

# SHEFFIELD HALLAM AHP DEGREE APPRENTICESHIP INTERVIEW



(L-R) **Petra Klompenhouwer** – Course Lead for Occupational Therapy, **Neil Hanney** – Head of Partnerships & Apprenticeships, **Francesca Francina** – Business Development Manager for Health and Social Care, **Dan Lally** – Head of Business Development and Growth

**Sheffield  
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**Sheffield Hallam were the first University in the country to start the Occupational Therapy and Physiotherapy Degree Apprenticeships and Lucy Hunte – National Programme Manager – Apprenticeships from Health Education England met with them to discuss their innovative approach.**

### **Q - What was your main driver to deliver the apprenticeship programme?**

**Neil** - To meet employer demand and support workforce development. Our university's strategy is to be the world's leading applied university. We have actively been part of Trailblazer development and I think that there's an inherited benefit to being on the group because you're helping develop the standard and you see the drafts etc. so you can ensure that everyone in your host institution is aware and prepared.

**Francesca** - Employer demand was certainly a driver. We had our first cohorts for Occupational Therapy and Physiotherapy in April 2019, and we have our second cohorts starting in January 2020 which are currently 27 Occupational Therapists and 15 Physiotherapists but we could have had 40 OTs and 25 physio!

### **Lessons Learned**

**Neil** - Choosing your mode of delivery is really important. Block delivery means we can support employers from a wider geography and limit the apprentice's travel time. Also we have separate cohorts for apprentices as we feel they shouldn't be with the traditional undergraduate students because with the experience they bring they are very different. There are some exceptions to that in the University but in general I wouldn't advocate putting apprentices in with the full-time cohorts because of these differences.

**Petra** - The apprentices can do the whole course in 30 months not in 3 years. 9/10 weeks each per calendar year for the first 2 years and then just 6 months to the gateway to EPA. The feedback we've been getting from employers is very positive so they are happy with this model. The proposals went to the stakeholder engagement groups and the structures then went in with the local placement educator providers which were represented and refined, and that partnership has been really important.

**Neil** - I think this was critical because you could design a course in multiple different ways that may or may not fit the employer's expectations or requirements. For these programmes we are currently working with 40- 45 employers overall. The university started delivering apprenticeships in 2015-16 so there was already an understanding that apprenticeships don't always fit into traditional university schedules, we can't always fit that square peg into that round hole, but we have worked creatively around this. We now deliver over 30 apprenticeship programmes and have over 900 apprentices.

## Q - Did you utilise best practice from other faculties for the new healthcare degree apprenticeships?

**Neil** – As I sit on the University's panel, I see a lot of apprenticeships from different faculties and different disciplines. So, for me although there is shared learning that is developing there is still a vast difference in an apprentice in engineering versus one in health plus you have the challenge of integrated vs non-integrated End Point Assessment, so I would suggest for OT and Physio it was the practice based learning programmes which we were already delivering which was our starting point.

Francesca set up our Health and Wellbeing Implementation group to share the best practice from Trailblazer and EPA development. We have plans to deliver District Nursing and Advanced Clinical Practice so sharing that learning between the very people who will be developing or running those apprenticeship programmes in the faculty and to be able to share that knowledge with the steering group is key.

**Dan** – We have a central function now and we have 19 departments, 17 of which are actively delivering apprenticeships or considering developing apprenticeships. We're now looking at what support mechanisms can we offer and what are the lessons learnt from other areas. We've got toolkits, we've got delivery models and we've got approaches that detail everything you need. It becomes more difficult where there are professional bodies and regulators because you still need to go through the traditional approval processes but definitely by sharing the learning, we are making the process run much more smoothly and quickly.

### Approval Process

**Petra** – We were the first Higher Education Institution to go through approval for the AHP degree apprenticeship programmes and it was really beneficial to have both the **Chartered Society of Physiotherapy** (CSP) and the **Royal College of Occupational Therapists** (RCOT) involved in the trailblazer group. We had to map our traditional programme against the Quality Assurance Agency for Higher Education's subject benchmark statement as well as meeting the quality standards of the university and the **Health and Care Professions Council** (HCPC), RCOT and the CSP, whereas the apprenticeship standard had been developed with the CSP, RCOT and HCPC in the room.

**Neil** – The joint approval event went really well considering it was a University Apprenticeship and Work-based Learning Panel approval, as well as HCPC and the Royal College and the CSP all doing both awards over two days. It then took us 2/3 months to clear all the conditions.

