroneously, equates skills with qualifications, there is no doubt that the tractability of the skills deficit in the United Kingdom is clear to see. Leitch also recommended a review of the skills needed to keep pace with advancing technologies and other industrial changes, as well as citing the need to enhance employer engagement. Leitch saw apprenticeships as being integral to this development as well as improving links between industry and higher education to ensure that skills were demand rather than supply-driven. The subsequent World Class Skills report (Department for Innovation, Universities and Skills (DIUS), 2007) set out a blueprint for implementation of the recommendations of Leitch's review, including setting ambitious targets to deliver high numbers of apprenticeships.

Following the demise of the Labour government and establishment of a coalition between the Conservatives and Liberal Democrats in 2010, a review of vocational education was commissioned to 'reverse policies seen to be inconsistent with centre-right ideology and acknowledging the continuing failure to address issues of parity of esteem' (between vocational and academic credentials) (Atkins and Flint, 2015). Wolf's report (2011) was produced within a different economic climate to that of Leitch and the economy was not as vibrant as five years earlier. However, the message was similar even though Wolf focussed on vocational education rather than skills deficits. Poor literacy and numeracy among young people remained concerning, but the availability of good quality vocational programmes which had parity of esteem with academic counterparts was poor. Wolf recommended an overhaul of the vocational education system to encourage more employer engagement, clarity and fairness around funding models, more meaningful and high-quality vocational education as well as information and guidance to young people. Again, the link was made between having good quality apprenticeships and economic prosperity. Once more, the need for employers to be more involved in the development of apprenticeship content was made clear, and there was a suggestion that Sector Skills Councils stand back (Wolf, 2011p14).

Wolf (2015) further argued that the realisation of governmental aspiration would not be achieved without additional intervention and the introduction of an apprenticeship levy. Whilst vocational education was more firmly on the political agenda, the presence of an

outcomes-based payment model encouraged training providers to deliver high numbers of lower-level apprenticeships that were shorter and offered development only in low-level skills (CIPD, 2018). In order to improve the quality, duration and to drive the provision of apprenticeships in sectors with the greatest need rather than desire, Wolf (2015) argued that the system of apprenticeship provision needed to refocus on the relationship between employers and their apprentices and be adequately funded. This sentiment was echoed by Lillis and Varetto (2020) who suggested that existing lower-level qualifications at the time of Wolf's 2011 report did not adequately prepare learners for either work or further learning.

Sainsbury (2016) also focused on technical education and, although this report postdates Richard, the tractability of the problem is still evident. Although ten years since the Leitch review, the same themes are present, albeit with a greater sense of urgency. Sainsbury again focused on the need for young people to develop the skills needed by a changing industrial landscape in the UK, where employers are engaged in the vocational education agenda and make effective use of the apprenticeship levy (which was being implemented one year later). Sainsbury focused particularly on the proposed working of the Institute for Apprenticeships, including the quality of apprenticeship standards and their assessment.

These reviews into skills and vocational education (and subsequent plans for their operationalisation and implementation) call for cooperation between a number of stakeholders including central government, employers, education providers and Sector Skills Councils. Raising ambition in young people, as well as securing fundamental educational attainment were seen as critical components in the journey to economic prosperity for the country. Crawford-Lee and Wall (2018) suggested that this has resulted in a crowded space for vocational skills and the Chartered Institute of Personnel and Development (CIPD) called for the individual to be placed at the heart of business thinking and practice (CIPD, 2017. P2) Eyre (2013) reported that the economic crash of 2008 shook British industry, and although the sentiments of the Leitch Review were still valid, businesses now found themselves in a very different landscape.

Steedman (2011) described government-led apprenticeship funding and delivery models as 'dysfunctional' and that the desire to increase employment opportunities for young people whilst increasing skill levels within the economy were conflicting. The political priorities of first labour and then the conservative-led coalition governments saw the focus move from

apprenticeships for young people to apprenticeships for the generation of higher-level skills, although as Wolf (2015) argued, this had not been achieved as planned. Since the late 1970s, apprenticeships have been used as a mechanism for tackling growing levels of youth unemployment (Dismore, 2014) and Fuller and Unwin (2003b) acknowledged the increasing involvement of central government (or 'institutional intervention') in apprenticeships.

The COVID-19 pandemic has, once more, resulted in government intervention, with particular concern being expressed about employment and education opportunities for young people. However, it feels important to emphasise that simply providing funding will not result in high uptake of apprenticeships and a reduction in youth unemployment - there is a wider societal problem. As Richard (2012) and others have emphasised, approximately 50% of school leavers have not achieved a basic level of English or maths requirements, surely indicating that problems lie much earlier in the formative process. Attempting to address problems outside of the compulsory education process feels as though intervention is being left far too late.

2.4.6 Current apprenticeship policy in the UK

The most recent iteration of apprenticeship policy was borne out of the coalition government in 2010, perhaps as a result of progressive reports highlighting the decline in productivity in the United Kingdom and the impending skills shortage previously highlighted by Leitch (2006). Wolf's Review of Vocational Education (2011) had advocated a review of apprenticeships and their contribution to vocational education, particularly for 16 to19-year-olds. Apprenticeships for those over 25 were growing and were at a more advanced level but those aged 16-19 were undertaking shorter, lower- level apprenticeships (McGurk and Allen, 2016). Chapman (1991) suggested that a lack of consistent government funding had led to a decrease in the quality of apprenticeships from the 1960s onward.

The introduction of Modern Apprenticeships in 1995 had shifted the oversight of apprenticeships to Sector Skills Councils and Learning Skills Councils in an attempt to empower employers (Matlay and Addis, 2002). However, as outlined in 2.4.3, fragmentation of apprenticeships continued and, rather than transforming and revitalising apprenticeships, the shift towards the 'confirmation of competence' approach further decreased employers' trust in apprenticeships (Unwin, 2004).

The National Apprenticeship Service (NAS), introduced in 2008, was an attempt to reverse this fragmentation and increase the numbers of apprenticeships (Apprenticeships, Skills, Children and Learning Act, 2009). McGurk and Allen (2016) describe how funding for apprenticeships remained fragmented, even following the establishment of the NAS, with the Department for Education funding apprentices aged 16-18 and the Department for Business, Innovation and Skills funding apprentices aged 19 plus. Funding also varied depending on the age of the apprentice and the size of the organisation they worked within. The 'Specification of Apprenticeship Standards for England' (SASE) (2011 and revised in 2013) set out minimum standards for apprenticeships, offering some standardisation, but still not addressing the concerns about apprenticeships for younger people or overall quality (Gambin and Hogarth, 2017).

Wolf (2015) summarised many of the contemporary issues and problems surrounding apprenticeship policy and how this was driving behaviours. The current funding model where payment was based on outcomes:

> *'incentivised providers of training to engage in a 'drive to the bottom' where numbers of short, low level and often low- quality apprenticeships are favoured over more rigorous, longer, high- quality apprenticeships'* (P1).

Employers and training providers were attracted to those apprenticeships that offered maximum access to government funding rather than meeting the needs of the contemporary labour market. Wolf argued that only further government intervention would result in bringing about full employer engagement with, and trust in, apprenticeships. However, in order to achieve these outcomes, significant investment would be required to achieve the necessary behaviour change and Wolf argued for the establishment of a National Apprenticeship Fund (or levy) into which every employer would pay.

This need for reorganisation of funding was also recognised by Doug Richard in his 2012 Review. Richard had completed an earlier report on behalf of the government in 2008 (Richard, 2008) focusing on small and medium enterprises (SMEs) and the essence of the 2012 review is certainly business-centric. Richard acknowledged the demise of the traditional apprenticeship, which had been always viewed warmly by the public, and suggested that the credibility of the apprenticeship brand had been damaged by a series of modifications made in an attempt to shore them up.

Other authors remain sceptical about this approach - Bravenboer (2016) suggested that simply increasing higher level skills may not subsequently lead to economic prosperity and that other reforms would be necessary. Gambin and Hogarth (2021) recognised that the introduction of the apprenticeship levy could stimulate the interest of employers and promote re-engagement with apprenticeships but warned that it could also motivate employers to engage in behaviours designed to recoup levy payments rather than meet specific labour market needs. It remains to be seen whether the introduction of the levy will resolve the imbalance of funding between younger and older apprentices or between lower and higher level apprenticeships, but early indications suggest not (Richmond, 2020).

The government's vision for apprenticeships in 2020 (DBIS, 2015) not only sought to improve productivity and address skills shortages but also increase social mobility. The Skills Commission (2018) identify several barriers to social mobility including geographic, economic and cultural. The range of apprenticeships from entry-level to professional degree apprenticeships offers a potentially seamless educational pathway and, as Lester and Bravenboer (2020) suggest provide underrepresented groups with the opportunity to enter professional roles. This is further supported by Lillis and Bravenboer (2020) who described how apprenticeships were enabling apprentices from backgrounds where participation in higher education is traditionally low to enter professions such as policing or nursing. Where clear career pathways are aligned with appropriate apprenticeships, social mobility can be more easily achieved, health careers being prime examples (Baker, 2019b).

2.5 Characteristics of Apprenticeships

An iterative literature review of apprenticeships published since 1995 was undertaken at an earlier stage of the research process. This provided some illumination on the characteristics of apprenticeships, their implementation and operation. As 1995 saw the full introduction of Modern Apprenticeships, it was hypothesised that this date would offer a contemporary perspective of apprenticeship related research. It was recognised that this may exclude some evidence of early experiences during the piloting phase of the modern apprenticeships but would otherwise capture information up to the present day.

2.5.1 Search criteria

In order to encompass both health and education papers, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Public Medline (PUBMED), British Education

Index and Educational Resources Information Centre (ERIC) databases were searched. Search terms apprentice*, degree, health* and experience were used and the search was limited to the English language and original research (rather than review). Reference lists of identified articles were subsequently scrutinised for additional potential papers. Articles pertaining to the health of the apprentices, an apprenticeship meaning a short period of additional training or cognitive apprenticeships were specifically excluded; only those relating to an apprenticeship as a period of work-based education in preparation for a new job role were included.

Following the search, a total of twenty-one papers were identified for inclusion, and three major emergent themes were identified: entering an apprenticeship, the learning environment and perceptions of apprenticeships. The resultant review was subsequently submitted for publication (Baker, 2019a, Appendix 13.11) and the peer review process identified that some potentially useful articles had been omitted. This led to the search being repeated several times, and in addition, the journal Higher Education, Skills and Work-based Learning was scrutinised in an attempt to locate other appropriate articles for inclusion, as well as being repeated prior to submission of this thesis.

All were qualitative studies based on interviews, focus groups, case study or secondary data analysis. Of these, only one focussed specifically on health and the NHS and only one reflected the most recent changes to apprenticeship policy in the United Kingdom. Lack of recent or UK based evidence is a limitation of this paper, however, the evidence presented from previous apprenticeship initiatives will still offer useful commentary on current developments.

2.5.2 Entering an apprenticeship

Spielhofer & Sims, (2004b), Snell & Hart, (2008), Hill & Dalley-Trim, (2008), Dagsland, Mykletun and Einarsen, (2015), Chan, (2016), Gambin & Hogarth (2016) and Mangan & Trendle (2017) all identified factors which increased the probability of apprentices remaining on programme. From the outset, it seems clear that apprentices receiving appropriate career guidance and having a good sense of what the job role actually entails are critical steps. The relatively large scale study by Chan, (2016) noted that prior knowledge of their chosen career was a key factor contributing to retention within the programme, with Hill & Dalley-Trim, (2008) reporting similar outcomes. Although Chan's study is New Zealand based, she

suggested that outcomes in that country are consistent with those in the rest of the world, suggesting that these findings will also be applicable in the UK. Chan described this as a process of 'proximal participation' as being good preparation for entry into the apprenticeship role, with potential apprentices appreciating the realities of their future role rather than the ‘imaginings’. This is also noted in Chan's 2013 study of baking apprentices, some of whom had been working in associated roles within the bakery before choosing to enter the profession.

The disparity between the expectation and the reality of the role which apprentices were seeking to enter emerges as a significant factor behind apprentices choosing to leave their apprenticeship. This theme was further explored by Dagsland et al., (2015), with participants reporting integration into the workplace as critical to their enjoyment of the apprenticeship. This was well explained by Lave and Wenger (1991) in their work on Communities of Practice and the evolution of the learner from novice to full participant within a community. Evidence of learner experiences in pre-registration healthcare education also indicates that early experiences impact on retention and attrition. For example, Hyde (2015) reported three distinct areas of concern for students as they transition from education to their first clinical placement in pre-registration diagnostic radiography: working with clinical staff, working with very ill patients and the need to move around different areas in the imaging department during their placement. The systematic review by Eick, Williamson, & Heath (2012) identified several studies where early placement experiences (both in terms of support received and the actual nature of the work) prompted pre-registration nursing students to leave their programme. There is no reason to believe that this will be any different for apprentices, as they will need to meet the same professional requirements as 'traditional' students and potentially be exposed to the same experiences. Health Education England (HEE) recognise the importance of retaining students in pre-registration education through the Reducing Pre-registration Attrition and Improving Retention (RePAIR) project. Evidence from the literature on apprenticeships suggests that this will be equally challenging in apprenticeships as in ‘traditional’ education routes.

Some apprentices in Spielhofer & Sims' (2004b) study also chose to leave their apprenticeship, but perhaps for economic rather than vocational reasons, with competitors offering more attractive pay and conditions (although not necessarily training). Seidel (2019) noted that German apprentices often held a second form of employment to boost their

monthly income. Mangan and Trendle (2017) were unable to offer an explanation of how income caused higher retention in apprenticeships, but Seidel suggested that the need to take on secondary employment for financial purposes left little capacity for the apprenticeship itself. This is also highlighted in the review by Eick et al., (2012) where several studies report the problems pre-registration nursing students have in balancing study requirements with financial difficulties. Although the NHS specified that trainee nursing associates should be employed on Agenda for Change Band 3 (NHS Employers, 2017a), there is no such guidance for pre-registration degree apprenticeships. NHS Employers offers suggestions that salary should be a proportion of the qualifying band or that they are paid a band below the qualifying band (NHS Employers, 2017b), but this is not mandated. This offers aspiring degree apprentices in the NHS the opportunity to seek out the best terms and conditions offered by those seeking to employ them. The rules around what can and cannot be funded by the apprenticeship levy are exacting, with no facility for payment of travel expenses or placement support existing (Education and Skills Funding Agency (ESFA), 2021 P114.2) as is currently funded by the Department of Health. Any apprenticeship, therefore, needs to appeal to apprentices both in terms of the training offered, but also the employment terms and conditions.

Gambin & Hogarth (2016) and Mangan &Trendle (2017) all identified that higher levels of prior educational attainment were influential and beneficial in the successful completion of apprenticeships. Female apprentices in the study by Gambin and Hogarth had a higher chance of completion in female-dominated professions, which should bode well for health, although this data was largely based on further education (and therefore lower level apprenticeships). However, both studies identified that apprentices with a declared disability or from a minority ethnic background had poorer apprenticeship completion rates. This was echoed in Seidel's (2019) study, but also identifies apprentices with migrant backgrounds being at increased risk of non-completion. The selection of appropriate candidates to enter any of the health professions needs to be values-based and requires evidence of prior academic achievement, but the aspiration that apprenticeship routes will widen recruitment to the workforce perhaps need to be considered. With evidence suggesting that some groups of apprentices may struggle, the support available on programme will be critical to achieving this.

Evidence from employers in this research suggests that existing staff are being prioritised for development through apprenticeships, although support for new entrants will certainly become more important when this pool has been exhausted.

2.5.3 The learning environment

In order to critically appraise approaches taken by NHS Trusts in implementing apprenticeships, an understanding of where a significant portion of the apprentices' learning would occur was needed. On entering an apprenticeship, several authors identify challenges faced by learners and employers alike. Spielhofer & Sims, (2004b) noted that in organisations where the apprenticeship route is valued, apprentices have better outcomes. Several of the studies describe the competing priorities of apprenticeships - 'getting the job done' or maintaining productivity and the need to develop the apprentices' knowledge and skills. Snell & Hart (2008) also recognised the competing priorities of the workplace as a critical factor in the non-completion of apprenticeships. Previous criticism of apprenticeships had identified the quality of and time devoted to the educational element of the apprenticeship (see House of Lords, (2007) P31). The minimum amount of 'off the job' training time is now set by the Government at 20% in an attempt to protect apprentices' learning (Education and Skills Funding Agency, 2021 P52), although may be higher than 20%. The 2021 IFATE consultation on degree apprenticeships advocated greater integration of on- and off-the-job training (IFATE, 2021b), further reinforcing the importance of partnerships between employers and training providers (Lester and Bravenboer, 2020)

Bishop (2017) described organisations where the apprenticeship role is well structured and recognised as offering good outcomes for apprentices. However, apprentices in this study were happy to be led through their apprenticeship by the employer and did not actively seek out additional or external learning opportunities. In smaller organisations where learning was less formalised, apprentices were actively encouraged to engage in working across boundaries. Bishop (2017) suggested that the personality of the apprentice would largely determine the success of their learning through the apprenticeship route – those who prefer a more prescribed learning journey may not perform well if learning opportunities are ad hoc.

The transition into and through the community of practice also appears to have an ongoing influence on the learner journey. Dagsland et al (2015) noted the differences between apprentices' positive perceptions of the workplace initially and when nearing completion

when some learners report a lack of respect or even workplace bullying. Despite this, both Dagsland et al (2015) and Snell & Hart (2008) noted that even when apprentices report problems, they still complete their apprenticeship, citing personal motivation to achieve the qualification as a factor.

The relationship between the training provider and the employer is also critical to the success of the apprenticeship. Where good working relationships exist and shared goals transparent, apprentices were more likely to complete their apprenticeship (Spielhofer & Sims, 2004b). Irons, (2017) also reported the need to fully involve employers particularly in the design stage of the apprenticeship, although noted that the resultant programme also needed to meet the needs of the apprentice and the training provider. The availability and quality of workplace support were also cited by Snell & Hart, (2008) and Dagsland et al (2015) as critical to the success of apprenticeships for vocational and pastoral aspects of the apprentice's development, including feeding back to the apprentice about their progress and performance. Related to this is the need to develop knowledge and skills at an appropriate pace so that apprentices remain engaged and challenged in the workplace and can clearly see their progression. Chan, (2016) and Dagsland et al (2015) both reported this adds to the learner's motivation and improves perceptions of their learning experience. This was also noted by Dismore, (2014), Filliettaz, (2011) and Bishop (2017) who reported that the learning environment, process and support were all key to the transformation reported by apprentices. Filliettaz, (2011) also noted that support of apprentices is a collective responsibility within an organisation and it should not be presumed that the onus rests with one individual trainer or supervisor. Some apprentices in the study by Fuller & Unwin, (2003b) quickly found themselves becoming productive members of the workforce and their learner identity was lost. The significance of employer engagement with apprenticeship schemes and the provision of adequate support cannot be underestimated. Apprenticeships in continental Europe are perceived to hold a much higher status than in the UK (see Filliettaz, 2011), with stronger general education as well as vocational education forming part of the apprenticeship (see Li and Pilz, 2017). The UK would be wise to draw on evidence from the continent where apprenticeships have continued popularity and success.

The duality of the apprenticeship in terms of productivity and education was explored by Fuller & Unwin, (2003b), who suggested that participation, learner development and institutional arrangements all contribute to the success or failure of apprenticeships and

described an 'expansive/restrictive' continuum to illustrate how these themes interplay. Clear identification of what will constitute the workplace curriculum coupled with a structured programme of how the apprentice will navigate through this are characteristics displayed by expansive organisations. Fuller & Unwin, (2003b) argued that organisations demonstrating these qualities would allow apprentices to foster deeper and more meaningful learning and apprentices employed by expansive organisations in their case studies achieved enhanced outcomes compared with those whose learning was more poorly planned and implemented. Bishop's (2017) study refuted this to some extent and argued that even organisations at the more restrictive end of the continuum offer expansive learning opportunities, but that apprentice success is founded on the apprentice's own motivation to learn.

Billett (2003) noted that deeper learning is required in order to underpin the complexities of an occupation - to be flexible and adaptable in different workplace situations, apprentices need more than a set of competencies associated with a role. Bravenboer and Lester (2016) support Billett's point and highlight the importance of integrating professional competence and academic qualifications, with professional apprenticeships offering credible alternatives to university-based degree programmes.

Turbin et al (2014) described through their case study approach the use of advanced apprenticeships in healthcare in the United Kingdom in 2010 - 11. This article reported part of a larger-scale study but focused specifically on how apprenticeships are being used in the NHS, progression from advanced apprenticeships to Higher Education and employers perceptions of apprenticeships. Whilst this study focuses specifically on the NHS, it must be noted that results relate to advanced rather than degree apprenticeships and that the study is based around the Isle of Wight, perhaps limiting findings to the NHS as a whole and to the use of the degree apprenticeship.

Advanced apprenticeships for pharmacy technicians in the study by Turbin et al., (2014) had far more structured content when compared with those of generic support workers. This element of formal, occupational recognised learning had positive implications for both the apprentices throughout their learning and their subsequent progression within their field. In contrast, support workers for whom the apprenticeship was much less formal and had evolved to suit individual employers' needs were perceived less favourably and struggled to progress through to more formal stages of learning or pre-registration education. Turbin et al., (2014) further noted that support workers experienced a much more restrictive apprentice

experience as learning was focussed on the development of the ability to perform tasks and the need to become a productive member of the workforce rather than growing into a profession. This is also identified in the report by Unwin, Felstead and Fuller (2004) who commented that:

> *'The emphasis on formal education and training in the NHS discriminates against informal learning despite the fact that much of that learning is extremely valuable to the delivery of effective medicine'* (P7).

The introduction of National Occupational Standards (NOS) in the UK during the 1980s emphasised the focus on competence and promoted a more restrictive approach to vocational education and training (Lester and Religa, 2017). By using NOS to describe functional work units or skills, assessment of an individual's performance against a particular standard limited individual capacity to specific outputs rather than developing multi-dimensional competence (Brockmann, Clarke and Winch, 2009). By using NOS as a basis for English National Vocational Qualifications, the link between demonstrating achievement of particular skills rather than wider professional competence was further enforced (Brockmann, Clarke and Winch, 2008). Lester (2014) noted that several professions valued an activity-based approach to competence, overlooking the importance of the need for professionals to utilise their judgement or reasoning to make appropriate decisions. This again reflects the dual nature of the apprenticeship described by Billett, (2003) and Hordern, (2015a) where the development of skills needs to be matched by deeper learning for the apprentice to achieve full participation within a job role or profession. The NHS's focus on formal learning as highlighted by Unwin, Felstead and Fuller (2004) and achievement of tasks highlighted by Turbin et al (2014) suggests that the integration recommended by Lester and Bravenboer (2020) may be challenging to achieve.

Whilst Bishop (2017) suggested that protection for the off-the-job element of the apprenticeship should be statutory, it is perhaps more pertinent to suggest that it is not just time that is needed. The quality, structure and element of co-participation in learning are all critical to the success of the apprenticeship and thus the quality of 'on-the-job' training also needs to be considered. Harris and Simons (2005) suggested that the factors that can be influenced *should be* influenced to increase apprenticeship completion rates, and identified several 'process' factors pertinent to the learning environment that could lead to positive outcomes for the apprentice.

2.5.4 Perceptions of Apprenticeships

Employers in the study by Spielhofer & Sims, (2004a) reported negative perceptions of the apprenticeship route and the notion that apprenticeships are associated with manual labour and 'trades'. This perception was borne out by Turbin et al, (2014) who suggested in their study of apprenticeships in NHS that those registrants who had completed more 'traditional' pre-registration programmes would be more likely to progress to advanced roles compared with vocational learners. The split between traditional and vocational learning was described by Turbin et al as 'privileging' of academic qualifications over those achieved in workplace learning. The perception of apprenticeships appealing to young people with lower levels of educational attainment also provides continuing confusion for participants (Smith, 2010), while Gambin & Hogarth (2016) and Mangan & Trendle (2017) both noted that apprentices with prior educational achievements were more likely to complete their apprenticeships. Brockmann & Laurie, (2016) suggested that the government's use of apprenticeships is a way to scoop up any 'low achievers' though a low entry point (level 2) (p229) surely reinforcing the stereotype that apprenticeships are for those who do not do well at school is perhaps challenged by these findings. Saraswat, (2016) suggested that apprenticeships were poorly understood by employers, careers advisors and potential apprentices alike, all contributing to negative conceptions about their value. This was further reinforced by the Organisation for Economic Co-operation and Development (OECD), who noted the perceptions of apprenticeships being a 'second class choice' (Organisation for Economic Co-operation and Development (OECD), 2014, P.3) and that recognition of the apprenticeship route needed to be improved.

Other employers reported the bureaucratic nature of apprenticeships deterring employers from engaging with them (Spielhofer & Sims, 2004a). This was also reflected in the study by Dagsland et al (2015), who recommended that employers needed to plan the structure of the apprenticeship, provide adequate and appropriate supervision and have clear outcomes and learning goals associated with apprenticeships. Where apprenticeships were being used to address a recruitment problem such as that described in Fuller & Unwin, (2003b), outcomes for both employer and learner were less favourable and whilst the apprentice became a productive worker, their knowledge and skills were narrow and restricted.

Smith, (2010) reported that the apprentices themselves had reservations about the use of apprenticeships to develop the teaching assistant role and that ongoing workforce

transformation in education could potentially be undermined by the need to respond to Government drivers. The association of apprenticeships with the acquisition of low-level skills and competencies did not align with the progressive professionalisation of the teaching assistant role at the time. The Modern Apprenticeship of the 1990s was hindered by a perception of poor quality and irrelevant content (Hogarth, Gambin and Hasluck, 2012), and the current iteration of apprenticeships has attempted to address this issue with greater involvement of employers from the outset. Hogarth, Gambin and Hasluck (2012) also reflected the competing nature of apprenticeships - a politically driven initiative versus industry and employer needs.

This was borne out in the study by Turbin et al., (2014), where employers switched easily into an apprenticeship model of delivery for their pharmacy technicians as this offered an alternative funding stream for existing education programmes. Turbin et al., (2014) further suggested that an area of conflict exists in the NHS and that economic drivers play a significant part in shaping the workforce, perhaps implying that apprenticeships were used for convenience rather than as a tool for educational and career development.
Similarly, Saraswat, (2016) suggested that employers were utilising apprenticeships to secure cheap labour and the learning experience suffered as a result. Unwin et al., (2004) concluded in their report that learning on the job was sometimes regarded as a cheap way to train, but as a recent report from the Institute of Fiscal Studies (Amin-Smith, Cribb, & Sibieta, 2017) noted that whilst employers will be incentivised to utilise levy monies, this could be detrimental to the quality of training offered and still not deliver the return on investment that the Government promised. Nevertheless, the government incentives and targets around apprenticeships combined with the recent predictions for the shortfalls in the healthcare workforce (Health Education England (HEE), 2017) mean that pre-registration degree apprenticeships may gain traction with employers. The assertion that Health Education England is 'expanding apprenticeships' (ibid, P9), however, is challenging. Apprentices need to be employed for the duration of their apprenticeship and unless Health Education England evolves into an Apprenticeship Training Agency, it is difficult to see exactly how this expansion will be achieved.

Irons, (2017) reported the development of a degree apprenticeship in computing and identifies the relationship with the employer as critical to the success of the programme. Although this article focused on the development rather than the outcomes of the

apprenticeship, it allows a useful insight into the latest drive to develop apprenticeships in the UK. Irons acknowledged that although the apprenticeship route offered new opportunities and models of learning, it needed to be economically viable and sustainable. Irons also recognised that the apprentices themselves needed to be committed to their programme of learning, perhaps echoing the findings of Smith, (2010). Irons, (2017) reported the need for enhanced partnership working and tenacity when bringing together all of the elements required to design, deliver and fund apprenticeships, suggesting that some of the bureaucracy identified by Spielhofer and Sims, (2004a) was still present.

2.6 Impact of current policy on higher education

Whilst understanding the dual nature of vocational education (see 2.4.4) it is also important to acknowledge the impact of apprenticeship policy on higher education (HE) as training providers, especially as the majority of nursing and other health pre-registration degree apprenticeships are located with this sector.

Reeve and Gallacher (2005) provided an insight into some of the emergent tensions between employers and HE when working in partnership to develop work-based learning programmes. Despite government incentives to do so, and the desire of both industry and HE to work in partnership, the pace of development had not been as quick as had been hoped and working in partnership required cultural transformation on both sides in order to succeed. Reeve and Gallacher (2005) suggested that the demand for work-based learning could be of limited interest to employers and, as Fuller and Unwin (2003b) noted, some organisations were unable or unwilling to fully engage with the expansive approach to apprenticeships.

However, the advent of the Foundation Degree in 2000 (QAA, 2020), in response to the Dearing Review of 1997 was heralded as a means of integrating work-based learning and higher education, with foundation degrees offering progression routes from apprenticeships into HE (Department for Education and Skills, 2004). At the time, foundation degrees could be located in either further or higher education, offering both opportunity and challenge in the post-compulsory education sector. Foskett (2005) study noted that, although the issues of partnership and collaboration identified by Reeve and Gallacher (2005) remained challenging, there were successes, and foundation degrees represented an opportunity to widen participation in HE. The ‘Higher Education Transforming Workforce Development’ programme was established to promote employer engagement with higher education as well

as stimulating employer investment in higher-level qualifications, following the publication of the 'Higher Education at Work' by the Department for Innovation, Universities and Skills in 2008 (Kewin et al, 2011). Kewin et al report the success of the programme, with a rise of entrants to higher education and over 100 000 enrolments onto foundation degrees by 2010, both of which were key objectives. Kewin et al (2011) also offer an insight into how higher education institutions adjusted their modus operandi to engage with businesses, adjusting quality assurance processes or targeting specific sectors of industry, particularly those where significant growth was predicted.

Anderson, Bravenboer and Hemsworth (2012) further describe how foundation degrees had become more aligned with higher apprenticeships although it was not until the Specification of Apprenticeship Standards in England was revised in 2013 (DBIS, 2013), that higher apprenticeships were more easily integrated into HE. The Quality Assurance Agency for Higher Education publishes a range of benchmarks and frameworks to support providers to develop and deliver high-quality education. The Foundation Degree Qualification Benchmarks were first issued in 2002 and updated most recently (as a characteristics statement) in 2020 (QAA, 2020). Advice and guidance on work-based learning was published in 2018 (QAA, 2018) followed by the Higher Education in Apprenticeships characteristics statement in 2019 (QAA, 2019). These sequential publications not only serve to offer guidance to higher education providers when engaging with work-based learning or apprenticeships, but they also signify to employers and providers alike the importance of higher education in vocational education and training in the UK.

Whilst health-related programmes have always relied on a combination of theoretical and practical learning, this does not seamlessly lead to full integration of workplace activity as part of a degree apprenticeship. Bishop and Hordern (2017) highlighted the paradox faced by policy makers around HE when engaging with vocational education and training. Should the UK be focused on 'Higher Technical' or 'Technical Higher' education? The introduction of T(Technical)-Levels and 'Higher Technical Qualifications' (or HTQs) could suggest that the vocational aspect is being prioritised over the educational. Whilst the intention to increase productivity, innovation and skills is understandable, the shift in the balance of the partnership between employers and HE has been impacted by successive government initiatives to stimulate collaboration and engagement. The proliferation of apprenticeship standards currently observed and the attempts by IFATE to reposition the inclusion of

mandatory qualifications in apprenticeships (IFATE, 2021) support Bishop and Hordern's findings that boundaries between education providers and employers are subtly shifting.

Bravenboer (2019) suggests that the development of degree apprenticeships serves to further 'disrupt' the relationships between higher education providers and employers. In order to successfully engage with employers and deliver high-quality education and training, universities not only need to adjust how they operate but the balance between academic expertise and experience in the workplace shifts. Rather than learners applying academic expertise in the workplace following a period of learning, experience from industry forms a central part of the educational journey. Some institutions are well placed to successfully engage with this altering dynamic, especially where there is an existing culture of employer engagement and work-based learning. However, challenges still exist and the bureaucracy reported by employers (see 2.6.4) is perhaps a barrier in higher education too with only ninety-four universities (of 165 in the United Kingdom) offering degree apprenticeships (Donelan, 2021).

Lillis and Varetto (2020) reported that the development of degree apprenticeships for healthcare professions was delayed due to bureaucratic wrangling over the inclusion of an end point assessment (EPA) where the apprenticeship would lead to professional regulation. The need for assessment at the end of a period of learning had been strongly advocated by Richard (2012) to eliminate some of the criticism levied at existing apprenticeships and their use of continuous assessment (P8). However, as Lillis and Varetto highlighted, the presence of EPA was contentious, brought in a new layer of bureaucracy and created potential challenges for future quality assurance in higher education, an already highly regulated environment. Whilst IFATE had initially attempted to rigidly adhere to mandated EPA requirements, some concessions were eventually made for regulated professions, although this did not ease the impact on higher education institutions who were still required to procure and fund an independent end-point assessment organisation (EPAO) to oversee the completion of the apprenticeship. Only the COVID-19 pandemic provided an adequate reason for IFATE to revise their fixed approach to EPA (Baker and Robertshaw, 2022), although this once more required higher education training providers to develop new processes and left some who had invested heavily to become EPAOs largely redundant.

Health-related programmes already require learners to engage in extended periods of practice-based learning and may therefore offer an easier transition into apprenticeships

(Lester, Bravenboer and Webb, 2016), although full integration of theory and practice in higher education provision should not be assumed.

2.7 The current apprenticeship iteration

Criticism of the latest iteration of apprenticeship policy has already begun, despite its launch being relatively recent. A report from the Chartered Institute of Personnel and Development (CIPD) in 2016 surveyed employers before the introduction of the levy, finding that only 35% of public sector organisations were supportive of the new funding arrangements. Those in support of the levy cited the benefits to young people as well as it being a support to recruitment and development of staff to ensure organisations had an appropriate skill mix.

However, a noticeable drop in the number of new apprenticeship starters at levels two and three since the introduction of the levy has brought criticism of the scheme. Between 2015-16 and 2017-18, there was a 25% reduction in the number of people commencing apprenticeships, although 2018-19 saw a slight increase on the 17-18 numbers, but with higher-level apprenticeships accounting for 26% of overall apprenticeship starts in 2019-20 (Foley, 2021) and 30.7% in 2021 (Department for Education, 2021) with 'health, public services and care' apprenticeships accounting for 30% of all starts (ibid). These data, however, still represent a reduction of 20% since levels seen before the introduction of the levy. This has been further compounded by the COVID-19 pandemic with fewer starts recorded from March 2020 onwards.

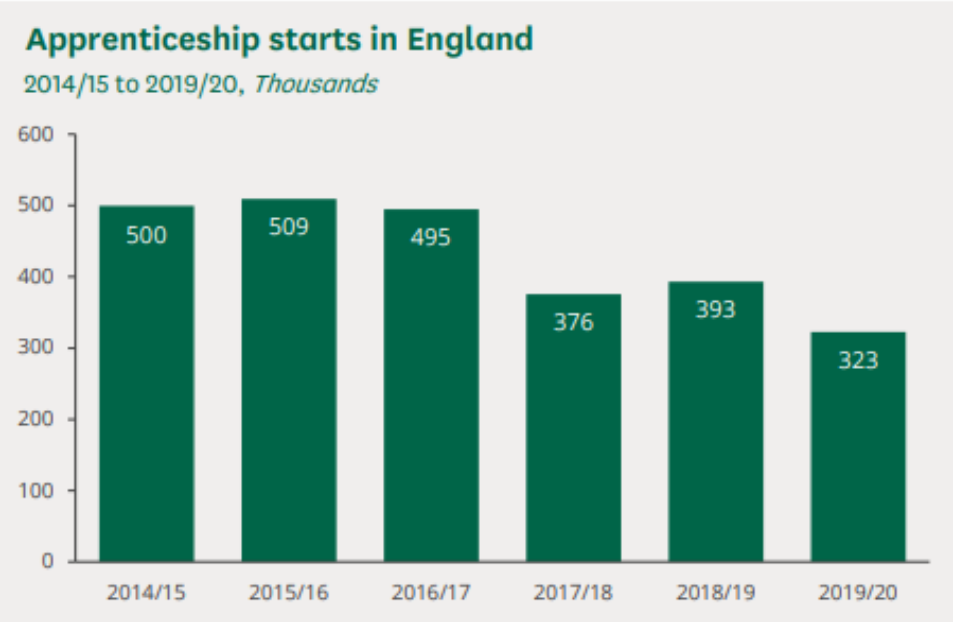

Figure 2-2 Total number of apprenticeship starts in England 2016-2020 (Foley, 2021)

Neither has the anticipated benefit for younger people been realised. The age profile of those commencing apprenticeships in 2018-19 had changed from previous years, with a significant increase in those aged 24 or over, although this had reduced again in the year 2019-20. Reduced numbers of new apprentices in the lowest age bracket (Under 19) saw a substantial fall in 2019-20, with over 2000 apprentices being made redundant between August 2020 and March 2021 (Foley, 2021). As a result, the government introduced employer incentive payments of £3000 for English employers hiring new apprentices between April and September 2021 (Powell, 2021), once more emphasising the links between the government's employment, economic and educational policies.

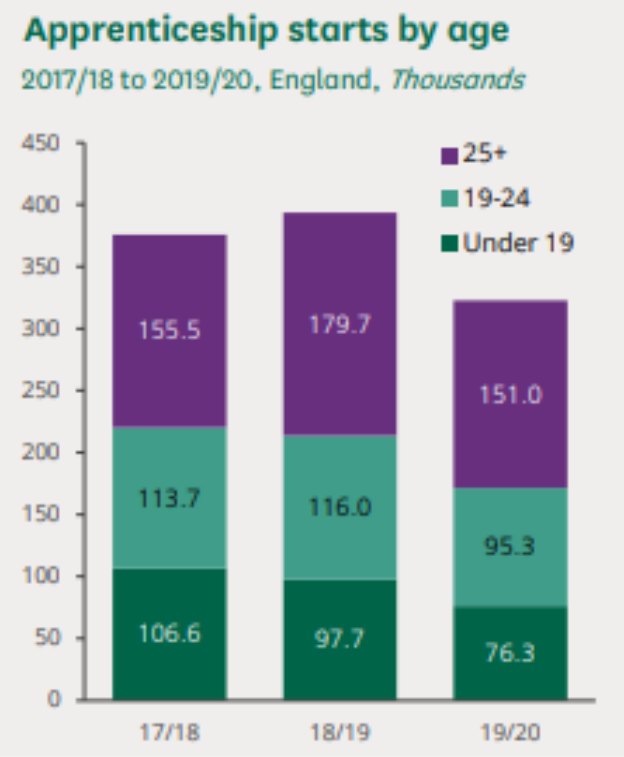

Figure 2-3 Total number of apprenticeship starts by age 2018/9 (Foley, 2021)

The rise in the number of older apprentices has been reported by several authors (Unwin et al, 2015; CIPD, 2016b; Skills Commission, 2017) but as Fuller et al (2015) noted, the number of older apprentices (compared with those under 19) in the health and social care sector is particularly noticeable.

The Open University (2018) recognised some improvement in employer opinions of the levy, but report continuing barriers to its use, including managing the apprenticeship process (within their own organisations), associated costs and apprenticeship content. The requirement for apprentices to spend 20% of their time in 'off the job' training is seen as a particular barrier, although this was not specifically reported as being a major concern by Baker (2019b, Appendix 13.12). There have been repeated calls for the apprenticeship levy funding rules to be adjusted to encompass associated costs, which the government still refuse to consider. Powell and Foley (2020) report the complexity and inflexibility of the apprenticeship levy being potential contributory factors to the decline in apprenticeship starts along with lack of individuals seeking apprenticeships or lack of available training.

Any unspent funds paid into the apprenticeship levy by an employer are reclaimed by the Government after two years leading to a large underspend in the 2017-18 financial year. During this period, only £191m from the available £2.2bn was accessed by employers (National Audit Office, 2019). The ambitious targets set by the government around apprenticeships (3 million new starts by 2020 and public sector employers with 250 or more staff being required to employ 2.3% of their new employees as apprentices) began to look more and more unachievable, and targets were revised or removed. The public sector was now required to demonstrate 'they have had regard for the target' for new or existing staff, and where targets have not been achieved 'explain....any factors they feel have hindered their efforts (Department for Education, 2020).

Richmond (2020) highlights a number of shortcomings of apprenticeships since the introduction of the levy in 2017, including the rise of 'fake' apprenticeships and the provision of professional development for existing employees rather than new recruits. In particular, Richmond cites the practice of rebadging existing qualifications as apprenticeships as one way in which apprenticeship levy has been misused, including Bachelors' and Masters' degrees, describing this as a 'huge waste' as these would be covered by the existing student loan arrangements. Richmond concludes that this has ultimately led to a point where 'the apprenticeship brand itself has arguably become a meaningless concept'(P4).

The potential to rebadge existing qualifications as apprenticeships is not a new issue, however, with concerns being raised in the mid-2000s around the time that the age limit on eligibility for apprenticeship funding was removed (Unwin et al, 2015). In addition, Fuller et al (2015) reported on long-standing concerns that apprenticeship funding was being used to develop existing staff rather than new employees. Respondents in Fuller et al's 2015 study cited several reasons for engaging with apprenticeships, but those from social care and one NHS Trust noticeably used apprenticeships to support existing employees as both workforce development and retention initiatives. The ageing profile of the existing workforce in health and social care, combined with the need for specialised skills, a desire to develop older workers and historically restricted access to training in these sectors all influenced employer engagement with apprenticeships.

Whilst Richard (2012) is clear that an apprenticeship should 'involve a new job role' (P32), he does suggest that existing employees could use apprenticeships to step up into a new role. Augar (2019) recognised the value of degree apprenticeships in addressing the UK's the

skills need but also suggested that the government should prevent the use of the levy to up-skill existing employees. However, a clear distinction needs to be drawn between 'retraining' existing staff through apprenticeships and developing staff to undertake new roles. The CIPD (2016a) recognised that health, public services and care recruited the highest number of existing employees into apprenticeships compared with other sectors, but as Fuller and Unwin (2009) and Gambin, Hogarth and Brown (2012) argued, using apprenticeships for existing employees has the potential to undermine their core principles. It is clear that, particularly for health and social care, a complex dynamic exists and will persist. Clear pathways offer career development and progression for new and existing staff; apprenticeship policy and the levy offer the sector opportunities to develop higher-level skills, a more diverse workforce, meet a rising sector need and offer social mobility in a female-dominated arena (Universities UK, 2019). As Fuller et al (2015) report, apprentices value these opportunities and the health and social care sector needs to address a rising challenge to developing its workforce (Kings Fund, 2018) but this could be threatened unless the debate around the use of the apprenticeship levy and the purpose of apprenticeships is resolved.

2.8 Workforce Challenges in Health and Social Care

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 located in approved higher education institutions. This move has been accompanied by the professionalisation of these occupations (Yam, 2004) and the establishment of graduate entry professions, but is not without its critics who suggest that the acquisition of academic knowledge was prioritised over practical application (Allan, Smith and O'Driscoll, 2011) resulting in a 'theory-practice gap'. However, changing patterns of health and disease, an ageing population and rising demand for health and social care services mean that the workforce needed to adapt even more to keep pace (Prime Minister's Commission, 2010). Willis (2012) found that although the move to graduate status for nursing was integral to driving up the quality of patient care, there was a perception that graduate nurses were:

> *'unable or unwilling to deliver the fundamentals of care'* (P23)

Willis' report came at a time when the number of nurses was in decline and the quality of learning in both academic and practical environments was being questioned. Willis (2012) called for better collaboration between employers and training providers to ensure that the

supply of suitably qualified and experienced nurses kept pace with demand. In 2015, Willis oversaw the Shape of Caring Review (Raising the Bar) (HEE, 2015) which again focused on the maintenance of excellence in nursing practice, strengthening the assistant workforce and developing flexible routes into nursing. The introduction of the nursing associate role in England aimed to support the progression of healthcare support workers through a clearly defined career pathway, with work-based learning and apprenticeships being integral to the delivery of ambitious national targets. Turbin et al (2014) and Fuller et al (2015) had already identified the value and use of apprenticeships to support development, diversification and retention of the workforce, and the addition of the nursing associate apprenticeship marked another key milestone in both the value of vocational education and training in the NHS and the development of a future workforce.

The National Health Service (NHS) currently employers 1.17m Full-Time Equivalent staff (with a headcount of 1.31m) (NHS Digital, 2021a) and, according to the Nuffield Trust, is the United Kingdom's biggest employer and the fifth largest employer in the world (Nuffield Trust, 2020). Based on the average earnings of staff employed in the NHS, the annual pay bill is £40 billion (NHS Digital, 2021b) meaning that the NHS will contribute in the region of £200m per year to the apprenticeship levy. The NHS is divided into 223 Trusts (The Kings Fund, 2019), each of which will operate as a separate business unit and employer, meaning that each Trust will have its own apprenticeship levy.

The NHS Long Term Plan (NHS, 2019) set out ambitious plans for ensuring that the NHS would be 'fit for the future' (p10), including 'giving NHS staff the backing they need' (P78). The Plan includes promises to increase the number of healthcare professionals in training, expansion of clinical placement availability, provision of an online pre-registration programme and growth in the number of nursing apprenticeships (although this is centred on nursing associates). Beech et al (2019) highlight critical recommendations needed to support or realise the ambitions of the NHS Long Term Plan, including the (re)introduction of a bursary for pre-registration students, expansion of postgraduate pre-registration programmes, retention of learners on current programmes, improved retention of the qualified workforce and increased recruitment of international nurses.

The Kings Fund (2018) suggest that, without intervention, the number of vacancies could rise from 100 000 in 2018 to 350 000 in 2030. Apprenticeships are seen as an 'alternative route' (p9) but are acknowledged as part of the solution. BPP University (2018) reported that whilst

NHS Trusts planned to maximise the use of the levy, the lack of flexibility in how it could be utilised was frustrating. This was echoed by the Kings Fund (2018) who suggested that the funding band for the nursing apprenticeship be increased and that flexibility in how the levy was utilised be introduced. Beech et al (2019) suggested that apprenticeships may be unviable for providers and called for flexibility in the use of apprenticeship funding.

The COVID-19 pandemic not only delayed the publication of the more detailed NHS People Plan but also increased pressure on demand for health and social care provision. In September 2020, the Public Accounts Select Committee concluded that plans to recruit an additional 50 000 nurses were unlikely to result in the desired over-supply of nurses and a reduction in vacancies without additional action (Public Accounts Committee, 2020). Equally, the removal of the bursary (promoted as an opportunity to increase numbers of nurses in training), the impact of the pandemic on recruitment and retention of nurses in the NHS and Social Care, the United Kingdom's decision to leave the European Union and the potential requirement for staff working in Care Quality Commission (CQC) regulated settings to be fully vaccinated against COVID all have the potential to further destabilise rather than strengthen the workforce supply.

2.9 Summary of chapter

This chapter has focused on vocational education and training and located the current iteration of apprenticeship policy alongside its forerunners. The characteristics of apprenticeships were explored, with particular regard to the environment in which learning occurs, predictors of successful completion and the reported barriers experienced by employers attempting to engage with apprenticeships (Baker, 2019a). An early critique of the latest iteration of apprenticeship policy is offered, perhaps as an indicator of the potential success or failure of policy and the relationship to the development of the health and social care workforce explored. However, in order to gain further insight into how policy makers have attempted to implement apprenticeship policy, an exploration of implementation history and models is presented in chapter 3.

3 Implementation

3.1 Introduction

The previous chapter provided insight into vocational education and the history of apprenticeships, associated policy initiatives before considering current issues with apprenticeships. One of the objectives of this research was to explore how policy makers had made sense of both the policy and its implementation in the NHS. To do so, it is helpful to have a broader understanding of the history of research into implementation and the resulting models proposed by other researchers.

The premise of this study was based on a naïve understanding and expectation of implementation – how is government policy translated from a document to reality?

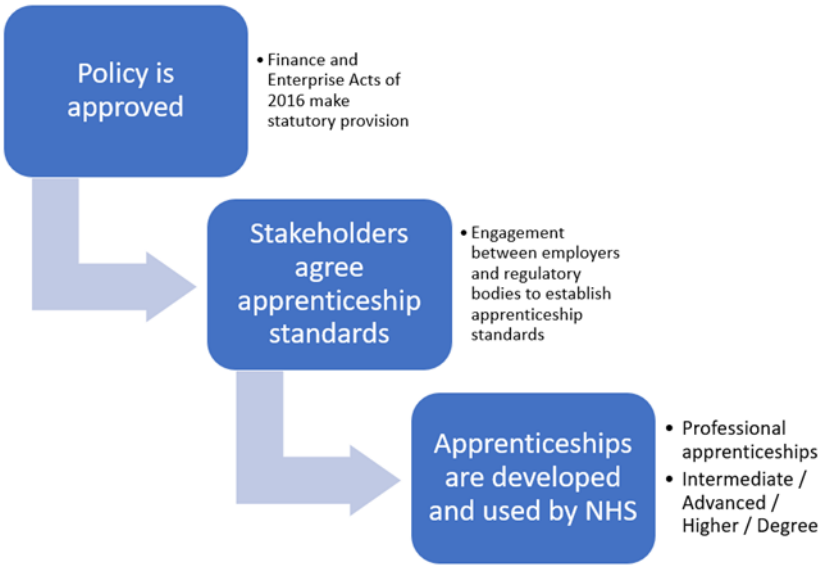

Figure 3-1 Anticipated implementation process

As established in chapter one, it was anticipated that the implementation of apprenticeship policy was a planned and sequential one as demonstrated in figure 3-1. Exploration of research into implementation highlighted the actual complexity of the process and that the initial expectation of it being a well structured, sequential and seamless one was somewhat misguided. Even at an early stage in this doctoral journey, it became apparent that implementation was a far more dynamic process and a rudimentary representation of early observations of that process is shown in figure 3-2.

