

3 Point Apprenticeship Recovery Framework

The following three steps outlines a skeleton framework for steps that could be taken to recover NHS Apprenticeship Programmes:

Step 1

Restart Existing Learners

Restarting full range of learning activities – employers should work with their providers to plan how apprentices can return to their full breadth of activities again; for example where apprentices have experienced different learning hours, altered curriculums, or different delivery methods. Providers and employers may need to discuss how they take a phased approach to reintroducing activities and delivery methods, for example, they may need to consider staggering face to face delivery to ensure social distancing, and remote/distance learning methods may need to continue for some time.

Restarting paused learners / breaks in learning – where apprentices have had to take a break in learning, employers and providers should work together to plan how these learners can return to learning. This may have to be staggered depending on the volume of learners and may require a period of induction if the pause/break in learning has been significantly long.

Restarting End Point Assessments (EPA) – where apprentices have been unable to take EPA, employers should work with their providers to plan EPA for these apprentices, ensuring they are given priority in rescheduling their EPA and it is arranged at the earliest convenience. Providers and EPAO's may need to consider how they stagger EPA's if there is significant backlog. Providers may also need to review whether apprentices will require additional learning prior to their EPA if they have been on a significant break in learning. Where there have been EPA flexibilities introduced, employers should expect these to revert to the original assessment plans.

Step 2

Restart Future Planned Cohorts

Workforce Planning – the inclusion of apprenticeships across all professions should be considered when looking at the recovery of future workforce plans. Where an apprenticeship exists, it should be given parity in the recovery plan to that of 'traditional' learners. Workforce plans should consider the positive recovery aspects of apprenticeships, for example the cost savings for employing apprentices by reducing recruitment costs and the use of bank and agency staff.

Procurement – in the majority regional and national apprenticeship procurement has continued, recognising the need for extended timeframes and employer input.

Where cohorts have been planned as part of these exercises to start from September 2020 onwards, they should continue to be recruited to where possible. There may be the need for some cohort start dates to be reviewed and staggered if there is significant backlog in existing learners. Systems will also need to work together to ensure placement capacity and prioritise the order of activity.

Collaboration – systems should work collaboratively with their providers to set realistic plans and expectations for recovery. This should include setting achievable timescales for when new apprenticeship cohorts can start and how learners will be able to meet the full range of learning experiences should social distancing still be in place. There may be the need to look at utilising non-academic term time in order to avoid fallow years and ease any potential backlog in the system.

Step 3

Consider Future Pipeline and Long-Term Recovery

Young people – young people are showing more interest in healthcare jobs, with visits to the Health Careers website up 123% from April 2019. Steps should be taken to harness this interest not only through media campaigns but by also ensuring the apprenticeship vacancies are available at Trust level to translate young people's interests into roles in the NHS. System level support to Trusts in the recovery of their apprenticeship programmes will be key in ensuring they can offer apprenticeships to young people.

Volunteers – volunteer opportunities have been key in the Covid-19 effort and therefore potentially offer an opportunity to target volunteers who may now be considering H&C careers.

Learning from Covid-19 – there are many lessons to be learnt from Covid-19 and the way it has challenged our educational boundaries. Some have highlighted areas for improvement, and others shone a light on where we operate well even under extreme pressure. Systems, providers, and employers should consider if there are lessons we can take into the post-recovery phase, for example:

- Greater use of digital and virtual learning
- Coordinating apprenticeships at system level – working on joint solutions
- How EPA flexibility may add benefit to alternative settings, such as mental health and prison service