## Funding

**Neil** - funding and costings has been a challenge with the funding band set at £24,000 bearing in mind that the full-time delivery is priced at £27,750 and how you can then deliver essentially the same education programme with additional reporting and work-based elements plus compliance for only £23-24k and maybe even £19k. The university formed a position on what the lowest fee we could deliver a quality degree apprenticeship at as £22,000 but the health courses are more expensive to deliver compared to business or other subjects. We also utilise online platforms to support our students but as everyone knows distance learning is not a cheap option and the support to our students is critical.

We have had a lot of interest from employers all over England, for Trusts outside of our traditional regions we're saying to them you need to organise the placements for your employees; we will approve the placements but you need to organise them so there's a lot of work there that you wouldn't necessarily see and wouldn't initially cost in a business development proposal.

## Placements

**Francesca** - There are 5 required for physio, we say that one can be in the employee organisation as long as it is in a different area and under different supervision to their normal job but the others have to be in different organisations, however, if it was a large NHS trust with different settings they could do two placements in one trust but this takes time to plan accordingly.

**Petra** - For OT it is 4 across a programme, one of which is an extended scope or a role emerging placement and again those are lessons that we learnt from our pre-registration masters originally that was then incorporated in to our BSc (Hons) degree and what we find is because it is role emerging and that they have different challenges, it helps.

**Q - In terms of entry requirements how did that process go, was that something you did in discussion with employers, is it very different to your traditional route?**

**Petra** - Well yes and no, it's an ongoing discussion. What we are seeing is that because people aren't coming in from the traditional A-level routes now we are seeing a much wider variety of applications, so we look at each and every one of them as they come into a central admissions point. If they are unsure because they don't match the traditional standard, then they come to us and I work through them with my admissions lead. In addition to that we are starting to look at the apprenticeship routes that are out there particularly the higher-level apprenticeships and how we match those in.

## **Q - Do you accept the level 5 assistant practitioner as an entry requirement?**

**Francesca** - yes, we do. It's something that came up a lot in discussions with employers. There is an expectation that a level 3 apprenticeship would mean you can get onto a degree level apprenticeship but they don't always match the entry requirements so the L5 assistant practitioner is a good progression route.

## **Q - Have you noticed a difference between the apprentices and your traditional students yet?**

**Petra** - yes you can definitely see it in the classroom. They have a good grounding already on what the profession entails because they have worked alongside Physiotherapists and Occupational Therapists and some of them have even worked with each other as well. They are willing to share and they bring in their own case studies, their own experiences and there is no issue with making sure that that is being treated as confidential as they are used to this in the workplace. They've all just completed their first placements and have all had great reviews from their educators.

**Francesca** - In my sessions with employers we talk about their workforce plans and their pool of potential apprentices. They have all said that there is a demographic of people that are already working who feel like they've got stuck at assistant level or healthcare assistant or support worker level and they have mortgages, families, lives and can't go to university full time so this is what they've been waiting for. They're just so enthusiastic and so committed to it and its really nice to have that audience of people that are waiting for it and really appreciate the opportunity. The other side of the coin of that demographic is the interest from potential apprentices.

Currently all of our apprentices are existing staff because of the salary cost commitments. We get so many enquiries from young people that want to do these apprenticeships but aren't already working in the field and in the sector, so we have to say you need to look for employers that are recruiting to healthcare assistant support worker posts and see if there would be the potential to do a degree apprenticeship in the future and follow the career pathway. Many of our local trusts are developing these career pathways and hiring assistant practitioners and allowing them to progress onto degree apprenticeships.

### **Testimonials from staff and apprentices**



**“I look forward to teaching the degree apprentice students. Their past experience makes for lively discussions and lots of rich peer learning. They are highly motivated, insightful students and a joy to be around.”**

**“The apprenticeship has given me the chance of a lifetime. I could never have studied a degree without this opportunity. I will also be the first in my family to have the opportunity to get a degree.”**

**“The support from the tutors and the other apprentices has been incredible!”**

**“The apprenticeship gives me the chance to progress my career while maintaining my normal family life without the financial pressure of alternative routes.”**



### **Top tips!**

Partnership working is vital. With employers and stakeholders but also relationships with providers with AEB so we can do referrals for Functional Skills and potential apprentices can go and get their Maths and English and come back to us.

Start the planning and approval process early – you don't need to wait for the apprenticeship standard and EPA to be approved.

Make sure you have the infrastructure and apprenticeship expertise in place.

Start your apprentice intakes at different times to traditional students.