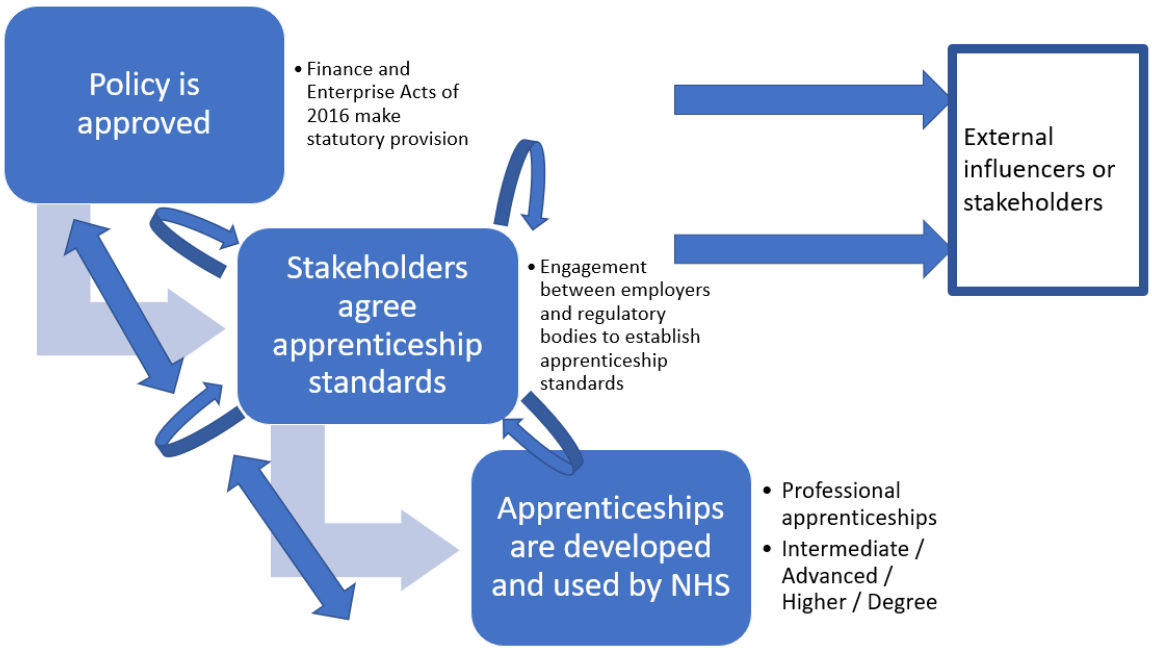

Figure 3-2 - Rudimentary representation of implementation of apprenticeship policy

By exploring existing thinking about implementation, the uniqueness of the model of implementation developed as a result of this research is better appreciated and a fuller answer to the research question provided.

3.2 The first generation – Pressman and Wildavsky

There are acknowledged to be a variety of influential factors when considering policy implementation, ranging from the construct of the policy itself through to the perception of the policy intent amongst those at whom it is directed. Pressman and Wildavsky (1973) are considered to be the instigators of research of and into implementation. Their protracted case study of the implementation of a project in Oakland, California in the 1960s charted what they report as a failed attempt to increase levels of employment in the region, improving living conditions for the poorest and thus decreasing racial tensions. Despite vast amounts of government money being made available to bring new industry to the area, money was unspent (or misspent) and the subsequent hypothesised job opportunities failed to emerge.

Their report led to the development of a probability model of implementation, after concluding that the project failed due to the number of potential decisions being made about implementing the policy, by a wide variety of implementors. As each decision was made by a different 'actor', the chances of successful implementation reduced; each decision point

offering the opportunity for delay or rejection due to unforeseen barriers. They subsequently developed a mathematical formula

$$P(A\&B\&C.....) = P(A)P(B)P(C)….. = P(A)^n = O$$

where P represents the possibility of an individual success, ABC… indicates each successive decision, n equals the number of successes required to achieve the outcome (O). Based on a 0.8 chance of receiving a positive decision at each stage of the process, the probability of success after 70 decisions reduces to 0.000000164549, suggesting that all policy implementation is doomed to failure from the outset when followed to its logical conclusion.

Subsequent critics have sought to challenge this notion. Bowen (1982) argued that although there are inevitable barriers, the persistence of those engaged in implementing policy, how making decisions on several factors at the same time and how achieving positive outcomes leads to further positive outcomes (the bandwagon effect) greatly increasing the chances of successful implementation. Bowen also acknowledged that implementation of even part of the policy should be seen as a successful outcome, describing this phenomenon as 'policy reduction' and acknowledged that ideas and intention can change over a period of time. Despite Pressman and Wildavsky's pessimism, there was ultimately some economic regeneration in Oakland as well as the construction of a local health centre which was instigated and completed by the community itself. The health centre had not appeared within the original policy but was subsequently judged to have had the greatest positive impact within the target population.

McLaughlin (1987) described implementation as a 'process of bargaining or negotiation' which moved away from the earliest implementation frameworks and acknowledged that policy changes over time as the implementation process continues. Whilst the initial intention may have been to achieve particular outcomes, over time the focus shifts to the quality of that outcome. McLaughlin suggested that Pressman and Wildavsky (1973) belong to the first generation of researchers on implementation, where there is an uncertain relationship between the policy and the actual outcomes.

3.3 The second generation

Second generation researchers of implementation provided greater insight into the relationship between policy and practice, whilst third-generation researchers concentrate much more closely on the actions and motivations of the implementors themselves. This, McLaughlin (1987) described as the distinction between macro-level (whole system) and micro-level (individual actors) implementation, where the complexity of the decision-making process, resourcing and individual motivations are multifactorial elements of implementation.

Van Meter and Van Horn (1975) offered an early conceptual framework (or policy delivery system), suggesting that whilst traditionally more was known about the process of policy making, the impact that policies have on the people or the problems they are designed to impact upon (or the link between policy and performance) was less clear. Van Meter and Van Horn (1975) defined implementation as: 'those actions by public and private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions.' (P447)

This takes a 'top-down' view of implementation, where the policy is the starting point and successful implementation is achieved when the original policy intent is enacted. Hupe and Hill (2016) described this model as encapsulating a chronological sequence of events, where intent is followed by action and there is a logical flow to implementation. Sabatier (1986) suggested that researchers and theorists of top-down implementation examine the extent to which policy objectives are achieved over a period of time and why. For this body of researchers, the development of the policy is seen as the critical element; with policy development and implementation being very separate and distinct processes.

Van Meter and Van Horn's (1975) theoretical perspective suggested that policies have two distinguishing factors: the amount of change involved or required by the policy and the 'extent to which there is goal consensus among the participants in the implementation process' (P458) and that implementation is likely to be more successful when there is a small amount of change required and a high goal consensus. Their model suggests six variables that shape the link between policy and subsequent performance and the relationship between them.

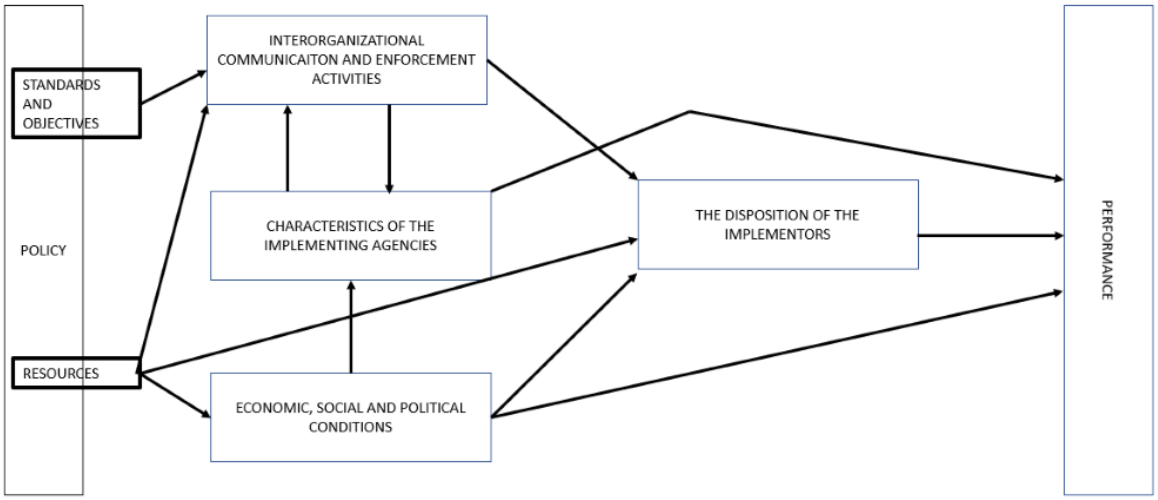

Figure 3-3 A Model of the Policy Implementation Process (Van Meter and Van Horn,1975)

Van Meter and Van Horn (1975) further emphasised the dynamic nature of the implementation process, suggesting that decisions taken at early stages potentially have little consequence later. They also acknowledged the impact of 'environmental' conditions at the time decisions are being made and the relevance of economic, social and political conditions to the implementation of apprenticeship policy in the National Health Service are integral to this study.

Sabatier and Mazmanian (1980) developed a framework of implementation, drawing from a diverse range of examples in the 1960s and '70s in America.

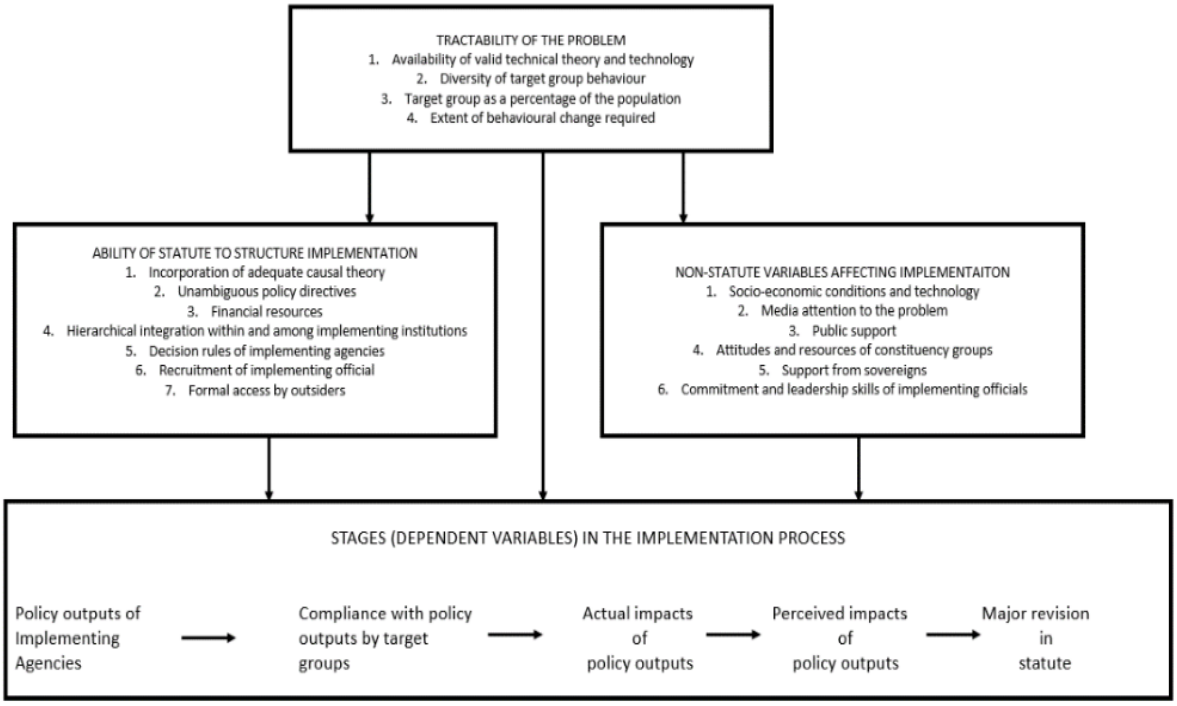

Figure 3-4 Skeletal Flow Diagram of the Variables Involved in the Implementation Process (Sabatier and Mazmanian, 1980)

Whilst again acknowledging the variety of independent variables which can impact on the implementation of a policy, Sabatier and Mazmanian (1980) also argued that each stage (or dependent variable) could be viewed as an end point in its own right. Although the strength of the original statute (or policy) is important, the authors suggested that the 'changing socio-economic conditions and the ability of supportive constituency groups to effectively intervene in the process that are probably the most important' (P554). Alterman (1983) suggested that the Sabatier and Mazmanian (1980) model is by far the best, with other models serving only to introduce a wider range of influencing factors likely to impact the implementation process but not contribute to wider understanding.

Although offering a different perspective to that of Pressman and Wildavsky (1973), both models acknowledge the policy as the starting point and implementation focussing on the extent to which policy intent was enacted. As Matland (1995) acknowledged, however, this leads theorists to focus on policy construction and subsequent variables which could be potentially controlled or manipulated during the implementation process, overlooking the micro-level element of implementation suggested by McLaughlin (1987). Whilst studies of top-down or macro-level implementation may seek to offer insight into how implementation

processes can be streamlined or improved, a definitive model remains elusive, suggesting that other factors need to be considered.

Berman (1978) focused much more closely on the micro-level implementation, acknowledging that the institutional setting where implementation takes place is deserving of equal attention. Berman returned to Pressman and Wildavsky's (1973) mathematical formula introducing an additional element of 'implementation effectiveness', arguing that policy outcomes can ONLY be measured once it has been implemented; any measure of its success (or otherwise) being wholly dependent on its implementation. Berman (1978) further distinguished between the institutional settings where macro- and micro-implementation take place; the former being 'the bureaucratic sector' and the latter local organisations.

Berman (1978) described a much less linear (or causal) model of implementation, where there is often uncertainty and, where ambiguity exists, policy changes taking place. This was echoed by Barrett and Fudge (1981) who suggested that implementation is a process of negotiation and that the consensus of those enacting the implementation is a far stronger influence on outcomes. Even in a bureaucratic system where specific change is mandated, the dissonance between policy makers and policy enactors may lead to unsuccessful implementation or 'slippage' of the policy intent. Berman (1978) further reported the successful implementation of the same policy in different institutional settings, but the policy 'mutating' and policy outcomes looking different in each setting. Berman and McLaughlin (1978) subsequently described this as a process of 'mutual adaptation', where policy changes to meet the local needs within any or every institution. Hacker (2004) described the phenomenon of policy drift, where although the policy remains fundamentally unchanged, the operation or effects of the policy are altered.

Lipsky (1980) recognised the role of the implementor in the implementation process, describing them as 'street-level bureaucrats'. Specifically relating to public service employees, the street-level bureaucrat is the individual who has direct contact with members of the public accessing their services. As such, they are responsible for enacting the policy intent at a very local level. Lipsky (1980) suggested that street-level bureaucrats were often conflicted by wanting to do what is best for the individuals they served whilst meeting the demands of the wider system and deliver an efficient (or cost-effective) service. Lipsky

argued that the position of power held by street-level bureaucrats will determine not only how policy is implemented but also how policy was made.

Lipsky (1980) differentiated between street-level bureaucrats, lower-level workers and managers, but taken in the context of both the Van Meter and Van Horn (1975) and Sabatier and Mazmanian (1980) models, there is an argument that each individual makes organisational or individual values-based judgements at each decision-making point. This echoes the work of Pressman and Wildavsky (1973) in suggesting that there are multiple points when policy implementation could fail, but it is probably more appropriate to acknowledge that the 'disposition of the implementors' has, to some extent, a reciprocal influence on communication, social conditions and overall characteristics of the implementing agencies identified in the Van Meter and Van Horn model. Barrett and Fudge (1981) also contended that the values systems of the individuals involved in the implementation process contribute to their willingness to adopt a new policy.

The scope of this research is broad and has inevitably reflected implementation at both a bureaucratic and institutional (macro-and micro-) level. However, it is also acknowledged that this study is unlikely to provide a complete overview of implementation of apprenticeship policy in the National Health Service – to do so would require a protracted period of review. Perhaps conclusions may only be drawn once subsequent iterations of apprenticeship policy are enacted and the final success or failure of policy can be reflected upon. Furthermore, definitive outcome measures would need to be agreed on which to base any judgement.

The government's apprenticeship implementation plan (Department for Business, Innovation and Skills, 2013) outlined their approach to the introduction of apprenticeship policy but focused on the 'what' rather than the 'how'. Employer involvement, improving perceptions of apprenticeships, phasing out of apprenticeship frameworks, grading of apprenticeships and establishment of trailblazers were all included, but there appears to be nothing more strategic than this. The plan largely set out the rules and conditions which the government expect to introduce or be adhered to when developing and implementing apprenticeships. In doing so, the government provided the road map for implementation, but how the actors get there is open to interpretation as long as essential criteria were adhered to. This and other associated government policy papers marked the outset of the implementation processes described by Van Meter and Van Horn (1975) or the

ability of statute to influence implementation described by Sabatier and Mazmanian (1980). The study described in this thesis focuses on the how and explores the extent to which the government's vision was achieved in the National Health Service.

Goggin (1986) is critical of implementation studies highlighting their lack of research rigour and suggests that models have been generated based on a case study approach rather than statistical or experimental methods. Goggin describes this phenomenon as consisting of too few cases and too many variables, but nevertheless offers a suggested model of implementation:

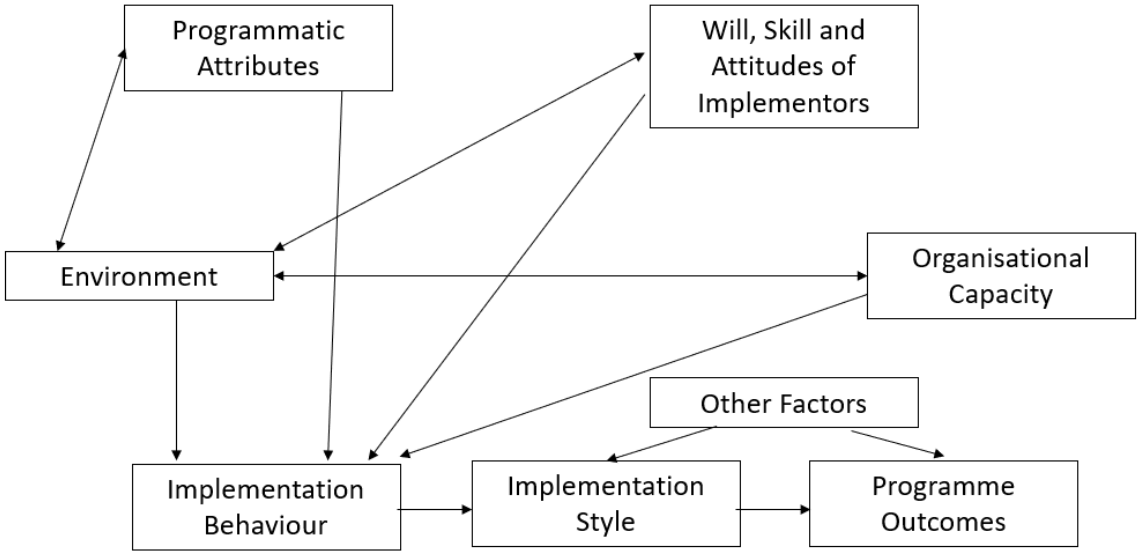

Figure 3-5 Schema for explaining implementation and programmatic performance, Goggin (1986).

Goggin (1986) proposed three associated activities within the model: Implementing Tasks, Implementation Performance and Programmatic Performance. Each of these activities included sub-elements that could impact on implementation or be considered an implementation outcome.

O'Toole (2004) decried the lack of empirical studies into implementation, suggesting that the growth in the potential number of factors influencing implementation has not yet offered any reasonable *explanation* of how implementation can be improved. Several authors shared O'Toole's frustration, including Bardach (1977) and van Meter and van Horn (1975).

Hupe (2014) suggested that the debate over implementation and the 'top-down' or 'bottom-up' dichotomy abated after around the mid-1980s, and implementation research tended to focus more specifically on policy implementation in particular fields (for example education or public health).

Winter (2012) proposed an integrated model of implementation focusing both on behaviours and outcomes of the proposed policy objectives.

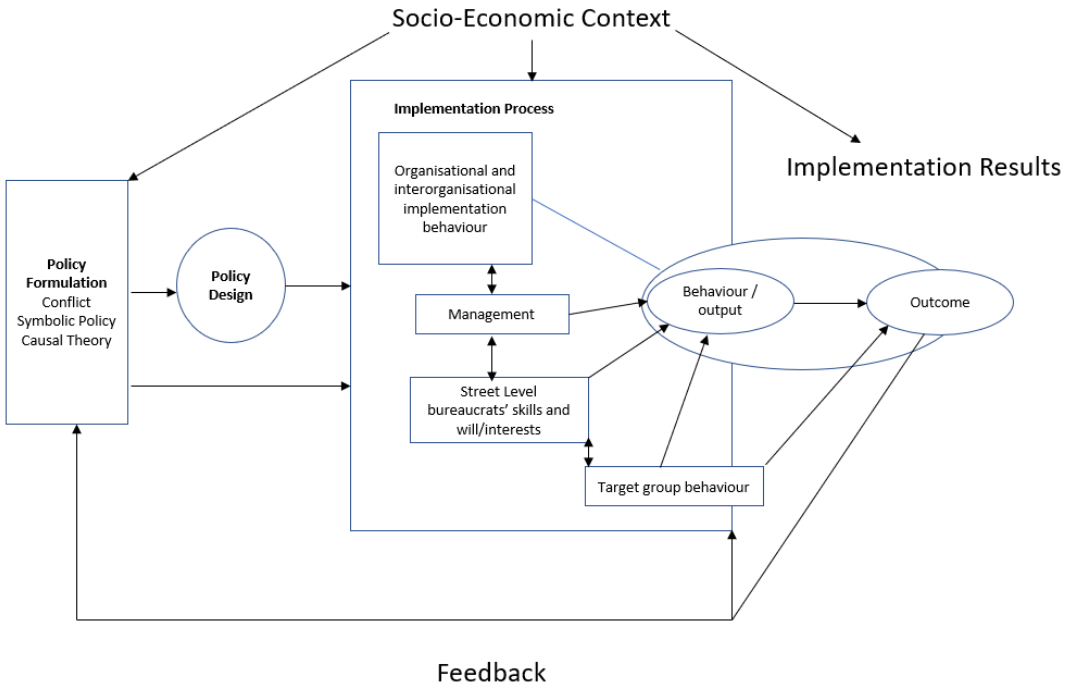

Figure 3-6 The Integrated Implementation Model (Winter, 2012)

Whilst Winter's Integrated model offered a more sophisticated representation of interconnectivity than those of Goggin (1986), Sabatier and Mazmanian (1980) or Van Meter and Van Horn (1975), it still does not fully reflect personal observations of the process in relation to the implementation of apprenticeship policy. This model does not reflect the dynamic flow of information in and around the system as well as the mobilisation of an entire system to achieve implementation rather than, as is perhaps suggested by other models, a single outcome.

3.4 Theoretical perspectives

O'Toole (2004) suggests that those involved in the implementation of public policy 'face a nonlinear reality' (P320) with Lynn (1996) describing how managers need to 'confront a

messy reality' that needs to be controlled before policy implementation can be progressed. The different models and theories of implementation included in this chapter have all attempted to describe this messiness, although others have used different theories as a lens to explore the implementation process.

Nilsen (2015) proposes five categories of theoretical approaches to understanding the implementation process which are used to achieve three overarching aims: describing the process of translating research into practice, understanding what influences outcomes and evaluating implementation. Theories of psychological behaviour change have been utilised, especially concerning changing the clinical practice of healthcare professionals (Nilsen, Roback, Brostrom and Ellstrom, 2012) to account for the influence that the individual has on implementation. Other theories focus on organisational behaviours (Birken et al, 2017) and how external factors can influence organisational behaviours during implementation (Leeman et al, 2019).

Kiser (1999) reports a rise in the popularity of agency theory in implementation studies, particularly in relation to how authority is delegated from principals to agents. Lane (2013) suggests that Principal-Agent theory can be useful to explore the integration between government (the principal) and 'bureaux' or governmental departments (agents) in the process of public policy implementation. Principal-Agent theory gained ground in relation to understanding bureaucracy (Waterman and Meier, 1998), and has been used to describe some of the challenges of operationalising government policy (Howeltt, 2019). Fowler (2020) recognises that information asymmetry and goal incongruence between principals and agents can lead to conflict, and that careful management of both principals and agents is required for successful implementation. Sinclair (2001) noted that policymakers are not able to control how policy is implemented and therefore the role of the agent is critical in shaping policy as implementation decisions are made.

Hermans, Cunningham and Slinger (2014) suggest that game theory offers a more structured approach to the evaluation of implementation, especially when implementation is contingent on a network of actors. Game theory explores how competing actors in social situations behave when making strategic decisions. Rigby et al (2014) expanded this thinking and noted that implementation often begins with an idea of the desired implementation outcomes before implementors define how actors involved in the process should act. However, implementation is not always successful, as reported by participants in the study by Rigby et

al (2014), and the anticipated policy benefits did not favour the actors and thus the 'game' did not proceed as expected.

This incompatibility between policy designers and implementing actors (or principals and agents) may be attributed to power imbalance. O'Toole (2004) focuses on the social processes between implementors and their target organisation or audience, suggesting that all actors engaged with implementation have their own objectives, understanding of the process and power or influence.

3.5 Relevance to this study

The binary position of 'top down' or 'bottom up' models of implementation have, to some extent, been superseded by the more advanced and refined models of Goggin (1986) or Winter (2012). The latter offers greater insight into some of the complexities of implementation, but still appear to suggest that there is some form of 'sequence' or 'order' to the process and one outcome – policy is implemented or not. However, personal experience in this arena suggested that implementation needed to happen in several layers of the system simultaneously, with changes to process or the policy itself necessary in order to progress. To suggest that by influencing the target behaviour of one group leads to implementation outcomes also ignores the multi-agency approach encountered in apprenticeship implementation. The 'implementation process' outlined by Winter would appear to have been replicated over and over by these different agencies and inter-agency relationships subsequently impacting on the behaviours of others and apprenticeship policy itself. The aim, therefore, of critically evaluating the approaches taken by different NHS organisations in England to apprenticeship policy implementation still appears valid, as existing models of implementation do not adequately explain personal experiences or the processes observed.

3.6 Reflection on the impact on the conceptual frame

The introduction chapter presented the anticipated process by which apprenticeship policy implementation would take place (figure 1-1) and this framed the initial stages of my research. By exploring existing models of implementation, I was able to explain some of what I had observed during early participation in developing apprenticeship standards in nursing (figure 3-2). Appreciation of models proposed by Sabatier and Mazmanian (1980) and Van Meter and Van Horn (1975) in particular enabled me to describe some of the contingencies and complications I had observed and was beginning to explore through data

collection and analysis. This enabled me to draw out a more refined model of policy implementation as shown in figure 3-7. Whilst this was still some way from the final model, it demonstrates early thoughts about how 'environmental factors', actors and policy were interacting, along with an extrapolation of how information was flowing in and around the 'system' in order for decisions to be made. This early model reflects the 'messy' nature of implementation previously described by some (e.g. O'Toole, 2004 or Kitson, Harvey and McCormack, 1998)

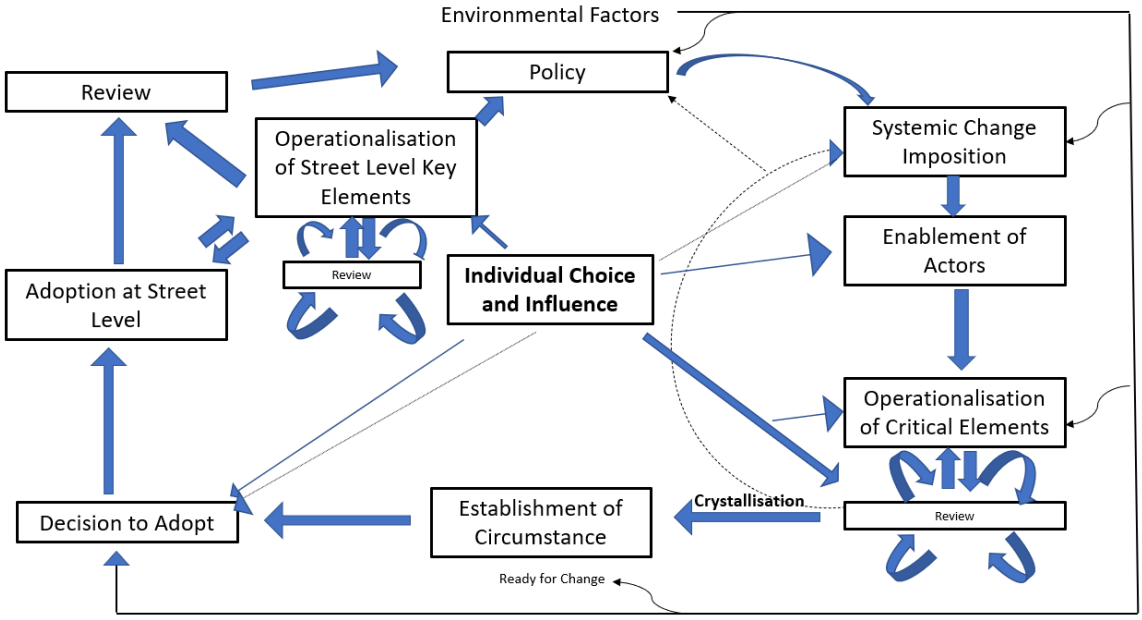

Figure 3-7 - Expanded early model of apprenticeship policy implementation

3.7 Summary of chapter

A number of different models of implementation have been proposed over the years since Pressman and Wildavsky (1973). All present a sequence of links between original intent, procedural variance and final outcomes, often influenced by the stakeholders or 'actors' who have an interest in or responsibility for implementation. Early assumptions about how implementation occurs were explored before demonstrating how these needed to be revised and expanded to accommodate what was being observed personally and through the data collected. The breadth of implementation research and models has more recently been criticised for lacking rigour. The following chapter will set out the methodology and methods

used in this research, with the aim of making a credible and trustworthy contribution to the field.

4 Methodology and Methods

4.1 Introduction

Chapters two and three discussed how the early research journey attempted to locate other studies exploring the process of apprenticeship policy implementation in the UK and the rationale for this study. This chapter explores the philosophical perspective of the researcher, theoretical underpinnings of the research and rationale for methodology choice. The historical development of Grounded Theory (GT) methodology is explored, including the current differences between approaches to GT evident today. Finally, the choice of constructivist grounded theory as the most suitable for this study is justified.

The chapter then describes the methods used to generate data in this study in order to meet the research aims. Data collection methods and procedures are discussed, as well as the data analysis methods utilised to generate the resultant theory. The ethical principles which underpin the study are then discussed before exploring strategies used to ensure the rigour of the methodology, including the reflexivity of the research.

4.2 Research aim

The main aim of this study was to explore how apprenticeship policy arising from the Enterprise Act and Finance Act of 2016 has subsequently been implemented in the National Health Service in England.

4.3 Reflection on my philosophical position as a researcher and impact on this study

In order to select the appropriate research paradigm for this study, it was first important to understand my personally held beliefs about the nature of reality (ontology) and the influence these have on the acquisition of knowledge and knowing (epistemology). Kuhn (1962) defines a paradigm as a philosophical way of thinking and describes it as the ‘researcher’s worldview’ (Mackenzie and Knipe, 2006). Denzin and Lincoln (2017) add that these beliefs subsequently guide individuals in their actions, as being ‘human constructions’ and consisting of four elements – epistemology, ontology, methodology and axiology (Lincoln and Guba, 1985). Cohen, Manion and Morrison (2018, P34) suggest that a paradigm could be defined as the philosophical motivation for undertaking the study. This study represents a strong

personal motivation to explain what had been observed informally through participation in health apprenticeship development and implementation in England.

Maturity and life experience have influenced my philosophical position. As a teenager and during the early part of my career as a diagnostic radiographer, I recognised that positivism was the prevailing philosophical position. A fascination with science and a desire to know more about the structure and function of the human body were integral to my choice of career and, perhaps through immaturity and a narrow world view at the time, the realist paradigm was far less dominant. However, an introduction to psychology and sociology as part of an undergraduate degree brought different perspectives and offered me an insight into how patients, their families, society and even healthcare itself was both a social construction and deeply personal. Perhaps the choice of career as a radiographer did, after all, indicate that society's and individual's interpretation of health and wellbeing were of equal interest; how individuals behaved and interpreted their illness or encounters with the imaging department becoming of equal or greater personal interest.

This transition is also reflected in my development as a researcher, and the development of a more reflexive research approach has enabled an appreciation of how personal interests, attitudes and assumptions have developed. Working within the highly politicised public sector (first in the National Health Service and then Higher Education) has undoubtedly enabled me to develop a broader real-world overview and an understanding of the influence of individuals, society and particularly politics influence the world. This has resulted in the development of a more realist perspective of both life and research, where reality is constructed by and between the people experiencing any situation.

Working closely with employers, participating in the development of apprenticeship standards in nursing and attempting to implement apprenticeships in my own University all led to wanting to understand how public policy was translated into a reality. The lived experience of trying to 'bring about' the reality offered me some insight into the complexity of policy implementation and formed a starting point for my own research.

The emphasis on the introduction of the apprenticeship levy in 2017 had a significant professional impact on my work role, and gaining some understanding of how and why this had been introduced led me to read (and subsequently analyse) the Richard Review (2012). Richard's review offered a gateway into wider reading about apprenticeships and vocational

education and training – Richard's criticism of some aspects of apprenticeships led me to explore literature and historical perspectives of apprenticeships in the UK in an attempt to understand their basis.

At the same time, challenges in developing the apprenticeship standards in nursing and nursing associates whilst being able to align government requirements for apprenticeships, standards required by the NMC as the regulatory body and my personal experiences of delivering pre-registration education started to bring to life some of the literature I was reading about implementation. The variety of implementation models discussed in Chapter 3 gave some insight into the 'messiness' of implementation – far from being a sequential and linear process as anticipated at the beginning, there were multiple contingencies and interdependencies that needed to be navigated.

By developing a better understanding of how apprenticeship policy had been implemented in the NHS, I hoped that I would be able to apply my learning practically, either within the NHS, other public sector organisations or higher education. I also realised that my work with Skills for Health, Health Education England, the Nursing and Midwifery Council and IFATE in supporting the development of nursing apprenticeship standards placed me firmly within the process of apprenticeship policy implementation and this needed to be recognised and acknowledged.

4.4 Implementation as a construct

Denzin and Lincoln (2003) describe qualitative research as 'a situated activity that locates the observer in the world' and consisting of 'a set of interpretive, material practices that make the world visible' (P4). The significance of the individual within the implementation process is clear from chapter 3, with individuals being able to influence the implementation journey overtly or inadvertently at every step. Although models of implementation differ, each acknowledges the role of individual actors and societal influence in the process at some point. The mere existence of multiple models suggests that theorists have derived different meanings from their observations of the implementation process and that there is no consensus on how implementation actually occurs.

In selecting an appropriate methodology for this study, therefore, as no shared understanding of implementation existed, it would have been disingenuous to take a deductive approach. Although it would have been possible to make comparisons against existing

models of implementation, it would not have been possible to make a robust comparison against a directly observed phenomenon, as multiple realities already appear to exist in the realm of implementation science. Therefore, to explore how apprenticeship policy had been implemented in the National Health Service in England it was important to approach this process using an inductive paradigm, thus allowing fresh observations to potentially elicit new theoretical perspectives which could further contribute to the body of knowledge of both implementation and apprenticeship policy.

4.5 Choice of methodology

This study set out to explore how apprenticeship policy had been implemented in the National Health Service in England following the apprenticeship reforms in the early to mid-2010s. Using documentary evidence and data generated through interviews, the study aimed to determine policymakers' understanding of apprenticeship policy and its intention with regard to the NHS before subsequently evaluating approaches taken by the NHS to its implementation.

Existing research evidence concerning the implementation of public policy and the number of individuals involved suggested that a qualitative approach would best enable the discovery of new information to describe the process. As demonstrated in chapter two, the convergence of political drivers, the complexity of the National Health Service and the nature of apprenticeships meant that multiple subjective realities would need to be explored in order to best meet the research objectives. Personal participation in some aspects of these processes further suggested that an objectivist approach (where the researcher has a high degree of separation from the data) would be difficult to achieve and therefore it would be better to acknowledge and accommodate these experiences from the outset through the choice of methodology.

In order to fully describe the experience of participating in the implementation of apprenticeship policy, it was felt that grounded theory would be an appropriate approach to adopt (Birks and Mills, 2015). Several approaches exist within the interpretivist paradigm including phenomenology, ethnography and grounded theory. Phenomenology seeks to understand an individual's lived experiences of a phenomenon and the sense they subsequently make of that phenomenon. Ethnographic research explores the knowledge held within a particular culture. Neither approach would allow full exploration of the

implementation process across a range of stakeholders or organisations and subsequently, meet the aim of the study.

Charmaz (2017) suggests that qualitative research allows researchers to address the *what* and *how* questions, but grounded theory also enables them to answer the *why* question. Glaser and Strauss (1967) describe grounded theory as a strategy for discovering or constructing a theory through the analysis of qualitative data. Charmaz (2006, P46-7) contested that the researcher themselves inevitably interacted with the phenomena being studied and thus data cannot be 'discovered' and is 'constructed' through those interactions, combined with the philosophical perspective of the researcher. The plurality of decisions made as part of policy implementation means that different realities exist at different stages of implementation and, as Lincoln and Guba (1986) suggest, offering a 'thick' description through theory development via grounded theory methodology would be appropriate.

Selecting constructivist grounded theory as the methodology of choice, therefore, allowing the research aims to be achieved successfully, would potentially illustrate the complexity of the implementation process, aligned with the philosophical perspective of the researcher and would best accommodate existing knowledge and experience of implementation of apprenticeships in the NHS.

4.5.1 Grounded theory

Tensions between the inductive and deductive paradigms in sociology research saw the emergence in the 1960s of Grounded Theory. Following their studies of how those with a terminal illness were cared for in a hospital setting, Glaser and Strauss (1967) developed systematic approaches to data analysis that combined different sources of data, suggesting that theory could emerge from the data collected rather than theory being tested. The utilisation of a systematic approach to qualitative analysis represented a methodology that would permit theory to be developed from social processes or constructs. Figure 4-1 provides a diagrammatic representation of the theory generation process using grounded theory.

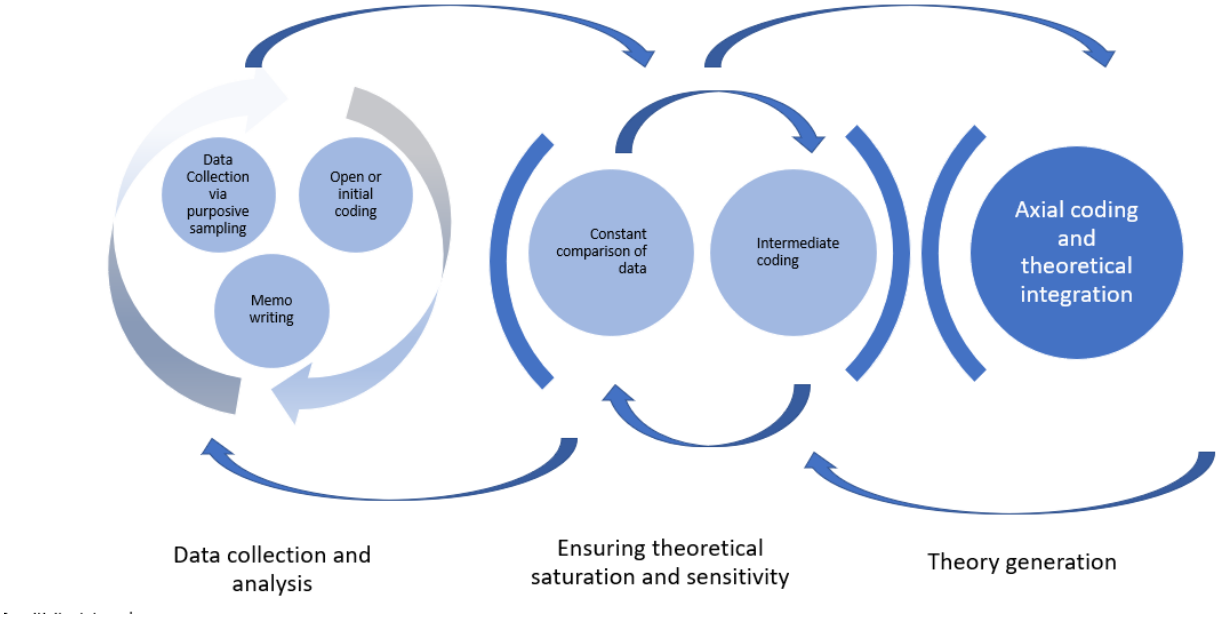

Figure 4-1 Foundation of grounded theory methodology (summarised by author)

Charmaz (2014, P2-4) suggests that the principles of coding and memo writing, constant comparison, theoretical sampling and the dynamic processes of data collection and analysis distinguish grounded theory from other qualitative methodologies.

4.5.2 Principles of Grounded Theory

Figure 4-2 Principles of Grounded Theory (after Charmaz, 2014)(Summarised by author)

Over time, grounded theory has been adapted by researchers to accommodate different epistemological positions e.g. Post-positivism (Strauss and Corbin, 1990); social

constructivism (Charmaz 2014, p14) or postmodernism (Clarke, 2003). Chun Tie, Birks and Francis (2019) describe grounded theory as having three main 'genres' – traditional, evolved and constructivist. Whilst all approaches to grounded theory rely on the core principles outlined in figure 4-2, constructivist grounded theory is rooted in the notion that concepts are 'constructed' rather than 'discovered' (Evans, 2013). Mills, Bonner and Francis (2006) further note that constructivist grounded theory places the researcher at the centre of the methodological approach.

4.5.3 Choice of constructivist grounded theory for this study

As noted in section 2.2, traditional grounded theorists contend that being immersed in literature too early in the research process contaminates any resultant theory. However, by undertaking a taught doctoral route, the need to engage with literature relating to apprenticeships was essential in order to complete required assessments during year one of the programme, resulting in the publication of 'Potential Implications of Degree Apprenticeships for Healthcare Education (Baker, 2019a). At this stage, the research question, aims and methodology were not yet fully formed, although exploration of how the NHS had responded to apprenticeship policy lay at the core of initial thinking.

An article by Keane (2015) offered particular insight into the use of constructivist grounded theory when the researcher had enhanced insight into the area and institution under investigation. This led to further exploration of how constructivist grounded theory had been used by other researchers to investigate implementation. Laws et al (2009) gave a useful perspective of how a constructivist approach can be applied in health settings, including how individuals can be influential in implementation processes or decisions. Benzer et al's (2012) paper, although suggesting that a grounded theory was an outcome of the study, had adopted a diluted version of GT. However, this helped to develop a better understanding of how to proceed with data collection and analysis for this study. The journal 'Implementation Science' is an open access, peer-reviewed journal and provided a broad range of articles for broader background reading around the study of implementation (e.g Eccles et al 2011; Murray et al 2011; Nilsen, 2015)

4.5.4 Documentary analysis of Richard Review

As the Richard Review (2012) had provided the gateway into exploring apprenticeship policy and vocational education and training, the document formed the starting point of this investigation. The Review was analysed in line with grounded theory methodology, using a line-by-line approach as well as considering the overall format of the document. Open coding and memo writing were employed for this element of the research, although the resulting concepts were different from those later generated from interviews with participants due to the differences between data sources. Compared with subsequent coding of interview data, analysis of the Richard Review was primitive, reflecting inexperience with the process. The format of the Review was also different to interview data, with key findings being summarised at the beginning of the document and then repeated later in each chapter of the report. Although this was a lengthy document, the number of codes generated was relatively small, and the memos generated as part of the process were reflective rather than conceptual. Again this is partly attributable to inexperience, but also that analysis of the Review occurred at an early point in the lifetime of the study and understanding of apprenticeship policy was not yet fully formed. Understanding of policy implementation was also rather rudimentary at the time. Rather than seeing Richard's review as one piece of a much larger jigsaw, at that point, it represented the start of an anticipated implementation sequence. However, the understanding developed through the analysis of the Review not only provided the basis for later interview questions but also supported my contribution to the development of apprenticeships nationally and locally.

Analysis of the review is presented in Appendix 13.6

Analysis of the Richard Review focused on the responsibilities or outcomes for four main stakeholders: employers, training providers, the government and apprentices themselves. Four main concepts emerged:

The design and delivery of the apprenticeship

The quality of apprenticeships

Assessment of the apprenticeship

Bureaucracy surrounding apprenticeships.

The importance of engaging employers in the design of apprenticeships was a fundamental tenet of Richard's Review, addressing criticism of previous apprenticeship schemes. Consistent emphasis was placed on the need for employers to be in the 'driving seat' and this is reflected throughout the analysis and findings of interviews with participants later in the thesis. The 'Trailblazer', formed of a group of employers and other key stakeholders who prescribe the content of an apprenticeship, is partly attributable to this suggestion although the term and format had been used earlier by the National Apprenticeship Service. Richard also suggested that employers should expect to invest in apprenticeships, either financially (with a contribution to the training element or apprentice salary) or as an investment of time and support for learning within and without their organisations.

Training providers were advised to become 'agile' and be responsive to employers' needs within a competitive market. Improving the quality of apprenticeships was seen by Richard as fundamental to increasing both their utilisation and trust in the apprenticeship 'brand'. The need for apprenticeships to be current, standardised and transferable between employers was emphasised. These qualities have been realised with the introduction of the apprenticeship 'standard', the document which lists the knowledge, skills, behaviours and duties which apprentices need to develop or perform by the end of their training. Further reassurance is offered through the introduction of end point assessment, offering a standardised assessment of all apprentices.

The responsibilities of government were largely seen by Richard as developing the infrastructure within which apprenticeships can flourish and function. This included funding mechanisms to pay for apprenticeships, strengthening governance and quality of apprenticeship provision, driving the necessary process reforms and decreasing bureaucracy around apprenticeships. These operational requirements were counterbalanced in Richard's eyes with the need to uphold the societal obligation to support young people into employment through apprenticeships or traineeships (a precursor to a full apprenticeship) and improve their ability in maths and English.

Although characteristics of apprentices were referenced within Richard's review, there was otherwise very little consideration given to them as participants in the apprenticeship. Where reference was made to the 'responsibilities' of the apprentice it was with regard to them understanding and accepting that low wages were to be expected during the apprenticeship. Far greater emphasis was placed on how the government, employers and training providers

needed to function in order to develop successful apprenticeships. The apprentice as a consumer of the final product was largely overlooked although expectations placed on them to successfully enter into meaningful employment at the end were high.

4.6 Refelction on Research design

This section includes a discussion of theoretical perspectives influencing the design of constructive grounded theory studies and how these were applied in practice to this study.

4.6.1 Research environment

I collected data via semi-structured interviews with participants. Only two interviews took place face to face, the remaining 12 were conducted digitally via telephone or video conferencing. It would have been preferable to conduct all interviews face to face as this could have led to the observation of the participant's body language or other non-verbal cues and given further insight into their perceptions of the implementation journey. However, by conducting interviews remotely, it was far easier to gain access to participants across the country. Deakin and Wakefield (2014) noted the benefits of having a more flexible approach to interviews when they are conducted online but that the potential for technological problems inevitably increased. Thunberg and Arnell's (2021) systematic review supports this but also acknowledges that participants in some studies may be more inclined to disclose sensitive information via digital interview than in person. To have insisted on face to face interviews may have excluded some participants from the study and their contribution to or perceptions of the implementation process being lost. Thunberg and Arnell (2021) identify this as a significant advantage of digital interviews as well as being a cost-effective approach. In this study, digital interviews were the pragmatic option and ensured that remote and time-poor participants could be included, ultimately enabling the inclusion of a wider range of participants and data.

4.6.2 Sampling

Flick (2014) suggests that there are sampling decisions to be made at various stages in the research process – during data collection, interpretation and presentation of findings. Initially, the sample was purposive to begin the process of data collection and analysis (Birks, Hoare and Mills, 2019). For this study, my data collection began with key informants involved with the development of apprenticeship standards as it was hypothesised that this is the first stage

of apprenticeship policy's implementation. The interview schedule is provided in appendix 13.1.

4.6.3 Participant selection

In order to participate in the study, participants needed to have experience either in the development of apprenticeship standards or an influence on the wider implementation of apprenticeship policy. My participation in the nurse degree and nursing associate apprenticeship trailblazer process not only enabled observation of the implementation process but also allowed engagement with organisations or individuals who could meaningfully contribute to this research. At this stage of the study, the complexity of implementation was becoming much clearer and some of the detail of the intermediate step (figure 4-3) in the implementation process emerging.

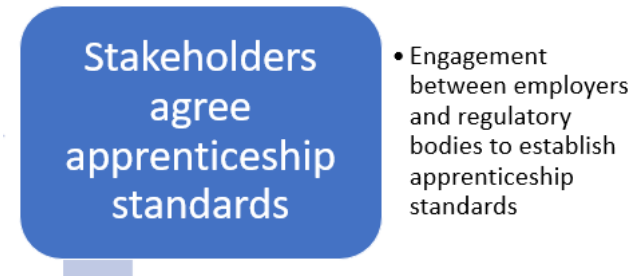

Figure 4-3 - anticipated second step in the implementation process

Skills for Health (as the Sector Skills Council), Health Education England and the Department for Education / Institute for Technical Education and Apprenticeships had several representatives engaged with the development of apprenticeship standards or policy implementation. Other organisations had one individual who was the main representative and therefore best placed to participate in the study.

Where one individual was representing an organisation, they were approached and invited to participate on behalf of that organisation. When organisations had more than one representative, several representatives were approached to ensure representation, although different representatives tended to have slightly different roles and so each had a unique perspective that contributed to overall understanding.

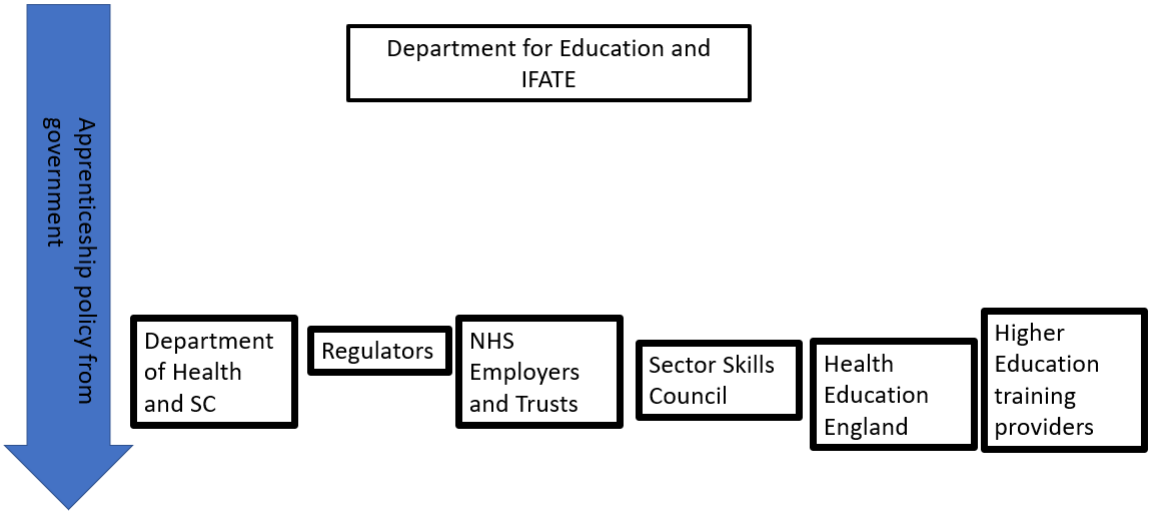

Figure 4-4 Representative stakeholders participating in policy implementation

4.6.4 Reflection on my role as practitioner-researcher

The development of my understanding of the implementation process had led me to map out some of the stakeholders concerned as shown in figure 4-4 above. In turn, this helped me to reflect on which organisations or sectors could be included in the study as each had a valid contribution to make. Although not exhaustive, representatives from each of these main groups were included as participants in the study. Through the reflexive process, I was able to recognise that participating in the implementation of apprenticeship policy enabled me to capitalise on the unique perspective I had. Rather than being an external observer, I was able to develop, acknowledge and explore the complexity of the relationships and actions illustrated in Figure 4-5 further allowing the construction of the final theory. The areas highlighted ('Operaitonalisation of Street Level Key elements', 'Individual Choice and Influence' and 'Operationalisation of Critical Elements') were ones where personal participation in the process enabled particular insight that would not have otherwise been achieved. My understanding of implementation increased in line with data collection, wider reading and through use of the reflexive process, subsequently enabling progression from 'naïve observer' to 'sage participant' within implementation.

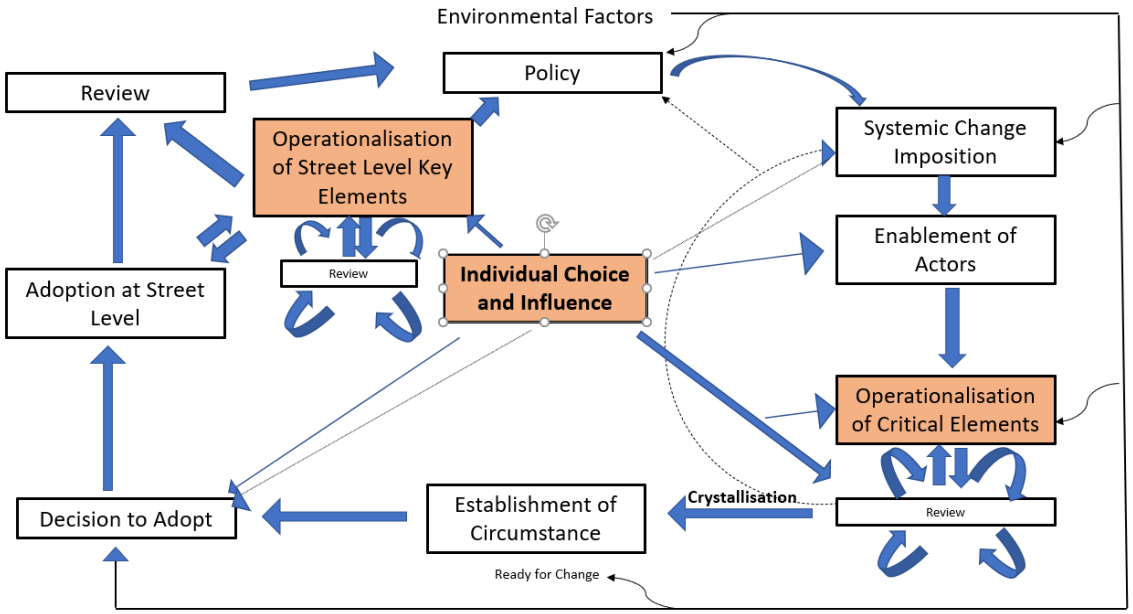

Figure 4-5 Expanded early model of apprenticeship policy implementation – highlighted areas

At the start of data collection, and as demonstrated in figure 4-5, whilst understanding I had had a 'presence' in the implementation process, I still did not recognise the pivotal part I had played, even though 'higher education training providers' were included in my thinking. Whilst I understood that I could not easily be 'detached' from the research process, it was only as data collection began in earnest that I realised that my role and contribution needed to be acknowledged and included. My increasing understanding of implementation processes and the importance of individual actors as well as acknowledgement from participants that I had a good understanding of how the policy had been implemented and refined through the implementation process.

At this point, and following discussion with my Director of Studies and supervisor, it was agreed that my own perspective needed to be included and recognised. Following an amendment to my ethics, I was interviewed by my Director of Studies using some questions I had prepared. This allowed further exploration of the areas highlighted in Figure 4-5, especially how the proposed operationalisation at 'street level' had an impact on policy and an amendment to the policy integration of End Point Assessment at sub-degree level was made to accommodate the proposed development of the nursing associate apprenticeship standard.

4.6.5 Access and recruitment

My participation in the development of the nurse degree apprenticeship provided access to individuals from the Skills for Health, Health Education England and the Nursing and Midwifery Council. To ensure that these individuals did not feel obliged to participate in the study because of existing relationships or affiliations that had developed throughout working as part of the trailblazer, the initial email which included the participant information sheet, letter of introduction and consent form invited the recipient to participate or asked them to pass on the invitation to a colleague who was eligible to participate.

Support from key individuals enabled introduction to potential participants during the theoretical sampling stage of the study, with access again being through email in the first instance to check that the potential participant did not object to being invited to participate. During the process of gaining informed consent, all participants were given the opportunity to ask questions about how their interview data would be used and the study fully explained. Again, this allowed participants to decline to be interviewed. Of those contacted, only three potential participants either did not respond or declined to be interviewed.

4.6.6 Reflection on the impact of COVID 19 on the study

The study proceeded as planned until March 2020 when the UK went into total lockdown and NHS Trusts that had been approached to participate in the study indicated that they would not now be able to grant access to their staff for interviews. At the time, it was unclear how long this could persist or what any subsequent restrictions could have been.

Discussions with the University and supervisors led me to request a minor amendment to the study protocol. Interviews conducted in the pilot phase of the study were subsequently included as part of the main study sample. I recognised that the exclusion of these additional participants from NHS Trusts could adversely impact the findings of the study, but a significant amount of data had been collected at that stage and to pause for too long would potentially render some elements too dated for inclusion.

At the same time, I had developed a fuller appreciation of my own role in the implementation of apprenticeships in the NHS and to exclude myself from the study would deny an important source of data. The amendment was also included in the revision to the study protocol. The resultant interview was conducted by my director of studies using a list of questions I had

developed, although she also added her own supplementary questions as the interview progressed.

The COVID pandemic also assisted with completing the thesis, as successive periods of lockdown meant that free time could be devoted to writing. Whilst the pandemic is still impacting the NHS, it would now be possible to undertake the additional interviews with NHS Trusts as further post-doctoral research, although the focus would inevitably be slightly different as two years have passed.

4.6.7 Theoretical sampling

The Grounded Theory approach is based on theoretical sampling, where future participants in the study are selected for their ability to further explore or enhance the theory being generated during the conceptual phase of data analysis. Glaser and Strauss (1967) define theoretical sampling as:

'the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges' (1967:45).

The process of constant comparative analysis enabled the development of theory during the lifetime of the study, and thus questions arising as a result needed to be explored and addressed. Birks and Mills (2015) describe this as a process of discovering clues that lead from one respondent to another; from one part of the emergent theory to another. Butler, Copnell and Hall (2018) suggest that by returning to the data, information that had not perhaps initially been considered significant took on new meaning, the clues having been there all the time. In this research, the importance and impact of the nursing associate role is a good example of this. Early data illustrated the significance of the new role as a workforce development strategy, but it was only when revisiting data from NHS Trusts that the social impact of the role was appreciated.

The coding of the first two interviews guided theoretical sampling for subsequent data collection.

361	The political agenda and arena, but this is a wider issue and pertains to the workforce which in turn pulls on the heartstrings of everyone in the country. If we don't have enough nurses…. But the NA role was also a political move to broaden skill mix and the NMC were told they would have to regulate the role. The circumstance and environment in which all this is taking place cannot be underestimated. I think this has had a very significant impact on how things have happened and why. Need to better understand political environment, drivers

Figure 4-6 Sample memo from the interview with Ben

Whilst already appreciating the political drivers behind apprenticeships, the unique link between the Departments for Education and Health and Social Care is ably illustrated in this memo. This suggested that the implementation journey would be better understood by the inclusion of representatives from the Department for Education for example.

4.6.8 Sample size

Theoretical sampling led to the recruitment of respondents outlined in Appendix 13.1. In total, 14 interviews were undertaken, including with me as the researcher. The decision to include myself as a participant in the study was taken when it became apparent that participation in apprenticeship implementation provided insights not offered by other respondents. The original impetus to use constructivist grounded theory came partially because of personal participation, but the extent of that involvement was more greatly appreciated as data collection progressed. Reflective and reflexive processes highlighted that to exclude these personal experiences would mean that part of the jigsaw would potentially be omitted and the study poorer as a result. For clarity, personal quotations used later in the thesis are attributed to 'Denise' rather than using a pseudonym.

Data collection commenced during the pilot study, with respondents from the National Health Service, although at the time, the inclusion of these interviews in the full study was not anticipated. Following documentary analysis of the Richard Review (2012), Skills for Health (as the sector skills council) and the Nursing and Midwifery Council were the first respondents interviewed. As implementation began with the formation of the trailblazer group to develop the apprenticeship standard, these organisations were deemed critical informants as they were perceived to have been the main players in the early process.

Subsequent theoretical sampling led to respondents from the Department for Education, including a key link person for the Institute for Apprenticeships and Technical Education, the Health and Care Professions Council, Health Education England and representatives from the

Higher Education sector. At that point, data collection would have taken place in the NHS, although the COVID pandemic prevented this. I then decided in conjunction with the supervisor and director of studies to cease data collection and include the pilot interviews as part of the final study.

4.6.9 Theoretical saturation

Theoretical saturation is deemed to have been reached when no new codes generated through the analysis of new data and categories are conceptually well developed (Birks and Mills, 2015). Whilst the continuation of data collection in the National Health Service may have served to confirm theoretical saturation had been achieved, the final categories were already well-formed by March 2020 when the Covid-19 pandemic impacted on the study. Interviews undertaken as part of the pilot study were fully coded at this point, and whilst further examples of organisational implementation strategies or behaviours were recognised, these did not alter the categories which had already emerged as a result of earlier coding and constant comparison.

4.7 Data collection methods

4.7.1 Ethical considerations

Permission to undertake the pilot and full studies was initially granted by the University Ethics committee. Whilst the topic under consideration was not particularly sensitive, it was apparent that there were a number of political and professional sensitivities which needed to be considered when undertaking interviews and subsequently disseminating the information. Although the identity of individual informants would not be disclosed, it could be possible, by inference, to recognise study participants, and the organisations they belonged to would be identified when describing the implementation process itself.

Information (Appendix 13.3) and informed consent (Appendix 13.4) sheets were prepared and discussed with each participant prior to the start of the interview. These also clarified that participants were free to withdraw from the study up until the point that data analysis commenced. Grounded Theory methodology requires constant comparison of data which subsequently forms the resultant theory, therefore once analysis had commenced it would be impossible to extract the responses of one individual when these had already been compared with those given elsewhere in the research. Participants were given 48 hours after the

interview had taken place before transcription and data analysis commenced as a 'cooling off' period in case consent was subsequently withdrawn. No participant refused or withdrew consent.

The later stages of the study would have required NHS ethical approval in order to interview multiple staff members, although this element of the research did not ultimately occur due to the COVID-19 pandemic. Again, there was unlikely to be any undue distress caused to respondents, and the specific NHS Trusts could not be identified, but the concomitant data protection issues were of particular concern, and ensuring the integrity of data storage, transfer and retrieval warranted particular attention.

Following university approval to proceed with the study, ethical approval from the university was sought and given. Once these challenges had been satisfactorily addressed, the remaining concern was a personal one – would respondents feel obliged to participate in the study because of the relationship they had with the researcher or with others in the health apprenticeship system.

The latter issue was overcome through the use of a letter of introduction. This was distributed via a key contact in NHS apprenticeships who liaised with a number of Trusts across England and passed on information about the study on my behalf. Potential participants were asked to contact me if they wished to be interviewed. The NHS Ethics application process asks researchers to list the names of organisations in which research will be conducted and to do so, a letter of introduction was needed to establish initial contact and confirmation of interest. The initial request for participants led to 6 individuals (representing 5 NHS Trusts) agreeing to participate in the study, although ultimately the NHS Ethics application was paused and data collection did not proceed.

4.7.2 Interviewing

The sequencing of interviews was carefully planned and offered an element of logic in the implementation narrative. It is clear from existing models that there is a starting point of implementation regardless of whether implementation is driven from the top-down or built from the bottom-up. In this instance, there was a definite starting point of a new governmental policy that instigated a sequence of events. Each step in the sequence merited some attention; similarly, each stakeholder would bring a unique perspective to the implementation process. Therefore, interviews began with members of the nurse

degree trailblazer before progressing to those stakeholders employed to support implementation at a governmental level. A sample of the questions used during interviews is outlined in Appendix 13.2. As data collection progressed, the importance of the higher education sector as a training provider but also as a participant in the implementation process became more apparent, and additional respondents from this sector were sought.

Interviews were recorded and subsequently transcribed verbatim. Two voice recorders were used for each interview to mitigate against a failure of one recorder, which did happen in one of the early interviews. The interviews were subsequently transferred as MP4 files for electronic storage on the University of Derby cloud storage system.

4.7.3 Transcription of interviews

Oliver, Serovitch and Mason (2005) describe two extremes of a transcription continuum; naturalism and denaturalism. A naturalistic approach records every element of speech including pauses, hesitations and stutters for example, whereas in the denaturalistic approach, any idiosyncratic elements are removed.

Halcomb and Davidson (2006) suggest that the selected research paradigm should determine the approach to transcription. Qualitative studies where meaning assigned by the respondent to their interview responses is of equal importance to the content of the narrative necessitate a naturalistic approach. In quantitative paradigms, the content of the data provided is seen as having greater worth and data collection may be achieved with closed questions, a denaturalistic approach is more suitable. Maclean, Meyer and Estable (2004) acknowledge that in methodologies such as grounded theory, the information conveyed by the respondent should be prioritised over the narrative itself.

Poland (1995) offers additional insight into approaches to transcription, highlighting transcription errors that may subsequently result in data being misinterpreted or unreliable findings and that transcription itself is an interpretive process. This is supported by Easton, McComish and Greenberg (2000) who also detail further problems with transcription, particularly technical problems with audio recordings. Equipment failure or noise pollution provide challenges for the transcription of interviews, both of which were experienced as part of this study.

Interviews in this study were transcribed and coded as the study progressed as far as possible. In one instance, two interviews took place on the same day and therefore it was not possible to transcribe and code in between. However, memos were made in the first of the day's interviews and used to shape the areas to be explored in the second. Verbatim transcription of the first two interviews by the researcher (and of previous interviews in the pilot study) adopted the naturalistic approach. However, it was recognised that this approach served to distract from interview content, with speech patterns and idiosyncrasies overshadowing the narrative. This, combined with the need to schedule interviews with little time in between for transcription, led to later interviews being transcribed by a professional transcription service.

Whilst the use of a transcription service afforded some advantages in terms of time, it inevitably resulted in two main disadvantages. Firstly, transcribers have no knowledge of the subject area and therefore there are assumptions and errors made in the transcripts. For example, in referring to the Augar review of higher education[3], this was assumed to be an acronym (ORGA). In other cases, the transcriber was unable to determine the words spoken by respondents, but on revisiting the interview and transcripts, it was possible to insert or correct missing words. Occasionally, the meaning of statements made by respondents was completely altered by the omission of a word or the misinterpretation of what a respondent had said. This was rectified by reviewing all of the transcripts once they had been received and prior to coding.

By not personally transcribing all interviews, the opportunity to become immersed in the data at this stage was inevitably lost. By personally undertaking early transcription, the process of identifying emergent codes was, to some extent, easier, and memo writing was an iterative process that naturally occurred. Again, this slowed the process of transcription, but it felt important to capture the emergent findings at the time, especially as the transcription process was undertaken over several days. The content of the first and second interviews are also more easily recalled because they were personally transcribed. This was helpful when seeking to make links between comments made by respondents, especially as data collection progressed and new codes began to emerge from later interviews. However, the need to review transcripts on their return, checking for content, omissions and

[3] Augar, P (2019) *Independent panel report to the review of post-18 education and funding* Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/805127/Review_of_post_18_education_and_funding.pdf (Last accessed 20.6.21)

errors, allowed early memo writing to take place. Similarly, some identification of initial codes was also possible at this point, with the iterative process of constant comparison ensuring that full data immersion was ultimately achieved regardless of the transcription process.

4.7.4 Data management

Initially, transcribed interviews were analysed in Word, with comments being inserted into the document as part of the coding process. However, as interviewing progressed, it became apparent that this method would not easily support constant comparison or the development of categories without the generation of additional documents or tables. Codes from earlier interviews needed to be recalled and reviewed in order to make a comparison and as the number of codes increased, this became more challenging.

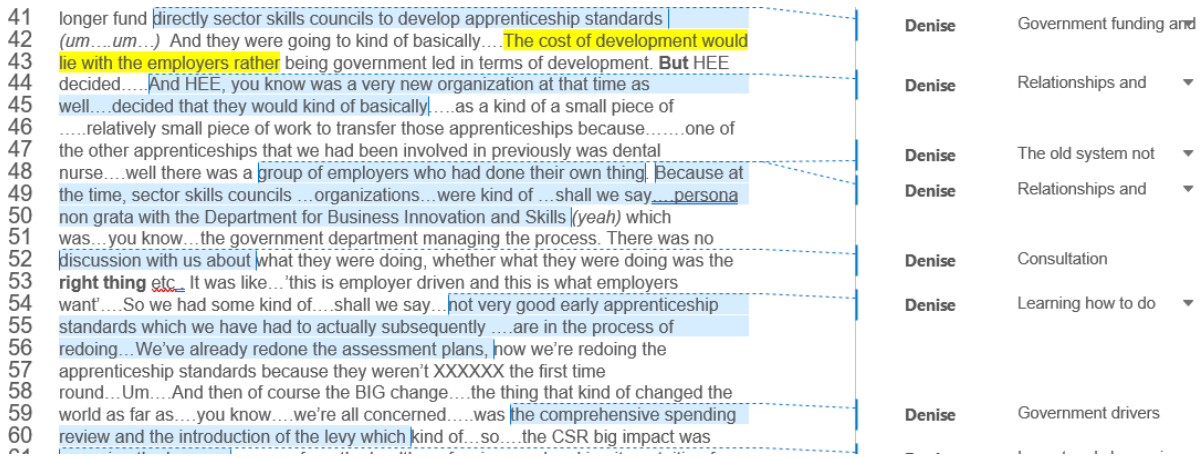

Figure 4-7 Example of early coding of interview with Ben

After the analysis of two interviews, QSR NVivo V12 was subsequently used to support the systematic analysis of the interview data. NVivo is a software package that allows the safe storage and retrieval of interview data, coding, recoding and further exploration of data as it was generated. The constant comparison of data is a key feature of constructivist grounded theory, and the use of a software package allowed this to occur more readily as previously generated codes could be reviewed and recoded as data collection and analysis progressed. NVivo also allowed quotations to be easily accessed and data to be manipulated visually further enhancing concepts to be developed as more and more data were added to the programme.

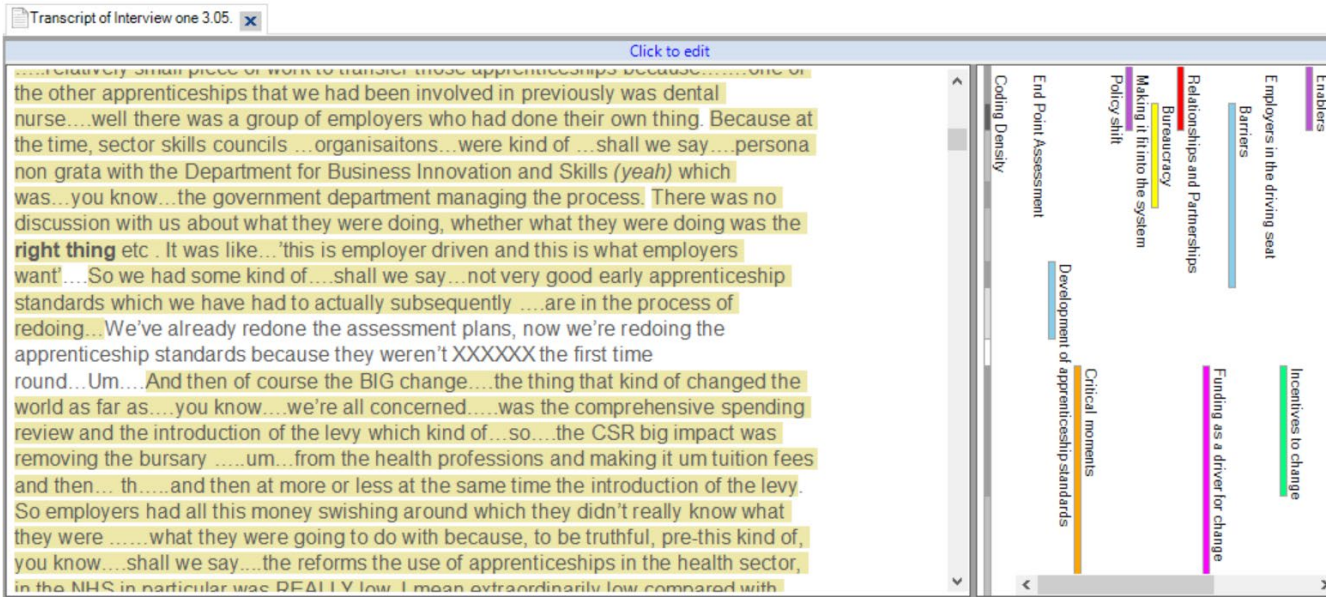

Figure 4-8 Example of coding of the interview with Ben using QSR NVivo 12

4.8 Data analysis methods

4.8.1 Initial coding

Initial coding of 14 interviews generated 74 open codes.

The process of constant comparative coding necessitated earlier interviews being revisited during the analysis of the later ones and it was recognised that during coding, early codes were more descriptive than analytical in nature – recording 'what' had happened rather than 'how'. An example of this was the code 'End Point Assessment'. This code was created because so many of the respondents had commented in some respect on the end point assessment presence, pedagogy, content or process. The code was subsequently revisited and the contextualised meaning or content recoded. As coding progressed, the approach became more analytical and considered 'how' implementation had been enabled and enacted – an example of this type of code was 'positional power'.

In this respect, the ability of the researcher to code interviews undoubted improved over time, but a process of data refinement also occurred as a result of constant comparison. Remaining sensitive to the data as coding progressed was important, ensuring that potential codes were not overlooked or assumed to belong with existing codes. Constant comparison also ensured that the significance of latent findings from early interviews were realised as the process evolved, but the recording of memos at the time of interview and throughout coding also

assisted with this. Memo writing itself also reflected a move away from the recording of the descriptive context towards more relational during the coding process, with conceptual memos becoming more prevalent as analysis progressed.

Other examples of earlier codes reflected the language in use by apprenticeship policymakers (e.g. Employers in the driving seat). This code was utilised to illustrate examples of where power, which had traditionally been seen to lie with apprenticeship providers during the modern apprenticeship era, was now moving back to lie with the employer. It must be acknowledged that this code reflects the researcher's knowledge of the apprenticeship agenda and narrative and has formed an appropriate code rather than this being the tone of participants except one who overtly used the same phrase (See Appendix 13.7).

Initial coding topics and themes provided a procedural insight into the implementation process, but also began to suggest critical concepts or moments which contributed to the emerging theoretical framework. As well as the original 'end point assessment' code, 'sequencing', funding as a driver for change' and 'making it fit in the box' were all recognised as being key turning points for successful implementation or unique conditions in which implementation of apprenticeship policy was operating. The coding of the first two interviews with Ben and Ian guided theoretical sampling for subsequent data collection (see appendix 13.1)

4.8.2 Constant comparative analysis

A key feature of grounded theory is constant comparison (Charmaz, 2014), which Birks and Mills (2015) describe as a process of constantly comparing data generated through interviews with previous data and codes. Similarly, later interviews and codes are then compared with emergent categories until the grounded theory is fully formed. Chun Tie et al (2019) describe this process as 'collapsing' codes into categories.

Constant comparison was achieved in this study through the use of analytical software and the writing of reflexive notes and memos. Codes generated in early interviews were revisited and refined as the study progressed. Constant comparison also allowed early categories to be explored, challenged or refined as further data were gathered. The development of the core category 'Conflicting Demands' is an example of this. Initial coding of interviews suggested that 'conflict' could be a sub-category, representing the challenges described by the NMC around working with IFATE. Additionally, participants expressed their own internal conflict

between wanting to develop a nursing degree apprenticeship but also needing to comply with policy demands or restrictions. As interviews progressed, constant comparison suggested that other examples of conflict were being observed within organisations, between organisations or internal to the respondent. During focused coding, additional examples were found and brought together into the sub-categories 'steering the ship' which described how participants attempted to influence processes to their advantage, and 'exerting control' which described defensive behaviours exhibited by organisations or individuals to form the category 'Conflicting Demands'.

4.8.3 Focused coding

The use of concept mapping allowed initial codes to be presented in a new way. Miles and Huberman (1994) suggest that concept mapping allows categories to be regrouped and examined. All of the interviews were re-examined line by line using gerunds. Commonly gerunds are words ending in -ing, a process which Saldana (2016) describes as process coding. Carmichael and Cunningham (2017) describe the use of gerunds enabling the researcher to move from 'static descriptive' codes to 'active process' codes. Charmaz (2014, p120-1) suggests that the use of gerunds is helpful in moving beyond initial descriptive codes. Rather than the recording of events, topics or themes, gerunds help researchers to focus on the 'how' by considering the action rather than the words spoken by the participants. This process was evident in the codes being generated during the analysis of later interviews, where coding had naturally evolved and included codes such as 'sequencing' and 'positioning'.

Charmaz (2014 p 116-7) suggests that coding for actions rather than descriptions helps to maintain the focus on analysis rather than description. In this phase, transcripts of earlier interviews were revisited with the added insight that both experience and the iterative nature of constructivist grounded theory brings. The resultant codes are detailed in Appendix 13.8

4.8.4 Theoretical Coding

When reflecting on the focused codes generated through this process and comparing them with initial coding, two broad categories emerged. Firstly, the influence that the individual has on the implementation process and secondly, the influence of the circumstances. The term 'individual' was used to represent either individual actors participating in

apprenticeships, or the organisations they represented. This acknowledged that implementation could be influenced by conscious choice. 'Circumstances' were considered to be external factors over which there was little or no control, but which the 'individual' would need to respond to. Similarly, there were generally two behaviours exhibited – enabling or restricting. Enabling behaviours were considered to be those which allowed implementation to proceed in some way. Restrictive behaviours were considered to be anything that stalled the process or required additional remedial action to be undertaken before implementation could progress. Understanding of the complexity of the implementation process and the interdependencies was further enhanced through this process. At this point, the process illustrated in 4.6 began to be viewed through a different lens and the emergent model of implementation began to crystallise.

Placing these terms on two axes, each code was mapped against these confines:

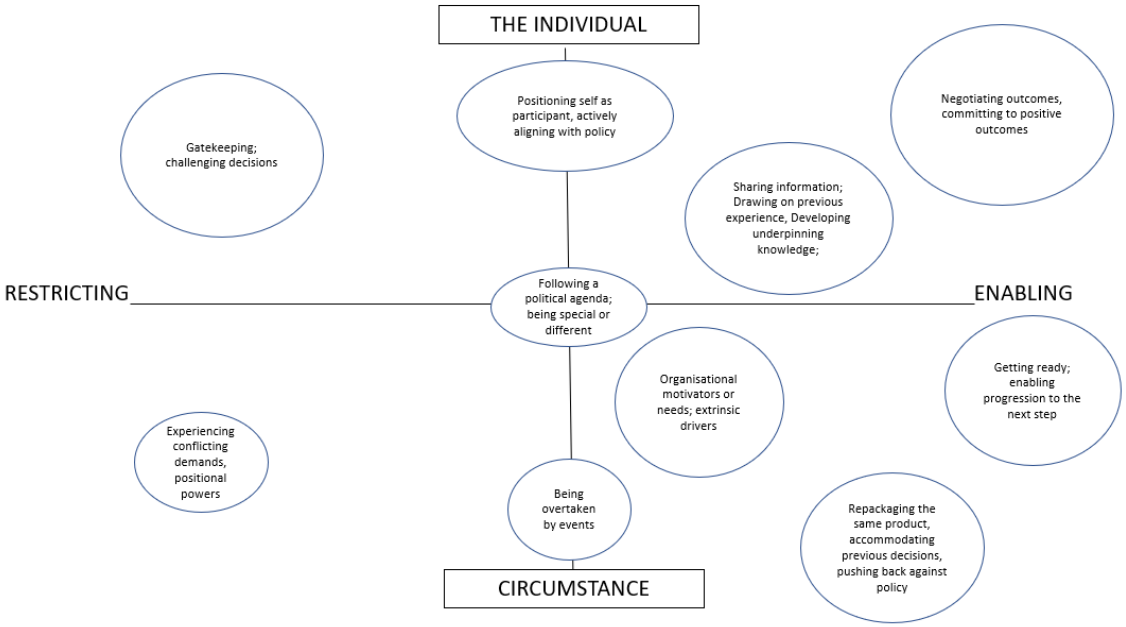

Figure 4-9 Concept mapping of focused codes

By visualising the focused coding in this manner, it was possible to see how the focused codes were aligned with each other and formed subcategories. When the subcategories were further grouped, four categories emerged: individual commitment or understanding; the operational environment; conflicting demands and shaping the system.

These categories are explored in the findings chapters 5 to 8.

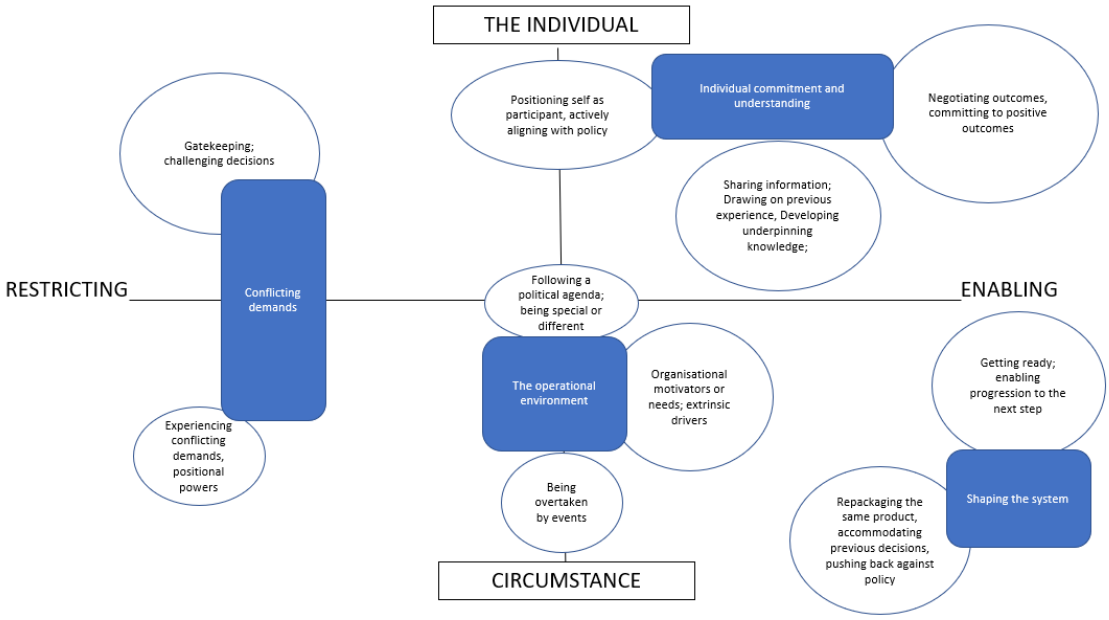

Figure 4-10 Categories generated as a result of concept mapping

4.8.5 Memoing

Chun Tie et al (2019) suggest that memos offer researchers the opportunity to reflect on their study and begin the process of interpreting their findings. Charmaz (2014, p162) describes memo writing as a 'pivotal intermediate step' between coding and the writing of drafts and is a crucial part of grounded theory methodology. Urquhart (2013, p110) suggests that memo writing can and should take place whenever ideas about the study's findings occur and support the process of abstraction.

In this study, memos were recorded in word documents or as audio recordings dependent on when or where ideas occurred. Largely, these were conceptual musings or reminders about links between codes generated in different interviews. During early coding, the reflexive writing process also incorporated some early memos, although this was not fully recognised until later in the coding and memo-writing process. As the study progressed, memo writing

became more focused and the researcher's ability to make links between codes and subsequently explore potential findings through memo writing finessed.

4.8.6 Theoretical sensitivity

Birks and Mills (2015) describe theoretical sensitivity as a researcher's insight into themselves as researchers as well as the topic under investigation. Mills, Chapman, Bonner and Francis (2007) suggest that the construction and reconstruction of generated data supports theoretical sensitivity by allowing the researcher to become fully immersed in the data and increase theoretical sensitivity. Charmaz (2016) calls for researchers to develop 'methodological self-consciousness' to fully explore the meanings ascribed by both researcher and participant to the data and emergent theory.

Personal experience of participating in the implementation process as a member of the nurse degree and nursing associate trailblazer groups, as well as engagement with a small proportion of the relevant literature at an early stage of the study, enhanced theoretical sensitivity. By understanding the historical drivers of apprenticeship policy developments and the pedagogy of work-based learning, it was possible to identify some of the drivers, possibilities and problems associated with contemporary developments. Further exploration of relevant literature, particularly around models of implementation necessitated revisiting interview data to compare and challenge findings from this study with other models and theories.

Remaining open to new ideas and perspectives of how implementation had proceeded was critical to enhancing theoretical sensitivity, which remained challenging due to personal knowledge and experience. However, discussions with supervisors and colleagues supported this process, especially as part of the doctoral study programme required regular presentations of progress through seminars. Remaining engaged with apprenticeship implementation locally even after data collection was completed and tentatively applying some of the early findings of the study further supported theoretical sensitivity by offering reassurance that the emergent theory had traction in the real world.

4.9 Methodological Trustworthiness

Charmaz (2014, p336) suggests four criteria for evaluating constructivist grounded theory: credibility, originality, resonance and usefulness. These four aspects are therefore used to consider the trustworthiness of this research

4.9.1 Credibility

The variety of respondents interviewed for this research ensured that multiple perspectives of the implementation process informed the resultant theory and offers assurance that the findings are a credible representation of reality. Interviews with participants were transcribed verbatim, further ensuring that the findings are credible because respondents' experiences and opinions were accurately reflected in the subsequent data analysis stages.

Some of the learning which took place in the system as implementation progressed is reflected in contemporary commentaries at the time, which reflect the interview data and further support the trustworthiness of the findings.

By adhering to the principles of grounded theory construction outlined in figure 4-2, the credibility of the findings is further assured. The constant comparison process and immersion in the data ensured that coding and subsequent category construction were reflective of the data generated. This was further supported by memo writing and the use of reflexive writing to capture thought processes throughout the study. Finally, support from supervisors and the university to present and defend the thesis during the data analysis and theory construction stages further contributed to the trustworthiness of the study.

4.9.2 Originality

This study resulted from the identification of a lack of original research into the implementation of apprenticeship policy in the UK. Whilst there was some understanding of the use of apprenticeships in the NHS, no study which explored this phenomenon in more detail existed and thus study provides a unique insight into policy implementation, development of apprenticeships and the associated policy and the behaviour of a large public sector organisation in response to revised governmental policy.

Originality was further derived from the contribution of the research participants' words and thoughts describing these processes, as well as the thoughts and observations of the

researcher. Again, memo writing and reflexivity also supported the development of the resultant theory, which in itself offers a new model of implementation where policy is actively implemented by stakeholders, although it was not without challenge.

4.9.3 Resonance

Resonance describes the ability of the theory to 'make sense' to those engaged in the area under investigation and offer deeper insight into their experiences (Charmaz, 2014, p337). Resonance should also ensure that the findings are consistent with the participants' experiences rather than the researcher's (Lincoln and Guba, 1985). Constant reference to the interview data, development of memos and engaging in reflexive writing all assisted with maintaining the resonance of this study. Sharing some findings of this study with participants or other interested parties also assisted with improving resonance, ensuring that emergent theory reflected and partially explained the lived experiences of stakeholders.

4.9.4 Usefulness

The usefulness of this study lies in its transferability to other contexts and to support implementation in other organisations. By understanding some of the barriers which were encountered during the implementation process, it is possible to suggest potential solutions if similar problems arise either in apprenticeships or other government policies. In addition, understanding of the steps taken nationally and locally by the National Health Service to support the implementation of apprenticeship policy are directly transferable to other organisations seeking opportunities to make the best use of their apprenticeship levy, recruit or support apprentices to successful completion of apprenticeships.

4.9.5 Reflexivity and reflection on this study

As data collection in the early part of this research progressed, it became increasingly obvious that my own contribution to the implementation of apprenticeships in the NHS was not reflected and that therefore data collection and subsequent theory generation could therefore be incomplete. This understanding was achieved through adopting a reflexive approach during the research process and attempting to understand how personal involvement and understanding potentially shaped the research process and findings.

The choice of topic for the research journey from the very outset was based on my interest and involvement in apprenticeships and an enduring relationship with the NHS. Being transparent about this and the subsequent decisions made about the choice of methodology, participants and interview questions in this thesis assists with the credibility of the research. Being recognised by the Department of Health and Social Care, the NHS or other higher education colleagues as having expertise in apprenticeships is, in part, due to the knowledge acquired through undertaking this research, but also from being a full participant in the development and implementation of apprenticeship policy locally. This insight sometimes allowed conclusions about how implementation had progressed to be drawn or connections between codes to be made which may have been obscured to anyone observing from the outside. This was brought home both when discussing the thesis with supervisors and needing to explain the nuances of apprenticeship policy or through comments from participants with comments such as *'you understand'* or *'as you know Denise'*. In this respect, having insight into the world of apprenticeship implementation assisted the research process.

However, this insight and understanding could also lead to assumptions being made or other elements being considered inconsequential when in fact they were of high significance. The initial assumption that there would be a seamless and well-planned process of policy implementation is a good example of this. Through reflection, reflexion and personal development through the research journey, my understanding of implementation progressed from naïve assumption to the construction of a unique model as illustrated in figure 4.11.

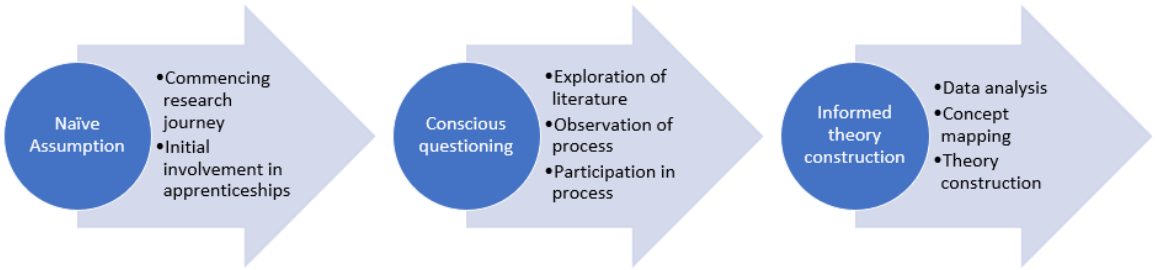

Figure 4-11 Progressive development and understanding of implementation

4.10 Summary of chapter

This chapter commenced with a discussion of the epistemological, ontological and theoretical perspectives which underpin this study, including the philosophical perspectives of the

researcher. The choice of constructivist grounded theory as the most appropriate methodology to investigate the implementation of apprenticeship policy in the National Health Service in England was justified. The core principles of constructivist grounded theory were explained and how they had been applied in this study explained. Finally, the processes of data analysis and abstraction were explored, leading to the formation of four categories which are presented in the subsequent findings chapters.

5 Findings: Category one -The operational environment

5.1 Introduction

Documentary and interview data provided insight into the changing socio-political and economic landscape during this study. The skills and vocational education agendas were driving change for UK businesses, resulting in the revision to apprenticeship policy. In turn, this impacted on strategic and operational decision-making in the NHS, both nationally and locally. Data analysis has resulted in four categories, the first of which the 'Operational Environment' in which implementation was taking place presented here. The category is underpinned by 3 subcategories: *inhabiting an ever-changing political environment, responding to external drivers or targets* and *being overtaken by events.*

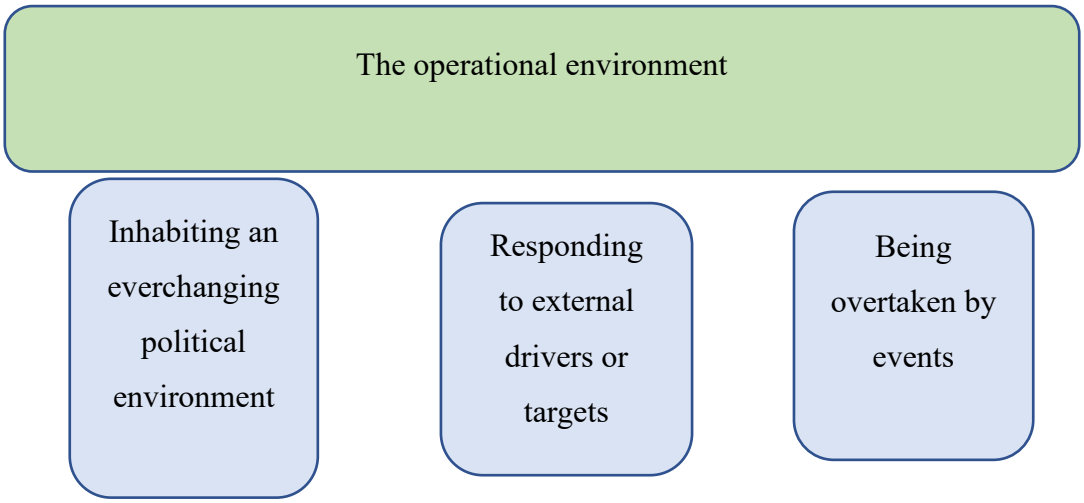

Figure 5-1 Sub-categories in 'The Operational Environment'

5.2 Inhabiting an ever-changing political environment

The importance of engaging employers in the design of apprenticeships was a fundamental tenet of Richard's 2012 Review, addressing the criticism associated with previous apprenticeship schemes. Consistent emphasis was placed by Richard on the need for employers to be in the 'driving seat' and this is reflected throughout the analysis and findings of interviews with participants in this study. The notion of the 'trailblazer', a group formed of employers and other key stakeholders who prescribe the content of an apprenticeship, is partially attributable to this suggestion.

The Department for Business Innovation and Skills consultation (2013) launched in response to Richard's 2012 Review, also agreed that employers needed to be involved in the development of apprenticeships in order to address concerns about existing apprenticeship frameworks. Although recognising that employers needed to be in the 'driving seat', the government determined that trailblazers would also include representatives from professional bodies, training providers and assessment organisations.

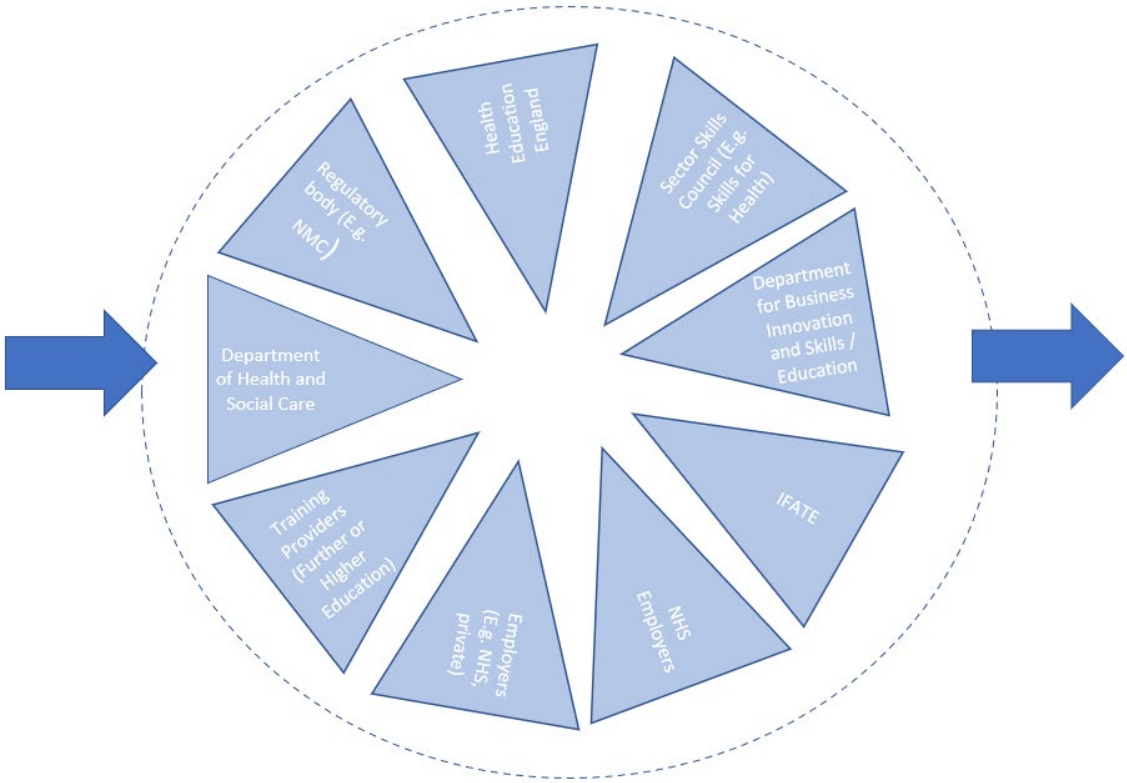

Figure 5-2 Membership of Trailblazers for Health Apprenticeships

Membership of the trailblazer for health-related apprenticeships is represented in Figure 5-2. Whilst representation of the organisations or sectors shown was reasonably consistent, membership did fluctuate as the development of the apprenticeship standard progressed. This was partly due to the commitment needed to attend meetings in London, but also the evolving nature of the policy – for example, the Department for Business Innovation and Skills changed when the Department for Education and IFATE became responsible for apprenticeship policy. Similarly, the individuals representing the organisations or sectors changed over the lifetime of the development process.

However, the notion that 'employers would feel full ownership of apprenticeships, designing and owning the content of all apprenticeship standards and assessments (DBIS, 2015 P21) does not appear to be the reality in regulated health apprenticeships. Evidence from the Nursing and Midwifery Council (NMC) in this study suggests that the regulator needed to be in the driving seat for the development of the nurse degree apprenticeship (NDA):

> …we have a statutory duty that we can't set aside and put down… (Ian)

although the Health and Care Professions Council (HCPC) approached it from a slightly different perspective:

> 'They *[trailblazers]* were meant to be, from a government point of view, employer-led, so we felt it was quite important that if we were to have input into those trailblazer groups that it couldn't be something where we wave a regulatory stick around what apprenticeships must and mustn't do….but then at the same time we needed to make sure that… two years of work for a trailblazer group didn't end up in something that was going to be incompatible with the delivery of programmes that were going to meet regulatory standards down the line' (Adrian)

The suggestion that *'*nobody understands the skills employers need better than the employers themselves.' (DBIS, 2015. P2) therefore seems to be an erroneous one. Although policymakers undoubtedly understood the policy and policy intent, there is a shift of power away from the employer from the outset of the implementation journey in health and ultimately, the regulator was in the driving seat for apprenticeship design for regulated professions. Richard (2012) suggested that during the modern apprenticeship era, the power dynamic had shifted from the employer both to government and the training provider, becoming a 'government-led training programme' where employers had limited influence (P4).

Despite government intent and aspiration, the role of employers in the development of apprenticeships, in regulated health professions at least, was far more peripheral at this stage of implementation even though they participated in the trailblazers. Employers have been far more influential in the local implementation of apprenticeship policy, as this is understandably where they have greater control over decision making and strategy.

The Department for Business, Innovation and Skills (2015) vision document makes no mention of the sector skills councils in the development of apprenticeships but this

study demonstrates the integral part which Skills for Health played in the design of apprenticeship standards. Although recognising themselves that:

> 'at the time, sector skills councils …organisations…were kind of …shall we say….persona non grata with the Department for Business Innovation and Skills' (Ben)

As the Sector Skills Council, Skills for Health were placed at the very heart of apprenticeship development for health-related professions.

> We were commissioned to do that through Health Education England… *[because the English government]* decided that they were going to no longer fund directly sector skills councils to develop apprenticeship standards…. The cost of development would lie with the employers rather than being government-led in terms of development.' (Ben)

Richard does acknowledge that some Sector Skills Councils could 'evolve' to support the process of development of new apprenticeships, although their omission by the Department for Business Innovation and Skills from the suggested development process suggests that this was not the governmental intent. Therefore, the influence exerted by employers was far less that other representatives as illustrated in figure 5.3. The members with the greatest influence and control are shaded in red. Those with peripheral influence or performing a facilitation role are shaded pink, leaving the employers and training providers as the least influential in the development process.

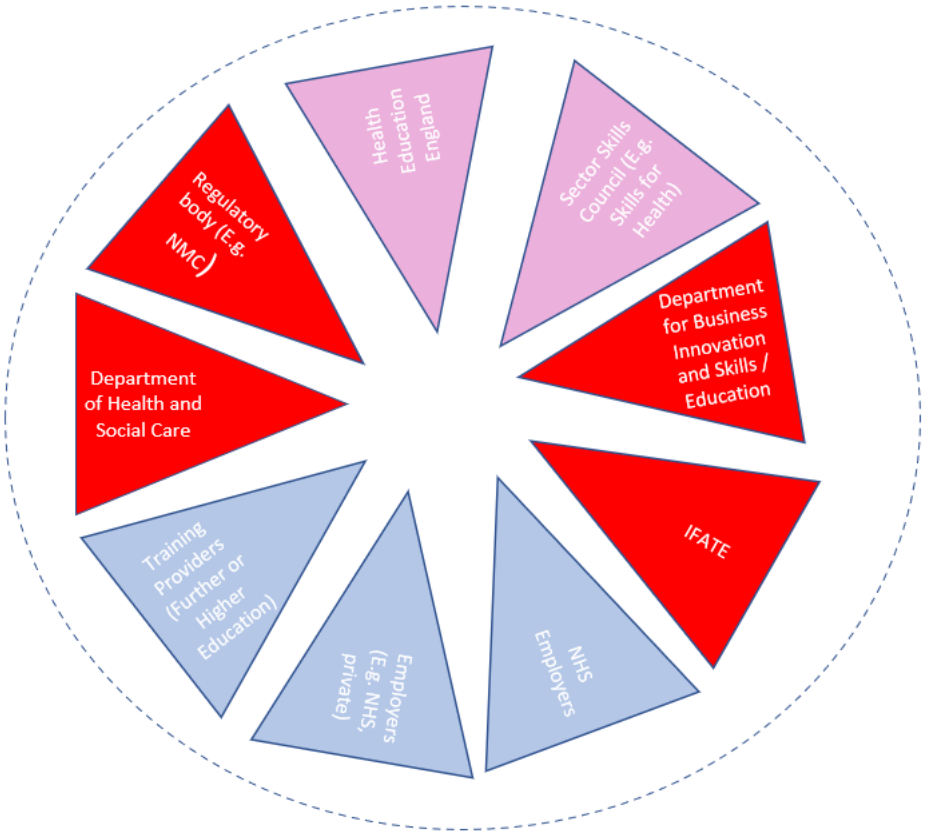

Figure 5-3 - Influencing members of trailblazer

Implementation of apprenticeships took place against a highly political background with the Department of Education being responsible *for* apprenticeship policy but implementation needing to take place *within* the Department of Health and Social Care who were responsible for the NHS. The 2020 Vision (DBIS, 2015) reports that of the first eight trailblazers, two were related to health – Laboratory Scientist and Dental Laboratory Assistant emphasising the importance the health sector played. This is acknowledged by the Department for Education:

> I think the thing that makes the NHS probably more different to other bits of the public sector is more down to the way it's organised and the sort of…the scope of its workforce and what its needs are… the needs of the workforce as well in the NHS are very different.…it does have a lot of kind of cross-cutting roles in kind of things like IT and digital and sort of business and administration and things like that, but it also has a significant clinical workforce as well and I think that is kind of much more so than in other public sector… That's quite extensive. (Kate)

Each component of an apprenticeship needed to be operationalised in order to achieve implementation and as figure 5-4 demonstrates, there was sequencing to this:

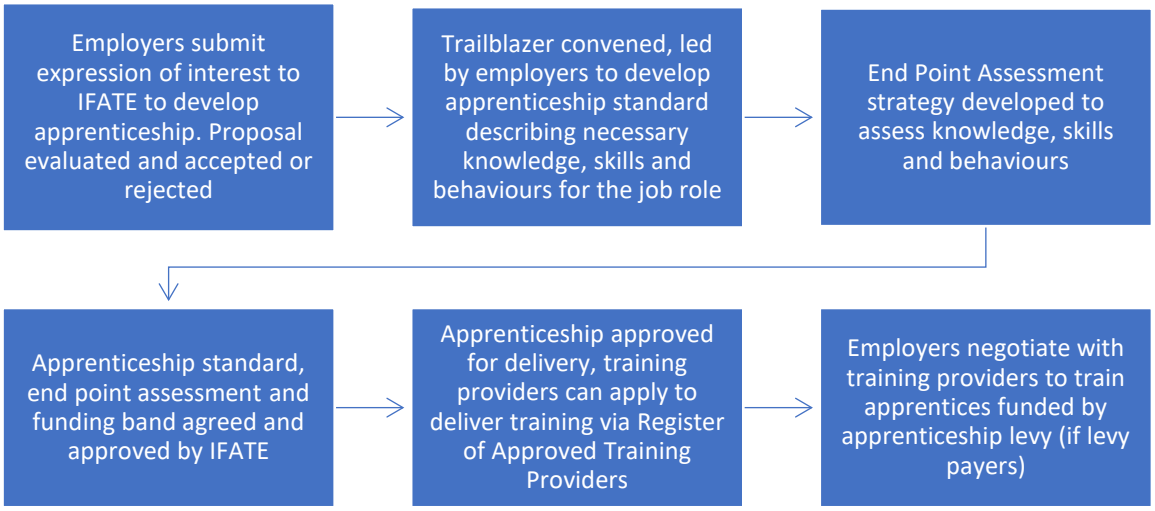

Figure 5-4 Process to operationalise apprenticeship developments (summarised by author)

Figure 5.4 provides insight into how the model of implementation became clearer as the study progressed and operationalises additional aspects naively anticipated in figure 5.5 below. Whilst the building blocks were there (trailblazers, end point assessment, apprenticeship levy, register for training providers for example), how these actually came to be functioning units or operationalised is part of the implementation journey.

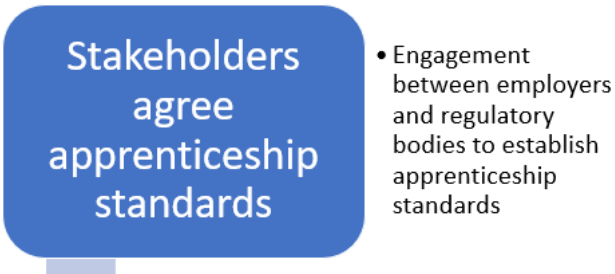

Figure 5-5 Anticipated model of implementation

The roles played by individuals within the system are therefore critical to implementation and thus the category 'operational environment' is inextricably linked to the 'individual commitment or understanding' category.

Whilst the sequence presented in Figure 5.4 demonstrates the sequence of events, it does not portray the time or energy each step in the process took. The Nurse Degree Apprenticeship, for example, took over two years to achieve full approval by the Institute for Apprenticeships

and Technical Education (IFATE). Delays were seen in the development of other health-related degree standards:

> we'd been involved in the **pain** *[respondent's emphasis]* that…physiotherapist and ….occupational therapist went through where they tried to get an EPA approved that for example didn't have an observation of practice, either in practice or …through something like simulation. And basically, it took them a year to get their EPAs approved and they had to cave on the requirement…the Institute will **not** budge one **inch** *[respondent's emphasis]* on the requirement for an observation of practice of some description (Ben)

The challenges faced by all stakeholders are further explored in the category 'conflicting demands' but the comment by Jennifer illustrates the impact that inhabiting a political world had on the process:

> Those two worlds and those two regulatory remits *[educational {such as IFATE} and health {such as the NMC} regulation]* have struggled to find common ground in certain instances and are still grappling with the different requirements. (Jennifer)

With regard to the design of the nurse degree apprenticeship, in particular, evidence in this study suggests that the power dynamic shifted backwards and forwards between the NMC and IFATE, with NHS Employers attempting to influence outcomes and continually emphasising the need to progress with developments due to workforce priorities. This perhaps suggests that policymakers were naïve in their understanding of how policy would be shaped and subsequently implemented in the NHS, where regulated roles were seen as sector-leading priorities for development.

The initial nurse degree apprenticeship trailblazer had stalled for a period of time in spite of efforts from political departments and willingness from employers:

> '….. those discussions had floundered ' (Ian)

The reinstatement of the trailblazer several months later was more productive, and it is impossible to know what had prompted the reengagement of the stakeholders. Several respondents (Ben, Ian, Judy and Meera) cited changes to funding for healthcare education as motivating factors for their involvement, and this is perceived as a crucial politico-economic influence. Up until 2017, pre-registration education for nursing and allied health professionals came from an NHS bursary. This bursary covered both the tuition fee element

of the degree and also provided some cost of living support. The comprehensive spending review (CSR) of November 2015 brought an end to this funding and from 2017 tuition fees and cost of living would need to be funded by student loans (although a student grant of at least £5000 per year for health degrees was subsequently introduced (NHS Business Services Authority, 2021). For some respondents, this was seen as a key driver to engage in the development of the apprenticeship standard and implement apprenticeships across the NHS

> the CSR big impact was removing the bursary from the health professions and making it tuition fees and then at more or less at the same time the introduction of the levy (Ben)

> and that was an ethical decision – we felt it was 'the right thing to do' because we felt there were people who (with the withdrawal of the bursary) there would be people who might make really great nurses (Ian)

There is evidence that the Nurse Degree Apprenticeship (NDA) was driven from a top-down approach rather than being instigated by the employers themselves, further suggesting the political imperative:

> the Department of Health spoke to HEE about developing all the new….. apprenticeship standards for the regulated professions which without CSR and all that, it would probably never have happened. And……HEE came to us and said would we like to do it (Ben)

> we've done a lot with the DfE as well as the Department for Health. I mean the Department for Health have been full square behind us on this (Ian)

Despite this, employers were also keen to be involved in the development of the NDA apprenticeship standard, and a number of employers engaged with the trailblazer throughout. This was also true of higher education providers, but as Ben noted, there was a cost associated with this process and no guarantee that there would be a return on that investment:

> And the investment to develop the standard …, there's no funding for employers *...[no]*....backfill...HEE might fund the facilitation but everybody else's involvement is at their own cost. You know…university's involvement is at their own cost. Employer's involvement is at their own cost. But people still….are prepared to do that. Bizarrely *[!]* (Ben)

This would suggest that there was a desire not only from the government to see the successful implementation of the NDA, but there was also within the system amongst other stakeholders to develop the apprenticeship too.

5.3 Responding to external drivers or targets

The existence of the apprenticeship levy seems to have been one of the main motivations to engage with the development and implementation of apprenticeship policy:

> And so we are seeing employers saying they want apprenticeships …which actually are only being created so they can spend the levy … employers had all this money swishing around which they didn't really know…what they were going to do with….pre....the reforms the use of apprenticeships in the health sector, in the NHS, in particular, was REALLY *[respondent's emphasis]* low, I mean **extraordinarily** *[respondent's emphasis]* low compared with other industries……. (Ben)

At the same time, the government also introduced targets for the public sector to increase the number of apprenticeships in organisations, which when combined with the levy and changes to funding for pre-registration education became, as Ben described it, 'a game-changer':

> we'd already decided that we'd engage with the apprenticeship agenda because there used to be an apprenticeship target and that apprenticeship target was set, you know…when HEE first *[came]* into being (Judy)

The presence of the levy was also seen as a driver at a local level:

> the difference that's *[the levy]* made is ....it's created a momentum to employ more apprentices….We've identified what our levy will be for the year, which is just over half a million and then we've allocated each of the divisions a nominal target dependent on their whole time equivalents *[number of staff]* for them to meet in relation to that... (Helen)

> 'we will run a management and leadership apprenticeship this year at masters level...because we've got the money to… it's an area where we haven't had that much money to invest historically so it's kind of opening up the doors to do other stuff. (Lenny)

The recognition of the needs of the workforce was also acknowledged:

> we are very much about making sure that we get the right workforce in the right place at the right time with the right values, skills and abilities. Apprenticeships are one way to make that happen (Judy)

Evidence from NHS Trusts suggests that the presence of the levy enabled their organisations to think more broadly about the types of apprenticeship they wished to offer but also that they expected to use this to support the development of their existing workforce:

> what we really need to sort out is that progression isn't it?... If people come in as a healthcare assistant and they get recruited to be an associate nurse *(sic)* and then if they want to continue their career ladder ..... what do we do to convert the associate nurse *(sic)* into a nursing apprenticeship so that they keep, you know, jogging on up the escalator. (Lenny)

> I think that's great for our current workforce. I think it will continue to help in the future around widening access in bringing in that diversity that potentially the removal of the bursary may affect.' (Helen)

The comment by Helen about future diversity within the workforce being supported through apprenticeship use be is one of the limited number of times these characteristics are directly associated with the positive benefits that Richard attributes to apprenticeships. Whilst there was a desire in part to use apprenticeships to develop an appropriate workforce, this appears to be on a more transactional basis – use up the levy and bring in or retain more staff.

Meera highlights how the presence of the levy was seen as a partial solution to the workforce shortage problem:

> Every employer has got nursing shortages of some sort or other, so it has enabled them… the education provider and their business unit saying, "Look there's a national target. This STP *[Sustainability and Transformation Partnership]* have…they've got numbers. I know there's going to be delivery *[of the new Nursing Associate role]* in this STP, so I think it's worth our while getting involved. It's exactly the same conversation back at the ranch of the employer to say if we try and implement this apprenticeship study that it will attract funding. (Meera)

This web of external drivers is represented below:

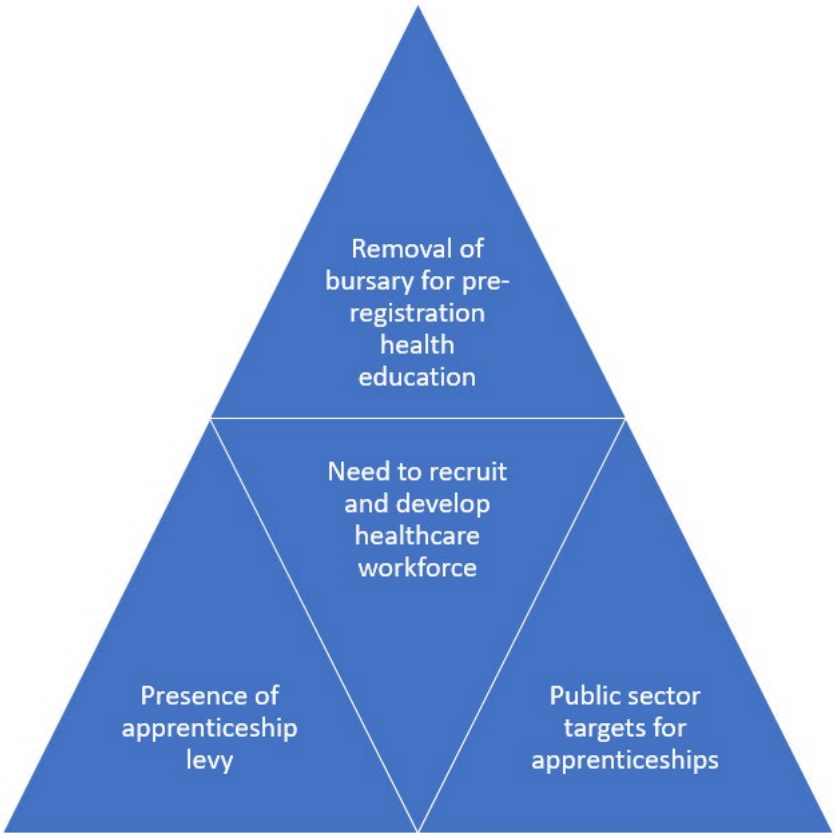

Figure 5-6 External drivers or targets

Each of these was cited by participants as drivers for them either to engage with apprenticeship development or to support the delivery of apprenticeships in their organisations. However, it is also possible to locate stakeholders' influence or interest in each of these areas:

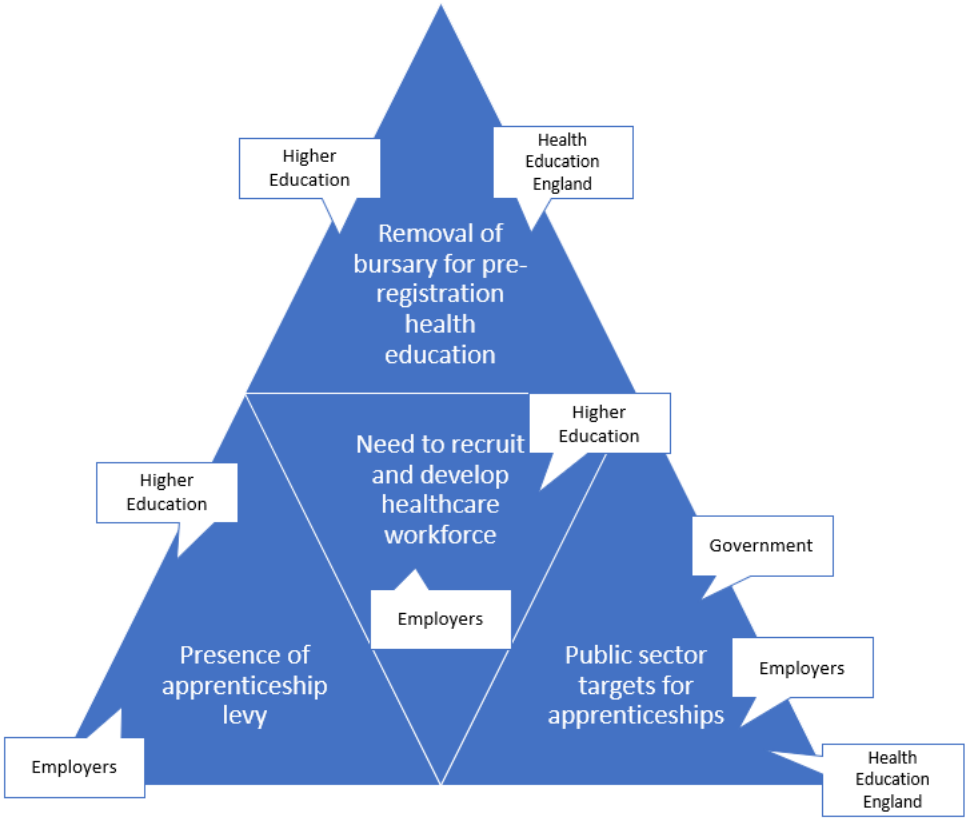

Figure 5-7 Influence of external drivers on stakeholders or vice versa

Whilst the influence of each driver may be more or less significant for the stakeholders represented in figure 5-6, they nevertheless drive the implementation of apprenticeship policy to some extent.

5.4 Being overtaken by events

The introduction of the nursing associate role in 2017 signified a step change in apprenticeship implementation both strategically and operationally. The need to increase the numbers of trained staff to deliver nursing care to patients had built over time, and the Raising the Bar (Health Education England, 2015) paper paved the way for the introduction of this new role. Ambitious targets were set for the numbers of nursing associates to enter training and the apprenticeship route identified to enable this. However, the implementation process needed to keep pace to enable this:

> They were well aware of the politics involved around the seven and a half thousand target for nursing associates and the ……and the pressure that was on to get the standard approved…. ….because DHSC were really, really worried about ….the target not being met and the longer this apprenticeship

> standard took to be approved the more likely it made…. failure to meet the target. (Ben)

The introduction of the Nursing Associate role is a helpful metaphor to describe the tensions within the operational environment category where each element drives change in another. This is illustrated in the figure below – the relationship and interdependencies between needing the need to employ an adequate number of suitably qualified staff in the NHS whilst attempting to meet government targets in a time of political scrutiny is observed through the development of one profession rather than the entire system:

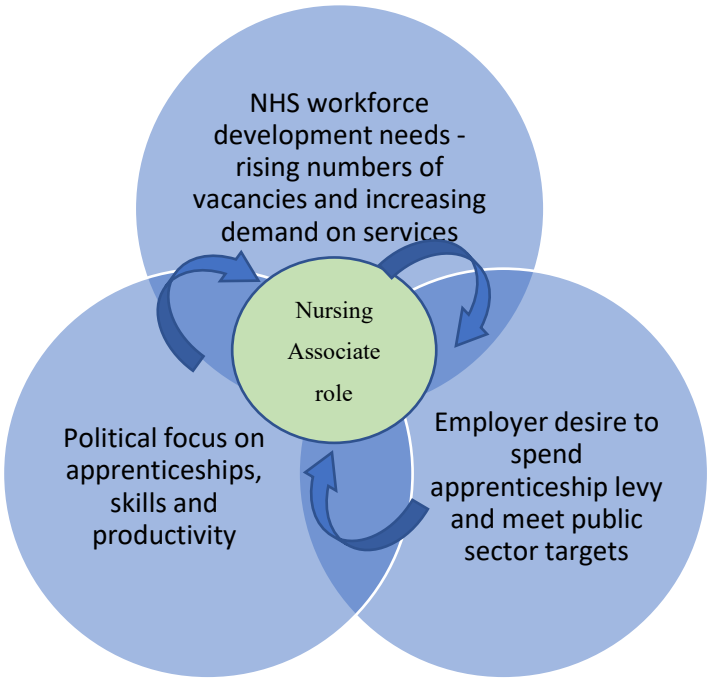

Figure 5-8 The nursing associate 'operational environment' (summarised by author)

The lack of an approved apprenticeship standard and end point assessment for the Nursing Associate provided additional impetus to successfully conclude the required development processes to enable implementation. Momentum around the nursing associate role had been built through the pilot phase which had been funded independently of the apprenticeship levy. The end to this funding and the shift to training being solely via the apprenticeship is an example of how other events impacted on the implementation process.

The introduction of the nursing associate role was seen by employers as a positive move and respondents in this study had engaged with the pilot stage of the project from the outset.

Lenny's comment below reflects a previous structure in the nursing profession, where nurses were 'enrolled' following completion of two years of training or 'registered' if the training was three years, sometimes referred to as having 'two tiers':

> you're taking that step back to a two...tier *[system]*. But actually, I suspect we need that two tier because I think the nurses that come straight out of university with a degree have a different expectation of.... what they're going to do when they get here and are much more ambitious so want to move on more quickly and do more advanced specialist skills or move into leadership roles' (Lenny)

Implementation of the nursing associate role was not without its challenges and these are explored more fully in chapter 7 - 'conflicting demands'. Although the presence of the apprenticeship levy, specific targets for the recruitment of trainee nursing associates and the approval of the apprenticeship standard all ensured that the ability to develop the role existed, implementation was slowed by the need to release staff to attend training and still achieve the requirements of the Safe Staffing Guidelines (National Institute for Health and Care Excellence (NICE), 2014).

5.5 Summary

This findings chapter has outlined the first of the categories generated through this research 'the operational environment', reflecting the unique time and circumstances in which implementation needed to take place. The presence of the apprenticeship levy, public sector targets and workforce shortages presented the NHS with a golden opportunity to engage with apprenticeships and secure a sustainable workforce supply. The infrastructure needed to enable implementation was set out through apprenticeship policy, and the building blocks needed to develop a range of suitable apprenticeship standards laid at the feet of employers. However, the existence of enabling circumstances, infrastructure and motivating factors within the system were not enough in their own right to achieve successful implementation. This category further illustrates the complexity of implementation and the model below (Figure 5-9) demonstrates evolution of thinking by the author about the process or concept of implementation of apprenticeship policy as a result of data explored in this chapter.

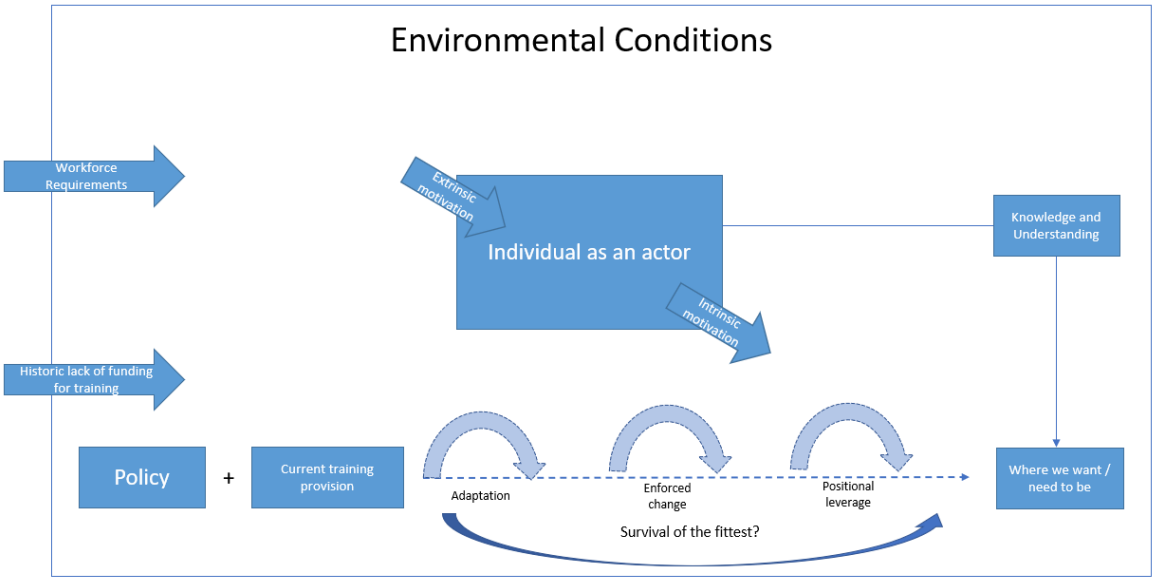

Figure 5-9 Emergent implementation conceptual frame

The subsequent chapter of findings explores the impact that individuals have had on the implementation process and how their knowledge and behaviour accelerated or slowed progress.

6 Findings: Category two - Individual commitment or understanding

6.1 Introduction

The findings category 'operational environment' outlined in the previous chapter described the moment in time and space that implementation was taking place. This findings category explores in more depth how this happened and the impact that the individual had on the implementation process. Individuals from regulatory bodies, sector skills councils, Health Education England and the Department for Education or IFATE participating in apprenticeship implementation were all doing so as part of their job roles, although their previous knowledge, experience and intrinsic motivation all influenced how they behaved. In turn, these behaviours influenced the progress and outcomes of implementation decisions. This category is underpinned by 2 subcategories: *Understanding the Landscape* and *Committing to Success*

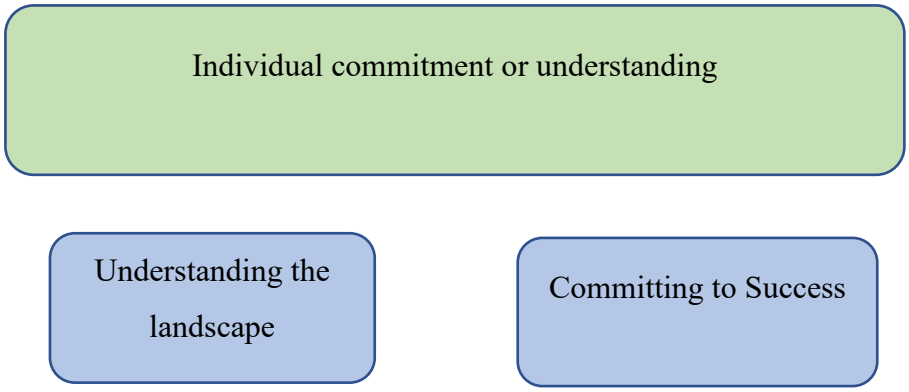

Figure 6-1 Sub-categories of 'Individual Commitment or Understanding

6.2 Understanding the Landscape

There seem to be several reasons why individuals and organisations got involved in the implementation of apprenticeship policy. For some, this was their main role, or they had come to apprenticeships from an educational background:

> my background is in education, so I was a teacher and then I worked in qualification development and then assessment development (John)

> I work … for the Department for Education in the Education in Skills Funding Agency, which is responsible for both the policy and then the implementation of the apprenticeship reforms (Kate)

Others had had experiences of working with apprenticeships for several years, pre-dating the most recent iteration of apprenticeship policy:

> 'the first apprenticeship I got involved with at the time was actually pharmacy. Pharmacy technicians…….. and I have been involved with them ever since in one shape or form' (Ben)

> about ten years ago we set up for our first skills funding agency contracted provision as a trust and we developed a new strategy that all healthcare assistants would have an apprenticeship training opportunity and we had skills funding agency to fund that (Meera)

> we started with apprenticeships going back - I want to say 6 / 7 years but perhaps.... you know when they first started to get launched again and...I remember at that time....not really understanding what that meant and the only....concept that I had to link it to was YTS *[Youth Training Scheme]* (Helen)

Having an understanding of what apprenticeships were or how to operationalise them locally had an overall positive impact on the implementation process, echoing the findings of Lipsky (1980) where actors or 'street-level bureaucrats' who had the requisite commitment or levels of skill positively influenced implementation. Respondents described positive associations with the apprenticeship brand, and the value of apprenticeships as a tool to enable the development of staff was understood. This appears to have accelerated engagement with and adoption of apprenticeships both strategically and operationally:

> we know that the organisations that have really flown with the apprenticeship levy and the public sector apprenticeship targets are the organisations that have been doing apprenticeships for a long time before the apprenticeship levy came in (Victoria)

Although there had been some use of apprenticeships in health for the development of clinical roles, this was very modest, and the highest level of apprenticeship was at academic level 5[4] for the Assistant Practitioner. In itself, this seems to have not been without its problems:

[4] See https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels for an explanation of qualification levels. Level 4 and above are usually considered to be 'higher education'

> That had been a lot of work to try and get that developed because even back then…..there were very few apprenticeships above level 3 (Ben)

In this respect, the use of apprenticeships within the NHS was relatively immature, and as Ben highlighted, many of the apprenticeships which were in use were at lower academic levels than those subsequently in development via trailblazers. Knowledge and understanding of apprenticeships and recognition of the growing importance of apprenticeships in the role of staff development appear to have accelerated developments in some organisations:

> 'some of the most advanced trusts with will have a strategy that looks at what is my workforce need in five years? How do I use apprenticeships to get there? And then how I do use apprenticeships to bring in my talent pipeline to fill that?....some ambulance services have become employer providers and so they're able then to make some money from delivering apprenticeships as well.' (Victoria)

As identified in the previous chapter, funding provided a strong motivation to change organisational behaviour:

> we then put all of our healthcare assistants onto apprenticeship level 2 as opposed to doing the NVQ level 2. And to be honest, the main driver for that was that it was funded. And the NVQ stopped being funded. But from an educational point of view, it also meant that people got a more rounded qualification, particularly around the numeracy and literacy (Helen)

Although this suggests that the educational product is less important than <u>how</u> it was funded, the ancillary benefits of utilising apprenticeships because they included the development of literacy and numeracy skills demonstrate how individual understanding had developed over time. In turn, this confidence in the apprenticeship product influenced subsequent organisational behaviours:

> 'we've got …apprentices and we have substantive healthcare assistants who both do the level 2. We also offer the level 3 and we offer that as a stepping stone for those individuals to be able to apply to go on to do their foundation degree. So a significant part of our workforce strategy is developing assistant practitioners *[AP]* and nursing associates *[NA]* to augment the nursing workforce and the lack of registered nurses both of which the AP and the NA are apprenticeships' (Helen)

> 'I think it's been difficult getting senior leaders to understand this isn't just about low-level apprenticeships any more, it's about the whole gambit … we've had to do quite a lot of communicating with people to help them to understand that and the fact that there's no age barriers on it ... you can have

> an apprentice at any age…. We are using the term 'masterships' to explain those masters level apprenticeships so that people can understand that (Lenny)

Respondents reported a reticence in some professional groups or individuals to engage with apprenticeships:

> the pharmacist proposal *[to develop an apprenticeship]* that came in recently. That sector completely does not understand apprenticeships and as a result, we've had a massive response to the proposal. We've had unions involved. We've had stakeholders involved, purely because they don't understand what an apprenticeship is and a bit like where we were with nursing in the very early days where you're creating a two-tier system, "We possibly can't have this as an apprentice. An apprentice is a bricklayer." You know. It's those kinds of traditional trades, so I think there's still uncharted territory where we're just starting that phase as we did four years ago with nursing. (Tom)

The Department for Education also describe a lack of understanding about particular aspects of apprenticeships:

> That *[grading of end point assessment]* has also been the challenge, I have to say, for health regulators. They don't really care about apprenticeships, the ones I've met. (John)

The Nursing and Midwifery Council also identified the lack of shared understanding of their own position as a regulator:

> ...our position on it has been that ….our statutory duty allows us to make only such requirements on programmes as we believe are necessary …. for the achievement of the proficiencies (Ian)

The conflict that this lack of shared understanding brought is explored more thoroughly in the findings category 'conflicting demands' but these data demonstrate the importance of shared understanding to the implementation process progressing. Delays were caused by stakeholders failing to fully appreciate the structure of apprenticeships in the modern era, associating apprenticeships with manual trades or misunderstanding the regulatory landscape they found themselves operating within. Conversely, employers who had already engaged with apprenticeships in their organisations actively sought opportunities to implement, expressing familiarity and trust with the apprenticeship brand. For example, Helen observed that:

> I think for that, that was a real catalyst for us because it meant that we were able to experience what it was like to have an apprentice and what it meant to do an apprenticeship and we started to realise what the benefits to us as an organisation were at that point. And I think for us culturally that gave us, you know, quite a bit of momentum then going into the government having a wider apprenticeship strategy (Helen)

There is also evidence to describe how informal information about apprenticeships flowed, a process that increased knowledge and understanding in the system. Centrally published rules or policy or, as Jennifer described them

> 'the ever-evolving and rules and regulations' (Jennifer)

gave information about the 'what' but not necessarily about the 'how'. The sharing of informal information between individuals or organisations provided insight into both apprenticeship and regulatory requirements:

> They *[colleagues from the assessment team at IFATE]* are also very much clearer about how the methods work and … I'm trying to… to explain to trailblazers who may not themselves have an assessment background, …the shortcomings and the advantages, disadvantages, different methods and so on. (John)

> We *[the Health and Care Professions Council]* took the decision that we would almost play a bit of a consultancy role to the trailblazer groups….. *[and]* provide the level of information needed about the regulatory landscape and what were the key things that the trailblazer group needed to be aware of in going ahead and developing the standard. (Adrian)

> by the time I'd gone to the second *[trailblazer]* meeting I was able to make some contribution and say, "That wouldn't work because… it might be better if we did this….this is the experience of students on nursing programmes…." (Denise[5])

6.3 Committing to success

Despite the challenges faced during the implementation process, respondents described the same shared goal of developing professional health-related apprenticeships. External motivators such as the presence of the levy combined with the sense that it was the *'right thing to do' (Ian)* undoubtedly played a key role in the desire to develop apprenticeships, but

[5] This quotation is taken from the interview with the author of this study and is therefore not a pseudonym

personal commitment and investment in the process also influenced their behaviours in achieving that goal.

Both the NMC and HCPC describe how they came to be involved in the development of apprenticeships:

> If there was an appetite for employers to embrace this model of training, if there was an appetite for education providers to provide it then we felt like regulation had to play the role of what we always do, in terms of making sure that okay, well you can propose whatever you like and what we'll do is make sure that it can meet our standards (Adrian).

> making a commitment (if it could be done) making a commitment – so not sort of signing a blank cheque – but making a commitment that we would try and find a way through and resolve the issues (Ian)

For training providers, understanding how employer behaviours were likely to change resulted in them engaging with apprenticeship delivery:

> it was because of the change in funding rules and we knew that if we didn't change to an apprenticeship funding route, that we would not be able to deliver the programme any longer. So, it was 2017 we changed to apprenticeships. (Daniel)

The Apprenticeship Funding Rules issued by the Department for Education annually set out conditions that employers and training providers need to meet and adhere to in order to utilise apprenticeship levy funding. These are, in turn, supported by the legislation and infrastructure mandated by the government on which apprenticeship structure and function is based. In order to develop and deliver health-related apprenticeships, trailblazers, employers and training providers needed to actively align themselves with apprenticeship infrastructure or funding rules to achieve successful implementation.

Individual learning and actions undoubtedly influenced the implementation process and enabled key individuals to actively align themselves or their organisations with the policy with the intent of developing apprenticeships:

> …being part of that first Apprenticeship Trailblazer, really allowed me to see under the bonnet of what an apprenticeship needed to look like….(Denise)

> I think there's a lot of learning that's taken place and people have worked to what's doable in their local areas for themselves… I think they're *[apprenticeships]* a reality on the ground (Jennifer)

Several respondents describe a wider perspective of the potential offered by apprenticeship development nationally, regionally or within their own organisation:

> we've also had to enable people to learn how to skill mix, or to provide widening participation opportunities for healthcare assistants, which was part of the philosophy behind the Shape of Caring in the Cavendish review… I think actually they're the cultural and values things – the pillars if you like that bring this together and will in the end potentially allow this to sustain (Meera)

> I think our experience of *[a specific professional group]* is…it takes a longer time to change some of those ideological, philosophical kinds of approaches to what apprenticeships are trying to do. (Adrian)

These behaviours resulted in some changes being made to apprenticeship policy so that implementation could continue to progress, especially around the requirements for and of End Point Assessment. Both Kate and Tom identified the changes that occurred during the development of healthcare apprenticeships to support progress:

> …the endpoint assessment plan had been completely redesigned to better align between what the institute for apprenticeships want to see, which is… an independent endpoint assessment taking place at the end of the apprenticeship to test occupational competence and … better align that with what the NMC needs to have for registration purposes. I don't think it would ever be perfect, but I think what we've got on nursing associates is much better than what was originally proposed via the employer group ….(Kate)

> 'The other thing we have changed in the lower levels, again just for health,…where there is a qualification that leads to registration, like dental nurse, we're allowing them to integrate it so that it enables the apprentices to complete their endpoint assessment within that qualification, so that was another exemption that's been made for levels beyond degree level, like nursing associate for example as well' (Tom)

Despite some challenging moments in the development of the nurse degree apprenticeship in particular, individual and organisational commitment ensured that progression continued to be made

> So I think that people knew that they were coming to the table to try and get something done... I don't think there have been any moments where we've thought 'Right that's it!' you know – we're taking our toys and leaving the table....(Ian)

Although not overtly expressed by all respondents, the sense that the development and implementation of apprenticeships were both morally and operationally essential and changes in practice observed:

> …..without a doubt for **us** *[respondent's emphasis]* the advantages far outweigh the disadvantages. And I think that's not just me saying that. I think that's evidenced in the growth and that I don't have to work at pushing apprenticeships. It's much more about managers and individuals coming and asking myself and colleagues about apprenticeships. So there has to be something that's more positive about it than negative because it's got…..it's kind of got a life of its own now' (Helen)

6.4 Summary

The second findings chapter, Individual Commitment and Understanding, has outlined the importance of both the individual and their understanding benefitted the implementation process. Both individual and organisational knowledge developed over time, with the development of informal knowledge and information in particular facilitating implementation. Intrinsic motivation to commit to successful implementation was also critical to the process, especially during times when progress slowed or seemed to come to a halt. The challenges to implementation and the resultant conflict are described in the following findings' chapter – Conflicting Demands.

7 Findings: Category three - Conflicting demands

This findings chapter sets out the circumstantial and behavioural challenges experienced during the implementation process. The category is underpinned by two sub-categories – 'Steering the ship' and 'Exerting control'. Both sub-categories describe how individuals and organisations attempted to influence the process of implementation, at times in a collegiate manner but occasionally by trying to exert their perceived power in an attempt to gain greater control.

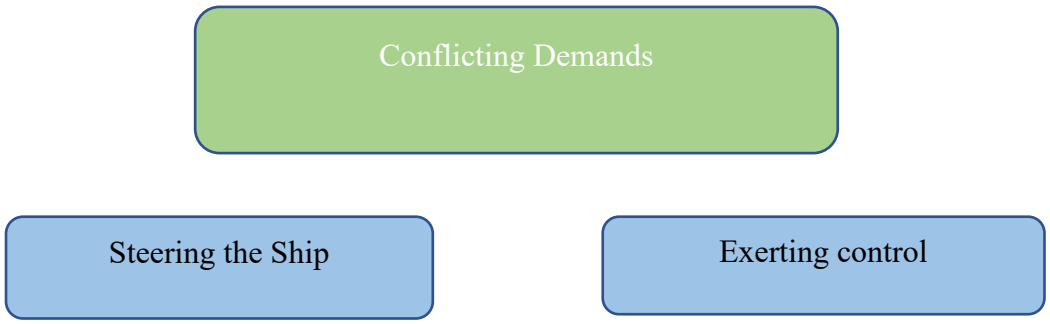

Figure 7-1 sub-categories of 'Conflicting Demands'

7.1 Steering the ship

This sub-category describes the attempts by individuals involved in the development or implementation of apprenticeships to shape or modify these processes but also how the NHS used its unique and special position in society to secure additional funding to support implementation. The history of apprenticeship usage in the NHS, individual or organisational engagement within the implementation process and dealing with a rapidly evolving environment all contributed to this category.

Health Education England were clear about the requirement for them to be involved:

> It was an absolute government requirement that…you know, that we've got this agenda, it's going to be part of the workforce and we need to drive it (Judy)

Skills for Health were invited by Health Education England (HEE) to get involved in the process of developing apprenticeships, which allowed HEE to retain significant influence in the implementation of apprenticeships – a piece of work that they had been involved in prior

to the current reforms. Equally, Skills for Health were keen to contribute to the process, perhaps because they too felt invested in the developments before these reforms:

> as the Sector Skills Council, we **were** *[respondent's emphasis]* the responsible body for apprenticeship frameworks in England up until that point (Ben)

Their involvement is perhaps surprising in light of Richard's review: 'Many stakeholders advocated either a move away from or complete redesign of Sector Skills Councils, stating that experience showed them not to be effective at employer engagement and awareness.' (Richard, 2012. P45) there is evidence that in this case, the sector skills council became a great facilitator of implementation.

> Skills for Health … have been supporting many trailblazer groups through funding from Health Education England, who are supporting Skills for Health to support trailblazer groups to do the detailed work… They know apprenticeships and they know apprenticeship criteria and they're able to have more time with a group than I necessarily would, so they're there to go to every meeting. (Tom)

The Health and Care Professions Council (HCPC), although suggesting that they wanted less involvement with the process than the Nursing and Midwifery Council (NMC), still needed to retain an element of control in order to assure themselves that the apprenticeship standard would not conflict with their Standards of Education and Training:

> 'we would go along to those trailblazer groups and start talking to them about what the end product from an apprenticeship must look like, but we were really keen to say that for us, it's not about defining what those inputs are, as long as the end product can deliver someone that meets the standards of proficiency.' (Adrian)

Despite the assertion that employers would be in the driving seat for the development of apprenticeship standards, there is evidence that a number of organisations had a vested interest in successful implementation although perhaps preferring it to be achieved on their terms:

> I mean it was a difficult position for the NMC to be in really because the colleagues around the table were all first of all very committed to there being an apprenticeship in our professions and secondly their….their own sort of orientation is to be pragmatic and solutions focussed and therefore……if the

> NMC were saying 'well, on a point of principle this can't happen or as a matter of law that can't happen' …., we were coming into something that everybody else was already there … committed that it should and WILL happen so it felt….as if we were seen as putting spanners in the works (Ian)

The conflict in the system is partly attributable to the professional or legal status of the stakeholders:

> 'it has been a challenge because we have a system where …although the Institute for Apprenticeships are not a regulator in the same way as the Nursing and Midwifery Council, they both have kind of regulatory responsibilities when it comes to their respective policies and sometimes those don't quite match up' (Kate)

Kate's acknowledgement that different stakeholders had different responsibilities reflects one of the challenges in implementation – each stakeholder needed to meet their own organisational requirements whilst attempting to achieve the common goal.

This was against a backdrop of evolving government policy and understanding of the requirements of apprenticeship policy and its operationalisation. In turn, this led to behaviours that had supported and encouraged implementation, but caused subsequent problems when the consequences of these activities began to be realised:

> I mean the process has changed beyond recognition from the early days, ….when the government department responsible for the standards … were **desperate** to …[*respondent's emphasis]* make the reforms a success. So ….there was no template for apprenticeship standards … things that would never be allowed to happen now were allowed to go through and be approved. ….funding bands given to varying apprenticeships were, shall we say, very generous ….but they were generous because… they really wanted to encourage employers … to develop these new standards when, in truth, you know, there were sectors, and health was one of them, where nobody wanted the reforms (Ben)

The need to address some of the previous problems created by trying to implement a new policy in a relatively immature system slowed the development of the apprenticeship standard and end point assessment in nursing:

> 'more or less we're at the point now where, you know, the Institute is consistent with its rules so we're not constantly (as it has sometimes felt over the last five years) where you're just constantly dealing with changes in requirements to the point where for example, you know, we've had, let's say an end point assessment plan submitted; it's approved with conditions, address the conditions and they send it back because they say 'actually, we

> want you now to change this, this, this and this, because in between time, we've changed our mind about these things and we now want this, this and this.' So we are starting, you know …we're not seeing that, you know, when something gets approved, it's approved….you know…there's no….. then subsequently 'well, yes actually, it has been approved, but we still want you to change this.. and...oh you changed that? Ok…well we want you to change this now'. That's not happened much if at all, as it was.' (Ben)

Even when the format of the end point assessment was agreed upon, an additional problem was identified regarding the ability to integrate the end point assessment within the Nursing Associate apprenticeship. The funding rules did not originally allow for EPA to be integrated below academic level 6 (Bachelor's degree), meaning that the level 5 (foundation degree) higher apprenticeship for the nursing associate would require apprentices to complete the end point assessment after they had satisfied the NMC's requirements for registration. Following lobbying by the nursing associate trailblazer, a change was made to this ruling:

> 'And of course one of the big drivers behind that was the knowledge that nursing associate was going to be regulated … was going to be at level 5 which traditionally….you know….which would originally not have allowed it to be integrated…And the worry was…you know from all parties was that apprentices, once they met the requirements for registration would not bother with the EPA' (Ben)

The immaturity of infrastructure and the delays this caused is also highlighted by Victoria:

> 'I know that employers find it very difficult to accept that the apprenticeship levy can't be used for things like building infrastructure or for the significant backfill costs associated with some of our regulated professions… When the levy was first introduced in 2017, had very few healthcare-specific apprenticeship standards available to it….So actually, to expect the NHS to make full use of its £200 million a year, within the first year, when there weren't the standards available, people didn't have the infrastructure to scale up, we believed was unfair… that's why we lobbied for that extension to timescales.'

Despite employers being keen to make the best use of their organisations' apprenticeship levy, the lack of apprenticeship standards meant that this did not progress, and Trusts stood to lose unspent apprenticeship levy which is 'reclaimed' by the government after two years:

> We are continuing to expand our lower level apprenticeships …so that's really significant erm….so whilst at the moment I would say we haven't spent as much as we would have liked to some of that is because the frameworks aren't there and the frameworks that are there are at the lower level also they don't attract the same kind of funding pull down and then they

> only pay you monthly anyway so if the £1.3 million I think we've committed to spend £460k and… but actual spend because they're only taking it out on a monthly basis is way lower. (Lenny)

Victoria's other comment about *the 'significant backfill costs associated with some of our regulated professions'* (p94) was a further source of conflict for the NHS which NHS Employers attempted to influence. The government had set ambitious recruitment targets to support the development of the Nursing Associate role, but to address concerns about the affordability of employing and training apprentices, funding was paid to employers for every trainee:

> 'each nursing associate currently attracts through the employer an amount to support their implementation because one of the things that of course, is so challenging with so many roles…is backfill and off the job training costs, … and as we said before, there is no standard target on any of the other [apprenticeship] standards…..I think it feels right that there should be some… …backfill funding for something at which there is a government target.' (Meera)

The challenges of salary support and the need to provide backfill for staff to be released to fulfil the requirement to spend 20% of their time in off the job training was highlighted by a number of respondents as a concern:

> 'one of the things that of course, is so challenging with so many roles – clinical roles…is backfill and off the job training costs, which is why … the numbers are lower' (Meera)

> 'the challenges that there are associated with facilitating work-based learning… enabling release time…, the 20% off the job time for people to have… to do other learning' (Helen)

> we actually did the costing on this … even if you backfilled them *[the apprentice]* for the 20% they weren't there, it still works out as cost-effective as recruiting just a band 2 *[Agenda for Change banding]* into the role just to do the job... I think the worry with the professional degrees is the amount of time they won't be here ...while they're in their early stages of training and while they're doing the care certificate and that, they are, they are I guess to some extent supernumerary or working next to Nelly and all those kinds of things, but it isn't that long before you can start to introduce basic tasks into what they're doing …so then they really do start to add value and actually that would be the same if you recruited a healthcare assistant off the street.' (Lenny)

These issues present examples of how different government departments have worked in parallel rather than in conjunction, resulting in delayed implementation or the need to provide additional support for implementation. The aspiration of both DBIS and the Department for Education to drive up productivity through engagement with high-quality apprenticeship provision has presented financial and operational challenges for the NHS and whilst these may have been inevitable even with full governmental collaboration, tensions have certainly been heightened as a result.

7.2 Exerting control

This sub-category describes the struggle for power and control as stakeholders progressed through the implementation process. Some of the challenges were a result of a lack of shared understanding between stakeholders, which as explored in the category 'Individual Commitment or Understanding', needed to be resolved to allow progress. This subcategory explores how implementation was delayed by regulatory power play.

Throughout the implementation process, but particularly evident within the developments around nursing EPAs is the battle to exert power and control by individual parties. In some examples, this is a more moderate process; in others a more overt battle between large organisations or bodies.

End point assessment (EPA) itself was controversial from the outset:

> We were very clear about some of the things we absolutely didn't agree with. For example ……..End Point Assessment and grading…. the health professions had effectively abandoned the notion of end point assessment (Ben)

However, EPA is a central tenet of Richards' recommendations following criticisms of apprenticeships in the past and is a non-negotiable element of apprenticeship implementation. Therefore, it is an element that has had to have been absorbed regardless of opinions about its value:

> everything they've done up till they reached that point was meaningless, (Ben)

> when the Department for Education and the IFA have both said, you know 'what you've got in place around assessment is as good as anything .....that we could.....you know, they've basically said what we are doing is entirely

> fit for purpose, entirely appropriate, but you know you have to have one of these because that's what it says'. So..um...which is both a waste of public money and ...you know...a pain in the bum for everybody (Ian)

Approaches to EPA in the NMC were different from the HCPC even though there was still some caution:

> Everyone understands that actually, the concept of an EPA is almost a little bit…erm…well, it goes against what higher education is trying to do in the development of professionals but setting aside that, we felt it wasn't for us to take a view. (Adrian)

The evolution of the end point assessment for nursing-related apprenticeships forms a significant part of discussions held with participants.

> there's a culture in health, which I have to say, is not particularly constructive in terms of developing apprentices and endpoint assessment in particular. (John)

> the trailblazer group have not been able to integrate it and because of the criteria for the apprenticeships, had to write an endpoint assessment that was over and above what the regulator potentially required, which has caused quite a few issues in terms of implementation (Tom)

It is clear that the IFATE and the NMC both felt that they held the power in the relationship and that the other party was being stubborn in not acceding to the other's requests.

> the Department for Education and the IFA have both said, you know 'what you've got in place around assessment is as good as anything ..... they've basically said what we are doing is entirely fit for purpose, entirely appropriate, but you know you have to have one of these because that's what it says'. (Ian)

> They *[the NMC]* really don't care and so they're only interested in their own procedures and promises and don't care if they undermine the apprenticeship system, which is quite sad really… The Department of Health and Social Care was also lobbying on their behalf because again they don't care about the apprenticeships' (John)

Other participants describe this as a difficult time in the negotiation process

> over a period of kind of six horrible weeks – I have to say they were horrible (Ben)

> the endpoint assessment plan had been completely redesigned to better align between what the institute for apprenticeships want to see, which is…you know, an independent endpoint assessment taking place at the end of the apprenticeship to test occupational competence and kind of, better align that with what the NMC needs to have for registration purposes. I don't think it would ever be perfect, but I think what we've got on nursing associates is much better than what was originally proposed via the employer group (Kate)

> Those two worlds and those two regulatory out remits have struggled to find common ground in certain instances and are still grappling with the different requirements. (Jennifer)

Whilst the professional bodies were attempting to exert control over the design of the apprenticeship and EPA, there is also evidence that the IFTAE were behaving in a similar manner:

> 'it took them *[occupational therapy and physiotherapy]* a year to get their EPAs approved and they had to cave on the requirement…the Institute will NOT budge one INCH on the requirement for an observation of practice of some description'. (Ben)

Although there seems to be a shared motivation to develop apprenticeships (albeit for different reasons), the power dynamic amongst stakeholders is strong and shifts several times during implementation. Whilst many stakeholders were represented in the trailblazer, they exerted a stronger influence over the implementation process at different times, whilst others almost became bystanders until that particular episode was concluded. The significant influencers in the development of end point assessment, for example, are illustrated in figure 7-2. The governmental influence was significant, with representation from the Department for Education, Department of Health and Social Care and IFATE. The NMC as the regulatory body were also extremely influential in shaping the end point assessment. The agreement was facilitated by Health Education England and the sector skills council, Skills for Health, so they must both be seen as influencing indirectly. At this point, training providers and employers become bystanders and progress with the development of the apprenticeship standard is stalled until an agreement has been reached.

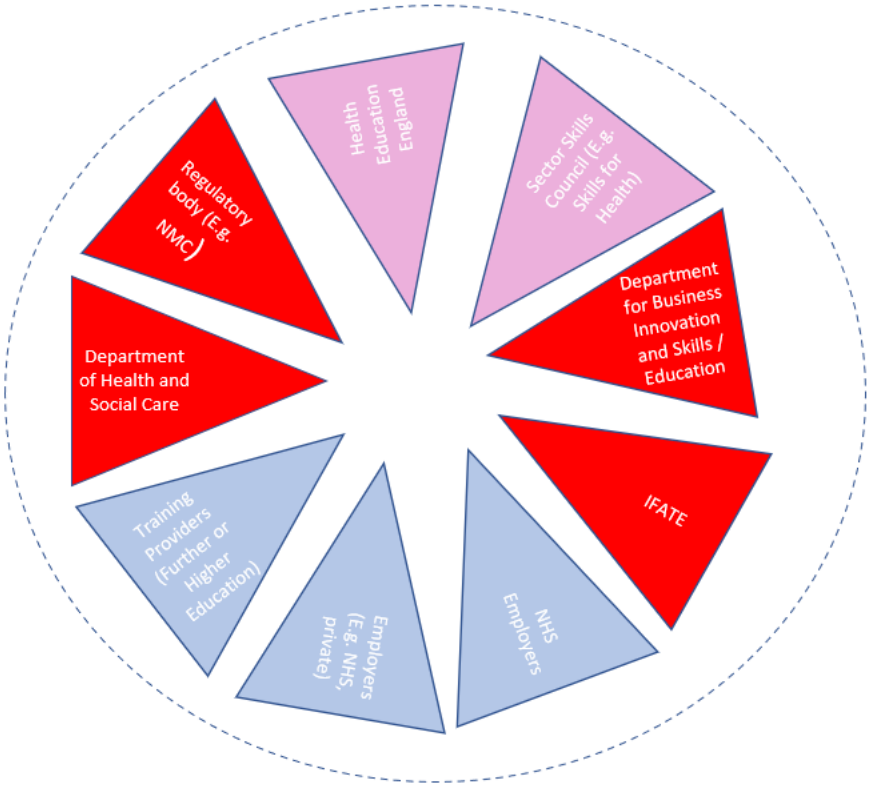

Figure 7-2 Influencers in the development of End Point Assessment

There is evidence that stakeholders in the system were using either their own power, position or relationships to influence developments.

> 'we haven't been well served by having those discussions individually *[each regulator talking to the IFA individually]*…. it just gives rise to people saying ' …..so and so has agreed that we can do this ….' There's a bit of slide in the rule sometimes' (Ian)

The connectedness to central government was cited by several respondents:

> 'I think if we'd taken a more hard-line view around things like the EPA we would have sought the DHSC's support a little bit more proactively to support our own position and probably look to other organisations like the professional standards authority as well.' (Adrian)

> 'I know the Department of Health and Social Care are particularly interested when it comes to nursing associate role and kind of evaluating and the impact of that and how it kind of…err and how its rollout has worked and what benefits it's presented to the workforce. ' (Kate)

> 'What's the nature of the relationship……. DfE is responsible and IFA are in effect the accountability holder so why is IFA able to take an approach

> which is not supported by DfE? I don't really...I don't really understand that as a political set of relationships… HEE were on our side, DH *[Department of Health and Social Care]* were on our side……..with everybody saying to IFA...you know 'come on....*(!)* stop being so..... (Ian)

Regulatory bodies used the protected nature of regulated professions to exert power over the IFTAE, pushing back several times. The language used by the NMC suggests that they felt they had the upper hand at times:

> 'What are things that could actually be ceded...' (Ian)

Evidence of conflict is also seen elsewhere within implementation. The empowerment of the employer within the process also extended to the negotiation with training providers. Where in the past, universities would allocate students to placements within NHS organisations, the NHS was now placing apprentices with universities. For universities, this created some tension as both systems were in operation simultaneously and traditional partnership working needed to be renegotiated or viewed differently. When asked whether apprenticeships had altered relationships between training providers and employers, Daniel observed :

> 'that locus of control has changed, so, we are very much answerable to them *[NHS organisations]*. We used to have a programme of education that they came to us and said, "Will you do this for us?" and we had some say in what that looked like and we were sort of able to do that autonomously whereas now we are answerable to them, because, you know, we are paid directly to them. And, yes, it has changed our relationship, definitely.' (Daniel)

The need to be compliant with the apprenticeship funding rules also caused conflict as both higher education and the NHS felt that their approach to contracting was appropriate:

> the university, I think quite rightly, felt that they needed to be compliant but there was a competing problem that we needed to maintain relationships with practice partners and get people on programme and to make it work because there was a lot riding on it. And other universities were saying, "Yes, we'll accept the NHS contract." And our university was absolutely adamant that it was non-compliant with the funding rules… And that did affect our relationships so that you would be trying to place students on the traditional degree programme and to have good working relationships with the employers down the road, but actually part of the organisation, parts of each organisation were at loggerheads at the same time. (Denise)

7.3 Summary

This chapter of findings has explored how implementation was delayed or slowed due to rapid change in the system, a lack of shared understanding between stakeholders and the affordability of the scheme even though there was a strong impetus to develop apprenticeships in the NHS. Occasionally, this conflict served to accelerate progress, with discussions between the Department for Education and the Department of Health and Social Care taking place when a crisis point was reached and failure to implement the nurse degree apprenticeship, in particular, looked possible. The chapter has also highlighted how policy, process and relationships changed during this period, which, in conjunction with learning in the system also helped to support apprenticeship implementation. The final chapter of findings 'Shaping the System' provides a more positive perspective on implementation, describing strategic and operational changes that took place to enable the introduction of apprenticeships in the NHS.

8 Findings: Category four - Shaping the system

8.1 Introduction

The previous findings chapter describes the challenges to implementation and how stakeholders found themselves in conflict situations. However, there is also evidence of how stakeholders worked to overcome these challenges and adapt requirements to their advantage, thus supporting implementation. This chapter of findings describes how the NHS, higher education and ancillary infrastructures were mobilised in order to implement apprenticeship policy and expand apprenticeship numbers.

The category is underpinned by two sub-categories: Playing with policy and Establishing the right conditions for implementation

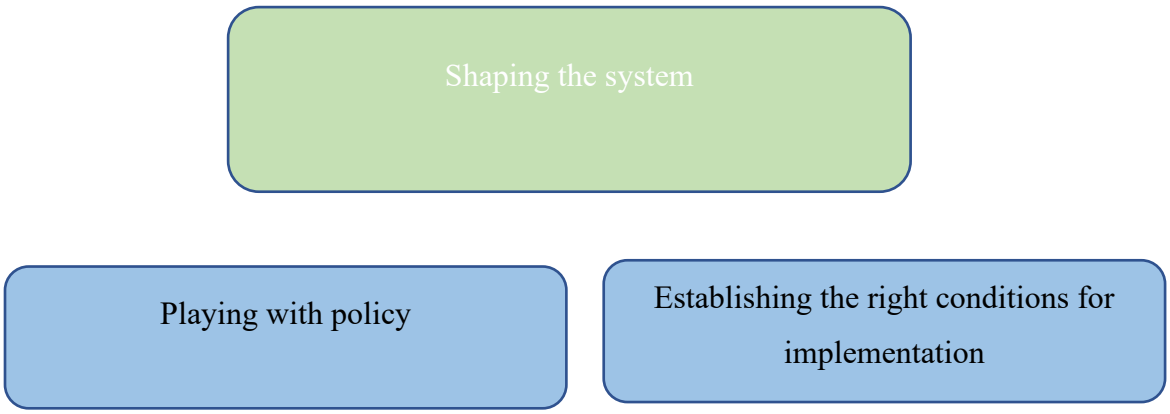

Figure 8-1 Sub-categories of 'Shaping the System'

8.2 Playing with Policy

This subcategory describes how stakeholders adapted practice or influenced policy in order to achieve successful implementation. As described in previous chapters, the operational environment and characteristics of stakeholders significantly influenced motivation to implement apprenticeship policy and the political agenda were well understood by participants, with stakeholders coming together to ensure implementation progressed:

> Since 2017 when that…those targets were introduced, which was at the same time as the apprenticeship levy and the institute for apprenticeships being set up … myself and my team have been … working with others in government, those outside of government, employers themselves, the Institute for Apprenticeships and sort of everyone under the sun … working out how we can best make sure that public sector are the best customers of

> apprenticeships possible so that they're in a good position to get towards their targets (Kate)

> 'we *[Health Education England]* are very much about making sure that we get the right workforce in the right place at the right time with the right values, skills and abilities. Apprenticeships are one way to make that happen. So, we've been working with the apprenticeship agenda ever since it's kind of come to light as… as a policy directive, right through to the levy being introduced (Judy)

The conflicting demands experienced by stakeholders, as well as the newness of both the policy and the system necessitated some negotiation and adaptation to enable progression. The anticipated simplicity of the process was commented on by Adrian:

> 'There was probably a bit of over-ambition in terms of the timescales for implementation' (Adrian)

A second issue was identified by Victoria:

> The challenge for employers then is making the best of the apprenticeship policy that's been put forward which is, you know, obviously national and not just about health (Victoria)

The challenge of an evolving policy was also recognised by the Department for Education:

> when I first started with phase 2 the policy was still being evolved and it was almost like, the employers that were working with us were within the policy tent and they knew that policy was evolving because there's such a massive apprenticeship reform programme going on. So, yes frustrations have been there for companies who've kind of evolved with us as a policy has been embedded, so it…I suppose they…it appeared that to them that we were changing the goalposts, … we have been evolving a policy to ensure quality is correct, so it is new. It is a massive cultural reform, so yes, things have evolved over the last three or four years. (Tom)

> So, the system has I suppose learnt to be…to understand how we're moving to a system where…just to meet the reforms but also having enough flexibility in there to meet the trailblazers' needs. (John)

John's comment about how trailblazer groups and IFTAE have moved closer together is far more conciliatory in tone than those about the behaviour of the health service and the NMC in particular. This reflects some of the adaptations which took place in order to achieve successful implementation:

> we did have a grading exemption for the registered nurse version one apprenticeship. What we hadn't been able to do was to…to get a grading exemption for nursing associate version one (Ben)

> We have granted exemptions in health, but we have…not resisting the system of work, but challenged…because as I said, it's based on the presumption that they can't, but often they can and interestingly in very closely related occupations, so in the social health and so on, which have very much similar parameters and have very similar regulators, they've been much more relaxed about having the grades above pass (John)

Again, although there was resistance to having a grading exemption, this was accommodated. Similar challenges were faced by the need to include an end point assessment, which, again, necessitated IFATE making a concession to the NMC not seen elsewhere:

> we couldn't hand on heart say it *[end point assessment]* is necessary for the achievement of the standards. So .....it boiled down to...either the IFA had to accept something that we already did …..for these reasons OR the EPA couldn't be integrated. And then once we got to that stage it was, you know, how can we make it as minimal....as non-invasive, as non-distracting as possible….so we ended up with professional conversations which....you know....to be honest, the IFA could have agreed to that ages ago *[! – respondent's emphasis]* (Ian)

> obviously, in health we've got lots of regulated standards and talking about policy and criteria evolving, we have made some exemptions because we understand the requirements the regulators are setting, …employers are still in the driving seat, but are restrained by what the regulator requires in order for people to practice as registered professionals. (Tom)

Findings from these participants indicate how stakeholders adapted to ensure that implementation progressed. Although this may not have been comfortable for stakeholders -

> The problem is that every time an exemption is made that sets a precedent and slowly it's chipping away and dividing our apprenticeship reforms and that has also been the challenge (John)

adaptation of policy and practice did happen. As Ian commented:

> It may be that there could have been a different way through that we can't envisage because we are so busy trying to squeeze nursing into this particular box.

Where sometimes conflict accelerated implementation by focusing concentration on the removal of barriers, this resulted in changes to policy or rules to subsequently accommodate

the necessary change. This was a reciprocal process, as regulators, higher education institutions and the wider health system affected organisational changes to facilitate implementation.

8.3 Establishing the right conditions for implementation

The lack of previous experience in delivering apprenticeships in the NHS was highlighted by Victoria:

> actually, to expect the NHS to make full use of its £200 million a year, within the first year, when there weren't the standards available, people didn't have the infrastructure to scale up, we believed was unfair.

This is corroborated by Ben who noted

> there were very few apprenticeships above *[academic]* level 3 *[in the NHS]*

Although the involvement of NHS employers was more peripheral, this too seems to have been critical to the wider system preparing to accommodate a rise in apprenticeships in the NHS, including the provision of guidance on apprentice pay terms and conditions:

> As part of the pay deal that was agreed last year, part of that was that the apprenticeship pay issue would be looked at following that pay deal. And those negotiations are ongoing (Victoria)

NHS Employers, in turn, worked with Health Education England to assist implementation:

> ' But between *(HEE representative)* and sort of *(IFATE representative)* and my team, I describe as Torvill and Dean[6]. We are independently doing beautiful things. We are twirling around on the ice looking gorgeous. And then we come together and do brilliant things. But I'm not trying to be Torvill and Dean's not trying to be me. We've had to have some honest conversations in the last year, two years, where we've been very clear about who we are and what our purpose is and to make sure we're not overlapping.' (Victoria)

Within Health Education England, there has also been a change in order to make the implementation of apprenticeships easier:

> So anyway, once we realised, I think we had to do our own bit of researching and realised that this was an implementation blocker, a bit like with

[6] Jayne Torvill and Christopher Dean - ice dancing champions from the United Kingdom

> functional skills, procurement, funding bands……. and I've got experts who have looked at it, it will provide a procurement solution to some degree' (Meera)

There is also evidence of this in the NMC, where the notion that all learners would be supernumerary during their education programme was challenged with the advent of apprenticeships. To ask Nursing Associates to be completely supernumerary during training would render developments unaffordable for employers due to safe staffing regulations. Either the NMC's supernumerary guidance needed to alter for this group or the NHS would need to employ additional staff to 'replace' learners:

> 'we've changed that because .....apprenticeship was likely to be ..the main route for NAs and it was strongly felt that if we went down a pure supernumerary route we would end up...pricing the NA route out of the market for employers (Ian)

Evidence of the system preparing to deliver more apprenticeships is also evident in higher education:

> Initially, I was having all the contact with practice partners, with sub-contractors, etc, within the past year they realised that obviously, I couldn't do everything. So, we now have someone else that is employed to do that…… now our Apprenticeship Manager does all the contracting for us and he had skills in that area before he was appointed (Daniel)

Similarly, the NHS has also made adjustments in order to change working practices:

> 'we said anything that is a band 2 post or less, the question should always be asked 'Does this need to be replaced with a band 2 or is this an apprentice opportunity?'' (Helen)

> 'but it's making us think differently. We've done …….. a bit of an apprenticeship strategy which has gone through the various committees in the organisation for sign off' (Lenny)

Both respondents from NHS Trusts report a series of activities and organisational changes which supported the implementation of apprenticeship policy in their respective organisations, primarily by ensuring that all vacancies are considered firstly as apprenticeship opportunities:

> 'I think it's been difficult getting senior leaders to understand this isn't just about low-level apprenticeships any more, it's about the whole gambit' … we

> put a number of papers through execs *[executive officers]* here around that *[expansion of apprenticeships]*' (Lenny)

> 'whenever we have a vacancy in our organisation …with the exception of band 5 nursing vacancies….they all have to go through to a review panel for us to determine…. whether we fill that vacancy or whether that vacancy's held ….There was an exception put in …that if it was an apprentice post, then that wouldn't need to go to vacancy review' (Helen)

These organisational changes are further enforced by the setting of internal targets '*we've allocated each of the divisions a nominal target' (Helen).* Whilst this is certainly motivated by the need to use the organisation's levy, these actions ensure that timely implementation occurs and new opportunities are explored.

Evidence from respondents in this study suggests that the levy would be used to develop existing staff:

> I think in the future, ALL of our workforce will be qualified in the future …for years and years and years, we've had healthcare assistants who have wandered round the organisation with a set of competencies but not with a qualification'… we're going to have a time out …to talk about the continuing development of roles bands 1 to 4. … I think there's room to look at the skill mix ….where we're struggling to recruit qualified nurses…. How do we productively use bands two three and four to support the qualified workforce. (Lenny)

> we were already using apprenticeships as part of our.... development offer for substantive staff, particularly for our ...healthcare assistants...Within previous years.....they would have done the NVQ level 2. But then when apprenticeships came out we then put all of our healthcare assistants onto apprenticeship level 2 as opposed to doing the NVQ level 2… the main driver for that was that it was funded (Helen)

Whilst this is not in line with Richard's 2012 vision who emphasised that apprenticeships should not be used to 'accredit' or 'upskill' existing staff; rather apprenticeships should be a 'new role' into which staff could progress. This subcategory illustrates the complexity of the implementation process and highlighted the non-sequential nature of implementation. Changes made to policy or to system structures and processes all contributed to the complexity and dynamism of policy implementation.

8.4 Summary

This chapter of findings has explored how the process of implementation offered opportunities for stakeholders to push back and shape policy to suit their organisational needs. This was, in part, motivated by a need and desire to implement apprenticeship policy, but also provided a source of conflict and challenge. Policy adaptation subsequently enabled mobilisation of the wider system, ensuring that the requisite conditions for implementation were realised. Whilst the system is formed by a number of discrete organisations or business units, there appears to have been a collective understanding and response to facilitate system readiness. This sub-category illustrates the complex nature and process of implementation.

9 Core Concept and Theoretical Model

9.1 Introduction

This study set out to explore how apprenticeship policy was implemented in the National Health Service in England, although findings will be of use nationally and internationally. Whilst the NHS has attempted to make good use of the apprenticeship levy, other healthcare providers, public sector bodies or large organisations will benefit from understanding how apprenticeship or other policies can be implemented locally. From initial simple expectations, by using constructivist grounded theory methodology, core categories were generated, leading to a theoretical model which is fully grounded within the data. This chapter will explore the four key categories generated as discussed in the previous four chapters, including their contribution to a new theory of implementation. Subsequent discussion will underpin these in relation to literature.

9.2 Key categories

9.2.1 The operational environment

This concept explored the dynamic environment in which implementation was taking place but also the characteristics of the actors inhabiting the environment. This category was not seen as having either enabling or restricting qualities, but this nevertheless significantly influenced the process of implementation. When considering the parallels between this thesis and a theatrical production, this category represents the stage on which the action takes place, but also provides the context or 'back-story' leading up to the present scene. The off-stage events leading up to the introduction of the apprenticeship levy in 2017, including changes to pre-registration education bring the audience into the drama at a turbulent point.

Respondents such as Ian, Ben, Judy and Meera cited the removal of the bursary for pre-registration education as a critical moment that subsequently influenced behaviours. The introduction of the levy, of targets relating to apprenticeships and concerns about workforce supply, formed a unique backdrop against which apprenticeship policy was being introduced. The introduction of the new Nursing Associate role also acted as a catalyst for implementation, with processes being expedited, modified or adopted so that the new Nursing Associate apprenticeship would not be delayed.

Implementation of apprenticeships took place against a political background with the Department of Education being responsible *for* apprenticeship policy but needing to take place *within* the Department of Health and Social Care who were responsible for the NHS. Respondents from both sides of this divide described events that were significantly influenced by the strategic intent or priorities of their respective Departments, often creating problems that needed to be resolved. In this respect, it would not be unreasonable to compare the Departments of Education and Health and Social Care as the Capulets and Montagues in 'Romeo and Juliet' – 'Two households both alike in dignity' (Prologue, line 1). Evidence from training providers and employers also describe moments of tension where existing practice needed to be modified (often at pace) to be able to keep pace with the implementation process. In this respect, the concept of the 'operational environment' is also linked with 'conflicting demands'.

Individuals operating within the environment also significantly influenced the implementation process, a phenomenon that is recognised in other models. Lipsky (1980), in particular, identified the characteristics and actions of the actor (or street-level bureaucrat) as being critical to the implementation process. Although Lipsky's model focuses on the actor towards the final stage of the implementation chain, the importance of their role is still acknowledged. Actors in this study, however, are critical at several stages and each had the ability to change or influence the process at each point. Whilst each actor may have been directed in how to behave or what to say, their interpretation of their role and interaction with other players at each stage of the process helped to determine outcomes.

The 'actors' interviewed as part of this study describe how their involvement in the implementation of apprenticeship policy was largely thrust upon them, although for some this was their primary job role (e.g. Department for Education or Institute for Apprenticeships). Participants from higher education, regulators and the strategic health sector were selected for their ability to facilitate or enable implementation rather than operationalising implementation policy directly. Employers of apprentices (in NHS Trusts) had an educational role or interest and therefore had a responsibility for making the best use of the apprenticeship levy alongside their workforce development roles. However, they were equally aware of the potential impact of the levy (as a proxy representation of the wider apprenticeship policy) and were actively seeking an opportunity to implement the

policy. To this end, they were very influential in facilitating the system to be able to implement the policy to their best advantage.

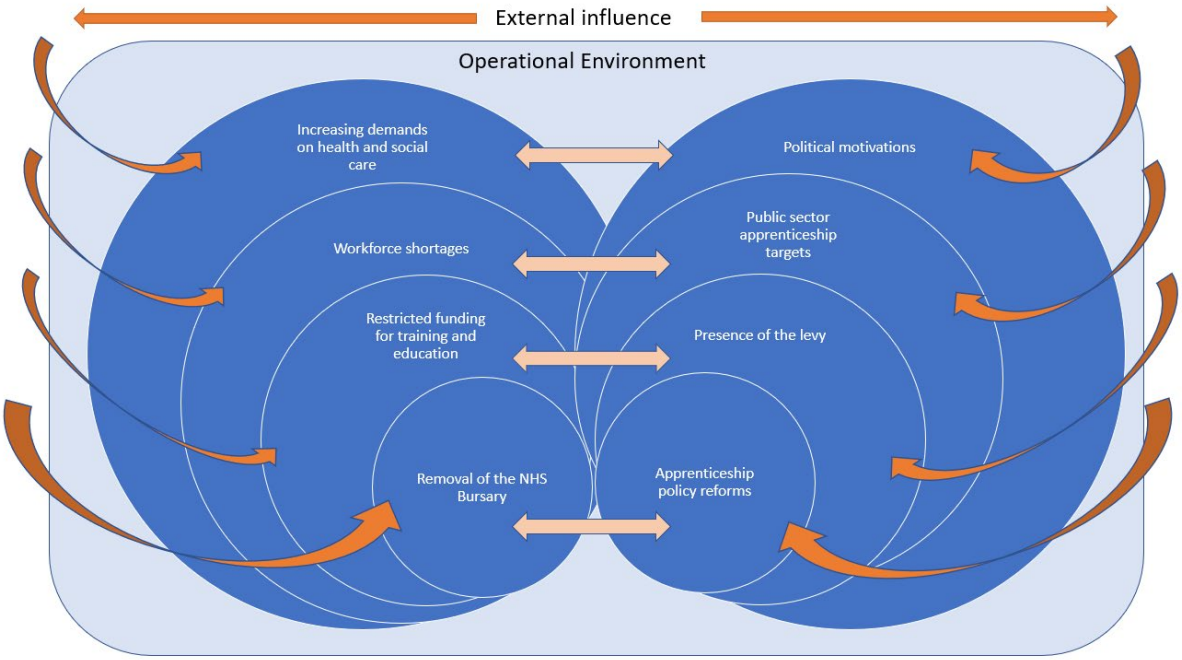

Figure 9-1 Representation of the operational environment

Figure 9-1 represents the environment in which implementation was taking place and how parallel political decisions and operational conditions created an operational environment where opportunities for change was present. Indeed, the operational environment depicted actively precipitated changes, resulting in the development of apprenticeships in the NHS to either counteract problems or accommodate favourable outcomes.

The role of the individual within the operational environment further links with 'Individual commitment and understanding'. Simply existing within the operational environment does not fully account for individuals' behaviours, although their ability to draw on previous experiences or perspectives from the roles they inhabit impacts on behaviours and the implementation process.

9.2.2 Individual commitment or understanding

Characteristics of the individuals participating in the implementation of apprenticeship policy significantly influenced the process from the outset. As previously indicated, this concept links with the 'Operational Environment' but has unique elements which separate the two.

Participants in the study describe personal, moral and extrinsic motivating factors which resulted in their commitment to the implementation process, even through periods of conflict. Whilst stakeholders were often obliged to participate in the implementation process because of their job roles, there is consistent evidence of active participation and desire to achieve a positive outcome. Although never overtly verbalised, participants shared similar goals and understanding of how these needed to be achieved.

Although some participants had previous knowledge and understanding of apprenticeships, the new policy necessitated new ways of thinking and acquisition of understanding. Again, the dynamism of these processes is described by participants, with information being shared within the system and actions or outcomes modified as a result. Information flowed from government to stakeholders, around stakeholders and back through to government. In some instances, this resulted in the policy being applied flexibly or amended, including permission to integrate end point assessment below academic level 6 for professionally regulated programmes and the agreement that the nurse degree apprenticeship would be exempted from grading.

The common goal of full implementation of apprenticeships in the NHS resulted in stakeholders actively seeking ways to adapt provision in order to align with policy requirements. Again, the requirement to have an EPA is a good example of this. Despite being pedagogically and, seemingly, morally, opposed to its inclusion, stakeholders recognised that implementation would be prevented without it and sought ways to adopt it, albeit on their terms. Other conflicting demands seem to have been considered a hurdle that needed to be overcome rather than a complete barrier to the implementation process.

Again, this is evident in NHS Trusts and in training providers where the presence of the apprenticeship levy is seen as an opportunity to develop apprentices and apprenticeships, but also act as ‘champions’ for the policy. Again, the sharing of information and key relationships and partnerships significantly influenced the implementation process, with the shared goal driving the process.

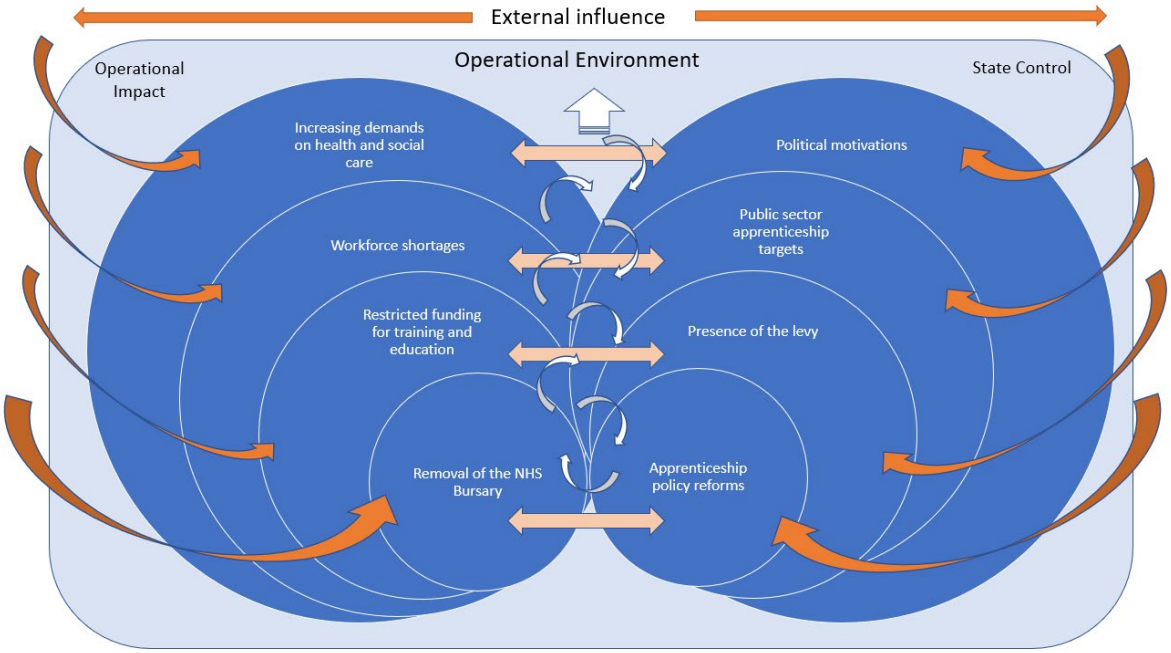

Figure 9-2 Influence of individuals within operational environment

Figure 9-2 demonstrates how individuals (white arrows) were motivated by or utilised influencing factors within the operational environment to facilitate the successful implementation of apprenticeship policy. External influences resulted in two parallel domains, both of which are highly politicised, that subsequently motivated actors from both state controlling and operational environments to work together to successfully operationalise apprenticeship policy.

Parallels between this category and the rehearsal of a play are evident here. The stage is set, and to some extent, the story is outlined. However, just as in the rehearsal period, new information and interpretations are uncovered as the actors become more familiar with the material. The final production bears some resemblance to the first read-through but is more polished and the actors are more confident in their roles. Just like a theatrical company, individuals came to understand their roles and the importance of delivering a coherent performance to which all have contributed.

9.2.3 Conflicting Demands

Restricting type behaviours and circumstances impeded progression with policy implementation, necessitating negotiation, adaptation and, in some instances, significant moments of tension. Regardless of the perceptions of stakeholders, it is apparent that each of the regulators (NMC, HCPC and IFATE) were attempting to ensure that their respective

regulatory frameworks were both acknowledged and accommodated throughout the implementation process.

Respondents' descriptions relating to the adoption of End Point Assessment represented a particular aspect of the implementation process where significant conflicts occurred. The intra-organisational conflict was evident, where individuals struggled to make sense of the policy directive around End Point assessment and how this conflicted with their current practice or evidence. Inter-organisational conflict also occurred when regulators felt the need to protect their statutory or policy positions, which in turn, extended to the involvement of the respective political Departments.

Each regulator is empowered to undertake its role in a statute of law and therefore could expect to be respected as a result. The involvement of both the Departments of Health and Social Care and Education in the process is reminiscent of policy implementation in the late 1970s and early 1980s where different government departments proposed and opposed the implementation of strategies to reduce youth unemployment (Twining, 1999). This lack of consensus within government is again displayed here with the Department for Education insistent that end point assessment must be part of the process and consist of two separate elements, one being an observation of practice. The Department of Health and Social Care were perhaps concerned about the demands of the operational environment but were not able to proceed without the cooperation of the NMC. As in 'Romeo and Juliet', neither could claim victory and both had to make concessions.

Conflicting demands of needing to implement apprenticeship policy within a dynamic and politicised environment resulted in attempts to exert control, brandishing of regulatory powers or challenge to the apprenticeship policy itself (Lillis and Varetto, 2020). However, this was underpinned by a narrative of the special or unique nature of the NHS and health-related professions. Emotive language and bargaining were being utilised in order to achieve the desired outcome, especially in relation to the nursing profession.

Despite the challenges, tensions created by emotive or regulatory posturing also served to accelerate the process of implementation. Where barriers existed, peripheral activity between key stakeholders allowed progression, where otherwise the process would have stalled or failed. The 'backstage' action between those stakeholders plays a significant part in the

political drama, and although the audience never sees the action, they are very aware that it took place to move the story on.

Conflicting demands also extended into the operational environment with employers and training providers. The desire to spend the apprenticeship levy was tempered by the need to employ apprentices as staff members for the duration of the apprenticeship, with the associated salary support, as well as providing them with clinical supervision. Both costs were seen by employers as restricting apprenticeship implementation in their organisations. Several participants describe repeated attempts by NHS Employers and Health Education England to encourage the Department for Education to allow more flexibility in how the levy was spent to accommodate this. However, this is consciously tempered with the benefits of being able to offer existing staff development opportunities via apprenticeships and the ability to 'grow your own' staff.

9.2.4 Facilitating system readiness

This concept draws on how preparations were being made within the wider system to facilitate the implementation of apprenticeship policy. The category aligns with how the backstage team support the production of a show. No production would succeed without the sound, lighting or stage engineers working to ensure that the show is a success and the scenery stays standing. Although they are in the wings, they are just as important as the actors on stage, working as a wider team to get the show open on time. Both the NMC and the HCPC (whilst adopting a different philosophical perspective) amended their processes to enable training providers to offer pre-registration programmes as apprenticeships, thus ensuring that the show was not delayed. However, both viewed the apprenticeship as a different route to achieving the same outcome. Even with the NMC's objection to End Point Assessment, a compromise was reached which would permit apprenticeships whilst not disrupting the integrity of their own professional standards or processes.

The NMC also describe the need to revisit one of their policy documents in order to accommodate the predicted numbers of apprentice Nursing Associates. Traditionally nursing students would be considered totally supernumerary for the duration of the training, but apprenticeship policy only mandates the need for 20% 'off the job' training. The need to increase the number of staff undertaking nursing roles within the NHS competed with

maintaining staff productivity during the period of training and balancing staffing costs. A compromise was achieved in 'Protected Learning Time' which established a balance between regulatory preference and system need. Although not directly resulting from apprenticeship policy, it was nevertheless a necessity to allow successful future implementation.

Evolution within the wider system is described by several participants, both strategically and operationally. Needing to adhere to the apprenticeship and public sector funding requirements saw expansion within the Higher Education sector, the establishment of an NHS apprenticeship procurement service and recruitment of staff to service a number of these functions. The development of roles to ease the implementation process is also described by the Department for Education, Health Education England and Skills for Health. NHS Trusts describe changes to their standard operating procedures specifically designed to facilitate the increase in apprenticeships and apprentices within their organisations.

This category is a function of changing policy and circumstances, which the system has evolved to accommodate but has been enabled to some extent by individual commitment and understanding. The infrastructure necessary to accommodate the operationalisation of apprenticeship policy has been driven by both personal and systemic motivating factors, such as public sector targets or the presence of the levy.

9.3 Core concept

This study has gathered and analysed data using a Constructivist Grounded Theory methodology. Through a process of coding, constant comparison, memo writing and reflexivity, data has been grouped into focused codes. Subsequent analysis has allowed links to be drawn between individuals, circumstance, and processes, describing the implementation of apprenticeship policy within the NHS. Understanding and expectations of the process of implementation were initially naïve and a sequential process was assumed:

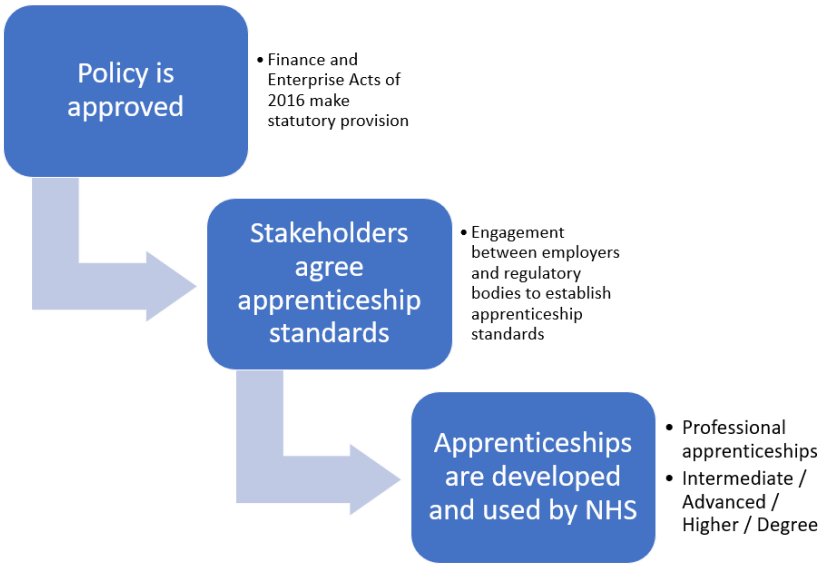

Figure 9-3 Anticipated process of implementation

Through exploration of existing models of implementation, engagement with implementation research and through undertaking this study, the complex, convoluted and 'messy' process has been explored and extrapolated. The development of apprenticeship standards, in particular, provided insight into the process and was an important intermediate step in the realisation of the eventual model:

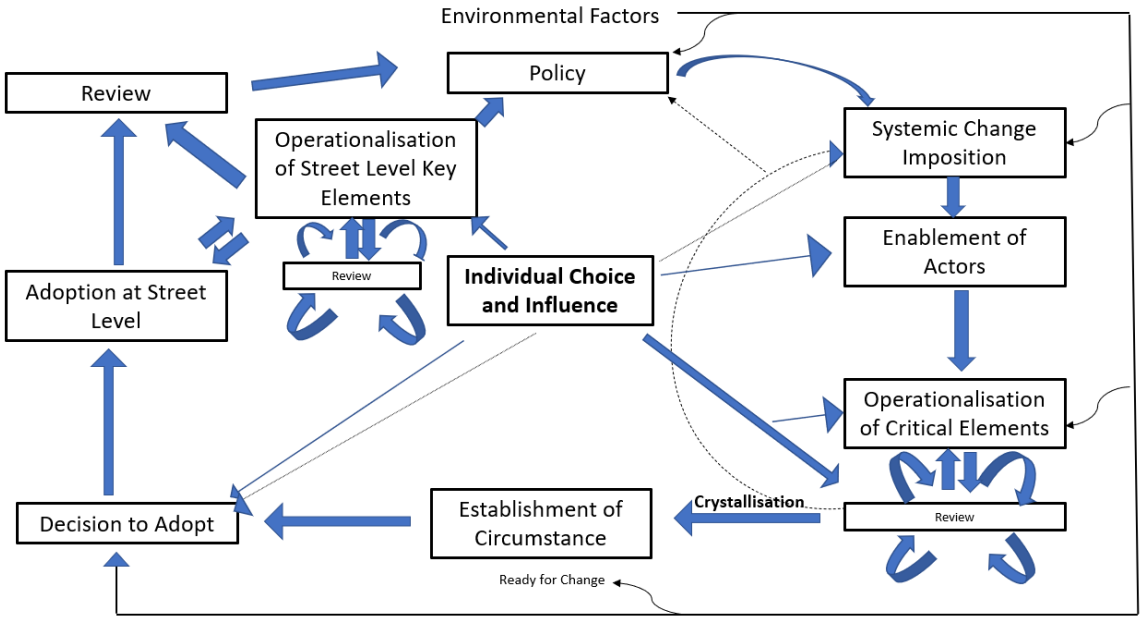

Figure 9-4 Emergent model of implementation

Recognition of the variety of stakeholders, the internal and external influences and understanding of the contemporary socio-, economic and political climates were all essential in the development of the categories and core concept.

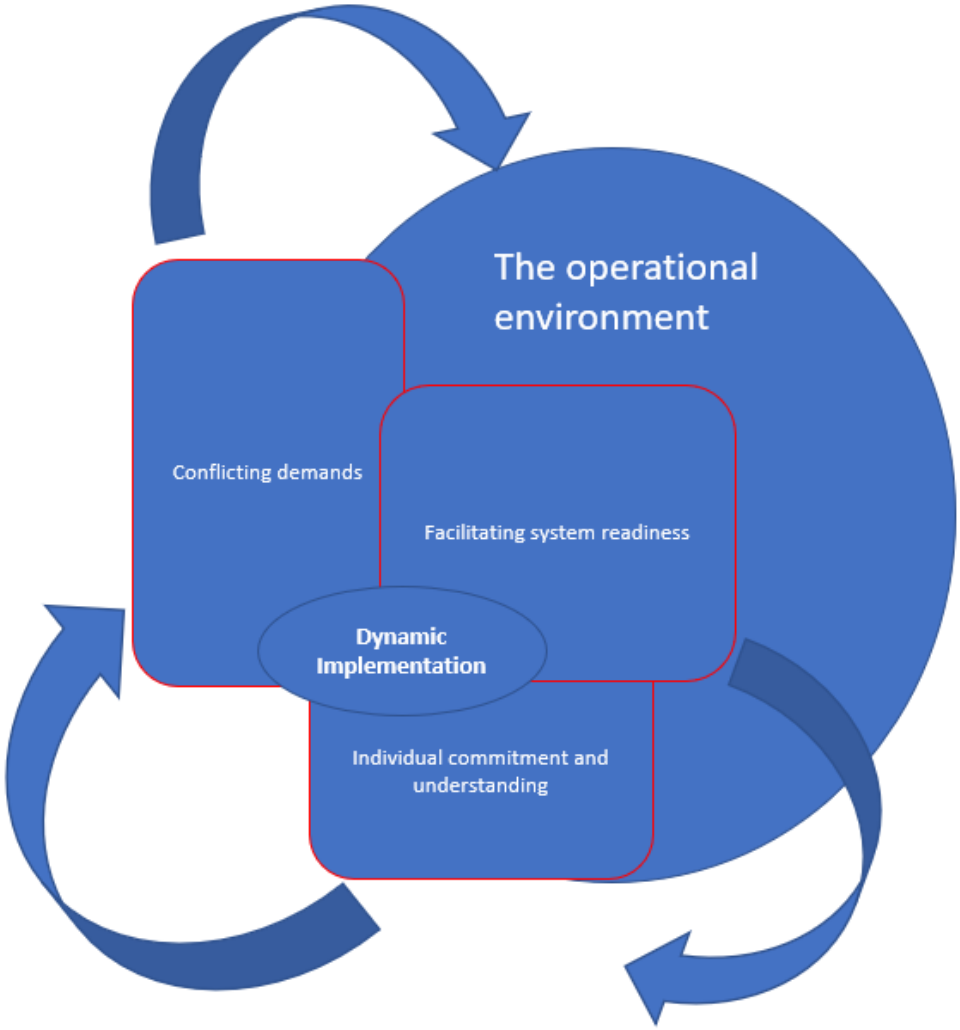

Figure 9-5 Core concept - Model illustrating Implementation of Apprenticeships in the NHS

The operational environment is the largest and overarching stage on which all of the action takes place and sets the scene for implementation. The changing political and economic environments in the country leading up to the introduction of the apprenticeship levy, and their impact on the NHS are significant drivers of the process and therefore this is the largest and most influential category.

The facilitation of the system to prepare for implementation is wholly a function of the operational environment and take place as a direct result of external drivers. It is therefore

located within the operational environment category but is influenced by ‘conflicting demands’ and ‘individual commitment and understanding’.

Both of these two categories are partly located within the ‘operational environment but also exist independently without. Individuals bring with them existing knowledge and experience which has influenced them to date but are also driven and influenced by current circumstances. Similarly, conflicting demands exist as a result of the operational environment, but also externally.

It is the intersection of these categories and the bringing together of extrinsic and intrinsic influences and motivations that result in ‘dynamic’ implementation taking place. Each category is linked to the other, with implementation occurring at the core rather than the periphery or at the end of the model.

9.3.1 Dynamic Implementation

Previous models of implementation have largely presented linear or sequential processes where policy emanating from a recognised source (in this case, the UK government) passes through a series of steps or processes before being operationalised. However, this study has demonstrated a far more dynamic process, with information flowing through and around the system informing policy, developing the necessary infrastructure and creating the optimal environment for successful implementation.

The process has not been without its challenges, but barriers have not necessarily been seen as preventative, and both disruptive and constructive processes brought additional pace and energy to the implementation of apprenticeship policy. The shared goal of all stakeholders to enable the growth of both apprenticeships and apprentice numbers was motivated by various factors but resulted in a ‘push/pull’ effect.

9.4 The push and the pull

Traditional models of implementation describe largely ‘top-down’ or ‘bottom-up’ methodologies, with a focus on macro-and micro-elements of implementation (see Chapter 3). None of these models however account for the behaviours of participants reported in this study.

The uniqueness of the operating environment is a critical component of these behaviours. The imposition of apprenticeship targets by government, the advent of the apprenticeship levy and persistent workforce development problems resulted in a shared goal amongst multiple stakeholders and a desire to operationalise the policy as quickly and broadly as possible.

The resultant episodes of conflict within the system saw persistent efforts from stakeholders to negotiate, a behaviour cycle that has been largely repeated to a greater or lesser extent throughout the implementation process.

There is little in existing models to account for this process of conflict and negotiation. Van Meter and Van Horn's model (1975) considers the characteristics of the implementing agency, but this does not recognise the power of each agency in its own right. Their model suggests that there is a straightforward route from policy to implementation, but experiences in this study would suggest that there is the operationalisation of the policy which needed to take place at each step; for example, no apprenticeship policy can be implemented without the apprenticeship standards being in place. Therefore, the government have had to rely on other external parties to achieve policy implementation rather than taking a direct top-down approach. Although models of implementation recognise a variety of steps and stakeholders, the resultant model in this study suggests there are critical 'gateways' that needed to be negotiated in order for implementation to proceed. Gaining an understanding of these gateways and associated processes was critical to the development of the intermediate and final model of apprenticeship policy implementation.

Sabatier and Mazmanian (1980) describe decision rules of implementing agencies at step five of their model. However, in this study, it is 'regulation' rather than 'decision' rules and the policy needing to be aligned to varied regulatory requirements. This would further extend to those of the Office for Students where higher education training providers are involved, although the guidance from the Quality Assurance Agency (QAA) came only after a number of degree and higher apprenticeships had already been developed and approved in 2018 (QAA, 2018).

Lipsky's description of street-level bureaucrats (1980) also seems inappropriate to explain the conflict/negotiation phenomenon in apprenticeship policy implementation. The negotiation of adjustment to the EPA occurs very early in the apprenticeship implementation chain where

there needs to be co-operation and consensus with all the stakeholders working together to operationalise the policy.

Even amongst training providers and employers, the conflict/negotiation process is apparent, but at a lesser level. The conflict is sometimes intrinsic to the individual or organisation, with the affordability of apprenticeship being a good example. Despite the expense of the apprenticeship, a way forwards has been found, with the 'pull' or necessity of engaging with the policy overriding the disadvantages.

Evidence from NHS Trusts suggests that there was a concurrent process of local change in preparation for implementation. Vacancy management processes are a particular example of where employment of apprentices was actively prioritised in order to make best use of the levy. However, there is also evidence, along with higher education providers, that other associated staffing changes took place to provide the required infrastructure to support these changes.

9.5 Summary

This chapter has drawn together the core categories of 'operational environment', 'individual commitment or understanding', 'conflicting demands' and 'shaping the system' to explain how a process of 'dynamic implementation' was observed during the implementation of apprenticeship policy in the NHS. Evidence of how the 'push and the pull' contributed to the process is discussed and how this contributed to the new theoretical model of implementation. The following chapter synthesises new and existing knowledge about implementation, further demonstrating the uniqueness of this study.

10 Discussion

10.1 Introduction

This chapter evaluates theories that may help to explain the findings of this study and offer a comparison with other relevant works. The uniqueness of this study is highlighted, allowing demonstration of how and where new knowledge has been generated. Implications for current and future iterations of apprenticeship policy are also explored.

10.2 The Expansive / Restrictive Environment

Fuller and Unwin (2003b) describe the process by which apprentices move from being peripheral to full participants in their respective communities of practice during their apprenticeship. Based on research undertaken in the Modern Apprenticeship era, Fuller and Unwin report how successful apprenticeships are attributable to employer behaviour and their influence on the learning environment.

Fuller and Unwin (2003b) suggest that apprenticeship experiences can be characterised as 'expansive' or 'restrictive', but present this as a continuum rather than a binary position. Expansive employers or organisations firmly embed an apprenticeship 'culture' at multiple levels and the apprentice learning journey is well planned. Some of the barriers experienced by apprentices (as described in Section 2.6) are accounted for and actively managed, with high value placed on apprenticeships and apprentices. Apprenticeships form part of the organisational learning culture and communities of practice are well established and welcoming. Conversely, organisations adopting a restrictive approach operate a much more transactional approach to apprenticeships, being far more focused on achieving the desired outcome and offering little opportunity for informal learning. Rather than placing the apprentice at the centre of the learning experience, organisational needs are prioritised and learning support is poor. Post-apprenticeship opportunities are limited or boundaried with an underdeveloped apprenticeship tradition.

Evidence in this study suggests that it is not merely employers that are exhibiting moves towards expansive behaviour but the system as a whole. Evidence from this study shows that the NHS did not have a strong tradition of apprenticeship prior to implementation of the most recent policy. However, this study has demonstrated a system-wide approach to implementation at multiple levels and organisations. Actors have actively sought

opportunities to implement policy as well as developing infrastructure and amending local procedure in order to facilitate this.

This behaviour and set of circumstances demonstrate more fully how the push on the pull of apprenticeship policy implementation in this study has been achieved. Actors have overtly or inadvertently prepared to adapt policy, infrastructure or behaviour to optimise the use of current apprenticeship policy.

Table 1 Evidence of system expansion to accommodate apprenticeships in the NHS

Apprenticeship routes not available for professional programmes in the NH S	Growing number of apprenticeship routes available for professional programmes in the NHS
Procurement of apprenticeships in the NHS done locally	Procurement of apprenticeships in the NHS done nationally by the newly established procurement service
Limited number of personnel involved in the administration of apprenticeships in the NHS	Growing number of people with apprenticeship in their job title devoted to facilitation of apprenticeships in the NHS
Traditional vacancy management procedures	Vacancy management procedures altered to prioritise recruitment of apprentices
Collaborative partnerships between education providers and NHS partners	Relationships between education providers and NHS partners placed on a more business-like footing

Markowitsch and Wittig (2020) argue that the traditional notion of apprenticeship based on the master/apprentice relationship has been replaced, although England appears to retain a more restrictive approach to apprenticeships compared with continental neighbours (Mazenod, 2016). The NHS has seen a rapid period of expansion in many respects since the introduction of the levy as suggested in the table above, but as Turbin et al (2014) report, the NHS's focus on achieving competence and becoming a productive worker will likely present problems at a local level unless an expansive approach continues to pervade the system. As

highlighted by Bravenboer and Lester (2016), whilst the development of competence is necessary and appropriate, this needs to be integrated with appropriate theoretical learning in order to develop the required skills in critical thinking or professional judgement.

As a result of this expansion, the former role of Health Education England as a commissioner of health education a quasi-quality assurance body has developed further and become, in conjunction with the sector skills council, Skills for Health, a team dedicated to the development, oversight and facilitation of healthcare apprenticeships. The 'Healthcare Apprenticeship Standards Online' website (HASO, 2021) offers a wealth of resources to employers or aspirant apprentices and details how HEE and Skills for Health work together. The relationship between the two organisations could be seen as facilitating the uptake of apprenticeships in the NHS and thus supportive of an expansive environment. However, this relationship also enables a form of control over healthcare apprenticeships, with HEE and Skills for Health overseeing the development of apprenticeship standards, attempting to influence the funding associated with apprenticeships and supporting employers through the procurement process when commissioning training providers. To this end, it could be considered that they are acting as an informal 'craft guild', albeit for an organisation rather than a single profession. As Deissinger (1994) noted, there is a long tradition of state intervention in vocational education and training – is the involvement of Health Education England in apprenticeships a facilitator of expansion or an attempt to maintain central control?

The publication of guidance from the Quality Assurance Agency (QAA) about apprenticeships was slow to emerge with the QAA reviewing 'Current Approaches to Apprenticeships' in 2018 (QAA, 2018). Whilst this guidance suggested higher education institutions would be able to implement apprenticeships within their existing quality assurance frameworks, review or adjustment of policies was advised. The QAA also issued advice and guidance for work-based learning (QAA, 2018). Although not specific to apprenticeships, they are described as the most integrated example of work-based learning and the guidance outlines expectations and guiding principles for work-based learning as well as offering practical advice to training providers. In 2019, the QAA published further guidance for higher education in the form of a characteristics statement (QAA, 2019), complementing a range of other guidance within which the quality of vocational education and training is assured. The publication of these documents offers further examples of how

the system was adapting to accommodate apprenticeships, however, whether guidance is seen as providing an opportunity for expansion or introducing restriction could be questioned. Although offering necessary guidance on the development of high-quality education, the presence of additional benchmarks that providers need to meet, in an already highly regulated environment, could be perceived as an additional layer of bureaucracy that might deter aspirant higher education institutions.

10.3 Evaluation of Implementation

Whilst much of the modern study of implementation focuses on evidence-based practice in health, there are some useful parallels to draw upon when evaluating the evidence in this study. Nilsen (2015) provides a review of implementation theories, models and frameworks, and suggests that there are five categories of use to those involved in implementation. Nilsen's categories offer thoughts on both prospective (or predictive) and retrospective considerations of implementation, with 'evaluation frameworks' being most relevant here.

The evaluation frameworks RE-AIM (Glasgow, Vogt and Boles, 1999) and PRECEDE-PROCEED (Green and Kreuter, 2005) focus on public health interventions and educational and environmental development respectively, but both consider a multi-dimensional approach to the evaluation of implementation. Proctor, Silmere, Raghavan, Hovmand, Aarons, Bunger, Griffey and Hensley (2011) and Proctor, Powell and McMillen (2013) suggest that implementation strategies should detail multiple dimensions of the implementation process in order to clearly articulate how implementation should proceed, including the actor, the action, action targets, temporality, dose, implementation outcomes addressed, and theoretical justification. Proctor et al (2011) focus specifically on the taxonomy around implementation and argue that some standardisation of terminology and process is needed to enable implementation to be consistently evaluated. Their suggested implementation outcomes (Acceptability, Adoption, Appropriateness, Feasibility, Fidelity, Implementation Cost, Penetration and Sustainability) have some application to this study but it is hard to determine what outcome measures should be utilised when considering the implementation of apprenticeship policy in the NHS. However, considering the application of these dimensions to this study bring useful insights and enable further exploration of the perceived concepts.

10.3.1 Acceptability

The more recent attempts to implement government vocational training interventions are the Youth Opportunities in the 1980s and then Modern Apprenticeships in the mid-1990s. Both needed revision in order to make them more acceptable to employers, with National Vocational Qualifications emerging from the former and the Richard Review being commissioned to address shortcomings of the latter. Both were widely adopted but their acceptability declined over time.

Hogarth, Gambin and Hasluck (2012) discuss how the inconsistent approach to Modern Apprenticeships hindered their development and uptake. Contemporary initiatives to involve employers via the Sector Skills Councils and to make the modern apprenticeship qualification more robust and transferrable (for example via the introduction of the Technical Certificate) did not go far enough to convince employers of its worth. The Technical Certificate was introduced in 2001 to give more ownership of apprenticeships to employers via the Sector Skills councils. However, this led to a general decrease in the quality of training as qualifications became more fragmented (House of Lords, 2007). Indeed, the introduction of the Technical Certificate only served to compound the problem, with employers believing that there must be a problem with the apprenticeship if an additional component needed to be introduced. This element was subsequently dropped, and the qualification subsumed into the National Vocational Qualification it had been originally destined to bolster.

Evidence from this study suggests that the acceptability of the apprenticeship reforms is relatively high, as there was good engagement from Health Education England from the outset:

> ‘ we’ve been working with the apprenticeship agenda ever since it’s kind of come to light as a… policy directive’ (Judy)

However, motivations of individuals and organisations to engage with these developments appear to be largely financial and due to workforce shortages, so it could be argued that the acceptability of the scheme itself is less of a concern – other schemes could have been as acceptable and successful if they had existed.

10.3.2 Adoption

Evidence from respondents suggests that motivation to participate in the development of the apprenticeship standards was high:

> 'Employer's involvement is at their own cost. But people still….are prepared to do that. Bizarrely!' (Ben)

Trailblazers were mandated to have a range of employers participating in the process, and twenty-six employers are listed as participating in the development of the first nurse degree apprenticeship standard (IFATE, 2020a). The revised standard (which reflects the 2018 NMC Standards) saw the number reduced to fourteen, but the input of other organizations such as the regulator, training providers and the sector skills council, Skills for Health are now acknowledged. (IFATE, 2020b)

Proctor et al (2011) note that early engagement with implementation implies that the intervention is acceptable to users, but enduring interaction with the process suggests penetration and ultimately sustainability. Klein and Sorra (1996) suggest that the strength of the 'climate' in which implementation is happening is critical to the success of the innovation. However, adoption also needs to be further explored with a view to the degree of commitment individuals and organisations display towards the implementation of current apprenticeship policy.

Respondents in this study have cited the removal of the bursary in the 2015 Comprehensive Spending Review as a critical moment in the education of pre-registration nurses. There was generalised anxiety that this would result in a decrease in the number of pre-registration students in programmes, although as Holt, Whitehead and Budd (2018) show, this was not the case in all institutions. The government introduced two targets around apprenticeships during this period relating to the number of apprentices in training and apprentices as a proportion of the total workforce in public sector organisations. This, alongside the narrative surrounding workforce shortages, which were also being experienced on the ground, the introduction of the levy and continuing financial hardships in the NHS contribute to a strong climate for implementation (Schneider, 1975)

Although Klein and Sorra's work does not refer to the implementation of a government policy, they nevertheless provide a useful comparator for this thesis. They propose that the

strength of the climate is, to a greater extent, determined by the organisation within which implementation needs to take place. They identify three criteria of a strong implementation climate: ensuring that employees are skilled enough to be able to make use of the innovation, creation of incentives for use of the innovation and removal of obstacles thus ensuring smooth implementation.

This study took place at a time when the climate or system was demanding change, evidenced by Richard's review (2012) but also earlier or contemporary reports (Leitch (2006), Sainsbury (2016), Wolf (2011, 2015) suggesting that change needed to happen. The government's response to the Richard Review and subsequent enshrinement in law of the resultant apprenticeship policy provides both incentives for adoption and, to a lesser extent, removal of some of the barriers.

Ensuring that those in the system were skilled enough to make good use of the innovation, however, has, to a greater extent, been left to those needing to operationalise the policy. Evidence from respondents suggests adaptation of their organisational environments took place specifically to ensure that behavioural change happened:

> 'whenever we have a vacancy in our organisation ….they all have to go through to a review panel for us to determine….. whether we fill that vacancy or whether that vacancy's held and …. if it was an apprentice post, then that wouldn't need to go to vacancy review' (Helen)

> 'where there were any band 2 vacancies in the organisation ...before they got approval to appoint, they **had** *[respondent's emphasis]* to review if it could be an apprenticeship and there would only be certain circumstances where it wouldn't. Otherwise, it would be an assumption that they were going straight onto an apprenticeship programme' (Lenny)

> 'we have a dedicated data manager…..he advises us of the changes required and then we implement them……..that *[role]* was newly created, at the time we went to apprenticeships' (Daniel)

10.3.3 Actor

Lipsky (1980) has already identified the characteristics and actions of the actor (or street level bureaucrat) as being critical to the implementation process. Although Lipsky's model focuses on the actor towards the final stage of the implementation chain, the importance of their role is still acknowledged. Actors in this study, however, are critical at several stages and each had the ability to change or influence the process at each point.

Within the trailblazer, key stakeholders were seen to be advocating for their own interests in addition to working towards the shared common goal. Sevens and Nightingale (2019) described processes of professional 'protectionism' in the radiography trailblazer which manifested itself as resistance to change and the need to retain an element of control over the process and profession. Therefore, although there is a strong need and desire to engage key stakeholders, this results in a number of conflicting emotions and processes needing to be negotiated:

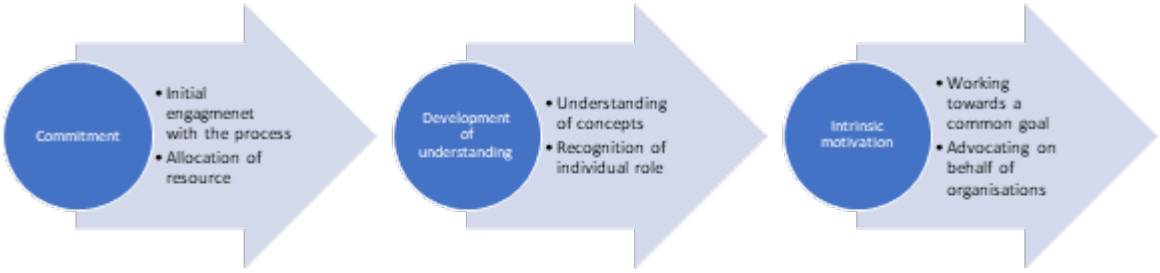

Figure 10-1 'Actor' attributes during implementation process

In this research, it is the final stage in this process where conflict tends to occur, individuals attempt to exert control and power dynamics are evident, but this process is repeated in cycles as each gateway of implementation is reached and passed through. As well as there being a conflict between individuals at this final stage, there is also evidence that there is internal conflict; despite critical stages seeming counterintuitive to the individual, the strength of the common goal drives the individual forward towards an acceptable solution. Although Proctor, Powell and McMillen (2013) identify 'actors' only by their job role (e.g. administrator), this fails to recognise the importance of the characteristics and knowledge of the individual within the role.

The actors interviewed as part of this study describe how their involvement in the implementation of apprenticeship policy was largely thrust upon them, although for some this was their primary job role (e.g. Department for Education or Institute for Apprenticeships). Participants from higher education, regulators and the health sector were selected for their ability to facilitate or enable implementation rather than operationalising implementation as direct employers of apprentices. Perhaps it is for this reason that the conflict occurs, with the

essential transformation to established processes (as described by Sevens and Nightingale) and the pace of change being the triggers and the need to exert control an inevitable by-product of the process.

10.3.4 Action and Action Targets

Evidence from participants demonstrates that the scheme was more popular than anticipated:

> 'The Minister at the time… said that he envisaged …. no more than around a hundred apprenticeship standards …. a hundred standards and we're now heading towards five hundred being approved across all industries.' (Ben)

In early 2022, the figure sat at 645 with a further 46 in development, (IFATE, 2022).

There are a number of targets aligned against the implementation of apprenticeship policy, with public sector employers required to employ 2.3% of their staff as new apprentices annually between April 2017 and March 2021. By 2018 however, it was clear that significant intervention by both government and employers would be needed to meet this target, with only 11% of employers achieving this after one year (Hands and Davies, 2018)

The operational environment was further destabilised with the COVID-19 pandemic, and the need to increase the number of staff in the NHS workforce once again brought to the fore. The NHS People Plan (NHS England, 2020) made limited reference to the use of apprenticeships but nevertheless recognised this route as one of the options for encouraging employers to develop their own staff. The specific pledge to increase the number of nurses by 50 000 was further bolstered in September 2020 with the announcement of funding being made available to employers to support nurse degree apprenticeships, therefore addressing one of the main barriers mentioned by participants in this study about the affordability of apprenticeships.

10.3.5 Feasibility

Feasibility is usually a retrospective consideration of whether implementation has been a success or failure (Proctor et al, 2011). Proctor, Powell and McMillen (2013) and Neta et al (2015) suggest that feasibility is linked to the cost-effectiveness and resourcing of the intervention which is being implemented. Findings from this research suggest that the requirement for apprentices to spend 20% of their time in 'off the job' learning activities

significantly decreased the feasibility of apprenticeships for the NHS, especially when regulatory requirements need to be accommodated.

Respondents responsible for the employment of apprentices in the NHS commented on the associated costs:

> 'to do their nursing apprenticeship….it's a 4-year programme. We would have to pay their salary for the whole of that 4 years, for us only to have people in the organisation for as much as we do now with the nursing degree. And then there's something about how we make sure at the end of the 4 years they're ours and we hold them. But that's quite a lot of money to pay out in salary costs to not have a body.' (Lenny)

> 'we're also talking about direct entry into registered nurse training through the apprenticeship route. Although there are challenges around that form a salary support point of view' (Helen)

NHS Employers also noted this was an area of concern:

> 'what we've been doing for the last two years in terms of lobbying the Department for Education… asking them to be more flexible on the use of the apprenticeship levy… to enable the levy to be used to build infrastructure, flexibility to enable the levy to be used to pay backfill for apprenticeships with significant off the job requirements. And then also, an extension to the timescale for which these levy funds are available.' (Victoria)

There have been other sources of financial support offered by Health Education England (derived from the Department for Health and Social Care) for the development of nurse and nursing associate apprenticeships - an additional employer incentive which is only seen in the health professions. Similar funding has been provided to support the diagnostic imaging workforce, but additional incentives will be required for other Allied Health Profession apprenticeships if they are to be successfully implemented to the number required.

An Education Committee report of 2018 (House of Commons, 2018) notes the unique nature of nursing apprenticeships and the challenge this poses for the employer. Allowing aspirant nurses or nursing associates time to develop the knowledge, skills and behaviours set out not only in the apprenticeship standard but also required to meet the registration requirements of the Nursing and Midwifery Council, means that apprentices require far more off the job training than the minimum 20%. Apprentice nurses are currently required to have a 50:50 split of theoretical and practical training totalling 4600 hours and must be supernumerary for all of their practical training, whilst nursing associates are required to have 'protected

learning time' in addition to the minimum 20% off the job training (NMC, 2018). Fuller et al (2003) suggested that the productivity of an organisation is greatly enhanced by informal learning, but concluded that the NHS's focus on formal education served to limit informal learning opportunities. This is supported by Garnett (2020) who reported that the workplace demands of professions such as teaching and nursing limit the time available for critical thinking although Lester (2020) suggested that some projects completed by apprentices did increase productivity.

The total cost to employers to support a nursing apprentice for four years is reported as £137,392 (House of Commons, 2018), with apprentice salary and backfill costs amounting to almost £125,000 of this alone. Fuller and Unwin (2009) identify the need to maintain a balance between the needs of the employer, the model of learning and that model's usefulness to the State. Meeting additional requirements of regulatory bodies disturbs the balance of this equilibrium and creates additional tension, albeit strongly supporting the needs of the State both in terms of health and social care workforce development and apprenticeship policy.

Data from this study suggest pre-registration apprenticeships in the NHS are not feasible without additional funding being made available to cover the costs of backfill to allow time for off the job training. Feasibility is also related to acceptability – whilst acceptability may be high, implementation will not fully succeed unless the scheme is feasible. In the case of pre-registration health-related apprenticeships, the associated professional requirements (including the need to meet the NICE (2014) Safe Staffing Guidelines) suggest that the implementation costs were not fully appreciated and this may ultimately jeopardise the longevity of the scheme in the NHS.

10.3.6 Fidelity

Dusenbury et al (2003) and Carroll et al (2007) describe fidelity as the degree to which implementation occurs in line with the original intention, although noting that fidelity can be measured differently depending on the stage of the implementation process. Rabin et al (2008) suggest that for complex interventions, fidelity encompasses the function and process of an intervention rather than individual elements. This research has demonstrated a complex web of elements that needed to coalesce to enable implementation. Whilst the original intention of developing apprenticeship standards for health-related professions could be said

to have been successfully achieved, there have been adaptations to policy and processes along the way to ensure that implementation could and would occur.

The most significant changes to policy intent and actualisation appear to have been the integration of end point assessment for sub-degree qualifications leading to a registerable qualification, how funding bands are calculated and modification of end point assessment. End point assessment was further impacted by COVID-19, when in April 2020, any end point assessment which required direct observation of the apprentice was modified, in nursing, essentially disappeared. As long as nurses and nursing associates had completed an approved apprenticeship programme successfully, they were 'regarded to have met the End Point Assessment (EPA) requirements and achieved their apprenticeship' (IFATE, 2020c). Although this was an essential adjustment at the time, the notion that End Point Assessment could be removed overnight without detriment to the safety or competence of the apprentice suggests that the original policy was unsuitable and misplaced in some areas (Baker and Robertshaw, 2022, Appendix 13.13). Further changes announced in October 2020 made this amendment permanent, and all apprenticeships which are statutorily regulated will now have an integrated EPA. As long as the statutory regulator's requirements are met, then this is considered to be the entirety of the end point assessment process (IFATE, 2020c).

Changes to apprenticeship policy continue to evolve, with the proposed removal of embedded qualifications such as the Master of Business Administration (MBA) from the level 7 Senior Leader Apprenticeship for example (Linford, 2020) or mandating that the Office for Standards in Education, Children's Services and Skills (OFSTED) inspect all apprenticeships, not just those at level 5 or below (ESFA, 2020b).

As Dusenbury et al (2003) noted, there is a tension between fidelity and adaptation. Whilst changes to the policy may be seen as a lack of fidelity and thus a failure, adaptation may be viewed as essential for successful implementation and a natural process of evolution. This research has demonstrated that without adaptation, the likelihood is that implementation would have completely failed. Whilst apprenticeship policy may not, in its current iteration, be as was originally intended by DBIS in 2015, it must still be seen as being successful in the NHS, albeit with challenges to its feasibility.

10.3.7 Implementation Cost

Implementation cost is of particular significance when considering the implementation of new public health or treatment regimes (Proctor et al, 2011), but should not be overlooked in this scenario either. As Ben commented, time and travel costs were met by employers when stakeholders met to develop apprenticeship standards:

> And the investment to develop the standard … there's no funding for employers ….HEE might fund the facilitation but everybody else's involvement is at their own cost…university's involvement is at their own cost. Employer's involvement is at their own cost. (Ben)

However, as noted in 8.2.4 and 8.5 the wider system has needed to expand to facilitate successful implementation, developing new processes, creating new roles and developing staff's knowledge:

> he [name of senior British civil servant] put a commission in that there will be, for public services a procurement solution, which will sort out all the procurement issues *[for public sector apprenticeships]* (Meera)

> So, it's been new relationships and new terrain and I think at the same time, a lot of this has been ever-evolving and rules and regulations have changed around a whole vast swathe of really technical matters and so it's sort of spawned an industry in or of itself. (Jennifer)

> we have a dedicated data manager, who does manage that for us. So, he advises us of the changes required and then we implement them … that *[role]* was newly created, at the time we went to apprenticeships. (Daniel)

> Every week there's something different coming out which is slightly changing the way that we…erm… we think about things and we do things (Lenny)

When considered alongside the points made about the affordability of apprenticeships in the NHS, the cost of implementation is significant, however, has this resulted in new or simply repurposing of investment? The perceived benefits of developing apprentices within NHS organisations seem to offset some of the implementation cost and as Lenny suggests, the work may vary slightly, but the delivery of work-based education prior to apprenticeship policy reforms was still necessary:

> And to be fair…..some of the funding streams have just moved around and shifted a bit, haven't they? (Lenny)

Whilst evidence about the potential costs and benefits of apprenticeships to employers is available (Gambin and Hogarth, 2017; Wolter and Joho, 2015 for example), the cost of implementation prior to the point of delivery is unclear and merits further investigation.

10.3.8 Penetration and Sustainability

The success of implementation may be judged by how widely any intervention is adopted and for how long (Proctor et al, 2011). It may be too early to make a final judgement on this, but this research has demonstrated some of the challenges to achieving penetration which may ultimately affect sustainability.

Consideration of the wider health and social care system is essential in order to fully judge the penetration of apprenticeship policy, including smaller employers such as General Practitioners (GPs) or social care (which is largely delivered outside of the National Health Service). In February 2020, there were just over 6800 general practices within the UK (British Medical Association, 2020), with each practice representing a discrete business unit. Personal experience of engaging with this sector during the implementation of the Nursing Associate pilot scheme would suggest that a lack of resources is a key factor in deciding whether or not to engage with apprenticeships. Releasing one member of staff from a small organisation to engage with the development of apprenticeships (or to become an apprentice themselves) represents a higher proportion of the available workforce when compared with larger organisations. Richard (2012) indeed acknowledges that smaller businesses face 'extra challenges' (P12) and therefore require additional funding in order to fully engage with apprenticeships, a concept which has not fully been appreciated in the case of the NHS where funding support is by professional group (e.g. nursing) rather than employer size.

Sustainability may also be affected by organisations offering a variety of employment terms and conditions to apprentices and employees. Different employers offering different salaries brings about a competitive employment market, which is particularly problematic when there are inadequate numbers of individuals entering the workforce. It also highlights the pay gap between health and social care (with social care generally paying staff less):

> 'if you do a county-wide scheme, you've got to do something about countywide pay, terms and conditions before you even embark on it because the bottom line is: You can put a shed load of people through something and if by coming here *[into the NHS]* they're going to get paid more at the end of it, what are they going to do?.... And actually, they're not going to attract

> gold apprentices if they pay them £6000 a year. And somehow or other in social care that penny's not dropped.' (Lenny)

Although social care would not be covered under NHS salary terms or guidance, there is an inevitable impact on where apprentices will choose to work on completion of their apprenticeship. Whilst the aspiration may be to seek a system-wide approach, this needs further standardisation in order to be successful and maximise the potential offered by apprenticeships. The plurality of employers within even localised geography (for example NHS Trusts, Primary Care, private healthcare providers, nursing or care homes and peripatetic providers of social care) means that apprentices and employees can seek out better employment offers and utilise their skills. Whilst apprenticeships offer ample opportunity to widen participation in training and education, provide opportunities for stable employment and ultimately positively influence social mobility, until there is standardisation and stabilisation, a mobile, marketised employment market will continue to exist and employers perhaps will potentially not see a return on their investment. In this respect, both penetration and sustainability could be called into question.

Lester and Bravenboer (2020) comment that the sustainability of degree apprenticeships relies on strong partnership working between employers and training providers as well as consistency in policy and the funding environment. This research has demonstrated changes and challenges to all of these since 2017, with no sign of these stopping.

10.3.9 Summary

The use of implementation models or frameworks offer a useful lens through which to review the implementation of apprenticeship policy in the NHS, but do not enable appreciation of the full picture. Fidelity, implementation costs and penetration, in particular, are multi-faceted, perhaps due to the complex nature and size of the NHS as an overarching system and employer. The enduring modification and refinement of apprenticeship policy to address different economic or environmental circumstances, changes to incentivise the uptake of apprenticeships or evolution of workforce needs in health and social care will inevitably impact the future of this iteration of apprenticeship policy. As Hogarth, Gambin and Hasluck (2012) noted, Modern Apprenticeships faced a number of challenges to their sustainability and employers' trust in their quality perhaps led to their demise (Fuller and Unwin, 2003b). Perhaps it is therefore inevitable that this iteration of apprenticeship policy will also have a

limited lifespan of 15-20 years before circumstance or politics intervene and consign Richard's suggested reforms to history.

10.4 Theoretical perspectives of policy implementation

Researchers of policy implementation in the modern era have attempted to apply further theoretical perspectives to the process, namely principal-agent theory (e.g. Lane, 2013) and game theory (e.g. Hermans, Cunningham and Slinger, 2014) Again, these offer a helpful lens through which to explore the implementation process described in this research

10.4.1 Principal-agent theory

Principal-agent theory grew from a transitional contracting model, where the principal is deemed to be the provider of goods and the agent is the consumer. The model found traction as a way to describe how bureaucrats operate (Waterman and Meier, 1998) but has subsequently been applied to the implementation of policy. Waterman and Meier suggest that pressure is exerted by the principal on the agent in order to achieve the desired outcomes.

Fowler (2020) suggests that principal-agent theory provides some insight into the process of implementation and the potential for conflict arising from information asymmetry and goal incongruence between principal and agent. In this research, central government must be considered the principal, although even this is too broad, as the Department for Business, Innovation and Skills but then latterly the Department for Education were tasked with the implementation of apprenticeship policy. This distinction is important, as this then casts the Department of Health and Social Care in the role of agent, alongside other stakeholders on whom the government relied to ensure that implementation within the NHS was possible.

Fowler's assertion that goal incongruence is detrimental to the process of implementation seems to have been overcome in this instance. There is a general consensus amongst the respondents in this study that there was a need to implement apprenticeship policy, even if motivations to do so were varied. However, the notion of information asymmetry seems to have been particularly problematic, especially around the mandated End Point Assessment.

Miller (2005) suggests that unlike Weber's model where the power lies with the 'master' (Weber, 1978: pp. 956-1002), in principal–agent theory, the power lies with the agent. The principal, although being able to incentivise agents to do their bidding, relies on their

willingness to adopt the required change or policy. This is evident in this research as the government relied first on regulators such as the NMC and HCPC to engage with and enable policy implementation, but subsequently training providers and employers. As demonstrated in 8.2.2, there was goal alignment between the principal and agent, but the implementation process faced several barriers.

10.4.2 Game theory

Game theory also focuses on the importance of the individual of the actor in the implementation process and the complexity of interactions between actors (Herman, Cunningham and Slinger, 2014). Cohen, Pearlmutter and Schwarz (2017) suggest that game theory is used to predict how individuals will behave during processes such as implementation where challenge and cooperation are likely to exist. Rigby, Dewick, Courtney and Gee (2014) utilise game theory to explain how actors supported policy if there was a perceived positive 'pay-off' for their organisation as a result of implementation. In the study by Rigby et al (2014) the rules of the game were set by the government, but stakeholders needed to play within the rules in order to achieve successful implementation.

In this research, it would perhaps have been possible to predict how some stakeholders may behave, especially regulatory bodies who have a statutory duty to oversee entry to regulated professions such as nursing, including the threshold qualification permitting entry to the register. Over time, threshold qualifications have moved from hospital-based delivery of a competency-based programme of training programme to one of higher education for both nursing and allied health professions. The move towards degree level qualification for nursing and allied health professionals was not without its critics, with concern that academisation of the professions would shift the focus away from clinical skills and competencies towards theory. White (1983) charts the rising professional status of the nurse during the 20th Century, painting a picture of a profession divided by its understanding of its own role and aspirations in modern medicine. Yam (2004) suggests that nursing struggled to achieve professional status whilst training systems were hospital-based and resembled apprenticeships, a position which is further explored by O'Connor (2007) who suggests that the competing priorities of situated and 'academic' learning need to be resolved in order to achieve professionalisation in nursing. Etzioni (1969) and Freidson (1986) suggest that 'formal knowledge' is a critical characteristic of professions and that higher education qualifications are key professional attributes (Wynd, 2003).

The shift away from hospital-based training programmes to higher education, as well as the professional journeys of nursing and allied health, may explain the reticence of key stakeholders to understand or engage with apprenticeship policy and the notion of end point assessment in particular.

> '…the health professions had effectively abandoned the notion of end point assessment. You know…not long after **I** *[respondent's emphasis]* trained *[the mid-1980s]* ….the idea that exams at the end ….were kind of like an anathema now we'd moved to continuous assessment' (Ben)

Policy requirement to have one assessment at the end of the period of training would therefore appear to be a retrograde step, which, as discussed in 8.2, became a significant focus for conflict and slowed the progress of implementation in several health-related apprenticeship trailblazers. In this respect, it seems that those apprenticeships where regulatory bodies are responsible for the quality of education and are gatekeepers to professions, apprenticeship policy was at odds with other legislation which allowed their control over education, assessment and registration. Whilst Richard's aspiration to have a final test of competence was perhaps understandable, within nursing and other health professions it became a regulatory hurdle to overcome in order to access apprenticeship funding. Game theory would have perhaps helped to predict this, but as the NMC and HCPC took different approaches to end point assessment, outcomes have to be attributed to organisational characteristics and motivation rather than individual actors.

10.4.3 Summary

Principal-agent and game theory have provided a lens through which to challenge the findings of this research, but do not fully explain how implementation took place. The role of the individual actor and the organisations they represent are both seen as being critical to successful implementation but does not place adequate emphasis on the dynamic nature of the process described in this research. The 'push-pull' effected reported in this study is not well explained by these theories, is, therefore, a key finding and offers a new perspective on policy implementation not previously reported.

10.5 Research Implications and Impact

The theoretical model generated through this research provides key areas of focus when considering how further changes, not only to apprenticeship policy, will be received and

implemented in the NHS in the future. The politico-socio-economic environment is the first of these. Whilst the NHS remains in the hands of the leading political party of the day, particularly in a binary political system, governmental change will inevitably bring change upon the NHS. The Conservative Manifesto of 2019 recognised the need to address NHS workforce development and staffing, in particular, with its pledge to increase the number of nurses by 50 000 in the lifetime of the parliament (Conservative Party, 2019). The impact of the pandemic on NHS staff and staffing is not yet fully realised, but ongoing change and turbulence are guaranteed to be a feature for many years to come.

In the case of implementation of apprenticeship policy, these deficits have worked to the advantage of the policymakers, as workforce and financial stability of NHS are key foci - many NHS Trusts run with an enduring financial deficit and high vacancy factor. The apprenticeship levy was seen as ring-fenced money which belonged to the NHS and therefore needed to remain in the system and provide maximum benefit. The rising problem of securing and retaining enough staff with the appropriate skill sets also worked to the advantage of policymakers. A growing, system-wide emphasis on workforce planning through the STP/ICS structure has ensured that apprenticeship policy presented a welcome opportunity to fund existing and future staff development. It would be disingenuous to suggest that this had been engineered by politicians to ensure successful implementation of apprenticeships in the NHS, but perhaps the situational context was as a result of previous political engineering, and apprenticeship policy offered an opportunity to address decisions of the past which had had unintended consequences.

The importance of the actors involved in implementation is also recognised as a result of this study. Their participation and motivation at every step of the implementation process from policy makers to apprentices themselves represent the difference between the model of implementation proposed in this study compared with others. Evidence from interviews and documentary analysis recognises both the intrinsic and extrinsic motivators associated with the implementation of apprenticeships in the NHS.

Extrinsic motivation is, in no small part, associated with the job role of the actor and their need to perform the roles expected of them. The positional power and expectation associated with these roles led to significant conflict, with senior stakeholders advocating strongly for the organisations they represented or attempting to rigidly adhere to policy and organisational rules or goals. This must also, therefore, be linked with the intrinsic motivation of the actors,

in seeking to uphold those rules or goals. It was not the remit of this study to explore intrinsic motivations to do so, but it is recognised that this is a critical factor in the implementation process, and worthy of further investigation. Some insight into intrinsic motivation is provided by those stakeholders who reference the removal of the NHS commissioning and bursary system for pre-registration education of nurses and allied health professionals, although it is likely that this is also combined with concerns about the future supply of staff. Similarly, the introduction of the nursing associate role occupies the dual function of enabling career progression, which carries with it a sense of social justice for those embarking on training in this role, as well as offering a solution to skill mix and staffing concerns.

The presence of the apprenticeship levy is recognised as perhaps the biggest extrinsic motivator for those working in or with the NHS. All respondents associated with the NHS cited the need to make the best use of the levy, with NHS Trusts perceiving it to be rightfully theirs and that any levy recouped by the government, in accordance with the funding rules, viewed as a punitive action. The introduction of public sector apprenticeship targets was noted and referenced in some of the documentation located from organisations across England, but evidence from this study demonstrates that prioritisation of these targets is secondary to the financial incentive provided by the presence of the levy.

This results in a complex motivational picture lying at the heart of implementation, with the force exerted by motivators ebbing and flowing as time elapses. Whilst all exert some force all of the time, their impact alters dependent on progress along the implementation continuum and when individual stakeholders have their greatest element of influence.

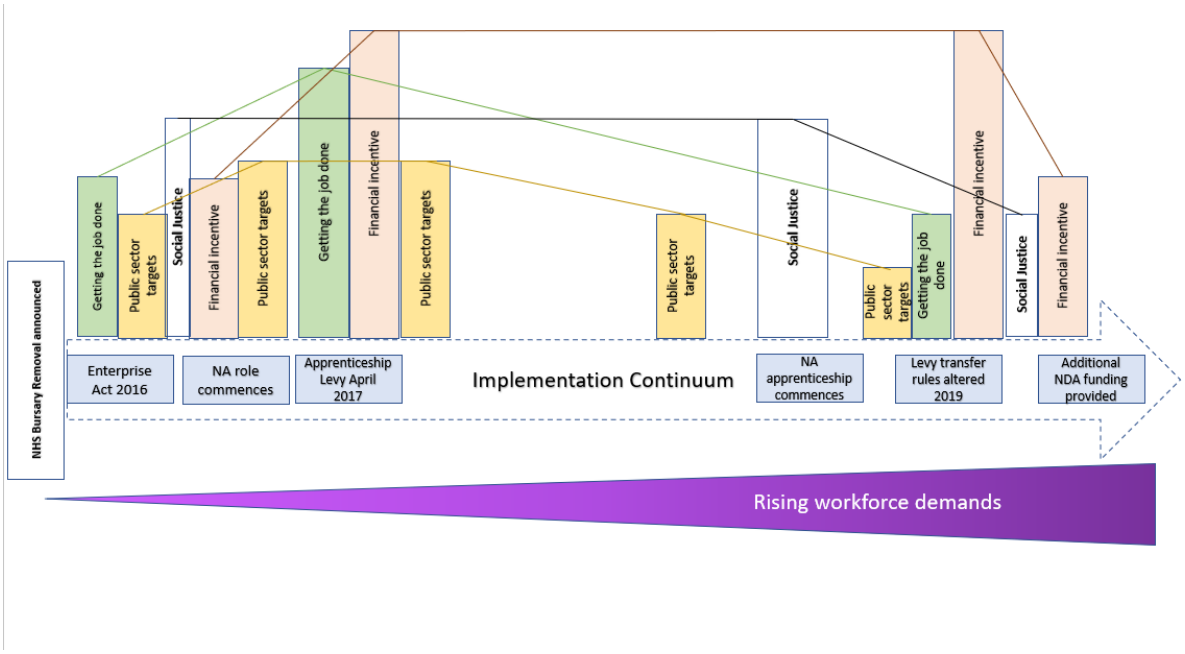

Figure 10-2 Influence of external motivating factors over time

As demonstrated above, motivations to become involved in the implementation of apprenticeships are mixed, but each stakeholder has, at some point alluded to these influencing their behaviours.

Behavioural change was critical to implementation at a more local level, with NHS organisations actively seeking opportunities to increase the numbers of apprentices and apprenticeships within the system. This was facilitated through wider organisational change and offers a blueprint for any organisation seeking to expand the use of apprenticeships as part of its workforce development strategy.

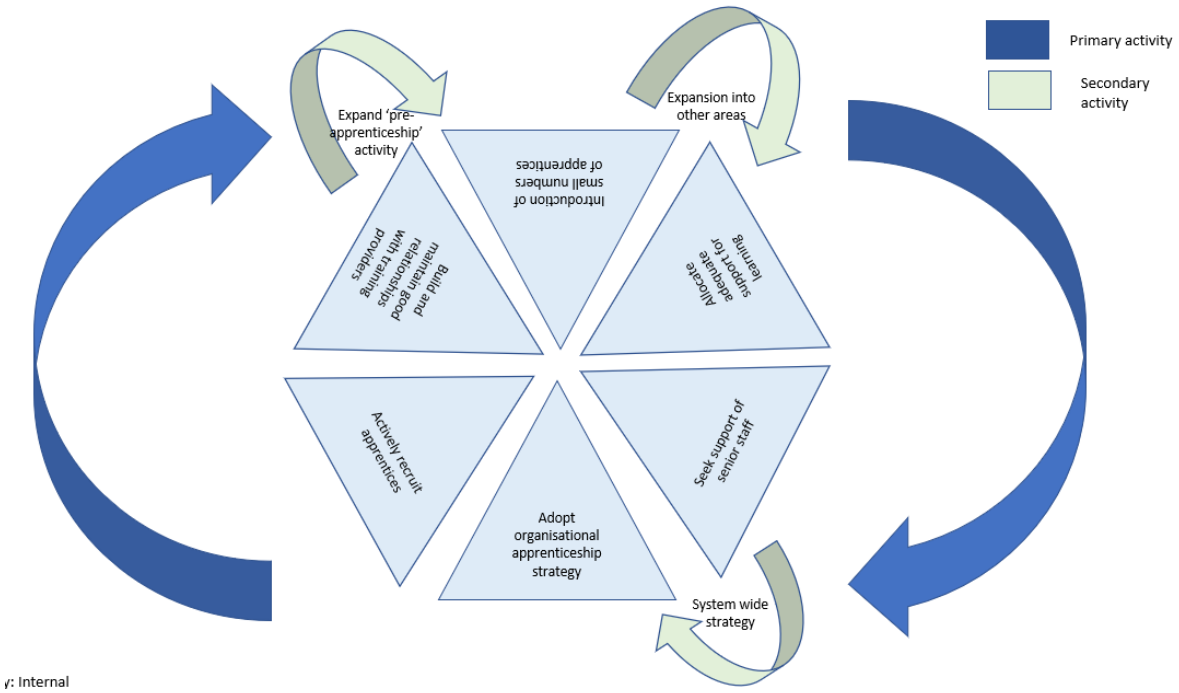

Figure 10-3 Organisational changes to increase adoption of apprenticeships

However, this activity is inevitably tempered by perceived barriers and impediments to implementation, the most significant in this study being financial. Although the introduction of the levy enabled funding for staff development to be ring-fenced following years of underinvestment, this in itself was not adequate to ensure full-scale adoption and implementation of apprenticeships in the NHS. Respondents describe the frustration and concern this brings, itself creating an internal supply and demand issue. The presence of professional apprenticeships increases expectations within the wider population as well as existing employees that there is now a choice between undertaking a university or work-based route through to registration, where in reality these work-based apprenticeship opportunities are still very limited.

There is also a risk that removal of the additional funding offered to support employment or supervision costs of the nurse or nursing associate apprentices would see numbers in training drop dramatically. Based on the combined motivators suggested in figure 10-2, removal of targets, financial incentives or the need to 'get the job done', leave social justice as the dominant motivating factor. It is unlikely that shortages within the workforce will be resolved in the medium term, but the entrepreneurial approach adopted by the actors in this research suggests that they would have the ability to innovate alternative solutions to meet that demand.

10.6 Summary of chapter

Frameworks for evaluation of implementation have demonstrated unique components in the process, which have not previously been described by researchers, particularly in relation to fidelity, implementation costs and penetration. Adaptation of policy is of particular importance in this case and continues to be so, with the ancillary cost of implementation taking on far greater importance than perhaps anticipated. Similarly, the 'push and the pull' element of implementation described in this thesis is not described elsewhere. This undoubtedly contributed to the successful implementation of apprenticeship policy but is not explained by either principal-agent or game theory.

11 Conclusion

11.1 Introduction

This research set out to address four objectives:

To ascertain policy makers' understanding of apprenticeship policy and its intentions with regard to implementation within the NHS

To critically evaluate the approaches taken by different NHS organisations in England to apprenticeship policy implementation

To provide a unique commentary on governmental policy implementation within a large public sector organisation such as the NHS, including identification of barriers and enablers to implementation

To develop an implementation model enabling future implementation or adaptation of apprenticeship policy to be effective

The research journey described in this thesis shows the progression from a simplistic assumption of how policy implementation would be achieved to the presentation of a complex, dynamic and contested struggle to achieve implementation.

The thesis draws to a conclusion at a time when the NHS has been at the centre of the largest public health crisis of the modern era and when a further reorganisation of the health and social care sector is underway. But much like the epilogue to any drama, the audience should be reminded of the action that has taken place but is also aware that the action will continue long after the curtain falls on this particular dramatic episode.

The financial crash of 2008, the coalition government of 2010, the Richard Review of 2012 and the government's subsequent approach to apprenticeships have contributed to a system driven by finance but not yet fully realising the intended potential outcomes for youth unemployment or improved productivity. The National Health Service was eager to explore any potential solution to its workforce problems but very much on its own terms.

Once again, two government departments lay at the centre of the apprenticeship story, both seeking successful implementation of apprenticeship policy, but each needing to exert control

over the process, resulting in times of tension and conflict with ample off-stage action which was only ever alluded to by the actors. Perhaps only history will reveal which department won, but apprenticeships *are* being widely implemented across the NHS and, increasingly, into the wider health and social care sector, so each can claim a victory of sorts.

The National Health Service has received dispensations not seen in other sectors, with adjustments to end point assessment requirements or their integration at sub-degree level, not to mention additional financial incentives to enable employers to support increased numbers of nurse and nursing associate apprentices. From the outset, the importance of nursing becoming an apprenticeship route seems to have been a prize too valuable to walk away from, and the NHS has used this to its advantage.

The wider health, social care and higher education sectors have adjusted their working practices to accommodate implementation. This active approach to implementation has seen new roles and processes being adopted as the system has evolved to support developments, ostensibly to take advantage of the apprenticeship levy. However, the NHS is no stranger to change, and policies and systems have needed to adapt in order to thrive and realise the maximum benefits offered by apprenticeships in the current environment. The policy's 'push' and the NHS's 'pull' have sometimes worked in opposition, but ultimately the outcome could offer a valuable social mobility opportunity.

As the world emerges from the pandemic, the UK economy will once again need support to re-establish itself, and the enduring impact on sectors such as retail and hospitality may take years to diminish. The added uncertainty of Brexit will also impact on trade and the economy much more widely. Health and social care as a sector has been growing over recent years to meet rising population demand, and thus this sector is likely to offer enhanced employment capacity, with associated job security, for some years to come.

Careful collaboration between the Departments for Education and Health and Social Care could, therefore, offer a strong route out of recession for some if differences and tensions are set aside. There are clear progression routes from entry-level to the most senior roles within the sector and active opportunities for those with the right attitudes and potential to make a difference not only in their own lives but in the lives of others. Importantly, there is also the potential for younger apprentices to find appropriate life and career development opportunities not yet materialising more generally as hoped.

Employers would need support to be able to achieve this, both to adjust their working practices to accommodate increased numbers of learners and their organisational approaches to vacancy management or staff development. Some of this support would need to be financial, and therefore, some relaxation of how the levy is utilised in certain sectors is likely to be necessary to accomplish this if additional funding external to the levy is not guaranteed.

The importance of the nursing associate role as a 'stepping stone' is of particular note, and thus further professionalisation and formalisation of support worker roles in other professions should be encouraged. Although some are already in existence, their lack of standardisation or professional registration reduces transferability and potential to progress through to professional registration and more senior roles without hindrance. The nursing associate and other support worker roles also offer the potential for increased social mobility, particularly for women or those seeking to enter the health and social care sector as a result of a career change. The significance of this should not be underestimated and needs to be further exploited.

Historically, apprenticeships have come in and out of favour and enjoyed mixed success. Overt politicisation has resulted in apprenticeships fulfilling functions that are not always focused on the best outcomes for apprentices and employers losing trust in the apprenticeship brand. This thesis provides a unique commentary not just on the implementation of this iteration of apprenticeship policy, but potentially of any iteration and should serve as a road map for future implementation of any national policy in a public sector body.

Apprenticeships will inevitably change again in the future, and the pandemic may hasten the need to refocus the strategic intentions of current policy. However, much has already been achieved and the 2020s still have the potential to be the decade of the apprenticeship, albeit with some adjustment and modification to their operation. The NHS must be prepared to take full advantage of this and continue to modify the system in readiness. The time when the NHS had more influence and control over the training of its staff may yet return, albeit in a different guise.

Just like any good play, the action will continue even after the curtain has fallen, and the implementation of apprenticeship policy is no different. Previous iterations of apprenticeship policy have drawn to a close as a result of policy changes or dissatisfaction with the current scheme. The future of this iteration is unknown – will it close after one season or run for

years like Agatha Christie's 'Mousetrap'[7] or The Archers[8]? The cast of actors, crew and director will inevitably change. The audience will no doubt have the final say on its future.

11.2 Study Recommendations

Recommendations for government

I. Policymakers must fully understand the situational context before implementation of new policies, including the potential perceived benefits. Working with key stakeholders to gain this understanding is essential.
II. Review flexibility of the apprenticeship levy to enable NHS employers to provide adequate support for learning.
III. Review support offered to small employers (such as General Practitioners) or Social Care to enable system-wide uptake of apprenticeships, thus supporting the wider workforce within and without the confines of the NHS.
IV. Limit change to apprenticeship policy and allow policy time to mature and fully embed.

Recommendations for Employers

I. Organisational systems and structures benefit from being adapted to support the active uptake of apprenticeships and ensure success.
II. Consider the use of support worker roles as 'stepping stones' to enable suitably qualified and motivated staff to progress through to professionally regulated roles
III. Support for learning needs to be embedded within the organisation to ensure successful apprenticeship completion
IV. The pay, terms and conditions offered to apprentices need to be carefully considered as they will impact apprentices' ability to remain engaged with their apprenticeships and influence their loyalty to the organisation following successful completion.

Recommendations for training providers

I. Use dedicated staff to provide a business interface between the provider and employer, enabling academic staff to maintain a focus on pedagogy and successful programme delivery.

[7] Longest running play in the West End of London
[8] British radio drama serial established in 1951 and still running

II. Focus staff development on ensuring understanding of the unique pedagogy of apprenticeships and the associated rules around their delivery.
III. Expand understanding of quality inspection and compliance with funding rules and support employers and apprentices to appreciate the operational requirements and responsibilities of apprenticeship programmes.

11.3 Recommendations for future research

I. Further data collection across the wider health and social care sector – the impact of the pandemic prevented data collection from coming to a full conclusion, although continuing change means that understanding implementation more broadly in the sector would be of use.
II. A longitudinal investigation of the impact of the nursing associate role on social mobility
III. Exploration of how employers have utilised additional funding for nursing apprenticeships and the impact on outcomes
IV. Investigation of other public sector employers to establish how they have implemented apprenticeship policy in comparison with the NHS.
V. Comparison of uptake of apprenticeships in allied health professions and whether similar implementation barriers exist

11.4 Study strengths and limitations

11.4.1 Study strengths

This study has provided a unique insight into an era of rapid change in apprenticeship policy through interviews with key stakeholders. There does not appear to be any similar study in existence and therefore this may be the only contemporary account of events. The researcher has also been granted privileged access to senior representatives of national organisations enabling their personal feelings and experiences to be captured; providing first-hand accounts of policy implementation processes. By adopting constructivist grounded theory methodology, the researcher was granted access to a range of data and information which may not have been the outcome if 'outside' researchers conducted the study or other methodologies were used. These interviews formed the basis of a new theory of implementation that is fully grounded in the data and resulted in a thick description of the policy implementation process.

11.4.2 Study limitations

Unfortunately, data collection was impacted by COVID, with NHS Trusts indicating that they would no longer be able to grant access to potential study participants. Before this, five different NHS Trusts had indicated their willingness to participate in the study. Data collection would then have progressed to primary care (general practice) to explore a wider range of different NHS organisations and not just large Trusts. In April 2020, it was impossible to know how long the lockdown would continue or if access would be granted even once it had ended. In discussion with supervisors and the university, the decision was made at that point to use data collected as part of the pilot study which had been collected in 2018.

This research was conducted whilst working full time as a senior manager in higher education. The time available to both conduct the research, analyse data and write the thesis has been limited and therefore the findings of the study may not have such a significant impact. This has been partially mitigated by publishing articles and blogs during the lifetime of the study, which has allowed contemporary comment and dissemination of findings. A list of these and associated web links are provided in Appendix 13.10

11.5 Dissemination

By undertaking a taught programme, two papers have already been published (Baker 2019a, 2019b, Appendices 13.11 and 13.12 respectively) with a further submitted for review (Baker and Robertshaw, 2022, Appendix 13.13). A number of conference papers and posters have also been presented and these are outlined in appendix 13.10.

Knowledge exchange based on this research has continued with the development of apprenticeship programmes at the University of Derby being directly influenced by personal knowledge and participation in their development. This has extended to the recently revised ‘Apprenticeship Framework’ which provides a ‘blueprint’ for good practice in the development and delivery of apprenticeships in the University. Knowledge exchange has also extended regionally, with participation in the Staffordshire and Derbyshire workforce planning groups advising on apprenticeships. The development of the levy transfer programme in Staffordshire was enhanced as a result of this study.

Nationally, the understanding of apprenticeship policy and apprenticeships has led to offering expert advice to the Department for Health and Social Care, The Institute for Apprenticeships and Technical Education, Health Education England, Public Health England and the Society and College of Radiographers as well as other higher education institutions and employers. At a time when knowledge about apprenticeships and apprenticeship policy, I founded the 'Support Worker and Apprenticeship Network' bringing together training providers to share information and develop a community of practice.

Further dissemination is planned to include:

- Publication of findings from this study in journals and via conferences, contributing to the further debate about apprenticeships in healthcare
- Continuing engagement in and advocacy for the development and delivery of healthcare apprenticeships
- Distribution of a summary of findings to participants according to the information provided to them at the time of data collection
- Development of a policy briefing paper in support of NHS employers proposing relaxation of rules surrounding the use of the apprenticeship levy to support workforce development

11.6 Conclusion

Through the extended participation in and exploration of apprenticeship development, this study offers a new theory of implementation and a unique narrative of the policy implementation process. In doing so, it provides both understanding of and a blueprint for policy implementation, particularly where the operational environment in which implementation is to take place is highly regulated and within the public sector. As a result, it is hoped that future iterations of apprenticeship policy will be better planned to take account of employers' needs as endpoint users of the policy.

For NHS employers, training providers or professional groups who have yet to engage with apprenticeships, this research offers insight into the process. It is hoped that this will provide helpful navigation and 'shortcuts' through the web of politics and policy, resulting in high-quality apprenticeships that will contribute to the future economic success of the United Kingdom. To do so will provide a valuable and valued work-based learning opportunity for

many seeking a career in health and social care, improving both their own life and the lives of others.

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13 Appendices

13.1 Interview schedule

Interview Number	Respondent pseudonym	Organisation/body	Notes
1.	Lenny	NHS Trust – tertiary care	Originally undertaken as part of the pilot study, but later included in full study
2.	Helen	NHS Trust – secondary care	Originally undertaken as part of the pilot study, but later included in full study
3.	Ben	Sector Skills Council – Skills for Health	Part of purposive sample
4.	Ian	Professional regulator – Nursing and Midwifery Council	Part of purposive sample
5.	Victoria	NHS Employers	Theoretical sampling – to explore how the NHS had tried to support implementation system-wide. Exploration of relationships outside of the trailblazer process
6.	Tom	Department for Education – link role with IFATE	Theoretical sampling – to explore the interface between the trailblazer and IFATE. Exploration of information flow between 'government' and 'employers'.
7.	John	Department for Education – assessments team	Theoretical sampling – Further investigation of End Point Assessment development and approval for the nurse degree

			apprenticeship. Seen as a particular point of challenge and conflict – to explore this element in more depth
8.	Adrian	Professional Regulator – Health and Care Professions Council	Theoretical sampling – Arising as a result of interview with John. Different approaches to the development of apprenticeship standards and end point assessment. To explore motivations and attempt to triangulate findings from interview with Ian (NMC)
9.	Kate	Department for Education – Skills Funding Agency, Public Sector Apprenticeships	Theoretical sampling – Further exploration of how policy was perceived and subsequently operationalised. Exploration of public sector targets, apprenticeship levy funding rules and implications for NHS
10.	Judy	Health Education England – senior leader	Theoretical sampling – to explore motivation and relationships between HEE and Skills for Health. Further exploration of data arising from NHS Employers and strategic response. Links to regulators
11.	Meera	Health Education England – apprenticeship team	Theoretical sampling – exploration of operationalisation of strategies to support implementation of apprenticeships in NHS.

12.	Jennifer	Senior Education Policy Advisor	Theoretical sampling – Exploration of the relationship between NHS and training providers. Impact for Higher Education as training provider of Nurse Degree and Allied Health Apprenticeships and their role in implementation
13.	Denise Baker	Study author	Theoretical sampling – recognition of the role I had played and insight into the implementation process.
14.	Daniel	Higher Education – apprenticeship delivery	Theoretical sampling – Exploration of expansion seen elsewhere in the system and triangulation of information provided by Jennifer about impact on the sector and relationships with NHS as placement providers and employer of apprentices.

13.2 Sample interview questions

These questions represent a sample of those used with * indicating questions that all participants were asked.

Can you tell me how you came to be involved in apprenticeships? Why did you get involved?*

What part has your organisation played in developing apprenticeships?*

Have there been any challenges with implementation?*

What, if anything, has enabled implementation?*

What role do Professional or Regulatory Bodies play in the development of apprenticeships?

If any, what have been key relationships or partnerships during this process?

How are apprenticeships being used in the NHS?

Have any critical moments have shaped implementation or changed your thinking?

How has the process of developing apprenticeships changed over time?

How is the thinking about End Point Assessment evolving from your perspective?

How closely does reality align with strategic intent?

Has any learning taken place from the process so far? How is that influencing implementation of policy?

Has anything influenced your thinking about apprenticeships and how has this impacted on actions/outcomes?

What role are apprenticeships playing in the development of pre-registration education?

Do apprenticeships have a part to play in NHS workforce development? How?

13.3 Participant Information Sheet

A study to investigate implementation of apprenticeship policy in the National Health Service in England

Information about the research

I would like to invite you to participate in a research study which I am conducting as part of the doctorate in Health and Social Care Practice at the University of Derby. This study is about how apprenticeships are being implemented in the National Health Service (NHS) in England. Before deciding whether to participate, I would like to explain why the research is being done and what it would involve for you.

Background

The introduction of the apprenticeship levy in April 2017 means that all NHS Trusts will be levy payers (Dunne 2017) and money is specifically set aside to be spent on apprenticeships. The newness of this scheme in general and within healthcare in particular is of interest to me. I hope that by undertaking this research, I will be able to explore how apprenticeship policy is being implemented in the NHS.

Why have I been invited to take part?

As an individual who has knowledge and / or experience of apprenticeships or apprenticeship policy, I think you have the ideal experience to provide insight into this topic.

Do I have to take part?

It is up to you to decide if you want to take part in this research. If you do, I will then describe the project and go through this information sheet in more detail. Once we have had this conversation, there will be a period of 7 days in which you

can ask further questions or decide not to take part in the research. If you are still happy to take part, I will ask you to sign a consent form on the day of the interview. I have enclosed a copy of the consent form for your information, but we will discuss this prior to the interview taking place. You are free to withdraw from the study up to the point at which data analysis takes place. This is explained in more detail below.

What will happen to me if I take part?

I would like you to spend some time discussing apprenticeships. I will arrange to conduct the interview at a mutually convenient time. The interview could be face to face or it could be conducted electronically, for example using Skype. I expect this interview to last approximately one hour. I will audio record the interview so that I can review what you have said and also check back with you for further clarification if necessary. As part of my analysis of the interview, I will also check to make sure that I have fully understood what you have said.

What will I have to do?

Before taking part in the interview, I will ask you to sign a consent form stating you agree to participate. During the interview, you will be asked to discuss several topics relating to apprenticeships in healthcare.

Will my contribution be kept confidential?

Yes. I will follow ethical and legal practices and all information will be handled in confidence. The audio recording will be kept as a digital file which is password protected. Interviews will be transcribed either by me personally or through the University's transcription service. I do not anticipate that anyone undertaking the transcription will be able to identify you from doing so. The transcription service is regularly used by the University to undertake transcription and transcribers are required to comply with the Data Protection Act and GDPR. During the interview, I will not ask you to identify yourself on the digital recording, so it should not be possible to identify you or your organisation from this.

The audio recording and transcription files of the interview will be password protected. Therefore, it will not be possible for information to be accessed by anyone else unless this is for the purposes of transcription. Files will be stored on my personal cloud at the University of Derby. Only I am able to access files stored in this way and I need to log in with unique identification and password details. If I am using the transcription service to transcribe your interview, the audio file will be password protected and then shared electronically with the transcriber. This will be done via a Microsoft Teams or SharePoint site to which only I and the transcriber have access. The audio file will be password protected and this will be shared with the transcriber separately. Once transcription is complete and the word file returned to me, I will change the passwords on both files and remove any information from the shared site. All digital recordings will also be deleted from the recording device after one week so that they cannot be accidentally shared or accessed. Audio files and interview transcriptions will be stored until July 2022 and then be deleted from the cloud.

I will maintain a password protected file which will identify the names of participants. I will allocate each participant a number so that I am able to store and retrieve files efficiently. Only I will know which participant corresponds with which file. The file containing information about participants will also be stored in the University of Derby cloud to which only I have access.

All data will be held by the University of Derby, however, summary data will be disseminated either through presentations and conferences or in published literature. Summary data will be the main themes emerging from the research. All data will be treated anonymously and it will not be possible to identify any individual or their contribution to the study.

If any area of risk to research participants, staff or patients was identified, or if unsafe or illegal practice described, this would need to be reported to your organisation. I would not do this without making you aware beforehand. The nature of this study means this is very unlikely, but still needs to be acknowledged.

What are the possible benefits of taking part?

Your participation will not have individual benefits but may help you or your organisation develop a greater understanding of apprenticeships as part of our

discussion. The findings may also shape the thinking of other individuals or organisations thinking about using apprenticeships. I hope to be able to offer a unique insight into how apprenticeship policy has been implemented in the NHS with a view to sharing this with education and health providers in the longer term. I hope that this will aid understanding of apprenticeships, but also how government policies are implemented.

What are the possible disadvantages of taking part?

The interview is likely to last for about one hour. I may also need to check back with you after this interview has taken place to ensure that I have correctly interpreted what you have told me. This may also take up some of your time, although far less than the initial hour.

What if I do not want to take part in this research?

Your participation is voluntary and you can withdraw from the study prior up to the point of my data analysis without giving a reason. Withdrawal prior to interview can happen at any time. As part of the process of taking consent, I will talk to you about my research and offer you the opportunity to ask any questions. I would not ask you to sign the consent form until you have had your questions answered. During the interview itself, you can stop at any time and withdraw from the research. Your interview would not be included in the study if you did so.

After the interview has taken place, I will need to start data analysis. There will be at least a 48 hour cooling off period between the interview taking place and data analysis starting. You can withdraw your consent up until data analysis starts – after this point, it will not be possible to withdraw.

What if there is a problem?

Any complaint about way in which the research is being conducted will be addressed. Please discuss your complaint with me, Denise Baker or my director of studies Michael Townend (m.townend@derby.ac.uk). Alternatively, you will be

able to contact the Research and Development office of your company or organisation:

Contact Details to be inserted here

Further information can be obtained from Denise Baker, Room N305, University of Derby, Kedleston Road, Derby, DE22 1GB

01332 591792 [redacted] D.baker@derby.ac.uk

13.4 Consent Form

Implementation of apprenticeship policy in the National Health Service in England using a grounded theory methodology

Name of lead researcher: Denise Baker

	Please initial each box to show you agree with each point
I confirm I have read and understood the information sheet (Version 2) for the above research project.	
I have had the opportunity to consider the information and have had any questions answered satisfactorily	
I understand that my participation is voluntary and that I am free to withdraw prior to data analysis commencing, without my legal rights being affected.	
I agree to having my responses audio-recorded during interviews	
I agree that extracts of my speech can be reported in research papers but my name will not be used and I will not be personally identified in any research reports	
I understand that my confidentiality will be maintained.	
I understand that I can withdraw from this study prior to data analysis starting, which will be 48 hours after the interview has taken place.	
I agree to take part in the above study	

Name of Participant:

Date: Signature:

Name of person taking consent:

Date: Signature:

13.5 Ethical approval

Health and Social Care Research Ethics Committee

Applicant: Denise Baker

Study title: Implementation of apprenticeship policy in the National Health Service in England using a grounded theory methodology

Outcome: Study Approved

Date: 4th April 2019

Dear Denise

Thank you for submitting your amended application to the College of Health and Social Care Research Ethics Committee.

Thank you for also submitting supporting documentation which suggests the study is not considered research by the Health Research Authority/NHS. Please liaise with the necessary R&D departments to ensure that your study is registered with the host organisations concerned (where applicable) as your study progresses.

Your study has been approved by the Committee and you are now able to proceed. Once the study commences if any changes to the study described in the application or to the supporting documentation are necessary, you are required to make a resubmission to the College of Health and Social Care Research Ethics Committee.

We will also require an annual review of the progress of the study and notification of completion of the study for our records.

The committee wishes you the best for the future of your project. Yours Sincerely,

Dr Andrew Dainty

Chair - Health and Social Care Research Ethics Committee

Committee Secretary: j.mo@derby.ac.uk Committee Vice Chair: a.kerr@derby.ac.uk Committee Chair: a.dainty@derby.ac.uk

Sensitivity: Internal

13.6 Analysis of Richard Review

	Design of apprenticeships	Quality of apprenticeships	Assessment of apprenticeships	Bureaucracy surrounding apprenticeships
Employers	Need to be 'in the driving seat' Need to offer a 'real job' Small and Medium Enterprises need particular support Should take an active role in delivering apprenticeship training Should shape the apprenticeship to suit their particular needs	Should be used to develop new roles rather than upskill Employers to endorse good quality provision The self-worth of the apprentice is linked with the quality of the employer	Need to have confidence in the assessment of the apprentice and the apprenticeship Should not be involved in the assessment of their own apprentices Should be involved in the design and quality assurance of the assessment	Funding for apprenticeships should come from both employers and the government
Training Providers	Should respond to employer needs Offer flexible delivery	Should have vocationally experienced staff	Focus on teaching and coaching rather than assessment To include maths and English	Move funding into Further Education rather than Higher Education

	Should be a diverse range of training providers		Final assessment to be graded Continuous assessment overshadowing the development of the job role	Too many frameworks or qualifications in existence Introduce competition in the provider market
Government	Commissioned the Richard Review Sector Skills Councils are not meeting employer needs Need to encourage flexibility in design and delivery of apprenticeships Integrity of apprenticeships had been allowed to drift.		Introduce the final test of competence (End Point Assessment)	Provide funding (or mechanism of funding) Oversee OFSTED capacity for inspection of training providers Strengthen subcontracting mechanisms and governance Make the system less complicated Uphold societal obligation to deliver apprenticeships and support young people into employment Drive apprenticeship reforms

Apprentices			Must test the apprentice to ensure competence	The low wages associated with apprenticeship is ‘part of the deal’ Apprenticeship offers a step into employment

13.7 Initial codes

Opportunity	Critical moments	Incentives to change	Target population	Post-2017 changes
Funding as a driver of change	Factors influencing skill mix	Influence	Salary support	Other drivers
Other change agents	Perceptions of apprenticeships	Political Drivers	Knowledge exchange	Social Mobility
Acceptance	Communicating	Motivaiton or interest	Reciprocity of information	Unintended consequences
Key individuals	Motivation to change	Challenge	Employers in the driving seat	Growing your own
Thinking creatively	Policy influence	Greasing the wheels	Mutual adaptation	Enabling uptake
Providers	Length and breadth of experience	Consultative approach	Employer behaviour	Organisational knowledge
Understanding the elements in order to be able to implement	Future focused	Aspirations	Professional respect	A conscious decision to be involved
In for the long haul	Previous knowledge of apprenticeships	Unreadiness	Characteristics of the actor	Shared understanding

Subjectivity	Legitimacy	Previous experience	Sensitivity	Collaboration
Learning in the system	Stepping stones	Negotiation	Expansion in the system	Resourcing
Policy development	Mobilisation of the system	Relationships with providers	Adaptation	Navigation
Specific Operational circumstances	Policy shift	Relationships and Partnerships	Sequencing	Health
Making it fit in the box	Pedagogy of apprenticeships	Other players in the network	Terms and conditions	Quality
Strategic alignment of priorities	Nursing associate as a lever	Workforce Development	Apprentice as learner	

13.8 Focused Coding

Positioning of self as participant	Getting ready	Sharing information	Actively aligning with policy	Committing to positive outcomes	Drawing on previous experience
Organisational motivators or needs	Extrinsic drivers	Gatekeeping	Following a political agenda	Enabling progression to the next step	Developing underpinning knowledge
Experiencing conflicting demands	Repackaging the same product	Pushing back against policy	Being special or different	Being overtaken by events	Accommodating previous decisions
Negotiating outcomes	Challenging decisions	Positional powers			

13.9 Table of memos example extract

Respondent	Transcript line	Memo	Category	Concept
Ben	8	Useful now to think retrospectively about the impact of this, but likely that this set skills for health on a pathway to doing more with apprenticeships in the future. A useful coincidence?		
	13	Reminder that this is likely to generate a two tiered system. Frameworks being phased out in England but still evident in other countries.		
	14	Devolved policy – a good example of how bureaucracy may hinder developments. Think back to the theme in my literature review.		
	21	Previous knowledge and experience of apprenticeships appears to be at the very least, a helpful precursor to further involvement in their development. Participants from the NHS had both had earlier experiences of working with apprentices in their organisations and had created conditions which were conducive to recruitment and support of apprentices.		
	24	The CSR is mentioned as a critical moment in the development of apprenticeships as this was seen to be a turning point and it was thought that no student would want to be a nurse if they had to pay		

		for the privilege. Think about the timing of this – could it be possible that this was a deliberate move to drive apprenticeship development in the NHS, especially as nursing was seen as the key starting point.		
	28	Lack of experience with apprenticeships in the NHS beyond level2/3. The system was not therefore ready for the expansion. Not many people or systems with experience in place?		
	30	Matt Hancock in a previous role at DBIS. Now SoS for Health and SC. Able to drive through reform in the NHS		
	33	Disagreement with EPA at the very outset and grading of assessment. Evidence that EPA had been superseded in health related programmes and now continuous rather than end point assessments were preferred. Evidence of their suitability as assessment methods?		

13.10 Peer-Reviewed Publications, Conference Papers and Posters

Peer-Reviewed Publications

Baker, D (2019a) Potential Implications of Degree Apprenticeships for Healthcare Education. *Higher Education, Skills and Work Based Learning*, 9:1, pp. 2-17

Baker, D (2019b) 'Post levy apprenticeships in the NHS – early findings' *Higher Education, Skills and Work-Based Learning* , 9:2, pp. 189- 199

Baker, D and Robertshaw, D (2022) 'What next for end point assessment?' *Higher Education, Skills and Work-Based Learning* Vol 12, No 1, pp78-91

Conference Papers

Conference Paper: Introducing apprenticeships – lessons from nursing (Invited Speaker). Health Education England Radiography Apprenticeship conference, London (March 2019)

Conference Paper: Apprenticeships. Association of Radiography Educators' Conference, Leeds (November 2018)

Conference Paper: Developing the future workforce – Are apprenticeships the answer? NET conference, Cambridge (September 2018).

Conference Paper: Apprenticeships in Health and Social Care (Invited Speaker) Society of Radiographers Radiotherapy Conference, Newcastle (2018)

Conference Paper: Apprenticeships, Associates, Action! Midlands Nursing Associate Conference, Leicester (2017)

Conference Paper: Is Radiography Ready for Apprenticeships? UKRCO, Manchester (2017)

Conference Posters

Conference Poster: Inside the Trailblazer UKRCO, Manchester (2017)

Blogs

NHS Workforce shortages: Could online apprenticeships help revolutionise the future workforce (University of Derby, January 2019) Available at: https://www.derby.ac.uk/blog/nhs-workforce-shortages-online-apprenticeships-help-revolutionise-future-workforce/ (Last accessed 20.6.21)

Nursing apprenticeships: Perceptions must change if we are to transform the workforce (University of Derby, March 2019) Available at: https://www.derby.ac.uk/blog/nursing-apprenticeships-perceptions-must-change/ (Last accessed 20.6.21)

The NHS turns 70: What does the future hold for the health service? (University of Derby, July 2018) Available at: https://www.derby.ac.uk/blog/nhs-turns-70-future-hold-health-service/ (Last accessed 20.6.21)

Can we solve the health sector skills shortage with apprenticeships? (University of Derby, June 2018) Available at https://www.derby.ac.uk/blog/can-we-solve-the-health-sector-skills-shortage-with-apprenticeships/ (Last accessed 20.6.21)

The truth about apprenticeships (University of Derby, December 2017) Available at https://www.derby.ac.uk/blog/the-truth-about-apprenticeships/ (Last accessed 20.6.21)

5000 Extra trainee nurses places: What does Jeremy Hunt's pledge really mean? (University of Derby, November 2017) Available at: https://www.derby.ac.uk/blog/5000-extra-trainee-nurses-places-what-does-jeremy-hunts-pledge-really-mean/ (Last accessed 20.6.21)

Nursing Associates: What does this new role mean for other Band 4 workers? (University of Derby, March 2017) Available at: https://www.derby.ac.uk/blog/nursing-associates-new-role-mean-band-4-workers/ (Last accessed 20.6.21)

13.11 Baker, D (2019a) Potential Implications of Degree Apprenticeships for Healthcare Education. *Higher Education, Skills and Work Based Learning*, 9:1, pp. 2-17 https://doi.org/10.1108/HESWBL-01-2018-0006

(Submitted version)

Abstract:

Purpose: This paper critically reflects on evidence relating to the development and delivery of apprenticeships and its potential implications for pre-registration healthcare education.

Design: An iterative review of English language literature published after 1995 to date relating to apprentices and apprenticeships was undertaken. Twenty studies were identified for inclusion. Only three related to the most recent apprenticeship initiative in the United Kingdom (UK), and the majority were UK based.

Findings: Three key themes were identified: entering an apprenticeship, the learning environment and perceptions of apprenticeships. Successful completion of an apprenticeship relies heavily on both understanding the role the apprentice is seeking to inhabit, as well as well-structured and comprehensive support whilst on the programme. These findings are then discussed with reference to professional body requirements and pre-registration education in healthcare.

Practical Implications: Appropriate work experience and support for learning are critical to apprenticeship success and apprenticeships should be given equal status to traditional healthcare education routes.

Value: The introduction of the Apprenticeship Levy in April 2017 (Finance Act, 2016), acknowledgement that all National Health Service (NHS) Trusts will be levy payers and the introduction of targets relating to apprenticeships for public sector employers have all contributed to growing interest in the apprenticeship agenda in health and social care.

Keywords: Apprentice, degree apprenticeship, professional nurse training, registered nurse apprenticeship, healthcare professions

Introduction

On 6th April 2017, the Apprenticeship Levy was introduced in the United Kingdom (UK) (Finance Act, 2016). For employers with an annual pay bill of £3m or over, a 'payroll tax' of 0.5% will be levied with the resultant funds currently only available for payment of the education and training fees associated with apprenticeships. The UK Government recognises that all NHS Trusts will be levy payers and estimates that in 2017-2018, the National Health Service (NHS) will contribute c£200m to the levy (Dunne, 2017), with annual levy pots for some of the largest Trusts accumulating £3-4m per year. In addition, public sector bodies have been set targets of 2.3% of the organisation's headcount being new apprenticeships each year in England (Enterprise Act, 2016). Following the announcement in autumn 2016 that there would be a degree apprenticeship route into nursing and the interest this stimulated, this review will explore the available evidence relevant to the development and delivery of degree apprenticeships in healthcare. Although the apprenticeship levy is drawn from all eligible employers in the UK, apprenticeships are a devolved responsibility and the development of degree apprenticeships is currently confined to England. This review considers research evidence relating to the potential for the use of degree apprenticeships for pre-registration healthcare education in light of these developments.

Methodology

Due to the emergent nature of this topic, it was necessary to adopt an iterative approach to the search. Whittemore & Knafl, (2005) suggest that the iterative approach allows capture of the breadth and depth of the available evidence. For this article, the iterative approach allowed exploration of the wider sphere of literature relevant to the development of both degree apprenticeships, higher apprenticeships and apprenticeships in both healthcare and other fields. Phillips & Merrill, (2015) suggest that the iterative approach also allows researchers to keep pace with the rapid transformation experienced in healthcare, allowing the inclusion of policy information as well as published evidence.

CINAHL, PUBMED, British Education Index and Educational Resources Information Centre (ERIC) databases were initially searched to encompass both health and education papers. The key words used were apprentice*, degree, health* and experience. The reference lists of located papers were also used to identify additional relevant articles. Subsequently, a targeted search of relevant journals was undertaken in order to identify additional suitable evidence.

Inclusion criteria were papers published after 1995 in the English language relating to apprenticeships as a period of work-based education in preparation for a new job role. The date of 1995 was selected to reflect the introduction of the 'modern apprenticeship' in 1994 - 5 as it was hypothesised that evidence relating to this initiative would inform this review. It was assumed that literature prior to this date would have limited relevance to this review, although this is an acknowledged weakness of this paper. Papers relating to the health of apprentices, cognitive apprenticeships or description of a discrete element of development within an existing role and evidence primarily focussed on compulsory education were excluded. Broader terms such as vocational educational or work-based learning were not utilised as apprenticeships were the specific focus of this review, however, this is also acknowledged as a potential limitation of this paper. Initial searches identified several papers which offered commentary on apprenticeships, but were not based on evidence from research leading to their elimination. Others focussed on a discrete element of the apprenticeship rather than the entire programme or pedagogical approach and these too were eliminated.

Subsequent interrogation of reference lists was utilised to identify any further sources which would specifically illuminate the use of apprenticeships in health and social care. In total, twenty articles were identified as being suitable for inclusion in this review. Reference to current government policy was also necessary in order to reflect contemporary apprenticeship development. These sources were identified through internet searches and further identification of potential relevant literature within any relevant policies and reports located. Based on the search strategy suggested by Whittemore & Knafl, (2005), this additional level of searching allowed inclusion of policy and reports germane to this topic and facilitates greater understanding.

* Insert table here

Findings and discussion

Twenty papers were identified for inclusion in the review, twelve originating from the UK, six from Australia or New Zealand and two from mainland Europe. All were qualitative studies based on interviews, focus groups, case study or secondary data analysis. Of these,

only one focussed specifically on health and the NHS and only one reflected the most recent changes to apprenticeship policy in the United Kingdom. Lack of recent or UK based evidence is a limitation of this paper, however, evidence presented from previous apprenticeship initiatives will still offer useful commentary on current developments.

Entering an apprenticeship

Spielhofer & Sims, (2004b), Snell & Hart, (2008), Hill & Dalley-Trim, (2008), Dagsland et al., (2015), Chan, (2016), Gambin & Hogarth (2016) and Mangan & Trendle (2017) all identified factors which increased the probability of apprentices remaining on programme. From the outset, it seems clear that apprentices receiving appropriate career guidance and having a good sense of what the job role actually entails is a critical step. The relatively large scale study by Chan, (2016) noted that prior knowledge of their chosen career was an important factor contributing to retention within the programme, with Hill & Dalley-Trim, (2008) reporting similar outcomes. Although Chan's study is New Zealand based, she suggests that outcomes in that country are consistent with those in the rest of the world, suggesting that these findings will also be applicable in the UK. Chan describes this as a process of 'proximal participation' as being a good preparation for entry into the apprenticeship role, with potential apprentices appreciating the realities of their future role rather than the 'imaginings'. This is also noted in Chan's 2013 study of craft baker apprentices some of whom had been working in associated roles within the bakery before choosing to enter the profession.

The disparity between the expectation and the reality of the role which apprentices were seeking to enter emerges as a significant factor behind apprentices choosing to leave their apprenticeship. This theme is further explored by Dagsland et al., (2015), with participants reporting integration into the workplace as critical to their enjoyment of the apprenticeship. This is explained well by Lave and Wenger (1991) in their work on Communities of Practice and the evolution of the learner from novice to full participant within a community. Evidence of learner experiences in pre-registration healthcare education also indicate that early experiences impact on retention and attrition. For example, Hyde (2015) reports three distinct areas of concern for students as they transition from education to their first clinical placement in pre-registration diagnostic radiography: working with clinical staff, working with very ill patients and the need to move around different areas in the imaging department during their placement. Eick, Williamson, & Heath's, (2012) systematic review identify several studies

where early placement experiences (both in terms of support received and the actual nature of the work) prompted pre-registration nursing students to leave their programme. There is no reason to believe that this will be any different for apprentices, as they will need to meet the same professional requirements as 'traditional' students and potentially be exposed to the same experiences. Health Education England recognise the importance of retaining students in pre-registration education through the Reducing Pre-registration Attrition and Improving Retention project. Evidence from the literature on apprenticeships suggests that this will be equally challenging in apprenticeships as in 'traditional' education routes.

Some apprentices in Spielhofer & Sims' (2004b) study also chose to leave their apprenticeship, but perhaps for economic rather than vocational reasons, with competitors offering more attractive pay and conditions (although not necessarily training). Although Mangan and Trendle (2017) were unable to offer any explanation of how income caused a higher retention in apprenticeships, there was a clear link. This is also highlighted in the review by Eick et al., (2012) where several studies report the problems pre-registration nursing students have in balancing study requirements with financial difficulties. Although the NHS specified that trainee nursing associates should be employed on Agenda for Change Band 3 (NHS Employers, 2017a), there is no such guidance for pre-registration degree apprenticeships. NHS Employers offers suggestions that salary should be a proportion of the qualifying band or that they are paid a band below the qualifying band (NHS Employers, 2017b), but this is not mandated. This offers aspiring degree apprentices in the NHS the opportunity to seek out the best terms and conditions offered by those seeking to employ them. The rules around what can and cannot be funded by the apprenticeship levy are exacting, with no facility for payment of travel expenses or placement support existing (Education and Skills Funding Agency, 2017) as is currently funded by the Department of Health. Any apprenticeship, therefore, needs to appeal to apprentices both in terms of the training offered, but also the employment terms and conditions.

Gambin & Hogarth (2016) and Mangan &Trendle (2017) all identified that higher levels of prior educational attainment were influential and beneficial in the successful completion of apprenticeships. Female apprentices in the study by Gambin and Hogarth (2016) had a higher chance of completion in female dominated professions, which should bode well for health, although this data is largely based on further education (and therefore lower level apprenticeships). However, both studies identified that apprentices with a declared disability

or from a minority ethnic background had poorer apprenticeship completion rates. Selection of appropriate candidates to enter any of the health professions needs to be values based and requires evidence of prior academic achievement, but the aspiration that apprenticeship routes will widen recruitment to the workforce perhaps need to be considered. With evidence suggesting that some groups of apprentices may struggle, the support available on programme will be critical to achieving this.

The learning environment

On entering an apprenticeship, several authors identify challenges faced by learners and employers alike. Spielhofer & Sims, (2004b) note that in organisations where the apprenticeship route is valued, apprentices have better outcomes. Several of the studies describe the competing priorities of apprenticeships - 'getting the job done' or maintaining productivity and the need to develop the apprentices' knowledge and skills. Snell & Hart, (2008) also recognise the competing priorities of the workplace as a critical factor in non-completion of apprenticeships. Previous criticism of apprenticeships has identified the quality of and time devoted to the educational element of the apprenticeship (see Paul, (2007) P31). The amount of 'off the job' training time is now set by the Government in an attempt to protect apprentices' learning (Education and Skills Funding Agency, 2017) in an attempt to ensure the educational element is valued by employers.

Bishop (2017) describes organisations where the apprenticeship role is well structured and recognised as offering good outcomes for apprentices. However, apprentices in this study were happy to be led through their apprenticeship by the employer, and did not actively seek out additional or external learning opportunities. In smaller organisations where learning was less formalised, apprentices were actively encouraged to engage in working across boundaries. Bishop (2017) suggests that the personality of the apprentice will largely determine the success of their learning through the apprenticeship route – those who would prefer a more prescribed learning journey may not perform well if learning opportunities are ad hoc.

The transition into and through the community of practice also appears to have an on-going influence on the learner journey. Dagsland et al.,(2015) note the differences between apprentices' positive perceptions of the workplace initially and when nearing completion,

when some learners report a lack of respect or even workplace bullying. In spite of this, both Dagsland et al and Snell & Hart note that even when apprentices report problems, they still complete their apprenticeship citing personal motivation to achieve the qualification as a factor.

The relationship between the training provider and the employer is also critical to the success of the apprenticeship. Where good working relationships exist and shared goals transparent, apprentices are more likely to complete their apprenticeship (Spielhofer & Sims, 2004b). Irons, (2017) also reports the need to fully involve employers particularly in the design stage of the apprenticeship, although notes that the resultant programme also needs to meet the needs of the apprentice and the training provider. The availability and quality of workplace support is also cited by Snell & Hart, (2008) and Dagsland et al., (2015) as critical to the success of apprenticeships for vocational and pastoral aspects of the apprentice's development, including feeding back to the apprentice about their progress and performance. Related to this is the need to develop knowledge and skills at an appropriate pace, so that apprentices remain engaged and challenged in the workplace and can clearly see their progression. Chan, (2016) and Daglsand et al., (2015) both report this adds to the learner's motivation and improves perceptions of their learning experience. This is also noted by Dismore, (2014), Filliettaz, (2011) and Bishop (2017) who report that the learning environment, process and support were all key to the transformation reported by apprentices. Filliettaz, (2011) also notes that support of apprentices is a collective responsibility within an organisation and it should not be presumed that the onus rests with one individual trainer or supervisor. Some apprentices in the study by Fuller & Unwin, (2003) quickly found themselves becoming productive members of the workforce and their learner identity was lost. The significance of employer engagement with apprenticeship schemes and the provision of adequate support cannot be underestimated. Apprenticeships in continental Europe are perceived to hold a much higher status than in the UK (see Filliettaz, 2011), with stronger general education, as well as, vocational education forming part of the apprenticeship (see Li and Pilz, 2017). The UK would be wise to draw on evidence from the continent where apprenticeships have continuing popularity and success. The duality of the apprenticeship in terms of productivity and education is explored by Fuller & Unwin, (2003), who suggest that participation, learner development and institutional arrangements all contribute to the success or failure of apprenticeships and describe an 'expansive / restrictive' continuum to illustrate how these themes interplay. Clear identification of what will

constitute the workplace curriculum coupled with a structured programme of how the apprentice will navigate through this are characteristics displayed by expansive organisations. Fuller & Unwin, (2003) argue that organisations demonstrating these qualities will allow apprentices to foster deeper and more meaningful learning and apprentices employed by expansive organisations in their case studies achieved enhanced outcomes compared with those whose learning was more poorly planned and implemented. Bishop's (2017) study refutes this to some extent and argues that even organisations at the more restrictive end of the continuum offer expansive learning opportunities, but that apprentice success is founded on the apprentice's own motivation to learn. Billett (2003) notes that deeper learning is required in order to underpin the complexities of an occupation in order to be flexible and adaptable in different workplace situations, apprentices need more than a set of competences associated with a role.

Turbin et al., (2014) describe through their case study approach the use of advanced apprenticeships in healthcare in the United Kingdom in 2010 - 11. This article reports part of a larger scale study, but focuses specifically on how apprenticeships are being used in the NHS, progression from advanced apprenticeships to Higher Education and employers' perceptions of apprenticeships. Whilst this study focusses specifically on the NHS, it must be noted that results relate to advanced rather than degree apprenticeships and that the study is based around the Isle of Wight, perhaps limiting findings to the NHS as a whole and to the use of the degree apprenticeship.

Advanced apprenticeships for pharmacy technicians in the study by Turbin et al., (2014) had far more structured content when compared with those of generic support workers. This element of formal, occupational recognised learning had positive implications for both the apprentices throughout their learning and their subsequent progression within their field. In contrast, support workers for whom the apprenticeship was much less formal and had evolved to suit individual employers' needs were perceived less favourably and struggled to progress through to more formal stages of learning or pre-registration education. Turbin et al.,(2014) further note that support workers reported a much more restrictive apprentice experience as learning was focussed on development of ability to perform tasks and the need to become a productive member of the workforce rather than growing into a profession. This is also identified in the report by Unwin et al., (2004) who comment that:

The emphasis on formal education and training in the NHS discriminates against informal learning despite the fact that much of that learning is extremely valuable to the delivery of effective medicine.

This again reflects the dual nature of the apprenticeship described by Billett, (2003) and Hordern, (2015) where the development of skills needs to be matched by deeper learning in order for the apprentice to achieve full participation within a job role or profession Whilst Bishop (2017) suggests that protection for the off-the-job element of the apprenticeship should be statutory, it is perhaps more pertinent to suggest that it is not just time that is needed. The quality, structure and element of co-participation in learning are all critical to the success of the apprenticeship and thus the quality of 'on-the-job' training also needs to be considered. Harris and Simons (2005) suggest that the factors which can be influenced should be influenced in order to increase apprenticeship completion rates, and identify several 'process' factors pertinent to the learning environment which could lead to positive outcomes for the apprentice.

Perceptions of Apprenticeships

Employers in the study by Spielhofer & Sims, (2004a) report negative perceptions of the apprenticeship route and the notion that apprenticeships are associated with manual labour and 'trades'. This perception is echoed by Turbin et al, (2014) who suggested in their study of apprenticeships in NHS that those registrants who had completed more 'traditional' pre-registration programmes would be more likely to progress to advanced roles compared with vocational learners. The split between the traditional and vocational learning is described by Turbin et al (2014) as 'privileging' of academic qualifications over those achieved in workplace learning. The perception of apprenticeships appealing to young people with lower levels of educational attainment also provides continuing confusion for participants (Smith, 2010), while Gambin & Hogarth (2016) and Mangan & Trendle (2017) both note that apprentices with prior educational achievements are more likely to complete their apprenticeships. Brockmann & Laurie, (2016) suggest that the government's use of apprenticeships is a way to

scoop up any 'low achievers' though a low entry point (level 2) (p229)

surely reinforcing the stereotype that apprenticeships are for those who do not do well at school is perhaps challenged by these findings. Saraswat, (2016) suggested that

apprenticeships were poorly understood by employers, careers advisors and potential apprentices alike, all contributing to negative conceptions about their value. This is further reinforced by the OECD, who note the perceptions of apprenticeships as being a 'second class choice' (OECD, 2014, P.3) and that recognition of the apprenticeship route needs to be improved.

Other employers report the bureaucratic nature of apprenticeships deterring employers from engaging with them (Spielhofer & Sims, 2004a). This is also reflected in the study by Dagsland et al, (2015) who recommend that employers need to plan the structure of the apprenticeship, provide adequate and appropriate supervision and have clear outcomes and leaning goals associated with apprenticeships. Where apprenticeships are being used to address a recruitment problem such as that described in Fuller & Unwin, (2003), outcomes for both employer and learner are less favourable and whilst the apprentice becomes a productive worker, their knowledge and skills are narrow and restricted.

Smith, (2010) reports that the apprentices themselves had reservations about the use of apprenticeships to develop the teaching assistant role and that on-going workforce transformation in education could potentially be undermined by the need to respond to Government drivers. The association of apprenticeships with the acquisition of low level skills and competencies did not align with the progressive professionalisation of the teaching assistant role at the time. The Modern Apprenticeship of the 1990s was hindered by a perception of poor quality and irrelevant content (Hogarth & Gambin, 2012), and the current iteration of apprenticeships has attempted to address this issue with greater involvement of employers from the outset. Hogarth & Gambin, (2012) also reflect the competing nature of apprenticeships, as a politically driven initiative versus industry and employer needs.

This is borne out in the study by Turbin et al., (2014), where employers switched easily into an apprenticeship model of delivery for their pharmacy technicians as this offered an alternative funding stream for existing education programmes. Turbin et al., (2014) further suggest that an area of conflict exists in the NHS, and that economic drivers play a significant part in shaping the workforce, perhaps implying that apprenticeships are used for convenience rather than as a tool for educational and career development. Similarly Saraswat, (2016) suggests that employers are utilising apprenticeships to secure cheap labour and the learning experience suffers as a result. Unwin et al., (2004) conclude in their report that learning on the job is sometimes regarded as a cheap way to train, but as a recent report from

the Institute of Fiscal Studies noted that whilst employers will be incentivised to utilise levy monies, this could be detrimental to the quality of training offered and still not deliver the return on investment that the Government promises (Amin-Smith, Cribb, & Sibieta, 2017.) Nevertheless, the government incentives and targets around apprenticeships combined with the recent predictions for the shortfalls in the healthcare workforce (HEE, 2017) mean that pre-registration degree apprenticeships may gain traction with employers. The assertion that Health Education England is 'expanding apprenticeships' (ibid, P9), however, is challenging. Apprentices need to be employed for the duration of their apprenticeship and unless Health Education England evolves into an Apprenticeship Training Agency, it is difficult to see exactly how this expansion will be achieved.

Irons, (2017) reports the development of a degree apprenticeship in computing and identifies the relationship with the employer as critical to the success of the programme. Although this article focuses on the development rather than the outcomes of the apprenticeship, it allows a useful insight into the latest drive to develop apprenticeships in the UK. Irons acknowledges that although the apprenticeship route offers new opportunities and models of learning, it needs to be economically viable and sustainable. Irons also recognises that the apprentices themselves need to be committed to their programme of learning, perhaps echoing the findings of Smith, (2010). Irons, (2017) reports the need for enhanced partnership working and tenacity when bringing together all of the elements required to design, deliver and fund apprenticeships, suggesting that some of the bureaucracy identified by Spielhofer & Sims, (2004a) is still present.

Pre-registraiton education

Balanced against all of these findings is the need to meet professional body requirements when considering pre-registration education in health or social care. The Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) both identify a batchelors degree as the required minimum threshold qualificaiton for professional registration for the majority of professions (HCPC, 2009; NMC, 2010). The apprenticeship route will still require registrants to achieve this level of education, albeit in a less traditional manner. In order for apprentices to be able to achieve the educaitonal outomces required by

the professional bodies therefore, the apprenticeship route appears not to be a route for those 'low achievers' discussed by Brockmann & Laurie, (2016). Education providers will perhaps continue to apply equivalent entry criteria regardless of mode of study through to registration in order to assure learner success. This suggests that degree apprenticeships simply offer an alternative funding source for employers as identified with the pharmacy technicians in the study by Turbin et al., (2014). There has been a significant level of interest across all health and social care professions in the development of pre-registraiton degree apprenticeships and it remains to be seen whether their promise will be fulfilled.

Both the NMC and the HCPC require registrants to be competent and identify 'Standards of Proficiency' (HCPC) or 'Essential Skills' and 'Standards of Competence' (NMC) which pre-registrants need to meet prior to qualificaiton. Fuller & Unwin, (2003) have already identified that the NHS values the development of competence perhaps at the expense of deeper learning, and the terminology used by regulatory bodies reinforces this. The recognition by Billett, (2003) and Hordern, (2015) that apprenticeships need to recognise both the competency element but also the deeper learning required to successfully enter the job role needs to be acknowledged by employers and training providers. Lambert (2016) identifies the accountability frameworks around apprenticeships remaining a challenge for education providers, as much of the burden of accountability remaining with the provider rather than the employer. The Quality Assurance Agency note that Higher Education Institutions have ‘sole responsibility’ for the quality of their provision (QAA, 2017) but that Professional, Statutory and Regulatory Bodies (PSRBs) will also need to have oversight of the apprenticeship.

The requirement for an independent end point assessment originally proposed by Richard, (2012) and adopted by the government presents additional challenges in pre-registration apprenticeships. End point assessment focuses on the holistic assessment of the knowledge, skills and behaviours required for successful completion of the apprenticeship. Previous criticism of the development of apprenticeships having two distinct elements (development of competence and acquisition of underpinning knowledge (see Anderson, Bravenboer and Hemsworth (2012)) should be avoided by the use of such assessment. However, it could be argued that the divide between competence and learning suggested by Bravenboer and Lester (2016) has already been overcome in pre-registration education in health. The Nursing and Midwifery Council, for example, require students to undertake 50% of their degree in

practice (NMC, 2010). This suggests that pre-registration qualifications should have a much easier transition to becoming degree apprenticeships and combining both elements, although the validity of an assessment conducted over one day or less to reflect the suitability of an apprentice to complete their three or four year apprenticeship could be questionned.

'Traditional' pre-registration nursing students will be eligible for NMC registration on completion of their degree qualification , however, apprentices will not complete their apprenticeship until the end point assessment has been undertaken and passed. Format and timing of this end point assessment is prescribed as it cannot be undertaken until the formal qualification is completed. Although some degree apprenticeships allow an integrated assessment (completion of the formal qualification and end point assessment are synchronous), the nursing degree apprenticeship is not. Where end point assessment is not integrated into the apprenticeship, there is the potential for a disconnect – apprentices may pass the higher education element of their training but fail the apprenticeship itself. Entry to the professional register, theoretically, has already been assured by completion of the higher educaiton qualification, but the apprenticeship has not been compelted. This potentially adds to the challenges and bureaucracy identified by Irons, (2017) and Spielhofer & Sims, (2004b) but could also lead to delays in professional registration or lack of impetus to complete the apprenticeship element of the programme.

Conclusions

Apprenticeships clearly appear to offer opportunities for employers to access to alternative modes of education for their staff, and offer private or independent healthcare providers an opportunity to 'commission' pre-registration education not previously available. However, evidence from literature relating to both apprenticeships and pre-registration education identifies challenges for employers and training providers when selecting and educating apprentices. Ensuring that employers select the most capable and suitable applicants to enter pre-registration healthcare apprenticeships may mean that the apprenticeship route does not offer the element of social mobility envisioned by the government. The amount of support required to deliver a high quality apprenticeship in the workplace needs to be considered prior to embarking on apprenticeship training; although pre-registration healthcare education may already have similar characteristics to apprenticeships, support for learners and the importance placed on the apprentice as a learner need to be fully embraced to ensure success.

Recommendations for research

Although there is a body of evidence relating to apprenticeships, the introduction of the apprenticeship levy and the development of higher level apprenticeships offers opportunities for contemporary research in the United Kingdom.

The use of apprenticeships in continental Europe is well described both in terms of purpose and outcomes (see Mazenod, (2016) for example) and exploration of uptake by employers, perceptions of apprentices and outcomes including subsequent progression within the field in the United Kingdom would be beneficial. Similarly, further research into the use of apprenticeships in the NHS and particularly for pre-registration education would contribute significantly to employers understanding of apprenticeships and their value to workforce development in health and social care.

Studies to date have largely adopted a case study approach or are relatively small scale. Both offer insights into the development of and experiences on apprenticeships, but equally, larger scale studies which look at more than measures against government targets would be beneficial.

Recommendations for practice

The findings of this review offer clear guidelines for employers considering the use of degree apprenticeships for pre-registration education:

- Appropriate work experience is essential to inform the decision to enter a profession
- Employer terms and conditions for apprentices should encourage them to remain engaged with the apprenticeship
- The apprenticeship route needs to be valued by employers and apprentices be given equal status to 'traditional' learners
- Support for learning needs to holistically reflect transition into the chosen profession or the community of practice and not merely focus on competencies or tasks

The use of a degree apprenticeship offers a credible alternative for employers, and the introduction of the apprenticeship levy should enable flexibility in the development of individuals and the workforce.

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(Submitted version)

Abstract

Purpose: This initial study investigates apprenticeship developments in two National Health Service (NHS) organisations since the introduction of the apprenticeship levy in April 2017 and considers potential impact on social mobility. This is a pilot for a broader exploration of implementation of government apprenticeship policy in the NHS.

Design: Following ethical approval, semi-structured interviews were conducted with two key informants with responsibility for education and training in their respective organisations. Interviews were recorded and transcribed verbatim. Thematic analysis was undertaken to identify major and sub-themes of the interviews.

Findings: Four major themes were identified – organisational readiness, the apprenticeship offer, opportunities for further development and potential problems with implementation. Both organisations were actively seeking opportunities to spend their levy and had developed local strategies to ensure this. The levy was being used to develop both new and existing staff, with leadership and management being particularly identified as an area of growth. Similarly, both organisations were using levy monies to develop the bands 1-4 roles, including the nursing associate. The affordability and bureaucracy of apprenticeships were seen as potential problems to the wider implementation of apprenticeships in the NHS.

Implications: Although the apprenticeship levy is being spent in the NHS, there are some challenges for employers in their delivery. The levy is offering new and existing staff the opportunity to undertake personal and professional development at a range of educational levels. This has the potential to increase and upskill the NHS workforce, improve social mobility and possibly lead to larger cultural and professional changes.

Originality: This paper offers an early insight into the implementation of apprenticeship policy in a large public sector employer such as the NHS.

Keywords: Apprenticeships, nursing, healthcare, National Health Service, social mobility

Introduction and literature review

The introduction of the apprenticeship levy in April 2017 will mean that circa £200m is ring-fenced by the National Health Service (NHS) for spending on apprenticeship training per annum (Dunne, 2017). In addition, public sector employers have been set government targets for increasing the number of apprentices in their organisations (Enterprise Act, 2016) with 2.3% of the organisational head count needing to be apprentices by 2020. Kirby (2015) reports that apprenticeships have significant potential to have a positive impact on social mobility in the United Kingdom (UK) but questions whether this potential will be fully realised.

This study investigates how two managers with responsibility for learning and development within their NHS Trusts view the use of both the levy and apprenticeships in their respective organisations, and is a pilot study for broader research of apprenticeship implementation in the NHS. Trust A is a large tertiary care provider and Trust B a medium sized tertiary care provider. Both are fully engaged with the current apprenticeship agenda, but had been working with apprenticeships prior to the recent developments.

The introduction In 1994 of the 'Modern Apprenticeship' agenda is described by Brockmann, Clarke, and Winch (2010) as an instrument of government policy. Faced with rising youth unemployment, the apprenticeship was seen as a way to provide a meaningful route into employment for this sector of society (Scarpetta, Sonnet and Manfredi, 2010). However, the scheme was plagued with problems and, as Hogarth, Gambin and Hasluck (2012) noted, there were issues with lack of participation in certain sectors of industry, lower levels of educational merit being attached to most apprenticeships with a subsequent lack of progression to further or higher education, plus low levels of completion of apprenticeships and a lack of meaningful employer engagement. Kirby (2015) describes disproportionate numbers of apprentices from less-advantaged backgrounds in lower level apprenticeships, with the reverse true in higher level routes and suggests this needs to be addressed before social mobility will be improved as intended.

The Leitch Review (HM Treasury, 2006) indicated that there needed to be a programme of skills development across the UK and called for greater engagement with employers to ensure that this process was demand rather than supply led. The Wolf Report (2011) noted that many of the vocational qualifications offered at school or immediately post-compulsory

education had been micro-managed by central government which made them overly bureaucratic. Wolf warned that this element needed to change in order to give vocational qualifications more credibility and also to make the choices available to young people clearer. More recently, the Report of the Independent Panel on Technical Education (Sainsbury, 2016) again called for a focus on skills development in the UK and offered support for the current apprenticeship strategy. Richard (2012) proposed a review and renewal of apprenticeships in the UK in a bid to address these needs.

Hordern (2015) describes two distinct elements of apprenticeships – the model of learning needed to take on the role, but also the social construct within a political context. Anderson (2017) notes that social mobility is an anticipated benefit of most recent apprenticeship developments, particularly degree apprenticeships. Apprenticeships in the NHS have the potential to both address the government's Social Mobility Strategy (Department for Education, 2017), offering a route through from entry to professional registration (and beyond), as well as partially addressing the current workforce supply issue (Kings Fund 2018). Anderson (2017) further notes that employers are looking to engage in higher level apprenticeships and Baker (2018) suggests that apprenticeships offer the NHS opportunities to support staff development into professional roles.

A wider review of literature on this topic suggests that implementation of government policy (such as apprenticeships) is an area for monitoring and further investigation. Therefore, this small scale study aims to provide an early insight into the implementation of the most recent iteration of apprenticeship policy in England in the NHS and reflects on whether social mobility aspirations are likely to be realised.

Methods

Semi-structured, in-depth interviews were conducted with two managers with responsibility for training and development within their respective NHS Trusts. The aim of the study was to explore attitudes towards and knowledge of apprenticeship policy, determine how or if this was being implemented locally and reflect on the potential for apprenticeships in the NHS to impact on social mobility. Both key informants have responsibility for and influence over how apprenticeship levy is being used for staff development within their respective organisations. This study was a pilot for a larger scale investigation to explore

implementation of apprenticeship policy in the NHS, but early findings are deemed of interest for dissemination. A qualitative approach offered opportunities to gather data to compliment and enhance the statistical data generated in governmental reporting, and also provide a unique commentary on early levy experiences which could otherwise be lost.

Participants were recruited through existing partnerships. Ethical approval for the study was obtained from the University, but clarification also sought about the need for formal ethical approval from the NHS via the Health Research Authority (HRA) website (https://www.hra.nhs.uk/) As no formal approval was required, local research offices were contacted to inform them of the intent to interview their staff.

Semi-structured interviews were deemed an appropriate data collection tool as this would allow exploration of organisational, policy or personal issues relevant to local implementation practices (Merriam & Tisdell, 2015) but still offer some opportunity to explore unique practice in either organisation. At the time of data collection, the number of key personnel with responsibility for apprenticeships in the respective organisations were very small, so focus groups may not have been of particular use, although could have provided additional perspective. Similarly, the depth of data may not have been as rich if questionnaires (even with open questions) were used. It is acknowledged that this is a very small sample size, and findings may not be generalizable to the wider population; however, the findings of the study may still be of interest to employers and training providers alike. They also form a timely narrative of the apprenticeship policy implementation process in its earlier stages and may offer some insight into how or if apprenticeships could impact on social mobility as is proposed.

Interviews were conducted by the researcher and recorded at the interviewees' place of employment in February 2018. The semi-structured interviews asked about previous as well as current experience of apprenticeships, plans for further implementation and identification of any possible barriers to success. Interviews were transcribed verbatim by the researcher to allow full immersion in the data. Analysis of the interviews was based on a narrative paradigm (Roulston in Flick, 2014) with the identification of themes which were later grouped to give major and sub-themes. Data was also reviewed by an independent third party to ensure impartiality.

Findings

Four major themes were identified from the interviews: organisational readiness for apprenticeships, terms and conditions associated with employment of apprentices, opportunities for further development within organisations, and potential problems with implementation.

Organisational readiness for apprenticeships

It was clear that there was previous experience of delivering apprenticeships in each organisation. This had helped to prepare both the infrastructure and organisational knowledge required to move ahead with planning for implementation post levy.

Both managers spoke about how apprenticeships had originally been introduced into their respective organisations historically.

'… a scheme at (the) Council ... was looking at how they supported long term unemployed young people back into work … they were taking all the financial risk of employing them and we were getting the benefit of having them in the workplace and providing them with those learning opportunities' (Interviewee Two)

'… clinical apprenticeships were introduced … the first couple of groups were made supernumerary … to try and entice people in and … once people had experienced an apprentice and it was a good experience then they were happy to take them again.' (Interviewee One)

With apprenticeships already established in the Trusts, work had also continued since then in preparation for the introduction of the levy:

'… we've done … an apprenticeship strategy which has gone through the various committees in the organisation for sign off' (Interviewee One)

'We've established a levy board … we've identified what our levy will be for the year and then we've allocated each of the divisions a nominal target dependent on their whole time equivalents for them to meet in relation to that' (Interviewee Two)

The identification of further opportunities to employ apprentices is also evident in both organisations:

‘… where there were any band 2 vacancies ... before they got approval to appoint, they had to review if it could be an apprenticeship’ (Interviewee One)

‘… whenever we have a vacancy … they go through to a review panel to determine … whether we fill that vacancy or whether it was a (potential) apprentice post’ (Interviewee Two)

With organisational infrastructure already in place, both informants described how planning for future apprenticeships was progressing and identified the terms of employment as an area of further interest.

Apprentice offer

Each informant described on what terms apprentices had been employed in the past and how they foresaw this developing in the future. Both spoke about the terms of employment being offered to apprentices in their organisations:

‘… we’ve … got three brackets of pay for apprenticeships dependent on age. By paying the national minimum wage as opposed to the apprenticeship wage what we have found is we have attracted a far better standard of apprentice into the organisation’ (Interviewee One)

‘We recruit all our apprentices on the national apprenticeship salary…. It’s quite clear in our job descriptions that these are apprentices and the aim of the role is for them to complete an apprenticeship and learn through work.’ (Interviewee two)

Interviewee one noted the importance of pay, terms and conditions of an apprenticeship:

‘… with social care … pay terms and conditions is a really important part of it … they’re not going to attract gold apprentices if they pay them £6000 a year … we have widely different pay terms and conditions for apprenticeships’ (Interviewee One)

And added:

‘Whilst we've given them a decent salary, we've not been soft with some of the other conditions. They don't get as much annual leave … they (only) get statutory sick pay …’ (Interviewee One)

Interviewee two spoke about the need to make the apprenticeship role distinctly different to other lower banded roles in the organisation:

'If we recruited an admin (sic) apprentice, they would be on the rotation … they'd start as an apprentice on apprentice salary, and once they'd got the qualification, they would move onto the band 2' (Interviewee Two)

It was evident that both informants were conscious of how the apprentice 'offer' was shaped in their organisations, but this focussed mainly on new apprentices entering the organisation. Whilst this would still be the case, there was also consideration of how existing staff would be developed using levy monies.

Opportunities and developments

The introduction of the levy had certainly created opportunities for both new and existing staff and changes were apparent in both organisations:

'… it's created a momentum to employ more apprentices … because that funding's there and we want to make best use of it … (Interviewee Two)

'We are looking at apprenticeships in other areas … it's kind of opening up the doors to do other stuff.' (Interviewee One)

Both managers spoke specifically about leadership and management as one example of where funding for training had previously not existed, but the levy would now provide this opportunity. The introduction of the levy was also seen as a good way to upskill existing staff:

'I think in the future, ALL of our workforce will be qualified … And actually, isn't it bad that we haven't done it before? … for years and years and years, we've had healthcare assistants … with a set of competencies but not with a qualification'. (Interviewee One)

'… perhaps the learning gap has always been there but because there's no money ... I think people are being much more proactive about it now….. the level 2 apprenticeship provides … an assurance that individuals (have) reached a minimum standard required to do the role … what the apprenticeship gives us … is the literacy and numeracy..' (Interviewee Two)

Whilst it was clear that each organisation was making a conscious effort to both use the levy but also develop staff, there were issues which were possibly delaying developments.

Potential problems with implementation

Neither informant felt that there were disadvantages to the development of apprenticeships in their organisation, but there were particular areas which generated a greater strength of feeling. Affordability of apprenticeships was an issue for both organisations:

'… it isn't that we don't agree with the apprenticeship, it's around the cost of putting a nurse through an apprenticeship … (Interviewee One)

'… (that) we can't use levy to support the salaries of apprentices … is a barrier to us expanding apprentices … we must have a minimum of a hundred (staff) currently doing an apprenticeship, yet we can't … access any of our levy to put a clinical educator in place to support their learning in practice' (Interviewee Two)

The availability of apprenticeship standards was also an issue:

'… at the moment I would say we haven't spent as much as we would have liked … because the frameworks (sic) aren't there' (Interviewee One)

It is possible that these possible problems are due to the newness of the new apprenticeship arrangements and that as the system matures these will dissipate. Certainly, there is now greater clarity on the use of levy monies for clinical educators in the nursing associate apprenticeship (NHS Employers, 2018).

Discussion

The insight offered in this small study identifies key areas for consideration following the introduction of the apprenticeship levy in April 2017: organisational preparedness, the apprentice offer, further opportunities and potential problems. Future research into this area will focus on how apprenticeships are being implemented more widely within the NHS and how organisations are operationalising national policy, but this study describes early implementation experiences.

Several models or theories of implementation exist (see Damschroder et al., 2009; Durlak and DuPre, 2008; Leeman et al., 2017) but all propose that there are many factors which influence

implementation of new practice within an organisation (Chaudoir et al., 2013). Both interviewees describe the process by which apprenticeships were historically introduced into their respective organisations, each suggesting that their organisations needed to see the value of the apprenticeship route before committing to future engagement. Similarly, there appears to be an active approach to increasing numbers of apprentices in the organisations by converting some vacant posts to apprenticeships. This tentatively suggests that adoption of policy and acceptance of the need for change are already established in both organisations, which Proctor et al. (2011) acknowledge as the early required outcomes of implementation. Durlak and DuPre (2008) suggest that many factors have the ability to influence each step of the implementation process, including capacity (or readiness to adopt change). The current vacancy levels and rising service demands faced by the NHS may mean that each organisation will meet less resistance to this change and policy may be more easily implemented in comparison with other organisations. Both organisations have also actively sought opportunities to recruit from their own localities in a bid to address on-going workforce shortages, and the increase in the number of apprenticeships could therefore offer significant social mobility, particularly as the health and social care workforce is so heavily female dominated (Social Mobility and Child Poverty Commission, 2016).

Apprentice Offer

Each employer spoke about the terms and conditions of employing their apprentices and how both financial and training requirements were critical to this. Apprentices in studies by Spielhofer and Sims (2004) and by Mangan and Trendle (2017) identify salary (or finances) as a reason for non-completion of apprenticeships. The latter study was unable to provide a specific reason why apprentices didn't complete their training, but hypothesised that those in more skilled 'trades' would be in greater demand and could thus change employers if a better financial offer was made. Conversely, apprentices in the Spielhofer and Sims' (2004) study were from retail, a traditionally poorly paid sector, and described the opposite – it was easier to change employers as there were more employment opportunities. The Social Mobility and Child Poverty Commission (2016) noted that many lower level apprenticeships are associated with lower levels of pay on completion, and that the government had a responsibility to improve pay, terms and conditions where this is an issue. The NHS has not mandated the required apprentice salary, but suggests that there is 'consistency' in pay for degree apprentices (NHS Employers, 2017). However, it makes no recommendations for lower level

apprenticeships. Evidence from previous apprentice research in the UK or from overseas perhaps suggests that there should be a clear pay structure for apprenticeships in health and social care. Without this, there is a chance that potential apprentices will be deterred from entering employment with the NHS due to the lower or varied salary levels offered. This is even more likely in social care, and with health and social care offering large scale employment and ideal opportunities for progression, the potential to influence and improve social mobility should not be ignored.

Both respondents noted that the origins of their apprenticeships schemes were for 'predominately younger people' (Interviewee One) and 'long term unemployed young people' (Interviewee Two) but that the current offer was beginning to focus more on existing employees. Fuller (2018) reports that whilst apprenticeships can offer meaningful social mobility, the focus on development of existing employees can reduce new skill acquisition and thus mobility can stagnate. Unless apprenticeships are fully embedded in organisations and progression through career or professional frameworks valued, the desired impact on social mobility will not be realised.

Opportunities for further developments

Both interviewees spoke about how apprenticeships generally had changed their approach to training, with interviewee two noting the additional requirement for apprentices to gain qualifications in maths and English being an advantage over National Vocational Qualifications (NVQ). Interviewee two also noted that the removal of funding for NVQ qualifications was a further incentive to switch to apprenticeships.

In the study of apprenticeships in the NHS by Turbin, Fuller and Wintrup (2014), health employers reported a similar move from NVQ to apprenticeships for healthcare support workers for funding reasons. However, the additional requirement for the 'off the job' element of apprenticeships was not well planned and consequently, the training remained as a method to increase skills amongst band 2 workers rather than an instrument for career progression suggesting that social mobility is dependent on more than an apprenticeship. In the same study, pharmacy technicians made a similar move to an apprenticeship model, but the rigour of the existing NVQ curriculum afforded those apprentices a more rounded learning experience.

Pullen and Clifton (2016) warned that the levy could be used predominantly to develop existing staff rather then bring new staff into the workforce. There is some evidence of this happening in the organisations in this study, but the scale of the study is far too small to generalise further. The presence of the levy, is undoubtedly viewed as an incentive to increase the number of apprenticeships offered in the NHS. Both interviewees seem to suggest that apprenticeships are being used for both new and existing staff in their organisations, and where funding had previously not existed, there is now a mechanism to deliver training locally. This is particularly evident in this study as both interviewees suggest that leadership and management programmes would be funded by the levy for existing employees across a range of educational levels, including level 7 (Masters). Whilst development of existing staff was not a priority of the Richard Review (2012), it was acknowledged that apprenticeships did offer employers the opportunity to retrain (and subsequently retain) staff. The advent of even higher level degree apprenticeships (for example the Advanced Clinical Practitioner) at academic level 7 presents a possible route through from a level 2 or 3 clinical apprenticeship to advanced level skills.

Interviewee one talks particularly about a review of the skill mix in nursing:

'How do we productively use bands two, three and four to support the qualified workforce?'

This has partly been made possible because of the introduction of the Nursing Associate role (HEE, 2016), but the introduction of the apprenticeship levy has certainly enabled the NHS to address what interviewee two describes as 'the learning gap' (where the levy is being utilised to develop existing staff now that funding is available. Previously the funding did not exist and development opportunities were limited). It could therefore be suggested that the apprenticeship levy will drive both a cultural and professional shift as nursing once again becomes a 'two tier' profession. Would this wholescale review be taking place if the levy was not available? Could the apprenticeship levy drive changes to professions and professional boundaries? Is there potential to significantly drive social mobility or will apprenticeships replace 'traditional' university programmes for those who would seek to enter Higher Education anyway?

Whether either of these becomes a reality, there is now a real opportunity through the apprenticeship route to recruit, train and retain staff in the NHS. Whilst the number of apprenticeship starts for younger people remains disappointing (Department for Education,

2018) the opportunity for social mobility (particularly for females) cannot be underestimated in the NHS.

Potential problems with implementation

Neither interviewee felt that there were any disadvantages to the apprenticeship levy, but spoke at length about the bureaucracy surrounding apprenticeships and their affordability. It is interesting that these were not seen as barriers, but perhaps accepted hurdles when new policy is being implemented. Neither interviewee felt that there would be a wholesale adoption of degree apprenticeships for pre-registration education, but did feel that the 'hard to recruit' professions (such as therapeutic radiography, podiatry, prosthetics and orthotics and optometry) may be an exception to this.

Both spoke about the reluctance to become employer-providers and how the prospect of being inspected by OFSTED was not attractive. One of the major criticisms of apprenticeships in recent times has been the quality of the training, and so it is understandable that the move to improve quality is important, however, the data collection and record keeping alone required to be OFSTED compliant may be seen as an additional burden for NHS employers. The reputational risk associated with failed or failing OFSTED inspections are significant, although the suggested change to subcontracting arrangements would see all employers in receipt of funding needing to be monitored. The scale and pace of change is also challenging:

'Every week there's something different coming out which is slightly changing the way that we … think about things (Interviewee One)'

These interviews were conducted prior to the 'levy transfer' rules being issued in April 2018. Now, large levy paying employers will be able to transfer up to 25% of their levy to other employers to support the training of apprentices in the 'supply chain' (NHS Employers, 2018). This may offer some advantage to the NHS. As interviewees in this study noted, the breadth of apprenticeships standards on which to spend their levy is not currently there, although there are a range of suitable apprenticeship standards in development (Institute for Apprenticeships, 2018). The pace of development for the 'high cost' apprenticeships (which lead to professional registration for example) has been slow, so organisations have needed to focus on high volume of lower level (lower cost) apprenticeships or leadership and management awards. The Open University (2018) suggests that only 8% of the money paid

into the levy since its inception has been utilised within the first year, although this figure is expected to rise. The Open University report also confirms the views of the interviewees in this study, that salary costs are a significant deterrent to the wider implementation of apprenticeships in the NHS. The changes announced to policy on subcontracting at the end of 2018 will inevitably bring additional complexity to apprenticeships as even small employers would be required to join the Register of Apprenticeship Training Providers (RoATP) (HM Government, 2018).

As Baker (2018) noted, there are particular professional requirements in pre-registration apprenticeships which present additional challenges, and this is a potentially a significant issue for the NHS. Billett (2016) emphasises that apprenticeships are not solely for the development of occupational competency at a point in time, but should develop skills needed to sustain development over the length of a career. Unwin, Fulstead and Fuller (2004) comment that the NHS is often focussed on achievement of competence and the focus on informal learning is lost. If social mobility is truly to be achieved, then the NHS will need to place equal relevance on both, otherwise there is a risk that once the workforce becomes more stable and sustainable, the opportunities offered to those seeking to progress will decline.

Conclusions and recommendations

This initial study offers early insight into the introduction of apprenticeship policy in the NHS now that the levy is established. Whilst there are clearly opportunities, both interviewees identify barriers to implementation including affordability. The levy is being used to train both new and existing staff at a range of educational levels, but cultural and organisational changes need to take place in order to successfully achieve wholescale adoption of government policy. The potential for a positive impact on social mobility is clear, particularly in a female dominated sector such as health and social care. However, the reality may be that this is not realised due to prioritising development of existing staff and lack of clarity around pay. This pilot study indicates the value of apprenticeship implementation as an area for further research.

Recommendations

- NHS Trusts should actively review where apprenticeships could be introduced and ensure management and governance structures are in place to support this.

- Terms and conditions of employment should be standardised for apprentices entering the NHS to ensure successful completion.

- Affordability of apprenticeships needs to be reviewed to ensure widespread adoption of apprenticeships in the NHS and subsequent achievement of apprenticeship targets.

- The prioritisation of the development of existing NHS staff should be reviewed and moderated if real social mobility is to be realised.

- Social mobility in health and social care, and particularly the in NHS is an area for further investigation.

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(Submitted version)

Abstract

Purpose: This paper reflects on changes to End Point Assessment (EPA) brought about as a result of the COVID pandemic and considers how the proposed future changes will impact training providers and employers of health apprentices.

Approach: The paper provides an analysis of apprenticeship policy, the role of end point assessment and consideration of assessment strategies used in higher education and health professions. Implications for policy, training providers and clinical practice are proposed.

Findings: These changes will bring the completion of EPA closer to education providers and allow them to take a more direct role within the process. Education providers will need to be issued with clear guidance to ensure regulatory compliance. The pedagogical value of end point assessment is questioned.

Originality/value: Training providers and policymakers will need to review their processes and guidance appropriately. This paper provides a summary of salient points needing consideration.

Paper type: Viewpoint

Keywords: End Point assessment; nursing; apprenticeships; vocational training; skills

Introduction

End point assessments (EPA) are intended to be a synoptic assessment of an apprentice's learning; assessing the entire content of their apprenticeship and allowing the issue of a certificate of successful completion (Institute for Apprenticeships and Technical Education, 2017). Apprentices are only permitted to attempt the EPA after they have passed through the designated 'gateway' – a notional point in the apprenticeship where the apprentice is judged to have completed the required learning and is almost ready to enter their occupational role (Pearson, 2021). EPA is either integrated (completed as part of the degree apprenticeship) or non-integrated (completed independently to the apprenticeship at the very end) (Institute for Apprenticeships and Technical Education, 2020).

End Point Assessments are designed to measure the knowledge, skills and behaviours gained or exhibited by apprentices, as detailed in the associated apprenticeship standard (Institute for Apprenticeships and Technical Education, 2017). They should be a holistic assessment, ensuring an apprentice's competence in the role they will perform after completing the apprenticeship (Institute for Apprenticeships and Technical Education, 2017). The government recognised the introduction of an assessment at the end of the apprenticeship would be harder for apprentices, however, this was balanced with the need for a robust approach (Department for Business, Innovation and Skills, 2015). In our article, we define EPA as 'the final element of assessment undertaken by apprentices, designed to confirm that they have acquired the requisite knowledge, skills, and behaviours', which is undertaken by a registered End Point Assessment Organisation (EPAO). End point assessment and the organisations undertaking EPA are scrutinised through the Institute for Apprenticeship and Technical Education's External Quality Assurance (EQA) process, itself undergoing transformation, with Ofqual and the Office for Students (OfS) becoming responsible for oversight of apprenticeship, EPA and EPAO quality.

The Richard Review (2012) sought to redress previous criticisms of the apprenticeship scheme in the United Kingdom, including perceived flaws with the way the apprentice was assessed. Richard believed that continuous and time-consuming assessment devalued the accomplishments of apprentices, instead favouring a holistic final 'test' (Richard, 2012, p8). The government largely agreed with Richard's recommendations, requiring the main assessment of competence to take place at the end of the apprenticeship in line with outcome-based standards (Department for Business, Innovation and Skills, 2015). It should be noted that

apprenticeship policy remains a devolved responsibility and therefore the changes discussed in this article are applicable in England only, although the principles and implications have a far wider reach.

The Modern Apprenticeship scheme of the mid-1990s had received growing levels of criticism for its format and management and employers' confidence had declined over time. Originally designed to include a National Vocational Qualification and key skills certificate (Brockmann, Clarke and Winch, 2010), the content of modern apprenticeships gradually expanded to include sector-specific qualifications which employers deemed necessary to confirm competence (Steedman, 2001). In 2001, the 'Technical Certificate' was introduced – an attempt by Sector Skills Councils to increase confidence and address growing employer concerns about the validity of the scheme (House of Lords, 2007). However, this resulted in apprenticeships becoming a sequence of discrete elements of teaching and assessment, fragmenting the Modern Apprenticeship scheme even further rather than increasing confidence as intended (House of Lords, 2007). The introduction of the Technical Certificate suggested to employers that the scheme was precisely as flawed as they had suspected and further changes were instigated, leaving mainly the NVQ element as originally intended (Brockmann, Clarke and Winch, 2010). Employer confidence with apprenticeships was low and apprentices were often removed from the apprenticeship before its conclusion having completed only the areas of interest employers deemed relevant (Fuller & Unwin, 2003; Wolf, 2011). This lack of confidence seems to have been a fundamental driver of Richard's suggested reforms and the addition of the EPA became one of the cornerstones of current apprenticeship policy as a result.

Whilst degree apprenticeships were already in existence at the time of Richard's review and subsequent reforms, there has been a marked rise in their popularity over the last few years (Lester, 2020). Higher Education Institutions (HEIs) have fully embraced and engaged with the development of apprenticeships, although the EPA has remained a contentious issue from the beginning (Baker, 2019). Higher education qualifications already require a system of robust student assessment, assuring employers, education providers and students alike that educational standards have been maintained and achieved (Quality Assurance Agency, 2021). This has largely resulted in the EPA becoming a necessary addition, particularly where the issuance of the degree itself bestows the learner with the ability to achieve professional registration or accreditation.

Assessments as part of degree apprenticeships are a mix of both continuous and synoptic, rather than having one single synoptic assessment at the end (as favoured by the government and Richard). These assessments are used to confirm completion of an award, which could be a level 4, 5, 6, or 7 qualification, before then needing to complete a synoptic end point assessment. The juxtaposition of EPA and HEI assessments means that apprentices are over assessed, as the capability and understanding of the learner have already been assured through the higher education process.

This article aims to critically evaluate current and future approaches to end point assessment, considering recent changes to the end point assessment process for nursing (and other professional or statutory regulated professions), and to discuss implications for HE practice, clinical practice, government policy, and Education and Skills Funding Agency (ESFA) policy.

Assessment for or assessment of learning?

Billett (1996) suggests that vocational learning as a concept should consist of a series of goals that allow learners to develop both procedural and conceptual knowledge. Acquisition of both types of knowledge is critical for learners to enter their chosen community of practice and the use of learning goals and appropriate guidance enabling the achievement of the desired outcomes (Hordern, 2015). The design of any curriculum, therefore, seeks to enable learners to meet the desired outcomes, gain knowledge of their chosen topic and, in the case of vocational education, enter their chosen profession. This transition from novice to expert has been conceptualised in Benner's (1984) five-stage model which suggests that student nurses pass through escalating levels of proficiency from novice to expert during their pre-registration journey. This process is equally applicable to other professions. Conscious awareness of knowledge and competence within the learner is critical to passing through these levels and thus mirror Billett's (2006) goal-setting approach to vocational learning. The journey of apprentices should be considered one of learning rather than education (Billett, 2006) and viewed as preparation for a lifetime of future learning in the chosen occupational role. Both perspectives are helpful in shaping understanding of the learner journey and how a 'staged' approach to goal setting, achievement and evaluation enable vocational learners to become immersed in their chosen community of practice (Lave and Wenger, 1991).

Gibbs and Simpson (2005) provided a useful insight into the value of assessment in higher education and highlighted how students are influenced by the assessment content in their

programme. Miller and Parlett (1974) explored students' understanding of the assessment process: perhaps not surprisingly noting that students invested more time on assessments on which they placed greater value. There has previously been debate about the use of coursework or examinations in higher education programmes, both having value (Ramsden, 2003). However, Gibbs and Simpson's (2005) study demonstrated that student outcomes in coursework activity were more indicative of future work performance and long-term learning than examinations.

Hernandez (2012) distinguished between summative and formative assessment, with the former being used for certification and the latter for learning. Terminology associated with assessment is somewhat inconsistent, and the use of continuous assessment has been merged with formative in some instances (Hernandez, 2012). Yorke (2003) notes that even summative assessment can have formative elements, with the assessment contributing both achievement of specified learning outcomes and student learning at the same time using feedback. To this end, clarity of terminology (especially with EPA being classified as 'synoptic' rather than summative) would be beneficial. Yorke (2003) presented a cohesive argument about the use of both forms of assessment in education, but critical to both is the validity and reliability of the assessment task.

Although assessment provides a measure of student ability (or acts as a proxy thereof) (Boud, 2000), it has multiple functions. Yorke (2003) argued that not only is there an element of constructivism within assignment tasks, but they also fulfil a fundamental epistemological role. To this end, assessment could, in its broadest sense, be a mechanism by which to effect a behavioural change in the learner. Krope (1988) explores the epistemology of assessment, suggesting that assessment of knowledge via examination relies first on the assessor and student having the same shared understanding and constructs of the items being examined and secondly, that similar assumptions are made about the required or suggested answers. Gadow (1995) notes that professions such as nursing need to bring together both general (or underpinning) knowledge together with 'particular' (or situational) knowledge about a patient to safely and competently administer care.

To this end, the condensation of an extended period of personal learning and development into a discrete period of assessment raises questions about both validity and reliability. End Point Assessment is undoubtedly summative in its nature and, as is acknowledged by the Institute for Apprenticeships and Technical Education (IFATE) (Institute for Apprenticeships and

Technical Education, 2017), solely utilised as a means of certifying that learning has occurred or competency achieved. Competency itself is a contested notion – does the ability to demonstrate a particular skill under observation infer that the apprentice is fully competent? Gallagher, Smith and Ousey (2012) note that the reductionist approach of identifying discrete skills that student nurses are assessed against ignores the complex mix of skills and personal attributes suggested by the higher-level term 'holistic competency'.

Any reliance on End point assessment in isolation, therefore, to provide assurance that the requisite knowledge, skills, and behaviours have been acquired and can be successfully implemented needs to be contingent. End point assessment should perhaps be viewed as the 'threshold' at which apprentices can safely practice more independently having completed their apprenticeship. The assessment of understanding and the ability to apply learning appropriately must sit elsewhere and to ignore these fundamental features of vocational education and training surely threatens trust in the apprenticeship brand once more.

International approaches to end point assessment (EPA)

Approaches to apprenticeships in continental Europe differ significantly from the English model, with vocational education and training (VET) generally being held in much higher esteem (Hyland, 2014). Young people can enter VET as part of their time in compulsory schooling (in Germany this is termed the 'dual' approach to apprenticeships) – it is not just reserved for those entering or already in employment (Hordern, 2015). As such, direct comparisons between the English and continental approaches should be made with caution as young people complete general qualifications as well as vocational assessments as part of their apprenticeship (Hellwig, 2005).

Unwin (2017) provided a comprehensive overview of international approaches to apprenticeships and their assessment, with variability seen across Europe. In Denmark, for example, discrete elements of learning are assessed with apprentices being deemed competent in those areas and able to 'step off' and enter employment. Equally, they can step back into the apprenticeship to further their learning within a specified timeframe. In contrast, assessment is undertaken at the end of the period of learning in Germany. Switzerland uses a mix of both continuous and end point assessment to evaluate the knowledge and skills of its apprentices.

In Europe, there appears to be greater consistency in the administration of assessment and the involvement of industry. Most countries studied by Unwin (2017) involve industry experts (the equivalent of UK Sector Skills Councils) in the design of assessment, ensuring that employers are equal partners in the assessment process, either continuous or at the end point. In that respect, Richard's (2012) vision is closely aligned with European practice, but the definite move away from continuous assessment sets England apart from its continental neighbours. In most continental systems, there is a mix of continuous and final assessment, with a variety of assessment methods being used to make judgements about the apprentice's knowledge and competence in their chosen field (Unwin, 2017).

The integration of a nationally recognised qualification studied as part of the apprenticeship varies and not all countries align their apprenticeship scheme with higher education (Andersson, Wärvik, and Thång, 2015; Jørgensenm 2017; Billett, 2016; Pilz, 2007). The English approach to higher and degree apprenticeships, therefore, has unique elements, with apprentices having the opportunity to achieve a higher education qualification as part of their apprenticeship.

In apprenticeships where the higher education award is a mandatory requirement of professional registration, the dual approach may create tension within the system. Professional and regulatory bodies such as the NMC already specified the requirements of any qualification required to enter their professional register (Nursing and Midwifery Council, 2018). The advent of the apprenticeship and associated assessment was seen to be over and above their existing requirements and therefore integration of the EPA challenged their regulatory powers and statute.

Future approaches to end point assessment

It is necessary to consider emerging and future approaches to end point assessment. For professional regulated programmes, the ESFA is implementing a policy of a pseudo-integrated end point assessment (Camden, 2020; Institute for Apprenticeships and Technical Education, 2021). For example, for the nursing and nursing associate end point assessment plans, the EPA is changing from examinations or professional discussions to becoming an essential administrative process as part of the training provider's quality assurance and conferment processes (NHS Employers, 2020). This will be self-contained, managed by the higher education institution, and will be much faster to complete than an external end point assessment

process (Institute for Apprenticeships and Technical Education, 2021). This model (or at least a version of it) will be applied to all degree apprenticeships in the future and implications discussed in this paper are likely to be applicable beyond health-related programmes.

The COVID-19 pandemic resulted in derogations from apprenticeship assessment plans with different approaches approved by the Institute for Apprenticeships and Technical Education (IFATE) (Institute for Apprenticeships and Technical Education, 2021). Observation of the apprentice in their working environment forms a key part of the EPA assessment plan for most apprenticeships, although the pandemic brought an understandable halt to this and interruptions to apprenticeships generally (Ventura, 2020). Especially in health and social care environments, visitors were prohibited, meaning that independent direct physical observation became impossible. The EPA for nursing-related apprenticeships had already shifted from direct observation to the use of 'professional discussions' as the accepted EPA in version two of the standard. However, the pandemic meant that for some apprenticeship standards, for example, nursing associate, there was a complete change to the assessment plan, resulting in minimal assessment of apprentices and more of a 'confirmation of completion' approach (Institute for Apprenticeships and Technical Education, 2021). This rightly raised questions about the validity, purpose and requirement for end point assessment. If, during a time of national crisis, a derogation can be implemented which no longer required apprentices to undergo a 'final assessment', what was the purpose of undertaking this in the first place, and why should this be reintroduced?

IFATE has subsequently announced a further change to the end point assessment plan for nursing and nursing associate apprenticeships (Institute for Apprenticeships and Technical Education, 2021), and indicated that this change will be implemented across other end point assessment plans for statutorily regulated qualifications. The revision to the assessment plan for the Nurse Degree Apprenticeship represents a significant change in both approach and content of the assessment, with the requirement for two items of assessment removed and, for the first time, integration of the EPA. The assessment plan requires the training providers themselves to become end point assessment organisations, with the end point assessment only consisting of a confirmatory process at the assessment board (Institute for Apprenticeships and Technical Education, 2021). Training providers must conduct all pre-EPA compliance before completing this step, including holding a gateway meeting. By making these changes, there is an integration of the requirements for registration, completion of the award, and completion of

the apprenticeship. This brings recognition of parity between the apprenticeship and the degree award, and an apprentice may not register without completing their apprenticeship (as was the case before this change). It also resolves the enduring problem of a paucity of End Point Assessment Organisations in the sector. By asking training providers to become the de facto EPAO for integrated degree apprenticeships, delays to apprenticeship roll out should be removed although training providers need to be aware of the challenges and risks being an EPAO will inevitably bring.

A key element of ensuring an apprentice is ready for award, registration, and completion of the apprenticeship is the practice assessment process. As part of all Nursing and Midwifery Council (NMC) approved pre-registration nursing programmes, learners will complete their mandatory Practice Assessment Document (PAD) throughout their training. All learners must complete this piece of assessment, not just apprentices and this documentation is largely standardised across the United Kingdom (UK). The PAD has been closely mapped to the NMC's Standards for Pre-registration Nursing and is approved by the NMC for all education providers to use. As the nurse degree apprenticeship standard is also mapped to the NMC's requirements, there is a clear line of sight between the requirements of both the regulator and IFATE, with the PAD recognised as a standard measure of student ability to meet the NMC, and thus, apprenticeship requirements. Although the PAD is not the only form of assessment for those undertaking pre-registration training, it is a standard part of all nursing degree qualifications across the UK, and in this respect is unique. Whilst training providers often have free rein to assess the knowledge, skills and behaviours mandated by the apprenticeship standard as they choose, standardisation of the PAD offers assurance that all apprentices will undertake at least one form of assessment which is the same regardless of the training provider. In the new assessment plan, completion of the programme which incorporates the PAD, combined with the process of academic scrutiny and ratification within the Approved Education Institution, increases the level of reliability and reputation of the EPA. The implications of this policy change are far-reaching and may have consequences not just for pre-registration apprenticeships, but for all apprenticeships with a non-integrated end point assessment.

Implications for HE practice

The introduction of apprenticeship end point assessments had a significant impact on Universities and brought about change to both organisational structure and processes to

accommodate apprenticeships (Rowe, Perrin and Wall, 2016). End point assessments, because they are synoptic, may have left HEIs feeling their assessments are undervalued or not trusted (House of Commons, 2018). However, every university's approach to assessment is quality assured as part of the Quality Assurance Agency (QAA) and now Office for Students (OfS) frameworks. Apprenticeships and end point assessments are subject to increased and more complex external quality assurance, and HEIs will need to consider how they approach this.

If HEIs are to undertake their own end point assessments, they will need to consider how they maintain impartiality and independence during the process. This is a requirement of the EPA process and includes management and oversight of the EPA (Education and Skills Funding Agency, 2020). A degree of separation is required between the programme team (i.e. those teaching the programme) and those confirming the requirements are met for the end point assessment (Education and Skills Funding Agency, 2020). In the case of integrated EPAs, separation and impartiality are still required and HEIs may not have enough staff or resources to be able to deliver this element separately. The latest guidance issued to HEIs about the management of integrated EPA for nursing apprenticeships advocates the use of a separate EPA external examiner, which will provide some assurance to ESFA that a degree of separation has at least been attempted. HEIs will also need to consider the resource implications for managing the administration side of EPAs – a plethora of paperwork is required for compliance, and this area may be under-recognised and resourced for apprenticeships in HEIs. Further Education colleges often see EPA as being part of the examinations function, however, this can result in EPA be regarded as a discrete function whereas it should be a holistic part of the apprenticeship.

HEIs are required robust policies and regulations (Quality Assurance Agency, 2018) however these are normally designed for undergraduate and postgraduate degree awards. Separate policies and regulations may be required to ensure HEIs are compliant with ESFA funding rules, and therefore HEIs need to consider apprenticeship- and EPA-specific policies which apply to monitoring and management of apprenticeships/EPAs. There are often contradictions, disagreements, or discrepancies between ESFA rules and HEI regulations requiring individual programme arrangements or derogations. These need to be addressed and articulated in separate (albeit related) policies.

These contradictions extend to the external quality assurance (EQA) of all apprenticeships and end point assessment. The government's announcements that OFSTED will inspect all

apprenticeships from April 2021 and quality assurance of EPA will be delivered by OFQUAL or the Office for Students (Education and Skills Funding Agency, 2020) bring further complications for higher education providers, particularly for apprenticeships requiring regulatory approval. The notion that OFQUAL will assess whether the conduct of the EPA is 'fair, comparable and consistent' (IFATE, 2020, P4) simply adds a further layer of inspection to a highly regulated sector. How will this inspection integrate with the role of the external examiner or internal quality processes? In the case of the pre-registration health apprenticeships where the EPA consists of verifying the practice assessment document is adequately completed, the professional regulator will also expect to retain some control over this process. In essence, higher education is about to enter a game of regulatory 'top trumps' but recognising who holds the most power in the game is still to be decided. If all layers of quality inspection are in agreement, then EQA becomes a confirmation of the confirmation, but what if OFQUAL / OfS and the regulatory body disagree?

This new landscape also means different relationships for HEIs with employer partners, the ESFA and IFATE, and apprentices themselves. HEIs will need to carefully consider this shifting landscape and their role within it. The role of independent End Point Assessment Organisations (EPAOs) will be diminished, and there is likely to be greater scrutiny of HEIs because of this. For some EPAOs, there may be existing contractual arrangements that are dissolved because of policy changes, resulting in a reduction of income and possible closure. Ultimately, HEIs can have a positive effect on EPAs, which will result in greater and more timely completion rates – however, because of this, the role these metrics play in assuring quality may diminish. During a period of what has come relatively significant and fast-paced change in apprenticeship policy, keep pace and ensuring continuing compliance becomes challenging for higher education institutions. Some are still relatively new to apprenticeships and understanding the associated nuance of policy and its implications for training providers may unwittingly lead to HEIs being non-compliant.

Finally, because of the changing nature of EPA and bringing this 'in house', the actual cost of performing EPA is likely to reduce. This could support the government's agenda of reducing the cost of apprenticeships by reducing funding bands (Allen-Kinross, 2018; Milton, 2018). Therefore, HEIs are likely to lose funding because of EPA reforms, because the cost to deliver them is reduced. HEIs, however, will still incur costs in setting up a separate, independent, 'arm' to deliver EPA, and it is unlikely this will be adequately funded, leaving HEIs to absorb

the additional cost. The funding rules make it clear that employers and training providers need to negotiate the cost of EPA at the beginning of the apprenticeship – will employers seek to reduce the costs associated with EPA because they no longer recognise it as a separate element (Education and Skills Funding Agency, 2020)?

Implications for clinical practice

Clinical practice requires that professionals who are competent, proficient, and if required for the job, professionally registered (HCPC, 2016; NMC, 2018). Since the mid-1990s, there has been a deliberate and definite move to professionalise health-related programmes and shift them away from delivery by and within the NHS (Price, 2009). This was an important aspect of a wider professionalisation agenda, giving health professionals more autonomy to make and enact decisions about care (Wilkes, Cowin, and Johnson, 2015; Mahaffey, 2002; Orsolini-Hain and Waters, 2009; Francis and Humphreys, 1999; Camaño-Puig, 2005). It coincided with research showing that degree-level study improved the survival of patients (Aiken et al, 2011), resulting in degree-only entry qualification for nurses from the early noughties (The Willis Commission, 2012; Bhardwa, 2013). Allied Health Professions continue the professionalisation journey, with imminent changes to the threshold registration qualifications for operating department practitioners (HCPC Education and Training Committee, 2020) and paramedics (HCPC, 2018) forthcoming. This is a process of evolution, and most healthcare professionals will eventually require degree entry-to-register qualifications. The shift away from NHS-based delivery towards higher education brought about an associated move to continuous assessment and the 'state final' examination essentially became consigned to history. Although, there are increasing instances of where NHS organisations work in close partnership with Universities to deliver programmes (Universities UK, 2003), somewhat reversing the divide seen from the mid-1990s onwards between the education and clinical sectors. Arrangements that see increased integration of education and practice do, however, involve complex subcontracting arrangements and regulations (Education and Skills Funding Agency, 2021) which Universities and partnering organisations may seek to avoid.

Richard's review (2012) suggested that the introduction of End Point Assessment would bring both standardisation and transferability of apprenticeship qualifications, as well as increasing trust in the apprenticeship 'brand'. However, this issue had been addressed in health-related programmes well before current apprenticeship reforms with the introduction of state registration. The oversight of regulatory and professional bodies also addressed issues of

training provider consistency and subsequent qualification transferability. Therefore, EPAs arguably presented regulated professions and clinical practice with a problem it had already resolved.

Since the inclusion of EPAs in apprenticeships in 2017, there have been delays between the end of a qualification in the traditional sense and the completion of the EPA, in some cases of up to three months. This can be a serious challenge for healthcare organisations who wish to get their staff qualified and working as quickly as possible. Under the assessment plan revisions, this challenge is removed for many but will remain for some roles such as assistant practitioners where there is no regulatory requirement. Health and care organisations often value the qualification or registration more than the apprenticeship itself and thus the apprenticeship risks becoming a funding mechanism for staff development rather than a full vocational journey. The assessment plan changes will be welcomed in clinical practice but the difference between nursing associate and assistant practitioner higher apprenticeships may further widen the gap between these two qualifications which ultimately lead to similar job roles in the NHS.

The current debate about the presence of mandatory qualifications in apprenticeships and the threat this poses to the foundation degree element of the assistant practitioner higher apprenticeship is a further problem and may ultimately signal the demise of this critical role. In a sector where academic credentialing is highly prized, the assistant practitioner role will become devalued and marginalised in favour of the nursing associate, particularly as the latter leads to professional regulation. This in turn will stifle the development of assistant practitioners in the Allied Health Professions and remove vital career development pathways on which the NHS has come to rely. At a time when the NHS is about to launch into the post-COVID recovery phase, systems need to work in harmony and IFATE needs to make concessions around both the mandatory qualification and EPA in the case of the assistant practitioner to provide workforce capacity and stability.

Implications for government policy

Critics of the Modern Apprenticeship policy of the 1990s focused in part on assessment and quality assurance (Fuller and Unwin, 2003). The changes to EPA, whilst welcomed by many, may herald the first signs of dissatisfaction and mistrust of the current government policy iteration. Amendments to approaches for EPA leading to professional registration or perhaps

with other integrated qualifications suggests these may be of superior quality and do not require the final element of assessment conferring standardisation or transferability. The continuing presence of EPA in other apprenticeships may be perceived as problematic for employers or, at worst, lead them to, once more, have less confidence in the apprenticeship brand. These latest changes essentially introduce a 'two-tier' element to apprenticeships – 'notional' or 'full' EPA.

Much was made of the introduction of EPA (Department for Business, Innovation and Skills, 2015) although, as this article has discussed, its validity and reliability mean its successful completion is an inadequate proxy for the ability of the apprentice to undertake the role they are seeking to enter. Government policy on apprenticeships has been challenged repeatedly since its introduction, including revision of public sector targets (Whieldon, 2020; Department for Education, 2020) and integration of end point assessment at sub-degree level (Institute for Apprenticeships, 2020). The lack of organisations stepping forward to become EPAOs created a further delay for apprenticeship policy implementation, as no apprenticeship standard could be delivered without an EPAO being identified after October 2019 (IFATE, 2020).

The latest changes suggest that 'lip service' is being paid to end point assessment policy either because of inadequate understanding at the time of its introduction or because it is not fit for purpose in some cases. Current and future governments will need to think about these considerations when reviewing and revising apprenticeship policies.

Implications for ESFA policy

There is no doubt the recent derogations/flexibilities and the changes to assessment plans for professional regulated programmes will impact ESFA policy. By effectively removing the need for external validation or scrutiny of the end point assessment process, the intrinsic value of the award's integrity returns. This change for professional regulated programmes may eventually be adopted by other apprenticeship assessment plans.

The regulations themselves may require revision in accordance with the changed assessment plans. The revised plans themselves arguably create a third classification of EPA: not integrated (whereby the assessment may be part of a module), or independent (where the assessment is conducted externally), but pseudo-integrated (where apprentices do not undertake any additional assessment, but there is internal-external recognition of completion).

Whilst there is standardisation of the apprenticeship standard and assessment plan, there is still variation in the content of apprenticeships and EPAs. Whilst the nature of the EPA is specified, the actual content of the assessment is left to each EPAO. Parity and equity should be aimed for rather than standardisation, but there must continue to be some external quality assurance of what training providers and employers are doing as part of the EPA process.

Consequently, the 20% of the funding band which is reserved for end point assessment (Education and Skills Funding Agency, 2020) will inevitably be reviewed, which at a time when funding bands are being reviewed wholescale, brings additional uncertainty for training providers, employers, and the apprenticeship system itself. Simplification of the end point assessment process will inevitably lead to suggestions that an associated reduction in cost is appropriate.

A requirement to confirm completion of the apprenticeship still remains (Education and Skills Funding Agency, 2020), and this should retain an element of independence and objectivity. How will ESFA reassure itself that this is being achieved when training providers have full control over the end point assessment process and what measures will training providers need to put in place to assure ESFA of their compliance? Clear guidance about the roles and expectations of training providers is necessary to ensure they do not unwittingly become non-compliant in their role as EPAOs. The simplification of the EPA content and process must not leave training providers or employers open to criticism about their independence or the quality of the apprenticeship.

Conclusion

This article has critically evaluated current and future approaches to end point assessment, as well as considered recent changes to the end point assessment process for nursing (and other professional or statutory regulated professions). It has discussed the implications for HE practice, clinical practice, government policy, and ESFA policy. The changes to the assessment plans for statutory regulated programmes are welcomed as they will restore the integrity of the professional qualification, with training providers and employers heaving a sigh of relief. However, for those EPAOs who stepped into the breach when no other organisation was willing, this is a cruel blow. Significant investment has been squandered and the projected return on that investment has disappeared. Even worse, the pace of implementation has been slowed and apprenticeship completion rates (and income) for some training providers have

been low as employers could not see the value of their apprentices completing the EPA, subsequently meaning minimum standards were not met.

Where there is no standardised qualification as part of the apprenticeship, EPA probably is appropriate and will offer the standardisation envisioned by Richard. However, in the healthcare arena, EPA is now not required to the same extent and secondary issues may emerge because only some apprentices achieve professional registration at the end of their apprenticeship. For example, the Assistant Practitioner Higher Apprenticeship does not lead to professional registration, although successful completion of the foundation degree embedded in many of the apprenticeship standards leads to similar outcomes and employment opportunities to that of the Nursing Associate. These two roles will be further divided, no doubt leading to intensified calls for professional recognition of the assistant practitioner role once more.

Trust in the apprenticeship brand is growing; a welcome outcome of apprenticeship reforms, but changes to EPA need to be carefully messaged and implemented to maintain that trust. Where quality, standardisation and transferability are already assured via integrated awards, the government needs to own its mistakes and admit EPA was an unnecessary addition that is now being removed. Ultimately, the inclusion of an EPA in many apprenticeship standards was arguably pointless. The difficulty of completing EPAs has resulted in delayed completion for many apprenticeship standards and created tensions between employers, training providers, and EPAOs. The EPA process is probably suitable and appropriate for some apprenticeship standards - particularly those which are lower level, e.g. hairdressing and others which do not lead to professional registration. However, it is not suitable or appropriate for all - for example, those which lead to professional registration. There needs to be a nuanced, contextualised, right-touch approach to external verification and oversight of apprenticeships including end point assessment, with some external quality assurance of what training providers and employers are doing as part of the EPA process, although not to the extent that there is currently. How this approach may emerge and develop remains to be seen.

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